

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
2019
Open to Public Inspection

A For the **2019** calendar year, or tax year beginning **07-01-2019**, and ending **06-30-2020**

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

C Name of organization: COMMUNITY FOUNDATION OF COLLIER COUNTY INC
 Doing business as:
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite: 1110 PINE RIDGE ROAD NO 200
 City or town, state or province, country, and ZIP or foreign postal code: NAPLES, FL 34108

D Employer identification number: 59-2396243
E Telephone number: (239) 649-5000
G Gross receipts \$ 112,817,103

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

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

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

J Website: ▶ WWW.CFCOLLIER.ORG

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

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
 WORKING WITH DONORS, WE INSPIRE IDEAS, IGNITE ACTION, AND MOBILIZE RESOURCES TO ADDRESS COMMUNITY NEEDS IN COLLIER COUNTY. FOR GOOD. FOREVER.

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	3	19
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	19
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	17
6 Total number of volunteers (estimate if necessary)	6	75
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	-3,252
7b Net unrelated business taxable income from Form 990-T, line 39	7b	-3,252

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	36,888,134	43,741,279
9 Program service revenue (Part VIII, line 2g)	199,102	213,385
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8,191,446	4,408,937
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-84,718	98,006
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	45,193,964	48,461,607
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13,674,780	26,046,399
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,285,055	1,528,971
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 434,235		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	846,294	889,851
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	15,806,129	28,465,221
19 Revenue less expenses. Subtract line 18 from line 12	29,387,835	19,996,386

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	199,975,672	218,053,316
21 Total liabilities (Part X, line 26)	62,715,641	63,872,229
22 Net assets or fund balances. Subtract line 21 from line 20	137,260,031	154,181,087

Part II Signature Block

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

Sign Here

Signature of officer: *****
 Date: 2021-02-19

EILEEN CONNOLLY-KEESLER CEO
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: HILL BARTH & KING LLC
 Preparer's signature: [Signature]
 Date: 2021-02-19
 Check if self-employed
 PTIN: P00055337
 Firm's EIN: 34-1897225
 Firm's address: 3838 TAMIAMI TRAIL NORTH SUITE 200, NAPLES, FL 34103
 Phone no.: (239) 263-2111

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

THE COMMUNITY FOUNDATION OF COLLIER COUNTY'S MISSION IS "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 \$ 25,621,762 including grants of \$ 25,257,543) (Revenue \$ 213,385)
See Additional Data

4b (Code:) (Expenses \$ 1,301,729 including grants of \$ 733,056) (Revenue \$)
See Additional Data

4c (Code:) (Expenses \$ 133,544 including grants of \$ 55,800) (Revenue \$)
See Additional Data

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

4e Total program service expenses ▶ 27,057,035

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response. Rows include questions 1 through 21, with sub-questions a-f for items 11 and 14. Each row has a corresponding 'Yes' or 'No' in the rightmost column.

Part IV Checklist of Required Schedules (continued)

		Yes	No	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. 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	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
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	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):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	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	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	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
33	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	
34	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	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
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
36	Section 501(c)(3) organizations. 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
37	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
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. 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	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	31	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		2a	17		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b		Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		Yes	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		3b		Yes	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a			No
b If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a			No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b			No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c			
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a			No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b			
7 Organizations that may receive deductible contributions under section 170(c).					
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a		Yes	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		Yes	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		Yes	
d If "Yes," indicate the number of Forms 8282 filed during the year		7d			1
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e			No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f			No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g			
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		Yes	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8			No
9 Sponsoring organizations maintaining donor advised funds.					
a Did the sponsoring organization make any taxable distributions under section 4966?		9a			No
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b			No
10 Section 501(c)(7) organizations. Enter:					
a Initiation fees and capital contributions included on Part VIII, line 12		10a			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		10b			
11 Section 501(c)(12) organizations. Enter:					
a Gross income from members or shareholders		11a			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		13a			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		13b			
c Enter the amount of reserves on hand		13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a			No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		14b			
15 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.		15			No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		16			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

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
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?		No
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?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?		No
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?		No
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	Yes	
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		No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		No
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?	Yes	
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	Yes	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	Yes	
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	Yes	
15b	Other officers or key employees of the organization	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
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?		No
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

17 List the states with which a copy of this Form 990 is required to be filed **FL**

18 Section 6104 requires an organization to make its 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.
 Own website Another's website Upon request Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
LISETTE HOLMES 1110 PINE RIDGE ROAD NO 200 NAPLES, FL 34108 (239) 649-5000

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

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

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

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

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

See instructions for the order in which to list the persons above.

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 GEORGE ABOUNADER TREASURER	2.00	X		X			0	0	0	
(4) MR JAMES F MOREY CHAIR-ELECT	2.00	X		X			0	0	0	
(5) MR JERROL TOSTRUD CHAIR	4.00	X		X			0	0	0	
(6) MR JOHN COSTIGAN DIRECTOR	1.00	X					0	0	0	
(7) MR JOHN K PAUL DIRECTOR	1.00	X					0	0	0	
(8) MR JORGE CAMINA DIRECTOR	1.00	X					0	0	0	
(9) MR ROBERT FUNDERBURG SECRETARY	2.00	X		X			0	0	0	
(10) MR TODD BRADLEY DIRECTOR	1.00	X					0	0	0	
(11) MS LYNN MARTIN DIRECTOR	1.00	X					0	0	0	
(12) MS MARSHA MURPHY DIRECTOR	1.00	X					0	0	0	
(13) MS MARY BETH JOHNS DIRECTOR	1.00	X					0	0	0	
(14) MS MARY LYNN MYERS IMMEDIATE PAST CHAIR	2.00	X		X			0	0	0	
(15) MS MYRA WILLIAMS DIRECTOR	1.00	X					0	0	0	
(16) MS PATRICIA AIKEN-O'NEILL DIRECTOR	1.00	X					0	0	0	
(17) MS ALLYSON RICHARDS 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) MR BRAD RIGOR DIRECTOR	1.00	X						0	0	0
(19) MR MICHAEL SCHROEDER DIRECTOR	1.00	X						0	0	0
(20) MS EILEEN CONNOLLY-KEESLER PRESIDENT & CEO	40.00 2.00			X				216,696	0	36,280
(21) MS LISETTE HOLMES CFO	40.00			X				134,950	0	27,260
(22) MS LAURA SIMMELINK SENIOR DIRECTOR OF PROGRAMS	40.00			X				105,704	0	9,655
1b Sub-Total ▶										
1c Total from continuation sheets to Part VII, Section A ▶										
1d Total (add lines 1b and 1c) ▶										

457,350	0	73,195
---------	---	--------

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
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		No
4 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? If "Yes," complete Schedule J for such individual	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		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	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	132,392				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	43,608,887				
	g Noncash contributions included in lines 1a - 1f: \$	1g	19,172,592				
	h Total. Add lines 1a-1f			43,741,279			
Program Service Revenue	2a ADMINISTRATIVE FEES	Business Code					
		812900	213,385	213,385			
	b						
	c						
	d						
	e						
	f All other program service revenue.						
g Total. Add lines 2a-2f.			213,385				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		3,921,294			3,921,294	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real					
		(ii) Personal					
		6a	156,317				
		b Less: rental expenses	6b	77,930			
	c Rental income or (loss)	6c	78,387				
	d Net rental income or (loss)			78,387		78,387	
	7a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		7a	64,709,362				
		b Less: cost or other basis and sales expenses	7b	64,221,719			
	c Gain or (loss)	7c	487,643				
	d Net gain or (loss)			487,643		487,643	
8a Gross income from fundraising events (not including \$ 132,392 of contributions reported on line 1c). See Part IV, line 18							
	8a	58,890					
	b Less: direct expenses	8b	55,847				
c Net income or (loss) from fundraising events			3,043		3,043		
9a Gross income from gaming activities. See Part IV, line 19							
	9a						
	b Less: direct expenses	9b					
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances							
	10a						
	b Less: cost of goods sold	10b					
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	Business Code						
11a OTHER EXCLUDED REVENUE	812900	19,828			19,828		
b UBI FROM INVESTMENT K-1'S	900099	-3,252		-3,252			
c							
d All other revenue							
e Total. Add lines 11a-11d			16,576				
12 Total revenue. See instructions			48,461,607	213,385	-3,252	4,510,195	

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
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	23,801,791	23,801,791		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,404,601	1,404,601		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	840,007	840,007		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	457,350	245,560	119,132	92,658
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	765,348	417,975	195,397	151,976
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	75,767	39,977	20,132	15,658
9 Other employee benefits	139,390	75,369	36,012	28,009
10 Payroll taxes	91,116	49,495	23,412	18,209
11 Fees for services (non-employees):				
a Management				
b Legal	585		585	
c Accounting	28,500		28,500	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	355,740		355,740	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	6,800	2,000	3,360	1,440
12 Advertising and promotion	57,911	11,138		46,773
13 Office expenses	70,612	36,876	19,376	14,360
14 Information technology	149,065	78,131	39,901	31,033
15 Royalties				
16 Occupancy	39,404	20,490	10,639	8,275
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	38,984	20,705	10,282	7,997
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	92,201		92,201	
23 Insurance	22,934	11,926	6,193	4,815
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a DUES & SUBSCRIPTIONS	26,164	500	12,832	12,832
b LICENSES/TAXES/FEES	951	494	257	200
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	28,465,221	27,057,035	973,951	434,235
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <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
Assets	1 Cash—non-interest-bearing		1	
	2 Savings and temporary cash investments	29,774,560	2	19,649,405
	3 Pledges and grants receivable, net	4,710	3	1,592,513
	4 Accounts receivable, net	705,176	4	266,551
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	105,303	9	213,241
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,197,109		
	b Less: accumulated depreciation	10b 532,583	3,723,333	10c 3,664,526
	11 Investments—publicly traded securities	117,529,276	11	135,189,596
	12 Investments—other securities. See Part IV, line 11	47,901,879	12	57,332,931
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	231,435	15	144,553
16 Total assets. Add lines 1 through 15 (must equal line 34)	199,975,672	16	218,053,316	
Liabilities	17 Accounts payable and accrued expenses	196,331	17	281,374
	18 Grants payable	138,781	18	183,272
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	219,460
	25 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	62,380,529	25	63,188,123
	26 Total liabilities. Add lines 17 through 25	62,715,641	26	63,872,229
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	136,885,592	27	154,024,644
	28 Net assets with donor restrictions	374,439	28	156,443
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	137,260,031	32	154,181,087	
33 Total liabilities and net assets/fund balances	199,975,672	33	218,053,316	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	48,461,607
2	Total expenses (must equal Part IX, column (A), line 25)	2	28,465,221
3	Revenue less expenses. Subtract line 2 from line 1	3	19,996,386
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	137,260,031
5	Net unrealized gains (losses) on investments	5	-2,971,024
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-109,387
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	154,181,087

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
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID:

Software Version:

EIN: 59-2396243

Name: COMMUNITY FOUNDATION OF COLLIER
COUNTY INC

Form 990 (2019)

Form 990, Part III, Line 4a:

DONOR SERVICESSEE SCHEDULE O.

Form 990, Part III, Line 4b:

COMMUNITY GRANTMAKINGSEE SCHEDULE O.

Form 990, Part III, Line 4c:

WOMEN'S FOUNDATION OF COLLIER COUNTYSEE SCHEDULE O.

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
COMMUNITY FOUNDATION OF COLLIER COUNTY INC

Employer identification number
59-2396243

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **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		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III.
 If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.")	15,364,524	15,328,216	20,136,670	36,888,134	43,741,279	131,458,823
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge.. . . .						
4	Total. Add lines 1 through 3	15,364,524	15,328,216	20,136,670	36,888,134	43,741,279	131,458,823
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						35,487,122
6	Public support. Subtract line 5 from line 4.						95,971,701

Section B. Total Support

	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4.	15,364,524	15,328,216	20,136,670	36,888,134	43,741,279	131,458,823
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,766,282	2,514,553	3,436,763	3,133,514	4,077,611	14,928,723
9	Net income from unrelated business activities, whether or not the business is regularly carried on		2,305	1,326		0	3,631
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).	16,690	22,935	32,527	23,022	19,830	115,004
11	Total support. Add lines 7 through 10						146,506,181
12	Gross receipts from related activities, etc. (see instructions)					12	697,519

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

14	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	65.510 %
15	Public support percentage for 2018 Schedule A, Part II, line 14	15	65.780 %

16a 33 1/3% support test—2019. 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—2018. 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—2019. 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—2018. 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6.						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c	Add lines 10a and 10b.						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (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

15	Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. 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—2018. 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
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
	10a		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
	10b		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	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	A family member of a person described in (a) above?		
c	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
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <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>		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <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
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <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
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <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

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2	Activities Test. Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <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	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>		
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

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

OMB No. 1545-0047 2019 Open to Public Inspection

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 for instructions and the latest information.

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include Total number at end of year, Aggregate value of contributions to (during year), Aggregate value of grants from (during year), and Aggregate value at end of year.

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?
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?

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, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

Table for conservation easements held at the end of the year. Columns: Held at the End of the Year. Rows: Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure included in (a), Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register.

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
(ii) 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 |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f 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
1a Beginning of year balance	51,864,626	46,497,485	42,382,939	38,013,814	39,450,027
b Contributions	19,248,675	10,579,673	8,340,548	3,731,249	4,117,870
c Net investment earnings, gains, and losses	340,978	1,773,073	3,225,688	4,548,831	-1,119,554
d Grants or scholarships	5,738,899	5,465,169	5,707,297	2,998,181	3,411,564
e Other expenditures for facilities and programs	838,285	804,441	1,069,239	315,710	419,865
f Administrative expenses	755,835	715,995	675,154	597,064	603,100
g End of year balance	64,121,260	51,864,626	46,497,485	42,382,939	38,013,814

- 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 |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | No |
| (ii) related organizations | 3a(ii) | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,267,310		1,267,310
b Buildings		2,689,356	407,256	2,282,100
c Leasehold improvements				
d Equipment		240,443	125,327	115,116
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				3,664,526

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	6,413,117	F
(B) HEDGE FUNDS	4,248,281	F
(C) FIXED INCOME	14,967,080	F
(D) REAL ESTATE INVESTMENT FUNDS	1,070,293	F
(E) COMMINGLED FUNDS	30,614,160	F
(F) PRIVATELY HELD STOCK	20,000	F
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	57,332,931	

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)		
Total. (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)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) FUNDS HELD FOR AGENCIES	62,879,072
(3) ANNUITY OBLIGATIONS	309,051
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	63,188,123

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.

1	Total revenue, gains, and other support per audited financial statements	1	45,035,027
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-2,971,024
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	-2,971,024
3	Subtract line 2e from line 1	3	48,006,051
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	355,740
b	Other (Describe in Part XIII.)	4b	104,897
c	Add lines 4a and 4b	4c	460,637
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	48,466,688

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

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

1	Total expenses and losses per audited financial statements	1	28,109,481
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	28,109,481
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	355,740
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	355,740
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	28,465,221

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

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 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
COMMUNITY FOUNDATION OF COLLIER
COUNTY INC

Employer identification number
59-2396243

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
See Add'l Data					
3a Sub-total	0	0			840,007
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			840,007

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	See Add'l Data								

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ _____

3 Enter total number of other organizations or entities ▶ _____

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

Part III can be duplicated if additional space is needed.

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

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 III ACCOUNTING METHOD:	

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		352,054
EAST ASIA & THE PACIFIC	0	0	GRANTS		34,400

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		1,500
MIDDLE EAST & NORTH AFRICA	0	0	GRANTS		152,500

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 AMERICA	0	0	GRANTS		18,300
SOUTH ASIA	0	0	GRANTS		13,200

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SUB-SAHARAN AFRICA	0	0	GRANTS		268,053

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	110,500	CHECK			
		CENTRAL AMERICA & CARIBBEAN	GENERAL SUPPORT	107,554	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 & CARIBBEAN	GENERAL SUPPORT	105,000	CHECK			
		CENTRAL AMERICA & CARIBBEAN	GENERAL SUPPORT	100,000	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)
		MIDDLE EAST & NORTH AFRICA	GENERAL SUPPORT	100,000	CHECK			
		SUB-SAHARAN AFRICA	GENERAL SUPPORT	80,000	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)
		MIDDLE EAST & NORTH AFRICA	GENERAL SUPPORT	23,000	CHECK			
		MIDDLE EAST & NORTH AFRICA	GENERAL SUPPORT	20,000	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 & THE PACIFIC	GENERAL SUPPORT	17,200	CHECK			
		EAST ASIA & THE PACIFIC	GENERAL SUPPORT	17,200	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	13,000	CHECK			
		SUB-SAHARAN AFRICA	GENERAL SUPPORT	11,500	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 & CARIBBEAN	GENERAL SUPPORT	10,000	CHECK			
		CENTRAL AMERICA & CARIBBEAN	GENERAL SUPPORT	10,000	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)
		SOUTH AMERICA	GENERAL SUPPORT	10,000	CHECK			
		CENTRAL AMERICA & CARIBBEAN	GENERAL SUPPORT	8,750	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	6,000	CHECK			
		SUB-SAHARAN AFRICA	GENERAL SUPPORT	5,000	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)
		SOUTH ASIA	GENERAL SUPPORT	5,000	CHECK			
		SUB-SAHARAN AFRICA	GENERAL SUPPORT	5,000	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)
		SOUTH ASIA	GENERAL SUPPORT	5,000	CHECK			

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

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No. 1545-0047

2019

**Open to Public
Inspection**

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

▶ Attach to Form 990 or Form 990-EZ.

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

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** Mail solicitations
- e** Solicitation of non-government grants
- b** Internet and email solicitations
- f** Solicitation of government grants
- c** Phone solicitations
- g** Special fundraising events
- d** In-person solicitations

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

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

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

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

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		POWER OF THE PURSE (event type)	CELEBRATION OF PHILANTHROPY (event type)	(total number)	(add col. (a) through col. (c))
1	Gross receipts	137,132	54,150		191,282
2	Less: Contributions	95,717	36,675		132,392
3	Gross income (line 1 minus line 2)	41,415	17,475		58,890
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	8,141	4,833		12,974
	7 Food and beverages	27,960	11,590		39,550
	8 Entertainment	2,813			2,813
	9 Other direct expenses		510		510
10	Direct expense summary. Add lines 4 through 9 in column (d) ▶				55,847
11	Net income summary. Subtract line 10 from line 3, column (d) ▶				3,043

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

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

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

Name ▶

Address ▶

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

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

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

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

- Director/officer Employee Independent contractor

17 Mandatory distributions:

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

b Enter the amount of distributions required under state law 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
------------------	-------------

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

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.

OMB No. 1545-0047

2019

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 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.

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 282
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	91	1,404,601			
(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.**

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
A CALL TO COLLEGE PO BOX 4145 NEWARK, OH 43058	31-1333812	501(C)(3)	25,000				UNRESTRICTED USE
ABBOTT NORTHWESTERN HOSPITAL FOUNDATION 800 EAST 28TH STREET MINNEAPOLIS, MN 55407	04-3643816	501(C)(3)	60,000				SCHOLARSHIPS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ABILITY BEYOND DISABILITY 4 BERKSHIRE BLVD BETHEL, CT 06801	06-0776594	501(C)(3)	452,113				UNRESTRICTED USE
ADOPT-A-NATIVE-ELDER PO BOX 3401 PARK CITY, UT 84060	87-0490211	501(C)(3)	22,000				FOOD RUN

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ADOPT-A-NATIVE-ELDER PO BOX 3401 PARK CITY, UT 84060	87-0490211	501(C)(3)	22,000				FOOD RUN
ALLIANCE FOR PERIOD SUPPLIES OF SWFL 20110 RIVERBROOKE RUN ESTERO, FL 33928	83-3151463	501(C)(3)	5,000				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALLIANCE FOR THE SHENANDOAH VALLEY PO BOX 674 NEW MARKET, VA 22844	41-2233874	501(C)(3)	10,000				GENERAL SUPPORT
ALLIANCE FOR THE SHENANDOAH VALLEY PO BOX 674 NEW MARKET, VA 22844	41-2233874	501(C)(3)	10,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALZHEIMER'S ASSOCIATION - NATIONAL OFFICE 225 N MICHIGAN AVENUE FL 17 CHICAGO, IL 60601	13-3039601	501(C)(3)	10,799				UNRESTRICTED USE
ALZHEIMER'S ASSOCIATION - NATIONAL OFFICE 225 N MICHIGAN AVENUE FL 17 CHICAGO, IL 60601	13-3039601	501(C)(3)	2,000				RESEARCH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALZHEIMER'S ASSOCIATION - NATIONAL OFFICE 225 N MICHIGAN AVENUE FL 17 CHICAGO, IL 60601	13-3039601	501(C)(3)	500				RIDE TO REMEMBER 2020
ALZHEIMER'S ASSOCIATION - NATIONAL OFFICE 225 N MICHIGAN AVENUE FL 17 CHICAGO, IL 60601	13-3039601	501(C)(3)	500				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALZHEIMER'S ASSOCIATION - NATIONAL OFFICE 225 N MICHIGAN AVENUE FL 17 CHICAGO, IL 60601	13-3039601	501(C)(3)	250				UNRESTRICTED USE
ALZHEIMER'S ASSOCIATION - NATIONAL OFFICE 225 N MICHIGAN AVENUE FL 17 CHICAGO, IL 60601	13-3039601	501(C)(3)	100				MILWAUKEE, WI CHAPTER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN BATTLEFIELD TRUST 1140 PROFESSIONAL COURT HAGERSTOWN, MD 21740	54-1426643	501(C)(3)	9,000				GENERAL SUPPORT
AMERICAN BATTLEFIELD TRUST 1140 PROFESSIONAL COURT HAGERSTOWN, MD 21740	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN CANCER SOCIETY 583 TALLWOOD STREET 101 MARCO ISLAND, FL 34145	13-1788491	501(C)(3)	15,000				IMAGINATION BALL SUPPORT
AMERICAN CANCER SOCIETY 5020 TAMiami TRAIL N 108 NAPLES, FL 34103	13-1788491	501(C)(3)	13,677				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN CANCER SOCIETY 5020 TAMiami TRAIL N 108 NAPLES, FL 34103	13-1788491	501(C)(3)	10,000				RESEARCH
AMERICAN CANCER SOCIETY 5020 TAMiami TRAIL N 108 NAPLES, FL 34103	13-1788491	501(C)(3)	3,808				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN CANCER SOCIETY 5020 TAMiami TRAIL N 108 NAPLES, FL 34103	13-1788491	501(C)(3)	1,000				RESEARCH
AMERICAN CANCER SOCIETY 5020 TAMiami TRAIL N 108 NAPLES, FL 34103	13-1788491	501(C)(3)	250				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN CANCER SOCIETY SOUTH ATLANTIC DIVISION 250 WILLIAMS STREET NW ATLANTA, GA 30303	13-1788491	501(C)(3)	8,950,000				CHALLENGE GRANT
AMERICAN DIABETES ASSOCIATION INC 1511 N WEST SHORE BLVD 980 TAMPA, FL 33607	13-1623888	501(C)(3)	13,677				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN DIABETES ASSOCIATION INC PO BOX 15829 ARLINGTON, VA 22215	13-1623888	501(C)(3)	5,000				MATCHING CHALLENGE
AMERICAN DIABETES ASSOCIATION INC PO BOX 15829 ARLINGTON, VA 22215	13-1623888	501(C)(3)	250				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN HEART ASSOCIATION NATIONAL BEQUEST CENTER PO BOX 22035 ST PETERSBURG, FL 33742	13-5613797	501(C)(3)	13,677				UNRESTRICTED USE
AMERICAN HEART ASSOCIATION NATIONAL BEQUEST CENTER PO BOX 22035 ST PETERSBURG, FL 33742	13-5613797	501(C)(3)	10,799				HEART RESEARCH ONLY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN RED CROSS NATIONAL PROCESSING CENTER BOONE, IA 50037	53-0196605	501(C)(3)	5,000				HURRICANE DORIAN RELIEF
AMERICAN RED CROSS NATIONAL PROCESSING CENTER BOONE, IA 50037	53-0196605	501(C)(3)	616				EMERGENCY RELIEF SERVICES

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN RED CROSS NATIONAL PROCESSING CENTER BOONE, IA 50037	53-0196605	501(C)(3)	500				UNRESTRICTED USE
AMERICAN RED CROSS NATIONAL PROCESSING CENTER BOONE, IA 50037	53-0196605	501(C)(3)	500				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN RED CROSS NATIONAL PROCESSING CENTER BOONE, IA 50037	53-0196605	501(C)(3)	100				UNRESTRICTED USE
ANTIQUÉ BOAT MUSEUM 750 MARY STREET CLAYTON, NY 13624	22-2319606	501(C)(3)	5,000				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ART INSTITUTE OF CHICAGO 111 SOUTH MICHIGAN AVENUE CHICAGO, IL 60603	36-2167725	501(C)(3)	25,000				2020 SUSTAINING FELLOWS SUPPORT
ART LEAGUE OF MARCO ISLAND INC 1010 WINTERBERRY DRIVE MARCO ISLAND, FL 34145	59-1754367	501(C)(3)	20,000				MARCO ISLAND TIME CAPSULE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ART LEAGUE OF MARCO ISLAND INC 1010 WINTERBERRY DRIVE MARCO ISLAND, FL 34145	59-1754367	501(C)(3)	10,000				TIME CAPSULE
ARTHRITIS RESEARCH INSTITUTE OF AMERICA 1055 NORTH HERCULES AVENUE CLEARWATER, FL 33765	59-2438325	501(C)(3)	10,799				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARTIS-NAPLES INC 5833 PELICAN BAY BLVD NAPLES, FL 34108	59-2322926	501(C)(3)	500,000				NEW GARDEN D
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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARTIS-NAPLES INC 5833 PELICAN BAY BLVD NAPLES, FL 34108	59-2322926	501(C)(3)	16,800				UNDERWRITING OF GLENN LOONTJENS
ARTIS-NAPLES INC 5833 PELICAN BAY BLVD NAPLES, FL 34108	59-2322926	501(C)(3)	25,000				UNDERWRITING FOR A PIANIST

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARTIS-NAPLES INC 5833 PELICAN BAY BLVD NAPLES, FL 34108	59-2322926	501(C)(3)	25,000				UNRESTRICTED USE
ARTIS-NAPLES INC 5833 PELICAN BAY BLVD NAPLES, FL 34108	59-2322926	501(C)(3)	7,500				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARTIS-NAPLES INC 5833 PELICAN BAY BLVD NAPLES, FL 34108	59-2322926	501(C)(3)	5,000				UNRESTRICTED USE
ARTIS-NAPLES INC 5833 PELICAN BAY BLVD NAPLES, FL 34108	59-2322926	501(C)(3)	5,000				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARTIS-NAPLES INC 5833 PELICAN BAY BLVD NAPLES, FL 34108	59-2322926	501(C)(3)	5,000				ANNUAL FUND
ARTIS-NAPLES INC 5833 PELICAN BAY BLVD NAPLES, FL 34108	59-2322926	501(C)(3)	5,000				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARTIS-NAPLES INC 5833 PELICAN BAY BLVD NAPLES, FL 34108	59-2322926	501(C)(3)	3,502				UNRESTRICTED USE
ARTIS-NAPLES INC 5833 PELICAN BAY BLVD NAPLES, FL 34108	59-2322926	501(C)(3)	2,500				UNRESTRICTED ANNUAL GIFT

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

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARTIS-NAPLES INC 5833 PELICAN BAY BLVD NAPLES, FL 34108	59-2322926	501(C)(3)	2,500				2019-2020 ANNUAL CONTRIBUTION
ARTIS-NAPLES INC 5833 PELICAN BAY BLVD NAPLES, FL 34108	59-2322926	501(C)(3)	2,500				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARTIS-NAPLES INC 5833 PELICAN BAY BLVD NAPLES, FL 34108	59-2322926	501(C)(3)	2,000				UNRESTRICTED
ARTIS-NAPLES INC 5833 PELICAN BAY BLVD NAPLES, FL 34108	59-2322926	501(C)(3)	1,000				2020 GALA FUND-A-NEED

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARTIS-NAPLES INC 5833 PELICAN BAY BLVD NAPLES, FL 34108	59-2322926	501(C)(3)	250				UNRESTRICTED USE
ARTIS-NAPLES INC 5833 PELICAN BAY BLVD NAPLES, FL 34108	59-2322926	501(C)(3)	100				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AUBURN COMMUNITY HOSPITAL 17 LANSING STREET AUBURN, NY 13021	15-0532054	501(C)(3)	5,000				OPERATIONS
AUDUBON OF FLORIDACORKSCREW SWAMP SANCTUARY 375 SANCTUARY ROAD WEST NAPLES, FL 34120	59-0245495	501(C)(3)	25,000				ENVIRONMENTAL EDUCATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AUDUBON OF FLORIDACORKSCREW SWAMP SANCTUARY 375 SANCTUARY ROAD WEST NAPLES, FL 34120	59-0245495	501(C)(3)	5,000				UNRESTRICTED USE
AUDUBON OF FLORIDACORKSCREW SWAMP SANCTUARY 375 SANCTUARY ROAD WEST NAPLES, FL 34120	59-0245495	501(C)(3)	2,000				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AUDUBON OF FLORIDACORKSCREW SWAMP SANCTUARY 375 SANCTUARY ROAD WEST NAPLES, FL 34120	59-0245495	501(C)(3)	1,000				ANNUAL FUND
AUDUBON OF THE WESTERN EVERGLADES PO BOX 1738 NAPLES, FL 34106	23-7030698	501(C)(3)	5,000				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AUDUBON OF THE WESTERN EVERGLADES PO BOX 1738 NAPLES, FL 34106	23-7030698	501(C)(3)	2,500				WINTER SHOREBIRD STEWARDSHIP
AUDUBON OF THE WESTERN EVERGLADES PO BOX 1738 NAPLES, FL 34106	23-7030698	501(C)(3)	1,000				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AUDUBON OF THE WESTERN EVERGLADES PO BOX 1738 NAPLES, FL 34106	23-7030698	501(C)(3)	1,000				CONSERVATION IN COLLIER COUNTY
AUDUBON OF THE WESTERN EVERGLADES PO BOX 1738 NAPLES, FL 34106	23-7030698	501(C)(3)	314				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AVE MARIA SCHOOL OF LAW OFFICE OF ADVANCEMENT NAPLES, FL 34119	38-3519708	501(C)(3)	20,000				LAW SCHOOL SCHOLARSHIP
AVE MARIA UNIVERSITY 5050 AVE MARIA BLVD AVE MARIA, FL 34142	03-0482006	501(C)(3)	5,000				SCHOLARSHIPS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AVOW HOSPICE INC 1095 WHIPPOORWILL LANE NAPLES, FL 34105	59-2201250	501(C)(3)	11,220				UNRESTRICTED USE
AVOW HOSPICE INC 1095 WHIPPOORWILL LANE NAPLES, FL 34105	59-2201250	501(C)(3)	9,194				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AVOW HOSPICE INC 1095 WHIPPOORWILL LANE NAPLES, FL 34105	59-2201250	501(C)(3)	5,000				UNRESTRICTED USE IN COLLIER COUNTY.
AVOW HOSPICE INC 1095 WHIPPOORWILL LANE NAPLES, FL 34105	59-2201250	501(C)(3)	2,818				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AVOW HOSPICE INC 1095 WHIPPOORWILL LANE NAPLES, FL 34105	59-2201250	501(C)(3)	2,641				UNRESTRICTED USE
AVOW HOSPICE INC 1095 WHIPPOORWILL LANE NAPLES, FL 34105	59-2201250	501(C)(3)	1,500				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AVOW HOSPICE INC 1095 WHIPPOORWILL LANE NAPLES, FL 34105	59-2201250	501(C)(3)	1,000				UNRESTRICTED USE
AVOW HOSPICE INC 1095 WHIPPOORWILL LANE NAPLES, FL 34105	59-2201250	501(C)(3)	1,000				ANNUAL FUND

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AVOW HOSPICE INC 1095 WHIPPOORWILL LANE NAPLES, FL 34105	59-2201250	501(C)(3)	1,000				UNRESTRICTED USE
AVOW HOSPICE INC 1095 WHIPPOORWILL LANE NAPLES, FL 34105	59-2201250	501(C)(3)	623				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AVOW HOSPICE INC 1095 WHIPPOORWILL LANE NAPLES, FL 34105	59-2201250	501(C)(3)	446				UNRESTRICTED USE
AVOW HOSPICE INC 1095 WHIPPOORWILL LANE NAPLES, FL 34105	59-2201250	501(C)(3)	400				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AVOW HOSPICE INC 1095 WHIPPOORWILL LANE NAPLES, FL 34105	59-2201250	501(C)(3)	314				UNRESTRICTED USE
AVOW HOSPICE INC 1095 WHIPPOORWILL LANE NAPLES, FL 34105	59-2201250	501(C)(3)	250				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AVOW HOSPICE INC 1095 WHIPPOORWILL LANE NAPLES, FL 34105	59-2201250	501(C)(3)	200				UNRESTRICTED USE
AVOW HOSPICE INC 1095 WHIPPOORWILL LANE NAPLES, FL 34105	59-2201250	501(C)(3)	100				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BABY BASICS OF COLLIER COUNTY INC PMB 132- PO BOX 413005 NAPLES, FL 34101	20-1498596	501(C)(3)	2,500				UNRESTRICTED USE
BABY BASICS OF COLLIER COUNTY INC PMB 132- PO BOX 413005 NAPLES, FL 34101	20-1498596	501(C)(3)	800				TO PROVIDE DIAPERS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BABY BASICS OF COLLIER COUNTY INC PMB 132- PO BOX 413005 NAPLES, FL 34101	20-1498596	501(C)(3)	400				HAND SANITIZER
BASCOM PALMER EYE INSTITUTE 3880 TAMIAMI TRAIL N NAPLES, FL 34103	59-0624458	501(C)(3)	25,000				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BASCOM PALMER EYE INSTITUTE 3880 TAMIAMI TRAIL N NAPLES, FL 34103	59-0624458	501(C)(3)	100				UNRESTRICTED USE
BATTEN DISEASE SUPPORT AND RESEARCH ASSOCIATION 2780 AIRPORT DRIVE 342 COLUMBUS, OH 43219	91-1397792	501(C)(3)	5,000				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BAY PORT HIGH SCHOOL 2710 LINEVILLE ROAD GREEN BAY, WI 54313	39-6031599	501(C)(3)	12,500				PROGRAM SUPPORT
BELLA MENTE QUANTUM RACING DBA NEW YORK YACHT CLUB AMERICAN MAGIC 333 SOUTH 7TH STREET 3100 MINNEAPOLIS, MN 55420	82-2576323	501(C)(3)	10,000				SUPPORT THE AMERICAN MAGIC TEAM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BELLA MENTE QUANTUM RACING DBA NEW YORK YACHT CLUB AMERICAN MAGIC 333 SOUTH 7TH STREET 3100 MINNEAPOLIS, MN 55420	82-2576323	501(C)(3)	10,000				SUPPORT THE AMERICAN MAGIC TEAM
BEST BUDDIES OF SWFL 5237 SUMMERLIN COMMONS BLVS 105 FORT MYERS, FL 33907	52-1614576	501(C)(3)	5,000				STUDENT ONE-TO-ONE FRIENDSHIPS PROGRAM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BEVERLY'S ANGELS 5080 POST OAK LANE NAPLES, FL 34105	83-2678523	501(C)(3)	5,000				UNRESTRICTED USE
BEVERLY'S ANGELS 5080 POST OAK LANE NAPLES, FL 34105	83-2678523	501(C)(3)	500				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BIG BROTHERS BIG SISTERS OF THE SUN COAST INC 1016 COLLIER CENTER WAY NAPLES, FL 34110	59-1361826	501(C)(3)	5,531				UNRESTRICTED USE
BIG BROTHERS BIG SISTERS OF THE SUN COAST INC 1016 COLLIER CENTER WAY NAPLES, FL 34110	59-1361826	501(C)(3)	2,000				STAFF SALARIES

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BIG BROTHERS BIG SISTERS OF THE SUN COAST INC 1016 COLLIER CENTER WAY NAPLES, FL 34110	59-1361826	501(C)(3)	1,000				KIDS PROGRAMS
BISHOP NOLL INSTITUTE 1519 HOFFMAN STREET HAMMOND, IN 46327	35-1007097	501(C)(3)	15,000				BNI HOCKEY CLUB

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BLOOMINGTON HEALTHFOUNDATION INC PO BOX 249 BLOOMINGTON, IN 47402	35-1720795	501(C)(3)	2,500				UNRESTRICTED USE
BLOOMINGTON HEALTHFOUNDATION INC PO BOX 249 BLOOMINGTON, IN 47402	35-1720795	501(C)(3)	2,500				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BONITA BAY VETERANS COUNCIL INC 26660 COUNTRY CLUB DRIVE BONITA SPRINGS, FL 34134	47-3563908	501(C)(3)	5,000				FUNDING FOR VETERANS PROGRAMS
BONITA SPRINGS ASSISTANCE OFFICE PO BOX 16 BONITA SPRINGS, FL 34133	59-2337909	501(C)(3)	7,880				CARE & SHARE PROGRAM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOOKS FOR COLLIER KIDS INC PO BOX 10811 NAPLES, FL 34101	82-1078351	501(C)(3)	14,400				OPERATIONS
BOOKS FOR COLLIER KIDS INC PO BOX 10811 NAPLES, FL 34101	82-1078351	501(C)(3)	2,500				SOCIAL MEDIA PROJECT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOOKS FOR COLLIER KIDS INC PO BOX 10811 NAPLES, FL 34101	82-1078351	501(C)(3)	2,000				PURCHASE BOOKS
BORODINO METHODIST CHURCH 1820 NY-174 SKANEATELES, NY 13152	16-1084854	501(C)(3)	7,000				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS & GIRLS CLUB OF COLLIER COUNTY 7500 DAVIS BLVD NAPLES, FL 34104	65-0279110	501(C)(3)	6,000				SMART GIRLS & PASSPORT TO MANHOOD
BOYS & GIRLS CLUB OF COLLIER COUNTY 7500 DAVIS BLVD NAPLES, FL 34104	65-0279110	501(C)(3)	5,000				CAPITAL EXPENDITURES

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS & GIRLS CLUB OF COLLIER COUNTY 7500 DAVIS BLVD NAPLES, FL 34104	65-0279110	501(C)(3)	3,000				YOUTH IMPROVEMENT
BOYS & GIRLS CLUB OF COLLIER COUNTY 7500 DAVIS BLVD NAPLES, FL 34104	65-0279110	501(C)(3)	2,846				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS & GIRLS CLUB OF COLLIER COUNTY 7500 DAVIS BLVD NAPLES, FL 34104	65-0279110	501(C)(3)	1,000				SPRING TENNIS TOURNAMENT
BOYS & GIRLS CLUB OF COLLIER COUNTY 7500 DAVIS BLVD NAPLES, FL 34104	65-0279110	501(C)(3)	1,000				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS & GIRLS CLUB OF COLLIER COUNTY 7500 DAVIS BLVD NAPLES, FL 34104	65-0279110	501(C)(3)	200				UNRESTRICTED USE
BRAINERD LAKES COMMUNITY FOUNDATION PO BOX 94 NISSWA, MN 56468	36-3412544	501(C)(3)	5,000				AWAIT FURTHER DIRECTION FROM JOHN ALLEN

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRIDGE FUND OF NEW YORK INC 271 MADISON AVENUE 907 NEW YORK, NY 10016	13-3824852	501(C)(3)	5,000				UNRESTRICTED USE
BRIGHTER BITES PO BOX 25456 HOUSTON, TX 77265	47-4070026	501(C)(3)	15,000				OPERATIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRIGHTER BITES PO BOX 25456 HOUSTON, TX 77265	47-4070026	501(C)(3)	5,000				WINN DIXIE PRODUCE PROGRAM
BRIGHTFOCUS FOUNDATION 22512 GATEWAY CENTER DRIVE CLARKSBURG, MD 30982	23-7337229	501(C)(3)	10,799				UNRESTRICTED USE

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

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRIGHTFOCUS FOUNDATION 22512 GATEWAY CENTER DRIVE CLARKSBURG, MD 30982	23-7337229	501(C)(3)	500				MACULAR DEGENERATION RESEARCH
CAMPUS CRUSADE FOR CHRIST INC P O BOX 628222 ORLANDO, FL 32832	95-6006173	501(C)(3)	2,000				UNRESTRICTED USE

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

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

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

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAMPUS CRUSADE FOR CHRIST INC P O BOX 628222 ORLANDO, FL 32832	95-6006173	501(C)(3)	900				IN SUPPORT OF MISSION WORK
CAMPUS CRUSADE FOR CHRIST INC P O BOX 628222 ORLANDO, FL 32832	95-6006173	501(C)(3)	800				IN SUPPORT OF MISSION WORK

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAMPUS CRUSADE FOR CHRIST INC P O BOX 628222 ORLANDO, FL 32832	95-6006173	501(C)(3)	600				TO SUPPORT THE MISSION WORK
CAMPUS CRUSADE FOR CHRIST INC P O BOX 628222 ORLANDO, FL 32832	95-6006173	501(C)(3)	500				TO SUPPORT THE MISSION WORK

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAPRI CHRISTIAN CHURCH 111 EAST HILO STREET NAPLES, FL 34113	59-1956870	501(C)(3)	1,500				OPERATIONS
CAPRI CHRISTIAN CHURCH 111 EAST HILO STREET NAPLES, FL 34113	59-1956870	501(C)(3)	1,500				OPERATIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAPRI CHRISTIAN CHURCH 111 EAST HILO STREET NAPLES, FL 34113	59-1956870	501(C)(3)	1,500				OPERATIONS
CAPRI CHRISTIAN CHURCH 111 EAST HILO STREET NAPLES, FL 34113	59-1956870	501(C)(3)	1,500				OPERATIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAPRI CHRISTIAN CHURCH 111 EAST HILO STREET NAPLES, FL 34113	59-1956870	501(C)(3)	1,500				OPERATIONS
CAPRI CHRISTIAN CHURCH 111 EAST HILO STREET NAPLES, FL 34113	59-1956870	501(C)(3)	1,500				OPERATIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAPRI CHRISTIAN CHURCH 111 EAST HILO STREET NAPLES, FL 34113	59-1956870	501(C)(3)	850				UNRESTRICTED USE
CAPRI CHRISTIAN CHURCH 111 EAST HILO STREET NAPLES, FL 34113	59-1956870	501(C)(3)	850				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAPRI CHRISTIAN CHURCH 111 EAST HILO STREET NAPLES, FL 34113	59-1956870	501(C)(3)	850				UNRESTRICTED USE
CAPRI CHRISTIAN CHURCH 111 EAST HILO STREET NAPLES, FL 34113	59-1956870	501(C)(3)	850				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAPRI CHRISTIAN CHURCH 111 EAST HILO STREET NAPLES, FL 34113	59-1956870	501(C)(3)	850				UNRESTRICTED USE
CAPTAINS FOR CLEAN WATER 2031 JACKSON STREET FT MYERS, FL 33901	81-1789969	501(C)(3)	7,500				SUPPORTING CLEANUP OF THE MANGROVES AND GULF

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHEDRAL OF THE ASSUMPTION 433 SOUTH 5TH STREET 101 LOUISVILLE, KY 40202	61-0447247	501(C)(3)	50,000				RENOVATION PROJECT
CATHEDRAL OF THE ASSUMPTION 433 SOUTH 5TH STREET 101 LOUISVILLE, KY 40202	61-0447247	501(C)(3)	50,000				RENOVATION PROJECT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHEDRAL OF THE ASSUMPTION 433 SOUTH 5TH STREET 101 LOUISVILLE, KY 40202	61-0447247	501(C)(3)	1,000				FEED MY NEIGHBOR PROGRAM
CATHEDRAL OF THE ASSUMPTION 433 SOUTH 5TH STREET 101 LOUISVILLE, KY 40202	61-0447247	501(C)(3)	100				DAILY LUNCH PROGRAM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC CHARITIES OF COLLIER COUNTY 2210 SANTA BARBARA BLVD NAPLES, FL 34116	53-0196617	501(C)(3)	10,000				FOOD FOR IMMOKALEE
CATHOLIC CHARITIES OF COLLIER COUNTY 2210 SANTA BARBARA BLVD NAPLES, FL 34116	53-0196617	501(C)(3)	5,000				BASIC NEEDS ASSISTANCE FOR COVID-19

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC CHARITIES OF COLLIER COUNTY 2210 SANTA BARBARA BLVD NAPLES, FL 34116	53-0196617	501(C)(3)	5,000				FOOD BANK/COVID NEEDS
CATHOLIC CHARITIES OF COLLIER COUNTY 2210 SANTA BARBARA BLVD NAPLES, FL 34116	53-0196617	501(C)(3)	3,752				SERVICES RENDERED BY CATHOLIC CHARITIES

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC CHARITIES OF COLLIER COUNTY 2210 SANTA BARBARA BLVD NAPLES, FL 34116	53-0196617	501(C)(3)	2,500				EMERALD BALL
CATHOLIC CHARITIES OF COLLIER COUNTY 2210 SANTA BARBARA BLVD NAPLES, FL 34116	53-0196617	501(C)(3)	2,000				UNRESTRICTED USE

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

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC CHARITIES OF COLLIER COUNTY 2210 SANTA BARBARA BLVD NAPLES, FL 34116	53-0196617	501(C)(3)	200				SOUP KITCHEN IN IMMOKALEE
CATHOLIC CHARITIES OF ST PAUL AND MINNEAPOLIS 1200 2ND AVENUE SOUTH MINNEAPOLIS, MN 55403	41-1302487	501(C)(3)	10,000				SAINT NICHOLAS DINNER SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CEDAR CREEK BATTLEFIELD FOUNDATION PO BOX 229 MIDDLETOWN, VA 22645	54-1474233	501(C)(3)	2,500				PRESERVATION & PROTECTION OF THE BATTLEFIELD
CEDAR CREEK BATTLEFIELD FOUNDATION PO BOX 229 MIDDLETOWN, VA 22645	54-1474233	501(C)(3)	2,500				CEDAR CREEK BATTLEFIELD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHAPEL BY THE SEA 6712 EMERALD DRIVE EMERALD ISLE, NC 28594		501(C)(3)	5,000				UNRESTRICTED USE
CHAPEL BY THE SEA 6712 EMERALD DRIVE EMERALD ISLE, NC 28594		501(C)(3)	2,000				OPERATING EXPENSES

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHAPEL BY THE SEA 6712 EMERALD DRIVE EMERALD ISLE, NC 28594		501(C)(3)	2,000				YOUTH GROUP
CHARITY FOR CHANGE LLC 10681 AIRPORT ROAD 23 NAPLES, FL 34109	26-2139488	501(C)(3)	2,500				PROGRAM PLATFORM AND CURRICULUM UPDATE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHARITY FOR CHANGE LLC 10681 AIRPORT ROAD 23 NAPLES, FL 34109	26-2139488	501(C)(3)	1,500				UNRESTRICTED USE
CHARITY FOR CHANGE LLC 10681 AIRPORT ROAD 23 NAPLES, FL 34109	26-2139488	501(C)(3)	1,500				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHARLEVOIX COUNTY COMMUNITY FOUNDATION PO BOX 718 EAST JORDAN, MI 49727	38-3033739	501(C)(3)	10,000				URGENT NEEDS FUND
CHICAGO BOTANICAL GARDEN 1000 LAKE COOK ROAD GLENCOE, IL 60022	36-2225482	501(C)(3)	5,000				UNRESTRICTED USE

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

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILD'S PATH 2335 TAMIAMI TRAIL N 504 NAPLES, FL 34103	26-2646032	501(C)(3)	5,000				CAPITAL EXPENDITURES
CHOWAN UNIVERSITY OFFICE OF DEVELOPMENT MURFREESBURO, NC 27855	56-0554199	501(C)(3)	20,000				LOUISE C GILLESPIE SCHOLARSHIP

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHRIST EPISCOPAL CHURCH 220 40TH STREET NE CEDAR RAPIDS, IA 52402		501(C)(3)	6,000				\$5,000 FOR THE BACKPACK PROGRAM AND \$1,000 FOR SWAZILAND MISSION
CHRISTMAS IN JULY FOUNDATION PO BOX 7997 NAPLES, FL 34101	83-1606042	501(C)(3)	10,000				SUPPLIES FOR PROGRAM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLARKSON UNIVERSITY 8 CLARKSON AVENUE POTSDAM, NY 13676	15-0543659	501(C)(3)	15,000				CHEEL PROJECT
CLASSIC CHAMBER CONCERTS INC PO BOX 7854 NAPLES, FL 34101	59-3459770	501(C)(3)	244				OPERATIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLEVELAND BALLET 23030 MILES ROAD BEDFORD HEIGHTS, OH 44128	38-3945001	501(C)(3)	10,000				UNRESTRICTED USE
CLEVELAND BALLET 23030 MILES ROAD BEDFORD HEIGHTS, OH 44128	38-3945001	501(C)(3)	5,000				MATCHING GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLLEGE OF WOOSTER 1189 BEALL AVENUE WOOSTER, OH 44691	34-0714654	501(C)(3)	10,000				ANNUAL EXPENSES
COLLIER COUNTY - BOARD OF COUNTY COMMISSIONERS 3299 TAMIAMI TRAIL EAST 303 NAPLES, FL 34112	59-6000558	501(C)(3)	10,500				PLAYGROUND SHADE STRUCTURE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLLIER COUNTY - BOARD OF COUNTY COMMISSIONERS 3299 TAMIAMI TRAIL EAST 303 NAPLES, FL 34112	59-6000558	501(C)(3)	9,924				TREES FOR IMMOKALEE PARKS
COLLIER COUNTY HUNGER AND HOMELESS COALITION PO BOX 9202 NAPLES, FL 34101	04-3610154	501(C)(3)	10,000				COVID-19 ASSISTANCE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLLIER COUNTY HUNGER AND HOMELESS COALITION PO BOX 9202 NAPLES, FL 34101	04-3610154	501(C)(3)	10,000				COVID-19 ASSISTANCE
COLLIER COUNTY HUNGER AND HOMELESS COALITION PO BOX 9202 NAPLES, FL 34101	04-3610154	501(C)(3)	2,500				HHC JUMPSTART

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLLIER COUNTY PUBLIC SCHOOLS 5775 OSCEOLA TRAIL NAPLES, FL 34109	59-2663954		35,000				COVID-19 RELIEF EFFORTS
COLLIER COUNTY PUBLIC SCHOOLS 5775 OSCEOLA TRAIL NAPLES, FL 34109	59-2663954		30,000				INTERNET AND FOOD FOR TEACHERS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLLIER COUNTY PUBLIC SCHOOLS 5775 OSCEOLA TRAIL NAPLES, FL 34109	59-2663954		10,600				LELY ELEMENTARY
COLLIER COUNTY PUBLIC SCHOOLS 5775 OSCEOLA TRAIL NAPLES, FL 34109	59-2663954		10,000				BASIC NEEDS FUND

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLLIER COUNTY PUBLIC SCHOOLS 5775 OSCEOLA TRAIL NAPLES, FL 34109	59-2663954		10,000				IMMOKALEE PUBLIC SCHOOLS
COLLIER COUNTY PUBLIC SCHOOLS 5775 OSCEOLA TRAIL NAPLES, FL 34109	59-2663954		8,750				GIFT CARDS FOR CORONAVIRUS RELIEF

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLLIER COUNTY PUBLIC SCHOOLS 5775 OSCEOLA TRAIL NAPLES, FL 34109	59-2663954		7,625				2019-2020 LAWS OF LIFE
COLLIER COUNTY PUBLIC SCHOOLS 5775 OSCEOLA TRAIL NAPLES, FL 34109	59-2663954		4,990				TUTORING PROGRAM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLLIER COUNTY PUBLIC SCHOOLS 5775 OSCEOLA TRAIL NAPLES, FL 34109	59-2663954		3,844				CALUSA PARK ELEMENTARY
COLLIER COUNTY PUBLIC SCHOOLS 5775 OSCEOLA TRAIL NAPLES, FL 34109	59-2663954		3,146				CUB'S CLUB TUTOR

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLLIER COUNTY PUBLIC SCHOOLS 5775 OSCEOLA TRAIL NAPLES, FL 34109	59-2663954		2,500				SCIENCE FAIR ATTENDANCE COSTS
COLLIER COUNTY PUBLIC SCHOOLS 5775 OSCEOLA TRAIL NAPLES, FL 34109	59-2663954		1,100				COVID-19 ASSISTANCE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLLIER COUNTY PUBLIC SCHOOLS 5775 OSCEOLA TRAIL NAPLES, FL 34109	59-2663954		500				GIFT CARDS FOR CORONVIRUS RELIEF
COLLIER COUNTY SENIOR RESOURCE CENTER INC 4898 CORONADO PARKWAY NAPLES, FL 34116	27-0946278	501(C)(3)	50,000				UPSLIDE PROGRAM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLLIER COUNTY SENIOR RESOURCE CENTER INC 4898 CORONADO PARKWAY NAPLES, FL 34116	27-0946278	501(C)(3)	16,025				PURCHASE OF FOOD FOR FOOD PANTRY
COLLIER COUNTY SENIOR RESOURCE CENTER INC 4898 CORONADO PARKWAY NAPLES, FL 34116	27-0946278	501(C)(3)	13,000				DIRECT ASSISTANCE FOR NEEDED SENIORS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLLIER COUNTY SENIOR RESOURCE CENTER INC 4898 CORONADO PARKWAY NAPLES, FL 34116	27-0946278	501(C)(3)	3,000				FIFTH ANNIVERSARY CHALLENGE
COLLIER COUNTY SENIOR RESOURCE CENTER INC 4898 CORONADO PARKWAY NAPLES, FL 34116	27-0946278	501(C)(3)	2,000				CORONAVIRUS RELIEF

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLLIER COUNTY SENIOR RESOURCE CENTER INC 4898 CORONADO PARKWAY NAPLES, FL 34116	27-0946278	501(C)(3)	2,000				CELEBRATING SENIORS ANNIVERSARY CHALLENGE
COLLIER COUNTY SENIOR RESOURCE CENTER INC 4898 CORONADO PARKWAY NAPLES, FL 34116	27-0946278	501(C)(3)	2,000				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLLIER COUNTY SENIOR RESOURCE CENTER INC 4898 CORONADO PARKWAY NAPLES, FL 34116	27-0946278	501(C)(3)	1,250				GIFT CARDS FOR CORONVIRUS RELIEF
COLLIER COUNTY SENIOR RESOURCE CENTER INC 4898 CORONADO PARKWAY NAPLES, FL 34116	27-0946278	501(C)(3)	1,000				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLLIER COUNTY SENIOR RESOURCE CENTER INC 4898 CORONADO PARKWAY NAPLES, FL 34116	27-0946278	501(C)(3)	1,000				UNRESTRICTED USE
COLLIER COUNTY SENIOR RESOURCE CENTER INC 4898 CORONADO PARKWAY NAPLES, FL 34116	27-0946278	501(C)(3)	1,000				ANNIVERSARY CHALLENGE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLLIER COUNTY SENIOR RESOURCE CENTER INC 4898 CORONADO PARKWAY NAPLES, FL 34116	27-0946278	501(C)(3)	500				UNRESTRICTED USE
COLLIER HARVEST FOUNDATION P O BOX 11143 NAPLES, FL 34101	65-0307084	501(C)(3)	49,264				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLLIER HARVEST FOUNDATION P O BOX 11143 NAPLES, FL 34101	65-0307084	501(C)(3)	48,743				UNRESTRICTED USE
COLLIER HARVEST FOUNDATION P O BOX 11143 NAPLES, FL 34101	65-0307084	501(C)(3)	16,025				PURCHASE OF FOOD FOR FOOD PANTRY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLLIER HARVEST FOUNDATION P O BOX 11143 NAPLES, FL 34101	65-0307084	501(C)(3)	1,130				OPERATIONS
COLLIER RESOURCE CENTER INC PO BOX 110905 NAPLES, FL 34108	47-3120388	501(C)(3)	1,000				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLLIER RESOURCE CENTER INC PO BOX 110905 NAPLES, FL 34108	47-3120388	501(C)(3)	1,000				UNRESTRICTED USE
COLLIER RESOURCE CENTER INC PO BOX 110905 NAPLES, FL 34108	47-3120388	501(C)(3)	1,000				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLLIER RESOURCE CENTER INC PO BOX 110905 NAPLES, FL 34108	47-3120388	501(C)(3)	1,000				UNRESTRICTED USE
COLLIER RESOURCE CENTER INC PO BOX 110905 NAPLES, FL 34108	47-3120388	501(C)(3)	500				TECHNOLOGY NEEDS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLLIER RESOURCE CENTER INC PO BOX 110905 NAPLES, FL 34108	47-3120388	501(C)(3)	250				TECHNOLOGY NEEDS
COLLIER RESOURCE CENTER INC PO BOX 110905 NAPLES, FL 34108	47-3120388	501(C)(3)	250				TECHNOLOGY NEEDS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY FOUNDATION SERVING SOUTHWEST COLORADO PO BOX 1673 DURANGO, CO 81301	84-1474900	501(C)(3)	13,537				EVEN KEEL FUND
COMMUNITY FOUNDATION SERVING SOUTHWEST COLORADO PO BOX 1673 DURANGO, CO 81301	84-1474900	501(C)(3)	554				EVEN KEEL FUND

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY SCHOOL OF NAPLES 13275 LIVINGSTON ROAD NAPLES, FL 34109	59-1920297	501(C)(3)	1,000,000				ALL SPORTS STADIUM
COMMUNITY SCHOOL OF NAPLES 13275 LIVINGSTON ROAD NAPLES, FL 34109	59-1920297	501(C)(3)	25,000				ANNUAL FUND

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY SCHOOL OF NAPLES 13275 LIVINGSTON ROAD NAPLES, FL 34109	59-1920297	501(C)(3)	20,000				ANGEL BALL SCHOLARSHIP FUND
COMMUNITY SCHOOL OF NAPLES 13275 LIVINGSTON ROAD NAPLES, FL 34109	59-1920297	501(C)(3)	10,000				COMMUNITY SCHOOL SCHOLARSHIP PROGRAM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY SCHOOL OF NAPLES 13275 LIVINGSTON ROAD NAPLES, FL 34109	59-1920297	501(C)(3)	4,212				SCHOLARSHIPS
CONSERVANCY OF SOUTHWEST FLORIDA INC 1495 SMITH PRESERVE WAY NAPLES, FL 34102	59-1157084	501(C)(3)	50,000				GROWING CLIMATE SOLUTIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONSERVANCY OF SOUTHWEST FLORIDA INC 1495 SMITH PRESERVE WAY NAPLES, FL 34102	59-1157084	501(C)(3)	25,000				GROWING CLIMATE SOLUTIONS
CONSERVANCY OF SOUTHWEST FLORIDA INC 1495 SMITH PRESERVE WAY NAPLES, FL 34102	59-1157084	501(C)(3)	25,000				GROWING CLIMATE SOLUTIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONSERVANCY OF SOUTHWEST FLORIDA INC 1495 SMITH PRESERVE WAY NAPLES, FL 34102	59-1157084	501(C)(3)	10,000				CONSERVATION COLLIER RESEARCH
CONSERVANCY OF SOUTHWEST FLORIDA INC 1495 SMITH PRESERVE WAY NAPLES, FL 34102	59-1157084	501(C)(3)	5,046				UNRESTRICTED USE

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

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

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

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONSERVANCY OF SOUTHWEST FLORIDA INC 1495 SMITH PRESERVE WAY NAPLES, FL 34102	59-1157084	501(C)(3)	2,000				UNRESTRICTED USE
CONSERVANCY OF SOUTHWEST FLORIDA INC 1495 SMITH PRESERVE WAY NAPLES, FL 34102	59-1157084	501(C)(3)	1,976				UNRESTRICTED USE

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

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONSERVANCY OF SOUTHWEST FLORIDA INC 1495 SMITH PRESERVE WAY NAPLES, FL 34102	59-1157084	501(C)(3)	1,200				UNRESTRICTED USE
CONSERVANCY OF SOUTHWEST FLORIDA INC 1495 SMITH PRESERVE WAY NAPLES, FL 34102	59-1157084	501(C)(3)	1,000				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONSERVANCY OF SOUTHWEST FLORIDA INC 1495 SMITH PRESERVE WAY NAPLES, FL 34102	59-1157084	501(C)(3)	1,000				STEM-BASED ENVIRONMENTAL EDUCATION FOR SCHOOLCHILDREN
CONSERVANCY OF SOUTHWEST FLORIDA INC 1495 SMITH PRESERVE WAY NAPLES, FL 34102	59-1157084	501(C)(3)	637				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONSERVANCY OF SOUTHWEST FLORIDA INC 1495 SMITH PRESERVE WAY NAPLES, FL 34102	59-1157084	501(C)(3)	500				UNRESTRICTED USE
CONSERVANCY OF SOUTHWEST FLORIDA INC 1495 SMITH PRESERVE WAY NAPLES, FL 34102	59-1157084	501(C)(3)	446				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONSERVANCY OF SOUTHWEST FLORIDA INC 1495 SMITH PRESERVE WAY NAPLES, FL 34102	59-1157084	501(C)(3)	400				TO PROVIDE MEDICAL CARE
COUNCIL FOR NATIVE HAWAIIAN ADVANCEMENT 91-1270 KINOIKI STREET BLDG 1 KAPOLEI, HI 96707	91-0313383	501(C)(3)	5,500				HAWAIIAN WAY FUND

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COUNCIL FOR NATIVE HAWAIIAN ADVANCEMENT 91-1270 KINOIKI STREET BLDG 1 KAPOLEI, HI 96707	91-0313383	501(C)(3)	5,500				HAWAIIAN WAY FUND PROGRAM
COVENANT CHURCH OF NAPLES 6926 TRAIL BLVD NAPLES, FL 34108	59-1098689	501(C)(3)	5,000				OPERATING EXPENSES

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COVENANT CHURCH OF NAPLES 6926 TRAIL BLVD NAPLES, FL 34108	59-1098689	501(C)(3)	2,000				MISSION PROGRAMS
CRETIN-DERHAM HALL HIGH SCHOOL 550 S ALBERT STREET ST PAUL, MN 55116	41-1570394	501(C)(3)	10,000				COVID-19 EMERGENCY RELIEF FUND

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CRETIN-DERHAM HALL HIGH SCHOOL 550 S ALBERT STREET ST PAUL, MN 55116	41-1570394	501(C)(3)	500				UNRESTRICTED USE
DANNY & RON'S RESCUE PO BOX 604 CAMDEN, SC 29021	77-0720063	501(C)(3)	5,000				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DAVID LAWRENCE MENTAL HEALTH CENTER INC 6075 BATHEY LANE NAPLES, FL 34116	59-2206025	501(C)(3)	24,600				RECOVERY HOPE HOME
DAVID LAWRENCE MENTAL HEALTH CENTER INC 6075 BATHEY LANE NAPLES, FL 34116	59-2206025	501(C)(3)	20,000				COVID-19 RELIEF

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DAVID LAWRENCE MENTAL HEALTH CENTER INC 6075 BATHEY LANE NAPLES, FL 34116	59-2206025	501(C)(3)	10,000				CHILDREN'S SERVICES
DAVID LAWRENCE MENTAL HEALTH CENTER INC 6075 BATHEY LANE NAPLES, FL 34116	59-2206025	501(C)(3)	10,000				COVID-19 ASSISTANCE

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

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

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

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DAVID LAWRENCE MENTAL HEALTH CENTER INC 6075 BATHEY LANE NAPLES, FL 34116	59-2206025	501(C)(3)	250				HOPE HOUSE
DIOCESE OF VENICE IN FLORIDA 1000 PINEBROOK ROAD VENICE, FL 34285	59-2434603	501(C)(3)	5,000				2020 CATHOLIC FAITH APPEAL

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DIOCESE OF VENICE IN FLORIDA 1000 PINEBROOK ROAD VENICE, FL 34285	59-2434603	501(C)(3)	250				UNRESTRICTED USE
DR PIPER CENTER FOR SOCIAL SERVICES INC 2607 DR ELLA PIPER WAY FT MYERS, FL 33916	65-0788551	501(C)(3)	20,000				SENIOR COMPANION PROGRAM

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

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DRESSEMBER FOUNDATION PO BOX 1092 ASHLAND, OR 97520	46-4704743	501(C)(3)	5,000				LOVE FOR HUMANITY DRESSEMBER TEAM
EARN TO LEARN FL 27911CROWN LAKE BLVD 223 BONITA SPRINGS, FL 34135	45-2514055	501(C)(3)	1,596				OPERATIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EDUCATION FOUNDATION - CHAMPIONS FOR LEARNING 3606 ENTERPRISE AVENUE 150 NAPLES, FL 34104	65-0230582	501(C)(3)	50,030				FUTURE READY COLLIER
EDUCATION FOUNDATION - CHAMPIONS FOR LEARNING 3606 ENTERPRISE AVENUE 150 NAPLES, FL 34104	65-0230582	501(C)(3)	50,000				FUTURE READY COLLIER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EDUCATION FOUNDATION - CHAMPIONS FOR LEARNING 3606 ENTERPRISE AVENUE 150 NAPLES, FL 34104	65-0230582	501(C)(3)	49,999				FUTURE READY COLLIER
EDUCATION FOUNDATION - CHAMPIONS FOR LEARNING 3606 ENTERPRISE AVENUE 150 NAPLES, FL 34104	65-0230582	501(C)(3)	30,000				SCHOLARSHIPS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EDUCATION FOUNDATION - CHAMPIONS FOR LEARNING 3606 ENTERPRISE AVENUE 150 NAPLES, FL 34104	65-0230582	501(C)(3)	30,000				SUPPORT OF THE MISSION
EDUCATION FOUNDATION - CHAMPIONS FOR LEARNING 3606 ENTERPRISE AVENUE 150 NAPLES, FL 34104	65-0230582	501(C)(3)	22,663				TO SUPPORT AND ENHANCE MUSIC EDUCATION IN COLLIER COUNTY PUBLIC SCHOOLS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EDUCATION FOUNDATION - CHAMPIONS FOR LEARNING 3606 ENTERPRISE AVENUE 150 NAPLES, FL 34104	65-0230582	501(C)(3)	12,000				FUTURE READY COLLIER
EDUCATION FOUNDATION - CHAMPIONS FOR LEARNING 3606 ENTERPRISE AVENUE 150 NAPLES, FL 34104	65-0230582	501(C)(3)	6,000				FUTURE READY COLLIER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EDUCATION FOUNDATION - CHAMPIONS FOR LEARNING 3606 ENTERPRISE AVENUE 150 NAPLES, FL 34104	65-0230582	501(C)(3)	5,000				CLASSROOM GRANTS
EDUCATION FOUNDATION - CHAMPIONS FOR LEARNING 3606 ENTERPRISE AVENUE 150 NAPLES, FL 34104	65-0230582	501(C)(3)	5,000				STUDENT SCHOLARSHIPS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EDUCATION FOUNDATION - CHAMPIONS FOR LEARNING 3606 ENTERPRISE AVENUE 150 NAPLES, FL 34104	65-0230582	501(C)(3)	5,000				COLLEGE & CAREER PREP PROGRAM
EDUCATION FOUNDATION - CHAMPIONS FOR LEARNING 3606 ENTERPRISE AVENUE 150 NAPLES, FL 34104	65-0230582	501(C)(3)	5,000				FUTURE READY COLLIER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EDUCATION FOUNDATION - CHAMPIONS FOR LEARNING 3606 ENTERPRISE AVENUE 150 NAPLES, FL 34104	65-0230582	501(C)(3)	2,500				GLASS SLIPPER SCHOLARSHIP FUND
EDUCATION FOUNDATION - CHAMPIONS FOR LEARNING 3606 ENTERPRISE AVENUE 150 NAPLES, FL 34104	65-0230582	501(C)(3)	2,500				SCHOLARSHIP

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EDUCATION FOUNDATION - CHAMPIONS FOR LEARNING 3606 ENTERPRISE AVENUE 150 NAPLES, FL 34104	65-0230582	501(C)(3)	2,324				FUTURE READY COLLIER PROGRAM
EDUCATION FOUNDATION - CHAMPIONS FOR LEARNING 3606 ENTERPRISE AVENUE 150 NAPLES, FL 34104	65-0230582	501(C)(3)	2,000				FUTURE READY COLLIER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EDUCATION FOUNDATION - CHAMPIONS FOR LEARNING 3606 ENTERPRISE AVENUE 150 NAPLES, FL 34104	65-0230582	501(C)(3)	450				UNRESTRICTED USE
EDUCATION FOUNDATION - CHAMPIONS FOR LEARNING 3606 ENTERPRISE AVENUE 150 NAPLES, FL 34104	65-0230582	501(C)(3)	100				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ETERNAL PERSPECTIVE MINISTRIES 39085 PIONEER BLVD 206 SANDY, OR 97055	94-3125475	501(C)(3)	5,000				UNRESTRICTED USE
EVANS SCHOLARS FOUNDATION 2501 PATRIOT BLVD GLENVIEW, IL 60026	36-2518129	501(C)(3)	10,000				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EVANS SCHOLARS FOUNDATION 2501 PATRIOT BLVD GLENVIEW, IL 60026	36-2518129	501(C)(3)	500				UNRESTRICTED USE
EVANS SCHOLARS FOUNDATION 2501 PATRIOT BLVD GLENVIEW, IL 60026	36-2518129	501(C)(3)	250				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EVERGLADES COMMUNITY CHURCH - FOOD PANTRY 1010 COPELAND AVENUE S EVERGLADES CITY, FL 34139		501(C)(3)	16,025				PURCHASE OF FOOD FOR FOOD PANTRY
EVERGLADES COMMUNITY CHURCH - FOOD PANTRY 1010 COPELAND AVENUE S EVERGLADES CITY, FL 34139		501(C)(3)	10,000				FOOD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FARM AID 501 CAMBRIDGE STREET 3RD FL CAMBRIDGE, MA 02141	36-3383233	501(C)(3)	30,000				FAMILY FARM DISASTER FUND
FARM AID 501 CAMBRIDGE STREET 3RD FL CAMBRIDGE, MA 02141	36-3383233	501(C)(3)	30,000				COVID-19 RECOVERY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FEEDING AMERICA PO BOX 96749 WASHINGTON, DC 20090	36-3673599	501(C)(3)	5,000				OPERATING EXPENSES
FEEDING AMERICA PO BOX 96749 WASHINGTON, DC 20090	36-3673599	501(C)(3)	2,000				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FEEDING AMERICA PO BOX 96749 WASHINGTON, DC 20090	36-3673599	501(C)(3)	500				ANNUAL FUND
FINGER LAKES LAND TRUST 202 EAST COURT STREET ITHACA, NY 14850	22-2983688	501(C)(3)	5,000				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIRST PRESBYTERIAN CHURCH OF SKANEATELES NY 97 EAST GENESEE STREET SKANEATELES, NY 13152	15-0549304	501(C)(3)	10,000				ANNUAL FUND
FIRST PRESBYTERIAN CHURCH OF SKANEATELES NY 97 EAST GENESEE STREET SKANEATELES, NY 13152	15-0549304	501(C)(3)	5,000				OPERATIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FLORIDA GULF COAST UNIVERSITY FOUNDATION INC 10501 FGCU BLVD S FT MYERS, FL 33965	65-0403969	501(C)(3)	23,750				ROOTS OF COMPASSION AND KINDNESS OF THE HEART MINDED CHILD
FLORIDA GULF COAST UNIVERSITY FOUNDATION INC 10501 FGCU BLVD S FT MYERS, FL 33965	65-0403969	501(C)(3)	19,946				TWO SCHOLARSHIPS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FLORIDA GULF COAST UNIVERSITY FOUNDATION INC 10501 FGCU BLVD S FT MYERS, FL 33965	65-0403969	501(C)(3)	18,750				HEART MINDED CHILD PROJECT
FLORIDA GULF COAST UNIVERSITY FOUNDATION INC 10501 FGCU BLVD S FT MYERS, FL 33965	65-0403969	501(C)(3)	13,750				ROOTS OF COMPASSION AND KINDNESS PROJECT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FLORIDA GULF COAST UNIVERSITY FOUNDATION INC 10501 FGCU BLVD S FT MYERS, FL 33965	65-0403969	501(C)(3)	10,000				RESEARCH INCENTIVE FUND
FLORIDA GULF COAST UNIVERSITY FOUNDATION INC 10501 FGCU BLVD S FT MYERS, FL 33965	65-0403969	501(C)(3)	10,000				ENTREPRENEURSHIP BUILDING CAMPAIGN

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FLORIDA GULF COAST UNIVERSITY FOUNDATION INC 10501 FGCU BLVD S FT MYERS, FL 33965	65-0403969	501(C)(3)	5,000				2019 VITAL SIGNS REPORT
FLORIDA GULF COAST UNIVERSITY FOUNDATION INC 10501 FGCU BLVD S FT MYERS, FL 33965	65-0403969	501(C)(3)	5,000				2019 VITAL SIGNS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FLORIDA GULF COAST UNIVERSITY FOUNDATION INC 10501 FGCU BLVD S FT MYERS, FL 33965	65-0403969	501(C)(3)	1,800				FGCU SCHOOL OF MUSIC
FLORIDA GULF COAST UNIVERSITY FOUNDATION INC 10501 FGCU BLVD S FT MYERS, FL 33965	65-0403969	501(C)(3)	1,500				MOBILITY MANIPULATION REHABILITATION AND ENGINEERING LABORATORY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FLORIDA GULF COAST UNIVERSITY FOUNDATION INC 10501 FGCU BLVD S FT MYERS, FL 33965	65-0403969	501(C)(3)	1,000				BOWER SCHOOL OF MUSIC & ARTS CHOIR
FLORIDA LIONS EYE CLINIC 10322 PENNSYLVANIA AVE BONITA SPRINGS, FL 34135	45-0560906	501(C)(3)	7,000				SCREENINGS AND SUPPLIES

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FLORIDA LIONS EYE CLINIC 10322 PENNSYLVANIA AVE BONITA SPRINGS, FL 34135	45-0560906	501(C)(3)	750				MARKETING & DEVELOPMENT TECHNOLOGY
FLORIDA LIONS EYE CLINIC 10322 PENNSYLVANIA AVE BONITA SPRINGS, FL 34135	45-0560906	501(C)(3)	500				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FREE WHEELCHAIR MISSION 15279 ALTON PARKWAY 300 IRVINE, CA 92618	31-1781635	501(C)(3)	10,000				ANNUAL FUND
FREE WHEELCHAIR MISSION 15279 ALTON PARKWAY 300 IRVINE, CA 92618	31-1781635	501(C)(3)	2,000				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRIENDS OF ASCENSION CATHOLIC GRADE SCHOOL 1723 BRYANT AVE N MINNEAPOLIS, MN 55411	27-1530388	501(C)(3)	100,000				MICHAEL J. O'CONNELL SCHOLARSHIP FUND
FRIENDS OF FOSTER CHILDREN FOREVER 2675 HORSESHOE DRIVE S 402 NAPLES, FL 34104	59-3598933	501(C)(3)	20,000				GIFT CARDS FOR CORONAVIRUS RELIEF

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRIENDS OF FOSTER CHILDREN FOREVER 2675 HORSESHOE DRIVE S 402 NAPLES, FL 34104	59-3598933	501(C)(3)	10,000				FOSTERING CHANGE THROUGH ACADEMIC SUCCESS
FRIENDS OF FOSTER CHILDREN FOREVER 2675 HORSESHOE DRIVE S 402 NAPLES, FL 34104	59-3598933	501(C)(3)	5,000				ANNUAL GIFT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRIENDS OF FOSTER CHILDREN FOREVER 2675 HORSESHOE DRIVE S 402 NAPLES, FL 34104	59-3598933	501(C)(3)	5,000				UNRESTRICTED USE
FRIENDS OF FOSTER CHILDREN FOREVER 2675 HORSESHOE DRIVE S 402 NAPLES, FL 34104	59-3598933	501(C)(3)	5,000				BUSCH GARDENS TRANSPORTATION AND FOOD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRIENDS OF FOSTER CHILDREN FOREVER 2675 HORSESHOE DRIVE S 402 NAPLES, FL 34104	59-3598933	501(C)(3)	1,500				UNRESTRICTED USE
FRIENDS OF FOSTER CHILDREN FOREVER 2675 HORSESHOE DRIVE S 402 NAPLES, FL 34104	59-3598933	501(C)(3)	1,000				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRIENDS OF FOSTER CHILDREN FOREVER 2675 HORSESHOE DRIVE S 402 NAPLES, FL 34104	59-3598933	501(C)(3)	1,000				UNRESTRICTED USE
FRIENDS OF FOSTER CHILDREN FOREVER 2675 HORSESHOE DRIVE S 402 NAPLES, FL 34104	59-3598933	501(C)(3)	500				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRIENDS OF FOSTER CHILDREN FOREVER 2675 HORSESHOE DRIVE S 402 NAPLES, FL 34104	59-3598933	501(C)(3)	500				OPERATIONS
FRIENDS OF ROOKERY BAY 300 TOWER ROAD NAPLES, FL 34113	65-0094703	501(C)(3)	10,000				YOUTH EDUCATION PROGRAMS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FUN TIME EARLY CHILDHOOD ACADEMY INC 102 12TH ST N NAPLES, FL 34102	59-1039978	501(C)(3)	14,000				SCHOLARSHIPS FOR DISADVANTAGED AFRICAN AMERICAN STUDENTS
FUN TIME EARLY CHILDHOOD ACADEMY INC 102 12TH ST N NAPLES, FL 34102	59-1039978	501(C)(3)	10,000				2019 ANNUAL APPEAL

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FUN TIME EARLY CHILDHOOD ACADEMY INC 102 12TH ST N NAPLES, FL 34102	59-1039978	501(C)(3)	10,000				PROGRAM ASSISTANCE
FUN TIME EARLY CHILDHOOD ACADEMY INC 102 12TH ST N NAPLES, FL 34102	59-1039978	501(C)(3)	5,000				CAPITAL EXPENDITURES

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FUN TIME EARLY CHILDHOOD ACADEMY INC 102 12TH ST N NAPLES, FL 34102	59-1039978	501(C)(3)	2,500				TO BENEFIT 2020 FUN TIME EVENT
FUN TIME EARLY CHILDHOOD ACADEMY INC 102 12TH ST N NAPLES, FL 34102	59-1039978	501(C)(3)	2,000				ANNUAL GIFT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FUN TIME EARLY CHILDHOOD ACADEMY INC 102 12TH ST N NAPLES, FL 34102	59-1039978	501(C)(3)	2,000				UNRESTRICTED USE
FUN TIME EARLY CHILDHOOD ACADEMY INC 102 12TH ST N NAPLES, FL 34102	59-1039978	501(C)(3)	2,000				ANNUAL APPEAL

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

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FUN TIME EARLY CHILDHOOD ACADEMY INC 102 12TH ST N NAPLES, FL 34102	59-1039978	501(C)(3)	1,000				UNRESTRICTED USE
FUN TIME EARLY CHILDHOOD ACADEMY INC 102 12TH ST N NAPLES, FL 34102	59-1039978	501(C)(3)	600				EDUCATION AND CARE

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

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FUN TIME EARLY CHILDHOOD ACADEMY INC 102 12TH ST N NAPLES, FL 34102	59-1039978	501(C)(3)	300				UNRESTRICTED USE
FUN TIME EARLY CHILDHOOD ACADEMY INC 102 12TH ST N NAPLES, FL 34102	59-1039978	501(C)(3)	250				ANNUAL APPEAL

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GARGIULO EDUCATION CENTER 1414 RAIL HEAD BLVD NAPLES, FL 34110	46-5416212	501(C)(3)	1,000				UNRESTRICTED USE
GIDEONS CRY MINISTRY INTERNATIONAL 252 STATE ROUTE 1035 KITANNING, PA 16201	30-0108166	501(C)(3)	3,000				OPERATING EXPENSES

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GIDEONS CRY MINISTRY INTERNATIONAL 252 STATE ROUTE 1035 KITANNING, PA 16201	30-0108166	501(C)(3)	3,000				BIBLES AROUND THE WORLD
GIST CANCER RESEARCH FUND 3905 NE 167TH STREET NORTH MIAMI BEACH, FL 33160	13-4182988	501(C)(3)	200,000				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GOLISANO CHILDREN'S HOSPITAL OF SOUTHWEST FLORIDA 3361 PINE RIDGE ROAD SUITE 100 NAPLES, FL 34109	65-0645343	501(C)(3)	6,038				UNRESTRICTED USE
GOLISANO CHILDREN'S HOSPITAL OF SOUTHWEST FLORIDA 3361 PINE RIDGE ROAD SUITE 100 NAPLES, FL 34109	65-0645343	501(C)(3)	5,000				CHILDREN'S HEALTH CENTER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GOLISANO CHILDREN'S HOSPITAL OF SOUTHWEST FLORIDA 3361 PINE RIDGE ROAD SUITE 100 NAPLES, FL 34109	65-0645343	501(C)(3)	500				KIDS MINDS MATTER
GOLISANO CHILDREN'S HOSPITAL OF SOUTHWEST FLORIDA 3361 PINE RIDGE ROAD SUITE 100 NAPLES, FL 34109	65-0645343	501(C)(3)	500				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GRACE PLACE FOR CHILDREN AND FAMILIES INC PO BOX 990531 NAPLES, FL 34116	65-1229558	501(C)(3)	16,025				PURCHASE OF FOOD FOR FOOD PANTRY
GRACE PLACE FOR CHILDREN AND FAMILIES INC PO BOX 990531 NAPLES, FL 34116	65-1229558	501(C)(3)	11,488				LEADER IN ME SYMPOSIUM, NAPLES 2020

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GRACE PLACE FOR CHILDREN AND FAMILIES INC PO BOX 990531 NAPLES, FL 34116	65-1229558	501(C)(3)	10,000				FOOD ASSISTANCE
GRACE PLACE FOR CHILDREN AND FAMILIES INC PO BOX 990531 NAPLES, FL 34116	65-1229558	501(C)(3)	10,000				FOOD PANTRY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GRACE PLACE FOR CHILDREN AND FAMILIES INC PO BOX 990531 NAPLES, FL 34116	65-1229558	501(C)(3)	5,000				ANNUAL GIFT
GRACE PLACE FOR CHILDREN AND FAMILIES INC PO BOX 990531 NAPLES, FL 34116	65-1229558	501(C)(3)	5,000				GIFT CARDS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GRACE PLACE FOR CHILDREN AND FAMILIES INC PO BOX 990531 NAPLES, FL 34116	65-1229558	501(C)(3)	5,000				UNRESTRICTED USE
GRACE PLACE FOR CHILDREN AND FAMILIES INC PO BOX 990531 NAPLES, FL 34116	65-1229558	501(C)(3)	5,000				BRIGHT BEGINNINGS FAMILY LITERACY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GRACE PLACE FOR CHILDREN AND FAMILIES INC PO BOX 990531 NAPLES, FL 34116	65-1229558	501(C)(3)	5,000				GIFT CARDS FOR CORONVIRUS RELIEF
GRACE PLACE FOR CHILDREN AND FAMILIES INC PO BOX 990531 NAPLES, FL 34116	65-1229558	501(C)(3)	5,000				CAPITAL EXPENDITURES

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

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GRACE PLACE FOR CHILDREN AND FAMILIES INC PO BOX 990531 NAPLES, FL 34116	65-1229558	501(C)(3)	1,282				UNRESTRICTED USE
GRACE PLACE FOR CHILDREN AND FAMILIES INC PO BOX 990531 NAPLES, FL 34116	65-1229558	501(C)(3)	1,000				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GRACE PLACE FOR CHILDREN AND FAMILIES INC PO BOX 990531 NAPLES, FL 34116	65-1229558	501(C)(3)	1,000				UNRESTRICTED USE
GRACE PLACE FOR CHILDREN AND FAMILIES INC PO BOX 990531 NAPLES, FL 34116	65-1229558	501(C)(3)	1,000				FOOD PANTRY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GRACE PLACE FOR CHILDREN AND FAMILIES INC PO BOX 990531 NAPLES, FL 34116	65-1229558	501(C)(3)	1,000				UNRESTRICTED USE
GRACE PLACE FOR CHILDREN AND FAMILIES INC PO BOX 990531 NAPLES, FL 34116	65-1229558	501(C)(3)	1,000				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GRACE PLACE FOR CHILDREN AND FAMILIES INC PO BOX 990531 NAPLES, FL 34116	65-1229558	501(C)(3)	701				UNRESTRICTED USE
GRACE PLACE FOR CHILDREN AND FAMILIES INC PO BOX 990531 NAPLES, FL 34116	65-1229558	501(C)(3)	500				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GRACE PLACE FOR CHILDREN AND FAMILIES INC PO BOX 990531 NAPLES, FL 34116	65-1229558	501(C)(3)	250				UNRESTRICTED USE
GRACE PLACE FOR CHILDREN AND FAMILIES INC PO BOX 990531 NAPLES, FL 34116	65-1229558	501(C)(3)	100				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREAT COMMISSION FOUNDATION OF CAMPUS CRUSADE FOR CHRIST 100 LAKE HART DRIVE 3600 ORLANDO, FL 32832	95-2814920	501(C)(3)	25,534				WARREN AND BRENDA PFOHL GIVING FUND
GREAT LAKES CENTER FOR THE ARTS 800 BAY HARBOR DRIVE BAY HARBOR, MI 49770	46-4121514	501(C)(3)	5,000				CAPITAL CAMPAIGN

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREAT LAKES CENTER FOR THE ARTS 800 BAY HARBOR DRIVE BAY HARBOR, MI 49770	46-4121514	501(C)(3)	1,000				ANNUAL GIVING CONTRIBUTION
GREAT LAKES CENTER FOR THE ARTS 800 BAY HARBOR DRIVE BAY HARBOR, MI 49770	46-4121514	501(C)(3)	500				ANNUAL FUND

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREAT LAKES CHRISTIAN COLLEGE 6211 W WILLOW HIGHWAY LANSING, MI 48917	38-6080947	501(C)(3)	10,799				UNRESTRICTED USE
GREATER NAPLES YMCA INC 5450 YMCA ROAD NAPLES, FL 34109	23-7039993	501(C)(3)	10,000				CHILDREN'S PROGRAMMING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREATER NAPLES YMCA INC 5450 YMCA ROAD NAPLES, FL 34109	23-7039993	501(C)(3)	5,000				CAPITAL EXPENDITURES
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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GUADALUPE CENTER INC 509 HOPE CIRCLE IMMOKALEE, FL 34142	59-2617151	501(C)(3)	20,000				CAMERON AND SUSAN STOKKA EDUCATION SCHOLARSHIP
GUADALUPE CENTER INC 509 HOPE CIRCLE IMMOKALEE, FL 34142	59-2617151	501(C)(3)	16,500				GIFT CARDS FOR CORONVIRUS RELIEF

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GUADALUPE CENTER INC 509 HOPE CIRCLE IMMOKALEE, FL 34142	59-2617151	501(C)(3)	12,500				GIFT CARDS FOR CORONAVIRUS RELIEF
GUADALUPE CENTER INC 509 HOPE CIRCLE IMMOKALEE, FL 34142	59-2617151	501(C)(3)	12,259				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GUADALUPE CENTER INC 509 HOPE CIRCLE IMMOKALEE, FL 34142	59-2617151	501(C)(3)	10,000				UNRESTRICTED USE
GUADALUPE CENTER INC 509 HOPE CIRCLE IMMOKALEE, FL 34142	59-2617151	501(C)(3)	5,000				CAPITAL EXPENDITURES

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GUADALUPE CENTER INC 509 HOPE CIRCLE IMMOKALEE, FL 34142	59-2617151	501(C)(3)	5,000				ANNUAL GIFT
GUADALUPE CENTER INC 509 HOPE CIRCLE IMMOKALEE, FL 34142	59-2617151	501(C)(3)	5,000				EARLY CHILDHOOD EDUCATION PROGRAM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GUADALUPE CENTER INC 509 HOPE CIRCLE IMMOKALEE, FL 34142	59-2617151	501(C)(3)	4,000				SCHOLARSHIP SUPPORT
GUADALUPE CENTER INC 509 HOPE CIRCLE IMMOKALEE, FL 34142	59-2617151	501(C)(3)	2,500				GIFT CARDS FOR CORONVIRUS RELIEF

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

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GUADALUPE CENTER INC 509 HOPE CIRCLE IMMOKALEE, FL 34142	59-2617151	501(C)(3)	487				BENEFIT THE AFTERSCHOOL PROGRAM
GUADALUPE CENTER INC 509 HOPE CIRCLE IMMOKALEE, FL 34142	59-2617151	501(C)(3)	200				2020 & BEYOND CAMPAIGN

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GULFSHORE OPERA INC 3281 GOLDEN GATE BLVD WEST NAPLES, FL 34120	47-0989874	501(C)(3)	5,000				ARTIST IN RESIDENCE PROGRAM
GULFSHORE OPERA INC 3281 GOLDEN GATE BLVD WEST NAPLES, FL 34120	47-0989874	501(C)(3)	1,000				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GULFSHORE PLAYHOUSE 1010 FIFTH AVENUE SOUTH 205 NAPLES, FL 34102	90-0178566	501(C)(3)	33,000				CAPITAL CAMPAIGN FOR NEW THEATER COMPLEX
GULFSHORE PLAYHOUSE 1010 FIFTH AVENUE SOUTH 205 NAPLES, FL 34102	90-0178566	501(C)(3)	30,000				MUSIC AND EDUCATION PROGRAMS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GULFSHORE PLAYHOUSE 1010 FIFTH AVENUE SOUTH 205 NAPLES, FL 34102	90-0178566	501(C)(3)	30,000				MUSIC AND EDUCATION PROGRAMS
GULFSHORE PLAYHOUSE 1010 FIFTH AVENUE SOUTH 205 NAPLES, FL 34102	90-0178566	501(C)(3)	2,500				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HABITAT FOR HUMANITY OF COLLIER COUNTY 11145 TAMIAMI TRAIL E NAPLES, FL 34113	59-1834379	501(C)(3)	200,000				GIVE TO THE MAX
HABITAT FOR HUMANITY OF COLLIER COUNTY 11145 TAMIAMI TRAIL E NAPLES, FL 34113	59-1834379	501(C)(3)	75,000				GIVE TO THE MAX

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HABITAT FOR HUMANITY OF COLLIER COUNTY 11145 TAMIAMI TRAIL E NAPLES, FL 34113	59-1834379	501(C)(3)	25,000				GIVE TO THE MAX
HABITAT FOR HUMANITY OF COLLIER COUNTY 11145 TAMIAMI TRAIL E NAPLES, FL 34113	59-1834379	501(C)(3)	10,000				UNRESTRICTED USE

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

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

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

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

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

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

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

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HABITAT FOR HUMANITY OF COLLIER COUNTY 11145 TAMIAMI TRAIL E NAPLES, FL 34113	59-1834379	501(C)(3)	5,000				TWO CHILDREN'S BEDROOMS
HABITAT FOR HUMANITY OF COLLIER COUNTY 11145 TAMIAMI TRAIL E NAPLES, FL 34113	59-1834379	501(C)(3)	2,500				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HABITAT FOR HUMANITY OF COLLIER COUNTY 11145 TAMIAMI TRAIL E NAPLES, FL 34113	59-1834379	501(C)(3)	2,500				UNRESTRICTED USE
HABITAT FOR HUMANITY OF COLLIER COUNTY 11145 TAMIAMI TRAIL E NAPLES, FL 34113	59-1834379	501(C)(3)	2,000				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HABITAT FOR HUMANITY OF COLLIER COUNTY 11145 TAMIAMI TRAIL E NAPLES, FL 34113	59-1834379	501(C)(3)	1,678				UNRESTRICTED USE
HABITAT FOR HUMANITY OF COLLIER COUNTY 11145 TAMIAMI TRAIL E NAPLES, FL 34113	59-1834379	501(C)(3)	1,180				UNRESTRICTED USE

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

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

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

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HABITAT FOR HUMANITY OF COLLIER COUNTY 11145 TAMIAMI TRAIL E NAPLES, FL 34113	59-1834379	501(C)(3)	1,000				GIVE TO THE MAX
HABITAT FOR HUMANITY OF COLLIER COUNTY 11145 TAMIAMI TRAIL E NAPLES, FL 34113	59-1834379	501(C)(3)	1,000				UNRESTRICTED USE

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

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HABITAT FOR HUMANITY OF COLLIER COUNTY 11145 TAMIAMI TRAIL E NAPLES, FL 34113	59-1834379	501(C)(3)	800				TO BUILD HOMES
HABITAT FOR HUMANITY OF COLLIER COUNTY 11145 TAMIAMI TRAIL E NAPLES, FL 34113	59-1834379	501(C)(3)	500				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HABITAT FOR HUMANITY OF COLLIER COUNTY 11145 TAMIAMI TRAIL E NAPLES, FL 34113	59-1834379	501(C)(3)	467				UNRESTRICTED USE
HABITAT FOR HUMANITY OF COLLIER COUNTY 11145 TAMIAMI TRAIL E NAPLES, FL 34113	59-1834379	501(C)(3)	376				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HABITAT FOR HUMANITY OF COLLIER COUNTY 11145 TAMIAMI TRAIL E NAPLES, FL 34113	59-1834379	501(C)(3)	250				UNRESTRICTED USE
HABITAT FOR HUMANITY OF COLLIER COUNTY 11145 TAMIAMI TRAIL E NAPLES, FL 34113	59-1834379	501(C)(3)	200				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HARRY CHAPIN FOOD BANK 3760 FOWLER STREET FT MYERS, FL 33901	59-2332120	501(C)(3)	20,000				CARE & SHARE
HARRY CHAPIN FOOD BANK 3760 FOWLER STREET FT MYERS, FL 33901	59-2332120	501(C)(3)	16,025				PURCHASE OF FOOD FOR FOOD PANTRY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HARRY CHAPIN FOOD BANK 3760 FOWLER STREET FT MYERS, FL 33901	59-2332120	501(C)(3)	10,000				FOOD
HARRY CHAPIN FOOD BANK 3760 FOWLER STREET FT MYERS, FL 33901	59-2332120	501(C)(3)	10,000				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HARRY CHAPIN FOOD BANK 3760 FOWLER STREET FT MYERS, FL 33901	59-2332120	501(C)(3)	10,000				UNRESTRICTED USE
HARRY CHAPIN FOOD BANK 3760 FOWLER STREET FT MYERS, FL 33901	59-2332120	501(C)(3)	5,000				COLLIER COUNTY NEEDS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HARRY CHAPIN FOOD BANK 3760 FOWLER STREET FT MYERS, FL 33901	59-2332120	501(C)(3)	5,000				UNRESTRICTED USE
HARRY CHAPIN FOOD BANK 3760 FOWLER STREET FT MYERS, FL 33901	59-2332120	501(C)(3)	4,000				FOOD BANK

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HARRY CHAPIN FOOD BANK 3760 FOWLER STREET FT MYERS, FL 33901	59-2332120	501(C)(3)	2,500				UNRESTRICTED USE
HARRY CHAPIN FOOD BANK 3760 FOWLER STREET FT MYERS, FL 33901	59-2332120	501(C)(3)	2,000				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HARRY CHAPIN FOOD BANK 3760 FOWLER STREET FT MYERS, FL 33901	59-2332120	501(C)(3)	2,000				CORONAVIRUS RELIEF
HARRY CHAPIN FOOD BANK 3760 FOWLER STREET FT MYERS, FL 33901	59-2332120	501(C)(3)	2,000				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HARRY CHAPIN FOOD BANK 3760 FOWLER STREET FT MYERS, FL 33901	59-2332120	501(C)(3)	2,000				UNRESTRICTED USE
HARRY CHAPIN FOOD BANK 3760 FOWLER STREET FT MYERS, FL 33901	59-2332120	501(C)(3)	2,000				OPERATING EXPENSES

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

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HARRY CHAPIN FOOD BANK 3760 FOWLER STREET FT MYERS, FL 33901	59-2332120	501(C)(3)	1,000				UNRESTRICTED USE
HARRY CHAPIN FOOD BANK 3760 FOWLER STREET FT MYERS, FL 33901	59-2332120	501(C)(3)	1,000				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HARRY CHAPIN FOOD BANK 3760 FOWLER STREET FT MYERS, FL 33901	59-2332120	501(C)(3)	1,000				UNRESTRICTED USE
HARRY CHAPIN FOOD BANK 3760 FOWLER STREET FT MYERS, FL 33901	59-2332120	501(C)(3)	1,000				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HARRY CHAPIN FOOD BANK 3760 FOWLER STREET FT MYERS, FL 33901	59-2332120	501(C)(3)	1,000				UNRESTRICTED USE
HARRY CHAPIN FOOD BANK 3760 FOWLER STREET FT MYERS, FL 33901	59-2332120	501(C)(3)	500				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HARRY CHAPIN FOOD BANK 3760 FOWLER STREET FT MYERS, FL 33901	59-2332120	501(C)(3)	100				UNRESTRICTED USE
HEALTHCARE NETWORK OF SOUTHWEST FLORIDA FOUNDATION 3555 KRAFT ROAD 100 NAPLES, FL 34105	26-0229508	501(C)(3)	60,000				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEALTHCARE NETWORK OF SOUTHWEST FLORIDA FOUNDATION 3555 KRAFT ROAD 100 NAPLES, FL 34105	26-0229508	501(C)(3)	25,000				SUPPORT OF IMMOKALEE DENTAL
HEALTHCARE NETWORK OF SOUTHWEST FLORIDA FOUNDATION 3555 KRAFT ROAD 100 NAPLES, FL 34105	26-0229508	501(C)(3)	25,000				MOBILE HEALTHY SMILES

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEALTHCARE NETWORK OF SOUTHWEST FLORIDA FOUNDATION 3555 KRAFT ROAD 100 NAPLES, FL 34105	26-0229508	501(C)(3)	20,000				BEHAVIORAL HEALTHCARE FOR IMPOVERISHED RESIDENTS
HEALTHCARE NETWORK OF SOUTHWEST FLORIDA FOUNDATION 3555 KRAFT ROAD 100 NAPLES, FL 34105	26-0229508	501(C)(3)	15,000				COVID-19 RELIEF

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEALTHCARE NETWORK OF SOUTHWEST FLORIDA FOUNDATION 3555 KRAFT ROAD 100 NAPLES, FL 34105	26-0229508	501(C)(3)	10,000				UNRESTRICTED USE
HEALTHCARE NETWORK OF SOUTHWEST FLORIDA FOUNDATION 3555 KRAFT ROAD 100 NAPLES, FL 34105	26-0229508	501(C)(3)	10,000				COVID-19 RELIEF

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

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEALTHCARE NETWORK OF SOUTHWEST FLORIDA FOUNDATION 3555 KRAFT ROAD 100 NAPLES, FL 34105	26-0229508	501(C)(3)	1,000				COVID-19 RELIEF
HEALTHCARE NETWORK OF SOUTHWEST FLORIDA FOUNDATION 3555 KRAFT ROAD 100 NAPLES, FL 34105	26-0229508	501(C)(3)	1,000				RONALD MCDONALD MOBILE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEALTHCARE NETWORK OF SOUTHWEST FLORIDA FOUNDATION 3555 KRAFT ROAD 100 NAPLES, FL 34105	26-0229508	501(C)(3)	500				UNRESTRICTED USE
HELP A DIABETIC CHILD INC P O BOX 110161 NAPLES, FL 34108	46-1652118	501(C)(3)	4,887				DIABETES SUPPLIES AND SERVICES

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HELP A DIABETIC CHILD INC P O BOX 110161 NAPLES, FL 34108	46-1652118	501(C)(3)	3,000				TESTING SUPPLIES AND INSULIN
HELP A DIABETIC CHILD INC P O BOX 110161 NAPLES, FL 34108	46-1652118	501(C)(3)	2,500				DIABETES SUPPLIES & SERVICE INITIATIVE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HELP A DIABETIC CHILD INC P O BOX 110161 NAPLES, FL 34108	46-1652118	501(C)(3)	500				ANNUAL DONATION
HERITAGE FOUNDATION 214 MASSACHUSETTES AVE NE WASHINGTON, DC 20002	23-7327730	501(C)(3)	5,000				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HIDDEN HARBOR MARINE ENVIRONMENT DBA TURTLE HOSPITAL 2396 OVERSEAS HIGHWAY MARATHON, FL 33050	65-0306516	501(C)(3)	3,000				GENERAL SUPPORT
HIDDEN HARBOR MARINE ENVIRONMENT DBA TURTLE HOSPITAL 2396 OVERSEAS HIGHWAY MARATHON, FL 33050	65-0306516	501(C)(3)	3,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HIDDEN HARBOR MARINE ENVIRONMENT DBA TURTLE HOSPITAL 2396 OVERSEAS HIGHWAY MARATHON, FL 33050	65-0306516	501(C)(3)	2,000				UNRESTRICTED USE FOR THE GENERAL OPERATING FUND
HILLSDALE COLLEGE 33 EAST COLLEGE STREET HILLSDALE, MI 49242	38-1374230	501(C)(3)	5,000				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HILLSDALE COLLEGE 33 EAST COLLEGE STREET HILLSDALE, MI 49242	38-1374230	501(C)(3)	1,500				UNRESTRICTED USE
HILLSDALE COLLEGE 33 EAST COLLEGE STREET HILLSDALE, MI 49242	38-1374230	501(C)(3)	1,000				LIBERTY WALK

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HISTORICAL SOCIETY OF WESTERN PENNSYLVANIA 1212 SMALLMAN STREET PITTSBURGH, PA 15222	25-0965391	501(C)(3)	63,498				MEADOWCROFT MUSEUM
HOLLINS UNIVERSITY BOX 9629 ROANOKE, VA 24020	54-0506314	501(C)(3)	5,000				HOLLINS FUND

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOLLINS UNIVERSITY BOX 9629 ROANOKE, VA 24020	54-0506314	501(C)(3)	1,000				HOLLINS FUND
HOOD COLLEGE OF FREDERICK MARYLAND OFFICE OF INSTITUTIONAL ADVANCEMENT FREDERICK, MD 21701	52-0591608	501(C)(3)	20,000				MATH AND SCIENCE SCHOLARSHIPS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOPE 4 KIDS INCORPORATED 16440 S TAMIAMI TRAIL 1 FT MYERS, FL 33908	81-5332157	501(C)(3)	10,000				UNRESTRICTED USE
HOWARD-SUAMICO EDUCATION FOUNDATION 2706 LINEVILLE ROAD GREEN BAY, WI 54313	39-1731704	501(C)(3)	200,000				LEVEL UP CAMPAIGN

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HUMANE SOCIETY OF COLLIER COUNTY INC 370 AIRPORT PULLING ROAD NORTH NAPLES, FL 34104	59-1033966	501(C)(3)	23,842				UNRESTRICTED USE
HUMANE SOCIETY OF COLLIER COUNTY INC 370 AIRPORT PULLING ROAD NORTH NAPLES, FL 34104	59-1033966	501(C)(3)	10,000				GALA DONATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HUMANE SOCIETY OF COLLIER COUNTY INC 370 AIRPORT PULLING ROAD NORTH NAPLES, FL 34104	59-1033966	501(C)(3)	2,500				UNRESTRICTED USE
HUMANE SOCIETY OF COLLIER COUNTY INC 370 AIRPORT PULLING ROAD NORTH NAPLES, FL 34104	59-1033966	501(C)(3)	2,000				DOUBLE THE IMPACT MATCHING GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HUMANE SOCIETY OF COLLIER COUNTY INC 370 AIRPORT PULLING ROAD NORTH NAPLES, FL 34104	59-1033966	501(C)(3)	1,000				WISH LIST NEEDS
HUMANE SOCIETY OF COLLIER COUNTY INC 370 AIRPORT PULLING ROAD NORTH NAPLES, FL 34104	59-1033966	501(C)(3)	1,000				PET FOOD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HUMANE SOCIETY OF COLLIER COUNTY INC 370 AIRPORT PULLING ROAD NORTH NAPLES, FL 34104	59-1033966	501(C)(3)	1,000				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.

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IDSA EDUCATION AND RESEARCH FOUNDATION 4040 WILSON BLVD 300 ARLINGTON, VA 22209	31-1765388	501(C)(3)	129,500				2020 ALZHEIMER'S RESEARCH GRANTS
IN TOUCH MINISTRIES INC PO BOX 7900 ATLANTA, GA 30357	58-1495310	501(C)(3)	5,000				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IN TOUCH MINISTRIES INC PO BOX 7900 ATLANTA, GA 30357	58-1495310	501(C)(3)	3,000				OUTREACH
INDIANA UNIVERSITY FOUNDATION PO BOX 6460 INDIANAPOLIS, IN 46206	35-6018940	501(C)(3)	5,000				IRWIN BORISH SCHOLARSHIP FUND

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INDIANA UNIVERSITY FOUNDATION PO BOX 6460 INDIANAPOLIS, IN 46206	35-6018940	501(C)(3)	2,000				WELL HOUSE SOCIETY
INSTITUTE FOR HUMANE STUDIES AT GEORGE MASON UNIVERSITY VERNON SMITH HALL 1ST FL ARLINGTON, VA 22201	94-1623852	501(C)(3)	36,975				SCHOLARSHIP FUND ADMINISTERED BY IHS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IRAQ & AFGHANISTAN VETERANS OF AMERICA FOUNDATION INC 85 BROAD STREET 16TH FLOOR NEW YORK, NY 10004	20-1664531	501(C)(3)	4,000				GENERAL SUPPORT
IRAQ & AFGHANISTAN VETERANS OF AMERICA FOUNDATION INC 85 BROAD STREET 16TH FLOOR NEW YORK, NY 10004	20-1664531	501(C)(3)	4,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
J B SPEED ART MUSEUM 2035 SOUTH THIRD STREET LOUISVILLE, KY 40208	61-0444823	501(C)(3)	15,000				ANNUAL FUND
J B SPEED ART MUSEUM 2035 SOUTH THIRD STREET LOUISVILLE, KY 40208	61-0444823	501(C)(3)	12,500				SUPPORT OF WARHOL EXHIBITION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JACKSONVILLE STATE UNIVERSITY FOUNDATION ROOM 231BIBB GRAVES HALL JACKSONVILLE, FL 36265	59-0790962	501(C)(3)	5,000				INTERNATIONAL HOUSE
JOHNSON UNIVERSITY FLORIDA 1011 BILL BECK BLVD KISSIMMEE, FL 34744	62-6001104	501(C)(3)	10,799				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JUDICIAL WATCH INC 425 THIRD STREET SW 800 WASHINGTON, DC 20024	52-1885088	501(C)(3)	5,000				UNRESTRICTED USE
JUDICIAL WATCH INC 425 THIRD STREET SW 800 WASHINGTON, DC 20024	52-1885088	501(C)(3)	1,000				CHALLENGE GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JUDICIAL WATCH INC 425 THIRD STREET SW 800 WASHINGTON, DC 20024	52-1885088	501(C)(3)	1,000				UNRESTRICTED USE
JUDICIAL WATCH INC 425 THIRD STREET SW 800 WASHINGTON, DC 20024	52-1885088	501(C)(3)	500				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JUDICIAL WATCH INC 425 THIRD STREET SW 800 WASHINGTON, DC 20024	52-1885088	501(C)(3)	500				UNRESTRICTED USE
KNOTHOLE FOUNDATION PO BOX 38035 CHARLOTTE, NC 28278	82-4726399	501(C)(3)	10,000				BUILDING THE TUCKASEEGEE DREAM FIELDS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KNOTHOLE FOUNDATION PO BOX 38035 CHARLOTTE, NC 28278	82-4726399	501(C)(3)	10,000				BUILDING THE TUCKASEEGEE DREAM FIELDS
LAKE BEULAH SAILING SCHOOL INC PO BOX 729 EAST TROY, WI 53120	39-1172460	501(C)(3)	13,283				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEGAL AID SERVICE OF COLLIER COUNTY 4436 TAMIAMI TRAIL EAST NAPLES, FL 34112	59-1547191	501(C)(3)	70,000				HIRING AN ATTORNEY FOR COVID LEGAL SERVICES
LEGAL AID SERVICE OF COLLIER COUNTY 4436 TAMIAMI TRAIL EAST NAPLES, FL 34112	59-1547191	501(C)(3)	20,000				GRAY LIGHT SENIOR HEALTH PROJECT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEGAL AID SERVICE OF COLLIER COUNTY 4436 TAMIAMI TRAIL EAST NAPLES, FL 34112	59-1547191	501(C)(3)	20,000				LEGAL PROJECT
LEGAL AID SERVICE OF COLLIER COUNTY 4436 TAMIAMI TRAIL EAST NAPLES, FL 34112	59-1547191	501(C)(3)	10,000				CHILDREN'S LEGAL SERVICES

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEGAL AID SERVICE OF COLLIER COUNTY 4436 TAMIAMI TRAIL EAST NAPLES, FL 34112	59-1547191	501(C)(3)	1,000				UNRESTRICTED USE
LEIGH LECKERMAN SCHOLARSHIP FUND 230 ANVIL LANE FEASTERVILLE TREVOSSE, PA 19053	83-3474381	501(C)(3)	5,000				SCHOLARSHIP FUND

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LIBERTY YOUTH RANCH P O BOX 366206 BONITA SPRINGS, FL 34136	38-3674666	501(C)(3)	10,000				UNRESTRICTED USE
LIBERTY YOUTH RANCH P O BOX 366206 BONITA SPRINGS, FL 34136	38-3674666	501(C)(3)	2,000				YOUTH PROGRAMS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LIBERTY YOUTH RANCH P O BOX 366206 BONITA SPRINGS, FL 34136	38-3674666	501(C)(3)	1,000				UNRESTRICTED USE
LIGHTHOUSE OF COLLIER INC 2685 HORSESHOE DRIVE S 211 NAPLES, FL 34104	27-0401702	501(C)(3)	25,000				PROGRAMS AND OPERATIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LIGHTHOUSE OF COLLIER INC 2685 HORSESHOE DRIVE S 211 NAPLES, FL 34104	27-0401702	501(C)(3)	10,000				CHILDREN'S SUMMER CAMPS
LIGHTHOUSE OF COLLIER INC 2685 HORSESHOE DRIVE S 211 NAPLES, FL 34104	27-0401702	501(C)(3)	5,000				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LIGHTHOUSE OF COLLIER INC 2685 HORSESHOE DRIVE S 211 NAPLES, FL 34104	27-0401702	501(C)(3)	5,000				UNRESTRICTED USE
LIGHTHOUSE OF COLLIER INC 2685 HORSESHOE DRIVE S 211 NAPLES, FL 34104	27-0401702	501(C)(3)	3,000				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LIGHTHOUSE OF COLLIER INC 2685 HORSESHOE DRIVE S 211 NAPLES, FL 34104	27-0401702	501(C)(3)	400				UNRESTRICTED USE
LIGHTHOUSE OF COLLIER INC 2685 HORSESHOE DRIVE S 211 NAPLES, FL 34104	27-0401702	501(C)(3)	250				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LIGHTHOUSE OF COLLIER INC 2685 HORSESHOE DRIVE S 211 NAPLES, FL 34104	27-0401702	501(C)(3)	150				UNRESTRICTED USE
LITERACY VOLUNTEERS OF COLLIER COUNTY 8833 TAMIAMI TRAIL E NAPLES, FL 34113	65-0181251	501(C)(3)	1,000				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LITTLE TRAVERSE CONSERVANCY INC 3264 POWELL ROAD HARBOR SPRINGS, MI 49740	23-7267810	501(C)(3)	2,500				UNRESTRICTED USE
LITTLE TRAVERSE CONSERVANCY INC 3264 POWELL ROAD HARBOR SPRINGS, MI 49740	23-7267810	501(C)(3)	2,500				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LITTLE TRAVERSE CONSERVANCY INC 3264 POWELL ROAD HARBOR SPRINGS, MI 49740	23-7267810	501(C)(3)	1,000				GOLF COURSE LAND PURCHASE
LITTLE TRAVERSE CONSERVANCY INC 3264 POWELL ROAD HARBOR SPRINGS, MI 49740	23-7267810	501(C)(3)	1,000				GOLF COURSE LAND PURCHASE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOS ANGELES WATERKEEPER 120 BROADWAY 105 SANTA MONICA, CA 90401	95-4444787	501(C)(3)	10,000				UNRESTRICTED USE
LUCAS CUP FOUNDATION 6230 LIGHTBOURN WAY NAPLES, FL 34113	30-6509693	501(C)(3)	5,000				LUCAS CUP LUNCH SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAKE A WISH FOUNDATION OF SOUTH FLORIDA INC 3635 BONITA BEACH ROAD 3 BONITA SPRINGS, FL 34134	59-2620322	501(C)(3)	12,000				TWO WISHES
MANHATTAN BLUES SOCIETY 99 COMMERCIAL STREET 7 BROOKLYN, NY 11222	83-3231463	501(C)(3)	4,500				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MANHATTAN BLUES SOCIETY 99 COMMERCIAL STREET 7 BROOKLYN, NY 11222	83-3231463	501(C)(3)	4,500				UNRESTRICTED USE
MARCO ISLAND ACADEMY 2255 SAN MARCO ROAD MARCO ISLAND, FL 34145	27-4411503	501(C)(3)	75,000				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARCO ISLAND ACADEMY 2255 SAN MARCO ROAD MARCO ISLAND, FL 34145	27-4411503	501(C)(3)	25,000				UNRESTRICTED USE
MARCO ISLAND ACADEMY 2255 SAN MARCO ROAD MARCO ISLAND, FL 34145	27-4411503	501(C)(3)	10,000				MATH MATTERS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARCO ISLAND CHARTER MIDDLE SCHOOL 1401 TRINIDAD AVENUE MARCO ISLAND, FL 34145	59-3506185	501(C)(3)	4,000				TECHNOLOGY NEEDS
MARCO ISLAND CHARTER MIDDLE SCHOOL 1401 TRINIDAD AVENUE MARCO ISLAND, FL 34145	59-3506185	501(C)(3)	2,500				STUDENT HEALTHCARE NEEDS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARCO ISLAND HISTORICAL SOCIETY P O BOX 2282 MARCO ISLAND, FL 34146	59-3425001	501(C)(3)	5,000				UNRESTRICTED USE
MARCO ISLAND ROTARY CLUB FOUNDATION INC PO BOX 353 MARCO ISLAND, FL 34146	59-3188471	501(C)(3)	5,000				SCHOLARSHIP

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARCO ISLAND ROTARY CLUB FOUNDATION INC PO BOX 353 MARCO ISLAND, FL 34146	59-3188471	501(C)(3)	5,000				FLAGS FOR HEROES
MASSACHUSETTS INSTITUTE OF TECHNOLOGY MIT ALUMNI FUND CAMBRIDGE, MA 02139	04-2103594	501(C)(3)	6,000				1960 CLASS ENDOWMENT FOR INNOVATION IN EDUCATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAUI ADULT DAY CARE CENTER FOR SENIOR CITIZENS & DISABLED INC 11 MAHAOLO STREET B KAHALUI, HI 96732	99-0216306	501(C)(3)	15,000				GENERAL SUPPORT FOR HALE HULU MAMO
MAUI ADULT DAY CARE CENTER FOR SENIOR CITIZENS & DISABLED INC 11 MAHAOLO STREET B KAHALUI, HI 96732	99-0216306	501(C)(3)	15,000				HALE HULU MAMO

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAYO FOUNDATION FOR MEDICAL EDUCATION & RESEARCH DEPARTMENT OF DEVELOPMENT ROCHESTER, MN 55905	41-1506440	501(C)(3)	20,000				SUPPORT THE WORK OF DR. STEPHANIE FAUBION
MAYO FOUNDATION FOR MEDICAL EDUCATION & RESEARCH DEPARTMENT OF DEVELOPMENT ROCHESTER, MN 55905	41-1506440	501(C)(3)	10,799				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MCLAREN NORTHERN MICHIGAN FOUNDATION 360 CONNABLE AVENUE PETOSKEY, MI 49770	38-2445611	501(C)(3)	10,000				CAPITAL CAMPAIGN
MCLAREN NORTHERN MICHIGAN FOUNDATION 360 CONNABLE AVENUE PETOSKEY, MI 49770	38-2445611	501(C)(3)	1,000				EMERGENCY RESPONSE FUND

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MCLAREN NORTHERN MICHIGAN FOUNDATION 360 CONNABLE AVENUE PETOSKEY, MI 49770	38-2445611	501(C)(3)	1,000				EMERGENCY RESPONSE FUND
MEALS OF HOPE INC 2221 CORPORATION BLVD NAPLES, FL 34109	27-0268307	501(C)(3)	25,000				FOOD NEEDS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEALS OF HOPE INC 2221 CORPORATION BLVD NAPLES, FL 34109	27-0268307	501(C)(3)	20,000				FOOD PANTRY
MEALS OF HOPE INC 2221 CORPORATION BLVD NAPLES, FL 34109	27-0268307	501(C)(3)	16,025				PURCHASE OF FOOD FOR FOOD PANTRY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEALS OF HOPE INC 2221 CORPORATION BLVD NAPLES, FL 34109	27-0268307	501(C)(3)	11,550				HAND SANITIZER
MEALS OF HOPE INC 2221 CORPORATION BLVD NAPLES, FL 34109	27-0268307	501(C)(3)	10,000				FOOD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEALS OF HOPE INC 2221 CORPORATION BLVD NAPLES, FL 34109	27-0268307	501(C)(3)	4,500				UNRESTRICTED USE
MEALS OF HOPE INC 2221 CORPORATION BLVD NAPLES, FL 34109	27-0268307	501(C)(3)	2,000				HURRICANE DORIAN BAHAMAS RELIEF

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEALS OF HOPE INC 2221 CORPORATION BLVD NAPLES, FL 34109	27-0268307	501(C)(3)	1,000				ADULT BRIEFS
MEALS OF HOPE INC 2221 CORPORATION BLVD NAPLES, FL 34109	27-0268307	501(C)(3)	1,000				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEALS OF HOPE INC 2221 CORPORATION BLVD NAPLES, FL 34109	27-0268307	501(C)(3)	500				TO SUPPORT WOMEN AND GIRLS
MEDICAL COLLEGE OF WISCONSIN INC 8701 WATERTOWN PLANK ROAD MILWAUKEE, WI 53226	39-0806261	501(C)(3)	5,000				STRONGER THAN SARCOMA - SARCOMA RESEARCH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEMORIAL SLOAN-KETTERING CANCER CENTER PO BOX 5028 HAGERSTOWN, MD 21741	91-2154267	501(C)(3)	10,799				UNRESTRICTED USE
MEMORIAL SLOAN-KETTERING CANCER CENTER PO BOX 5028 HAGERSTOWN, MD 21741	91-2154267	501(C)(3)	100				TRIPLE MATCH PROGRAM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
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)	47,640				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MINNEAPOLIS HEART INSTITUTE FOUNDATION 920 E 28TH STREET 100 MINNEAPOLIS, MN 55407	41-1426406	501(C)(3)	70,000				INTERNSHIP PROGAM AND LEADERSHIP AWARD
MOFFITT CANCER CENTER FOUNDATION 12902 MAGNOLIA DRIVE MBC-FOUND TAMPA, FL 33612	59-2451713	501(C)(3)	10,000				RESEARCH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOFFITT CANCER CENTER FOUNDATION 12902 MAGNOLIA DRIVE MBC-FOUND TAMPA, FL 33612	59-2451713	501(C)(3)	1,000				UNRESTRICTED USE
MOFFITT CANCER CENTER FOUNDATION 12902 MAGNOLIA DRIVE MBC-FOUND TAMPA, FL 33612	59-2451713	501(C)(3)	500				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOORINGS PARK FOUNDATION INC 120 MOORINGS PARK DRIVE NAPLES, FL 34105	26-3631295	501(C)(3)	62,500				WWII EDUCATION PROGRAM
MOORINGS PARK FOUNDATION INC 120 MOORINGS PARK DRIVE NAPLES, FL 34105	26-3631295	501(C)(3)	42,000				CREATION OF A WWII MONUMENT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOORINGS PARK FOUNDATION INC 120 MOORINGS PARK DRIVE NAPLES, FL 34105	26-3631295	501(C)(3)	5,000				PARTNER HARDSHIP FUND
MOORINGS PARK FOUNDATION INC 120 MOORINGS PARK DRIVE NAPLES, FL 34105	26-3631295	501(C)(3)	5,000				PARTNERS RELIEF FUND

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOORINGS PARK FOUNDATION INC 120 MOORINGS PARK DRIVE NAPLES, FL 34105	26-3631295	501(C)(3)	2,556				SCHOLARSHIP PROGRAM
MOORINGS PARK FOUNDATION INC 120 MOORINGS PARK DRIVE NAPLES, FL 34105	26-3631295	501(C)(3)	1,000				PARTNERS PANDEMIC FUND

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOORINGS PARK FOUNDATION INC 120 MOORINGS PARK DRIVE NAPLES, FL 34105	26-3631295	501(C)(3)	1,000				PARTNER HARDSHIP 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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOORINGS PRESBYTERIAN CHURCH 791 HARBOUR DRIVE NAPLES, FL 34103	59-1309473	501(C)(3)	5,000				UNRESTRICTED USE
MOORINGS PRESBYTERIAN CHURCH 791 HARBOUR DRIVE NAPLES, FL 34103	59-1309473	501(C)(3)	2,000				HYACINTH SERIES

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOORINGS PRESBYTERIAN CHURCH 791 HARBOUR DRIVE NAPLES, FL 34103	59-1309473	501(C)(3)	500				UNRESTRICTED USE
MOORINGS PRESBYTERIAN CHURCH 791 HARBOUR DRIVE NAPLES, FL 34103	59-1309473	501(C)(3)	500				2019-20 HYACINTH PROGRAM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOORINGS PRESBYTERIAN CHURCH 791 HARBOUR DRIVE NAPLES, FL 34103	59-1309473	501(C)(3)	411				TO SUPPORT THE EDUCATION FUND
MOORINGS PRESBYTERIAN CHURCH 791 HARBOUR DRIVE NAPLES, FL 34103	59-1309473	501(C)(3)	200				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOSBY HERITAGE AREA ASSOCIATION PO BOX 1497 MIDDLEBURG, VA 20118	54-1766873	501(C)(3)	2,500				EDUCATE & ADVOCATE FOR PRESERVATION
MOSBY HERITAGE AREA ASSOCIATION PO BOX 1497 MIDDLEBURG, VA 20118	54-1766873	501(C)(3)	2,500				MOSBY HERITAGE AREA

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MUSIC FOUNDATION OF GREATER NAPLES PO BOX 112383 NAPLES, FL 34108	59-6213932	501(C)(3)	5,000				MUSICSCORES PRE-K LITERACY PROGRAM
MUSIC FOUNDATION OF GREATER NAPLES PO BOX 112383 NAPLES, FL 34108	59-6213932	501(C)(3)	5,000				SCHOLARSHIP PROGRAM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MUSIC FOUNDATION OF GREATER NAPLES PO BOX 112383 NAPLES, FL 34108	59-6213932	501(C)(3)	1,000				UNRESTRICTED USE
MUSIC FOUNDATION OF GREATER NAPLES PO BOX 112383 NAPLES, FL 34108	59-6213932	501(C)(3)	1,000				SCHOLARSHIPS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NAACP COLLIER COUNTY BRANCH #5117 PO BOX 990727 NAPLES, FL 34116	13-1084135	501(C)(3)	20,045				CORONAVIRUS RELIEF
NAACP COLLIER COUNTY BRANCH #5117 PO BOX 990727 NAPLES, FL 34116	13-1084135	501(C)(3)	12,500				GIFT CARDS FOR CORONAVIRUS RELIEF

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NAMI COLLIER COUNTY 6216 TRAIL BLVD BLDG C NAPLES, FL 34108	65-0047747	501(C)(3)	30,000				SUPPORTED HOUSING SPECIALIST
NAMI COLLIER COUNTY 6216 TRAIL BLVD BLDG C NAPLES, FL 34108	65-0047747	501(C)(3)	10,000				COVID-19 RELIEF

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NAMI COLLIER COUNTY 6216 TRAIL BLVD BLDG C NAPLES, FL 34108	65-0047747	501(C)(3)	1,000				UNRESTRICTED USE
NAPLES ART ASSOCIATION INC 585 PARK STREET NAPLES, FL 34102	59-1022882	501(C)(3)	15,000				COVID-19 RELIEF AND PROGRAMS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NAPLES ART ASSOCIATION INC 585 PARK STREET NAPLES, FL 34102	59-1022882	501(C)(3)	500				ART SCHOOL
NAPLES BOTANICAL GARDEN INC 4820 BAYSHORE DRIVE D NAPLES, FL 34112	65-0511429	501(C)(3)	15,000				COMMUNITY FOUNDATION TREE PROJECT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NAPLES BOTANICAL GARDEN INC 4820 BAYSHORE DRIVE D NAPLES, FL 34112	65-0511429	501(C)(3)	10,000				UNRESTRICTED ANNUAL GIFT
NAPLES BOTANICAL GARDEN INC 4820 BAYSHORE DRIVE D NAPLES, FL 34112	65-0511429	501(C)(3)	5,000				NATURAL AREA MANAGEMENT AND GREEN ROOF RESEARCH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NAPLES BOTANICAL GARDEN INC 4820 BAYSHORE DRIVE D NAPLES, FL 34112	65-0511429	501(C)(3)	5,000				CHALLENGE GRANT
NAPLES BOTANICAL GARDEN INC 4820 BAYSHORE DRIVE D NAPLES, FL 34112	65-0511429	501(C)(3)	2,500				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NAPLES BOTANICAL GARDEN INC 4820 BAYSHORE DRIVE D NAPLES, FL 34112	65-0511429	501(C)(3)	1,500				CHILDREN'S EDUCATIONAL PROGRAMS (K - 12)
NAPLES BOTANICAL GARDEN INC 4820 BAYSHORE DRIVE D NAPLES, FL 34112	65-0511429	501(C)(3)	1,500				ANNUAL CONTRIBUTION

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NAPLES BOTANICAL GARDEN INC 4820 BAYSHORE DRIVE D NAPLES, FL 34112	65-0511429	501(C)(3)	200				GARDEN FOR ALL
NAPLES BRIDGE CENTER 5865 GOLDEN GATE PARKWAY NAPLES, FL 34116	59-1713376	501(C)(3)	5,000				CAPITAL CAMPAIGN

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NAPLES CHRISTIAN CHURCH 8000 GOODLETTE ROAD NORTH NAPLES, FL 34109	59-6519467	501(C)(3)	10,799				UNRESTRICTED USE
NAPLES COMMUNITY CHURCH INC 849 7TH AVENUE S 696 NAPLES, FL 34102	20-5956100	501(C)(3)	15,000				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NAPLES COMMUNITY CHURCH INC 849 7TH AVENUE S 696 NAPLES, FL 34102	20-5956100	501(C)(3)	10,000				MUSIC
NAPLES COMMUNITY CHURCH INC 849 7TH AVENUE S 696 NAPLES, FL 34102	20-5956100	501(C)(3)	10,000				OPERATIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NAPLES COMMUNITY CHURCH INC 849 7TH AVENUE S 696 NAPLES, FL 34102	20-5956100	501(C)(3)	1,000				UNRESTRICTED USE
NAPLES COUNCIL ON WORLD AFFAIRS 2316 PINE RIDGE ROAD 361 NAPLES, FL 34109	59-2139347	501(C)(3)	5,000				MODEL UN PROGRAM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NAPLES HISTORICAL SOCIETY PO BOX 201 NAPLES, FL 34106	59-6166907	501(C)(3)	5,000				MARY S. SMITH CHAIRMAN'S COUNCIL
NAPLES HISTORICAL SOCIETY PO BOX 201 NAPLES, FL 34106	59-6166907	501(C)(3)	1,000				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NAPLES HISTORICAL SOCIETY PO BOX 201 NAPLES, FL 34106	59-6166907	501(C)(3)	1,000				UNRESTRICTED ANNUAL GIFT
NAPLES HISTORICAL SOCIETY PO BOX 201 NAPLES, FL 34106	59-6166907	501(C)(3)	200				MATCHING CHALLENGE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NAPLES SENIOR CENTER AT JFCS 5025 CASTELLO DRIVE 101 NAPLES, FL 34103	45-3980909	501(C)(3)	16,025				PURCHASE OF FOOD FOR FOOD PANTRY
NAPLES SENIOR CENTER AT JFCS 5025 CASTELLO DRIVE 101 NAPLES, FL 34103	45-3980909	501(C)(3)	10,000				COVID-19 RELIEF

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NAPLES SENIOR CENTER AT JFCS 5025 CASTELLO DRIVE 101 NAPLES, FL 34103	45-3980909	501(C)(3)	10,000				JUST CHECKING
NAPLES SENIOR CENTER AT JFCS 5025 CASTELLO DRIVE 101 NAPLES, FL 34103	45-3980909	501(C)(3)	1,000				OPERATIONS

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

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

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

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NAPLES THERAPEUTIC RIDING CENTER 206 RIDGE DRIVE NAPLES, FL 34108	65-0793008	501(C)(3)	20,000				EQUINE-ASSISTED THERAPEUTIC RIDING PROGRAMS
NAPLES THERAPEUTIC RIDING CENTER 206 RIDGE DRIVE NAPLES, FL 34108	65-0793008	501(C)(3)	5,000				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NAPLES THERAPEUTIC RIDING CENTER 206 RIDGE DRIVE NAPLES, FL 34108	65-0793008	501(C)(3)	100				UNRESTRICTED USE
NAPLES THERAPEUTIC RIDING CENTER 206 RIDGE DRIVE NAPLES, FL 34108	65-0793008	501(C)(3)	50				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NAPLES UNITED CHURCH OF CHRIST 5200 CRAYTON ROAD NAPLES, FL 34103	59-1555020	501(C)(3)	4,500				2020 OFFERING
NAPLES UNITED CHURCH OF CHRIST 5200 CRAYTON ROAD NAPLES, FL 34103	59-1555020	501(C)(3)	2,500				GENERAL FUND

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NAPLES UNITED CHURCH OF CHRIST 5200 CRAYTON ROAD NAPLES, FL 34103	59-1555020	501(C)(3)	1,000				UNRESTRICTED USE
NAPLES YACHT CLUB BLUE GAVEL SCHOLARSHIP FUND INC 700 14TH AVENUE S NAPLES, FL 34102	59-3467966	501(C)(3)	2,000				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NAPLES YACHT CLUB BLUE GAVEL SCHOLARSHIP FUND INC 700 14TH AVENUE S NAPLES, FL 34102	59-3467966	501(C)(3)	1,000				UNRESTRICTED USE
NAPLES YACHT CLUB BLUE GAVEL SCHOLARSHIP FUND INC 700 14TH AVENUE S NAPLES, FL 34102	59-3467966	501(C)(3)	500				SCHOLARSHIP FUND

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NAPLES YACHT CLUB BLUE GAVEL SCHOLARSHIP FUND INC 700 14TH AVENUE S NAPLES, FL 34102	59-3467966	501(C)(3)	500				SCHOLARSHIP FUND
NAPLES YACHT CLUB BLUE GAVEL SCHOLARSHIP FUND INC 700 14TH AVENUE S NAPLES, FL 34102	59-3467966	501(C)(3)	500				BLUE GAVEL SCHOLARSHIP

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NAPLES YACHT CLUB BLUE GAVEL SCHOLARSHIP FUND INC 700 14TH AVENUE S NAPLES, FL 34102	59-3467966	501(C)(3)	300				UNRESTRICTED USE
NAPLES YACHT CLUB BLUE GAVEL SCHOLARSHIP FUND INC 700 14TH AVENUE S NAPLES, FL 34102	59-3467966	501(C)(3)	200				SCHOLARSHIP FUND

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NAPLES ZOO 1590 GOODLETTE ROAD N NAPLES, FL 34102	56-2412630	501(C)(3)	25,000				ZOO GALA SUPPORT
NAPLES ZOO 1590 GOODLETTE ROAD N NAPLES, FL 34102	56-2412630	501(C)(3)	10,000				ZOO VISITS AND EDUCATIONAL PROGRAMS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NAPLES ZOO 1590 GOODLETTE ROAD N NAPLES, FL 34102	56-2412630	501(C)(3)	10,000				EMERGENCY OPERATING FUND
NATIONAL CHRISTIAN FOUNDATION 11625 RAINWATER DRIVE 500 ALPHARETTA, GA 30009	58-1493949	501(C)(3)	50,000				GREAT GUANA CAY FOUNDATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL CHRISTIAN FOUNDATION 11625 RAINWATER DRIVE 500 ALPHARETTA, GA 30009	58-1493949	501(C)(3)	7,500				GREAT GUANA CAY FOUNDATION
NATURE CONSERVANCY CENTRALWESTERN NEW YORK 274 NORTH GOODMAN STREET B261 ROCHESTER, NY 14607	53-0242652	501(C)(3)	10,000				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NCH CENTER FOR PHILANTHROPY 350 7TH STREET N NAPLES, FL 34106	59-2314655	501(C)(3)	500,000				EXCLUSIVELY FOR NURSE EDUCATION PROGRAMS
NCH CENTER FOR PHILANTHROPY 350 7TH STREET N NAPLES, FL 34106	59-2314655	501(C)(3)	57,000				POCUS PROJECT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NCH CENTER FOR PHILANTHROPY 350 7TH STREET N NAPLES, FL 34106	59-2314655	501(C)(3)	53,000				NEW NCH EMERGENCY ROOM
NCH CENTER FOR PHILANTHROPY 350 7TH STREET N NAPLES, FL 34106	59-2314655	501(C)(3)	25,000				MATCHING CHALLENGE GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NCH CENTER FOR PHILANTHROPY 350 7TH STREET N NAPLES, FL 34106	59-2314655	501(C)(3)	25,000				MEDICAL EQUIPMENT
NCH CENTER FOR PHILANTHROPY 350 7TH STREET N NAPLES, FL 34106	59-2314655	501(C)(3)	20,000				NCH BAKER DOWNTOWN EMERGENCY & FUND A NEED SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NCH CENTER FOR PHILANTHROPY 350 7TH STREET N NAPLES, FL 34106	59-2314655	501(C)(3)	16,717				BENEFIT OF THE NAPLES COMMUNITY HOSPITAL
NCH CENTER FOR PHILANTHROPY 350 7TH STREET N NAPLES, FL 34106	59-2314655	501(C)(3)	10,000				MATCHING CHALLENGE

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

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

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

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NCH CENTER FOR PHILANTHROPY 350 7TH STREET N NAPLES, FL 34106	59-2314655	501(C)(3)	7,500				MEDICAL DIPLOMATS
NCH CENTER FOR PHILANTHROPY 350 7TH STREET N NAPLES, FL 34106	59-2314655	501(C)(3)	5,000				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NCH CENTER FOR PHILANTHROPY 350 7TH STREET N NAPLES, FL 34106	59-2314655	501(C)(3)	5,000				MATCHING CHALLENGE
NCH CENTER FOR PHILANTHROPY 350 7TH STREET N NAPLES, FL 34106	59-2314655	501(C)(3)	2,556				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NCH CENTER FOR PHILANTHROPY 350 7TH STREET N NAPLES, FL 34106	59-2314655	501(C)(3)	644				EDUCATIONAL PURPOSES
NCH CENTER FOR PHILANTHROPY 350 7TH STREET N NAPLES, FL 34106	59-2314655	501(C)(3)	200				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NCH CENTER FOR PHILANTHROPY 350 7TH STREET N NAPLES, FL 34106	59-2314655	501(C)(3)	100				UNRESTRICTED USE
NCH CENTER FOR PHILANTHROPY 350 7TH STREET N NAPLES, FL 34106	59-2314655	501(C)(3)	100				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEIGHBORHOOD HEALTH CLINIC 88 12TH STREET NORTH 100 NAPLES, FL 34102	59-3546884	501(C)(3)	12,500				CAPITAL CAMPAIGN
NEIGHBORHOOD HEALTH CLINIC 88 12TH STREET NORTH 100 NAPLES, FL 34102	59-3546884	501(C)(3)	10,000				SAVE A LIFE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEIGHBORHOOD HEALTH CLINIC 88 12TH STREET NORTH 100 NAPLES, FL 34102	59-3546884	501(C)(3)	10,000				UNRESTRICTED USE
NEIGHBORHOOD HEALTH CLINIC 88 12TH STREET NORTH 100 NAPLES, FL 34102	59-3546884	501(C)(3)	10,000				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEIGHBORHOOD HEALTH CLINIC 88 12TH STREET NORTH 100 NAPLES, FL 34102	59-3546884	501(C)(3)	5,687				UNRESTRICTED USE
NEIGHBORHOOD HEALTH CLINIC 88 12TH STREET NORTH 100 NAPLES, FL 34102	59-3546884	501(C)(3)	5,000				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEIGHBORHOOD HEALTH CLINIC 88 12TH STREET NORTH 100 NAPLES, FL 34102	59-3546884	501(C)(3)	3,500				UNRESTRICTED USE
NEIGHBORHOOD HEALTH CLINIC 88 12TH STREET NORTH 100 NAPLES, FL 34102	59-3546884	501(C)(3)	3,065				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEIGHBORHOOD HEALTH CLINIC 88 12TH STREET NORTH 100 NAPLES, FL 34102	59-3546884	501(C)(3)	2,420				UNRESTRICTED USE
NEIGHBORHOOD HEALTH CLINIC 88 12TH STREET NORTH 100 NAPLES, FL 34102	59-3546884	501(C)(3)	2,000				CORONAVIRUS RELIEF

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEIGHBORHOOD HEALTH CLINIC 88 12TH STREET NORTH 100 NAPLES, FL 34102	59-3546884	501(C)(3)	2,000				UNRESTRICTED USE
NEIGHBORHOOD HEALTH CLINIC 88 12TH STREET NORTH 100 NAPLES, FL 34102	59-3546884	501(C)(3)	2,000				CAPITAL CAMPAIGN

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEIGHBORHOOD HEALTH CLINIC 88 12TH STREET NORTH 100 NAPLES, FL 34102	59-3546884	501(C)(3)	2,000				OPERATING
NEIGHBORHOOD HEALTH CLINIC 88 12TH STREET NORTH 100 NAPLES, FL 34102	59-3546884	501(C)(3)	1,000				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEIGHBORHOOD HEALTH CLINIC 88 12TH STREET NORTH 100 NAPLES, FL 34102	59-3546884	501(C)(3)	1,000				PROVIDING MEDICAL CARE
NEIGHBORHOOD HEALTH CLINIC 88 12TH STREET NORTH 100 NAPLES, FL 34102	59-3546884	501(C)(3)	1,000				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEIGHBORHOOD HEALTH CLINIC 88 12TH STREET NORTH 100 NAPLES, FL 34102	59-3546884	501(C)(3)	1,000				WOMEN'S HEALTH SERVICES
NEIGHBORHOOD HEALTH CLINIC 88 12TH STREET NORTH 100 NAPLES, FL 34102	59-3546884	501(C)(3)	500				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEIGHBORHOOD HEALTH CLINIC 88 12TH STREET NORTH 100 NAPLES, FL 34102	59-3546884	501(C)(3)	500				WOMEN'S HEALTH SERVICES
NEIGHBORHOOD HEALTH CLINIC 88 12TH STREET NORTH 100 NAPLES, FL 34102	59-3546884	501(C)(3)	300				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEIGHBORHOOD HEALTH CLINIC 88 12TH STREET NORTH 100 NAPLES, FL 34102	59-3546884	501(C)(3)	250				UNRESTRICTED USE
NEIGHBORHOOD HEALTH CLINIC 88 12TH STREET NORTH 100 NAPLES, FL 34102	59-3546884	501(C)(3)	200				NEIGHBORHOOD BASH SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEIGHBORHOOD HEALTH CLINIC 88 12TH STREET NORTH 100 NAPLES, FL 34102	59-3546884	501(C)(3)	50				UNRESTRICTED USE
NEW ENGLAND COLLEGE OF OPTOMETRY DEVELOPMENT OFFICE BOSTON, MA 02115	04-1591060	501(C)(3)	20,000				HOLMES FUND

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW HORIZONS OF SOUTHWEST FLORIDA INC PO BOX 111833 NAPLES, FL 34108	11-3678086	501(C)(3)	1,000				CENTS OF PRIDE
NEW HOUR FOR WOMEN AND CHILDREN - LI PO BOX 213 BRENTWOOD, NY 11717	47-4718783	501(C)(3)	5,000				EDUCATION PROGRAMS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NO BARRIERS USA 317 STOVER STREET A FORT COLLINS, CO 80524	06-1693441	501(C)(3)	52,871				TO SUPPORT INDIVIDUALS FROM COLLIER COUNTY
NOAH'S ARK FAMILY SERVICES 11853 COLLIER BLVD NAPLES, FL 34116	81-2885321	501(C)(3)	5,000				FOOD FOR FOOD PANTRY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NOAH'S ARK FAMILY SERVICES 11853 COLLIER BLVD NAPLES, FL 34116	81-2885321	501(C)(3)	2,000				GARGAGE AND RECYCLING SERVICES
NOAH'S ARK FAMILY SERVICES 11853 COLLIER BLVD NAPLES, FL 34116	81-2885321	501(C)(3)	1,000				FOOD PANTRY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NOAH'S ARK FAMILY SERVICES 11853 COLLIER BLVD NAPLES, FL 34116	81-2885321	501(C)(3)	500				FOOD PANTRY
NORTHLAND COLLEGE 1411 ELLIS AVENUE ASHLAND, WI 54806	39-0806428	501(C)(3)	50,000				LOCKER ROOM PROJECT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHLAND COLLEGE 1411 ELLIS AVENUE ASHLAND, WI 54806	39-0806428	501(C)(3)	50,000				RESTRICTED TO GYM AND FITNESS
NORTHLAND COLLEGE 1411 ELLIS AVENUE ASHLAND, WI 54806	39-0806428	501(C)(3)	10,000				DON CHASE ENDOWMENT FUND

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OFFICE OF CATHOLIC SCHOOLS PO BOX 32279 LOUISVILLE, KY 40232	61-0444670	501(C)(3)	10,000				2019 CATHOLIC SERVICES APPEAL
OHANA MAKAMAE INC PO BOX 914 HANA, HI 96713	99-0342126	501(C)(3)	15,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OHANA MAKAMAE INC PO BOX 914 HANA, HI 96713	99-0342126	501(C)(3)	15,000				GENERAL SUPPORT
ON POINT FOR COLLEGE 488 WEST ONONDAGA STREET SYRACUSE, NY 13202	16-1569356	501(C)(3)	40,000				STUDENT LAPTOP COMPUTERS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ONE BY ONE LEADERSHIP FOUNDATION INC PO BOX 5393 IMMOKALEE, FL 34143	59-1711633	501(C)(3)	5,000				TASTE OF IMMOKALEE SCHOLARSHIP PROGRAM
ONE BY ONE LEADERSHIP FOUNDATION INC PO BOX 5393 IMMOKALEE, FL 34143	59-1711633	501(C)(3)	500				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OPERA NAPLES INC 2408 LINWOOD AVENUE NAPLES, FL 34112	42-1671038	501(C)(3)	26,000				UNRESTRICTED USE
OPERA NAPLES INC 2408 LINWOOD AVENUE NAPLES, FL 34112	42-1671038	501(C)(3)	5,000				SCHOLARSHIPS AND PERFORMANCES

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OPERA NAPLES INC 2408 LINWOOD AVENUE NAPLES, FL 34112	42-1671038	501(C)(3)	750				UNRESTRICTED USE
OPERATION UNDERGROUND RAILROAD 755 SOUTH MAIN STREET 194 CEDAR CITY, UT 84720	46-3614979	501(C)(3)	5,000				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OUR CHILDREN MN PO BOX 40335 ST PAUL, MN 55104	84-4222845	501(C)(4)	25,000				TO SUPPORT 2020 WORK
OUR DAILY BREAD FOOD PANTRY 1450 WINTERBERRY DR MARCO ISLAND, FL 34145	83-2956050	501(C)(3)	16,025				PURCHASE OF FOOD FOR FOOD PANTRY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OUR DAILY BREAD FOOD PANTRY 1450 WINTERBERRY DR MARCO ISLAND, FL 34145	83-2956050	501(C)(3)	15,000				EXTERNAL GENERATOR
OUR DAILY BREAD FOOD PANTRY 1450 WINTERBERRY DR MARCO ISLAND, FL 34145	83-2956050	501(C)(3)	10,000				FOOD PANTRY PROGRAM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OUR DAILY BREAD FOOD PANTRY 1450 WINTERBERRY DR MARCO ISLAND, FL 34145	83-2956050	501(C)(3)	10,000				FOOD
OUR DAILY BREAD FOOD PANTRY 1450 WINTERBERRY DR MARCO ISLAND, FL 34145	83-2956050	501(C)(3)	4,500				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OUR DAILY BREAD FOOD PANTRY 1450 WINTERBERRY DR MARCO ISLAND, FL 34145	83-2956050	501(C)(3)	2,500				WEBSITE DEVELOPMENT
OUR DAILY BREAD FOOD PANTRY 1450 WINTERBERRY DR MARCO ISLAND, FL 34145	83-2956050	501(C)(3)	900				COOL ZONE TRAILER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OUR DAILY BREAD FOOD PANTRY 1450 WINTERBERRY DR MARCO ISLAND, FL 34145	83-2956050	501(C)(3)	500				UNRESTRICTED USE
OUR DAILY BREAD FOOD PANTRY 1450 WINTERBERRY DR MARCO ISLAND, FL 34145	83-2956050	501(C)(3)	250				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OUR NEXT GENERATION 3421 WEST LISBON AVENUE MILWAUKEE, WI 53208	39-1761838	501(C)(3)	5,000				UNRESTRICTED USE
PACE CENTER FOR GIRLS 160 N 1ST STREET IMMOKALEE, FL 34142	59-2414492	501(C)(3)	5,150				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PACE CENTER FOR GIRLS 160 N 1ST STREET IMMOKALEE, FL 34142	59-2414492	501(C)(3)	5,000				PACE SPIRITED GIRLS! SEX EDUCATION AND PREVENTION
PACE CENTER FOR GIRLS 160 N 1ST STREET IMMOKALEE, FL 34142	59-2414492	501(C)(3)	2,000				OUTDOOR SPACE/GARDEN IN IMMOKALEE

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

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PARKINSON ASSOCIATION OF SOUTHWEST FLORIDA INC 2575 NORTHBROOKE PLAZA DRIVE 301 NAPLES, FL 34119	59-3471412	501(C)(3)	16,120				EXERCISE YOUR MUSCLES
PARKINSON ASSOCIATION OF SOUTHWEST FLORIDA INC 2575 NORTHBROOKE PLAZA DRIVE 301 NAPLES, FL 34119	59-3471412	501(C)(3)	1,300				SIX MONTHS OF FUNDING FOR ONE MOVEMENT CLASS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PARKINSON ASSOCIATION OF SOUTHWEST FLORIDA INC 2575 NORTHBROOKE PLAZA DRIVE 301 NAPLES, FL 34119	59-3471412	501(C)(3)	1,000				UNRESTRICTED USE
PARKINSON ASSOCIATION OF SOUTHWEST FLORIDA INC 2575 NORTHBROOKE PLAZA DRIVE 301 NAPLES, FL 34119	59-3471412	501(C)(3)	1,000				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PARKINSON ASSOCIATION OF SOUTHWEST FLORIDA INC 2575 NORTHBROOKE PLAZA DRIVE 301 NAPLES, FL 34119	59-3471412	501(C)(3)	411				UNRESTRICTED USE
PATH2FREEDOM INC 1200 GOODLETTE ROAD N 9916 NAPLES, FL 34101	47-3835818	501(C)(3)	4,000				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PATH2FREEDOM INC 1200 GOODLETTE ROAD N 9916 NAPLES, FL 34101	47-3835818	501(C)(3)	2,000				UNRESTRICTED USE
PATHWAYS EARLY EDUCATION CENTER 4060 TAMIAMI TRAIL N 1 NAPLES, FL 34103	59-1209842	501(C)(3)	10,000				EARLY EDUCATION - CHANGING THE PATH

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

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PATHWAYS EARLY EDUCATION CENTER 4060 TAMIAMI TRAIL N 1 NAPLES, FL 34103	59-1209842	501(C)(3)	2,116				UNRESTRICTED USE
PATHWAYS EARLY EDUCATION CENTER 4060 TAMIAMI TRAIL N 1 NAPLES, FL 34103	59-1209842	501(C)(3)	1,000				COVID-19 RELIEF

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PATHWAYS EARLY EDUCATION CENTER 4060 TAMIAMI TRAIL N 1 NAPLES, FL 34103	59-1209842	501(C)(3)	1,000				ADMIRALTY POINT CHRISTMAS APPEAL
PATHWAYS EARLY EDUCATION CENTER 4060 TAMIAMI TRAIL N 1 NAPLES, FL 34103	59-1209842	501(C)(3)	1,000				FOUR CHILDREN'S PARTIES

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

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PLANNED PARENTHOOD OF SOUTHWEST AND CENTRAL FLORIDA 736 CENTRAL AVENUE SARASOTA, FL 34236	59-1274328	501(C)(3)	6,130				FAMILY PLANNING SERVICES IN COLLIER COUNTY
PLANNED PARENTHOOD OF SOUTHWEST AND CENTRAL FLORIDA 736 CENTRAL AVENUE SARASOTA, FL 34236	59-1274328	501(C)(3)	5,046				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PLANNED PARENTHOOD OF SOUTHWEST AND CENTRAL FLORIDA 736 CENTRAL AVENUE SARASOTA, FL 34236	59-1274328	501(C)(3)	5,000				UNRESTRICTED USE IN COLLIER COUNTY
PLANNED PARENTHOOD OF SOUTHWEST AND CENTRAL FLORIDA 736 CENTRAL AVENUE SARASOTA, FL 34236	59-1274328	501(C)(3)	5,000				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PLANNED PARENTHOOD OF SOUTHWEST AND CENTRAL FLORIDA 736 CENTRAL AVENUE SARASOTA, FL 34236	59-1274328	501(C)(3)	3,000				UNRESTRICTED USE
PLANNED PARENTHOOD OF SOUTHWEST AND CENTRAL FLORIDA 736 CENTRAL AVENUE SARASOTA, FL 34236	59-1274328	501(C)(3)	2,500				ANNUAL CONTRIBUTION

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

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PLANNED PARENTHOOD OF SOUTHWEST AND CENTRAL FLORIDA 736 CENTRAL AVENUE SARASOTA, FL 34236	59-1274328	501(C)(3)	1,900				SUPPORT FOR NAPLES CHOICE AFFAIR
PLANNED PARENTHOOD OF SOUTHWEST AND CENTRAL FLORIDA 736 CENTRAL AVENUE SARASOTA, FL 34236	59-1274328	501(C)(3)	1,000				HEALTH SERVICES

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

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PLANNED PARENTHOOD OF SOUTHWEST AND CENTRAL FLORIDA 736 CENTRAL AVENUE SARASOTA, FL 34236	59-1274328	501(C)(3)	1,000				UNRESTRICTED USE
PLANNED PARENTHOOD OF SOUTHWEST AND CENTRAL FLORIDA 736 CENTRAL AVENUE SARASOTA, FL 34236	59-1274328	501(C)(3)	998				AIDS RESEARCH, TREATMENT OR EDUCATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PLANNED PARENTHOOD OF SOUTHWEST AND CENTRAL FLORIDA 736 CENTRAL AVENUE SARASOTA, FL 34236	59-1274328	501(C)(3)	500				UNRESTRICTED USE
PLANNED PARENTHOOD OF SOUTHWEST AND CENTRAL FLORIDA 736 CENTRAL AVENUE SARASOTA, FL 34236	59-1274328	501(C)(3)	250				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PREGNANCY RESOURCE CENTER 26951 COUNTRY CLUB DRIVE BONITA SPRINGS, FL 34134	59-3427729	501(C)(3)	5,000				GENERAL FUND
PREGNANCY RESOURCE CENTER 26951 COUNTRY CLUB DRIVE BONITA SPRINGS, FL 34134	59-3427729	501(C)(3)	2,000				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PRINCETON AREA COMMUNITY FOUND 15 PRINCESS ROAD LAWRENCEVILLE, NJ 08648	52-1746234	501(C)(3)	5,000				PRINCETON HIGH SCHOOL 1968 CLASS SCHOLARSHIP FUND
PRINCETON AREA COMMUNITY FOUND 15 PRINCESS ROAD LAWRENCEVILLE, NJ 08648	52-1746234	501(C)(3)	2,000				SCHOLARSHIP

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PROTECTION OF RIGHTS ALLIANCE FOUNDATION PO BOX 277 HARBOR SPRINGS, MI 49740	81-4270395	501(C)(3)	12,000				UNRESTRICTED USE
PURDUE RESEARCH FOUNDATION 403 WEST WOOD STREET WEST LAFAYETTE, IN 47907	35-1052049	501(C)(3)	5,000				BIO ENGINEERING SCHOLARSHIPS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RCMA 402 W MAIN STREET IMMOKALEE, FL 34142	59-1221966	501(C)(3)	20,000				OEL LOCAL MATCH
RCMA 402 W MAIN STREET IMMOKALEE, FL 34142	59-1221966	501(C)(3)	5,000				CAPITAL EXPENDITURES

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RCMA 402 W MAIN STREET IMMOKALEE, FL 34142	59-1221966	501(C)(3)	5,000				\$2,500 FOR HEALTH PROGRAM, \$2,500 FOR FAMILY ENRICHMENT
RCMA 402 W MAIN STREET IMMOKALEE, FL 34142	59-1221966	501(C)(3)	3,000				FOOD ASSISTANCE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RCMA 402 W MAIN STREET IMMOKALEE, FL 34142	59-1221966	501(C)(3)	500				UNRESTRICTED USE
REBUILDING TOGETHER INC 999 N CAPITOL ST NE 701 WASHINGTON, DC 20002	52-1585880	501(C)(3)	12,000				HOUSING FOR VETERANS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REBUILDING TOGETHER INC 999 N CAPITOL ST NE 701 WASHINGTON, DC 20002	52-1585880	501(C)(3)	12,000				CRITICAL HOME REPAIRS
REMNANT TRUST INC TEXAS TECH UNIVERSITY LUBBOCK, TX 79409	35-2072847	501(C)(3)	100,000				OPERATING EXPENSES

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RISEN CHRIST CATHOLIC SCHOOL ADVANCEMENT DEPARTMENT MINNEAPOLIS, MN 55407	41-1748146	501(C)(3)	5,000				UNRESTRICTED USE
ROCKFORD ART MUSEUM 711 NORTH MAIN STREET ROCKFORD, IL 61103	36-2349612	501(C)(3)	10,000				UNRESTRICTED ANNUAL GIFT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROCKFORD ART MUSEUM 711 NORTH MAIN STREET ROCKFORD, IL 61103	36-2349612	501(C)(3)	5,000				UNRESTRICTED USE
ROCKFORD ART MUSEUM 711 NORTH MAIN STREET ROCKFORD, IL 61103	36-2349612	501(C)(3)	2,500				GREENWICH VILLAGE ART FAIR

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROTARY CLUB OF NAPLES CHARITABLE FOUNDATION INC PO BOX 990206 NAPLES, FL 34116	27-1405132	501(C)(3)	644				EDUCATIONAL PURPOSE
ROTARY GIFT OF LIFE FLORIDA INC 15750 NEW HAMPSHIRE COURT C FT MYERS, FL 33908	65-0488800	501(C)(3)	5,000				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAINT MEINRAD ARCHABBEY 200 HILL DRIVE ST MEINRAD, IN 47577	35-0868161	501(C)(3)	10,000				FORWARD TOGETHER-LIFE OF THE CHURCH
SALVATION ARMY OF COLLIER COUNTY PO BOX 8209 NAPLES, FL 34101	58-0660607	501(C)(3)	35,000				FRAN COHEN YOUTH CENTER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SALVATION ARMY OF COLLIER COUNTY PO BOX 8209 NAPLES, FL 34101	58-0660607	501(C)(3)	30,000				E-GIFT CARDS
SALVATION ARMY OF COLLIER COUNTY PO BOX 8209 NAPLES, FL 34101	58-0660607	501(C)(3)	20,000				RENT, UTILITIES, AND FOOD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SALVATION ARMY OF COLLIER COUNTY PO BOX 8209 NAPLES, FL 34101	58-0660607	501(C)(3)	20,000				COLLIER COUNTY FIRE RELIEF
SALVATION ARMY OF COLLIER COUNTY PO BOX 8209 NAPLES, FL 34101	58-0660607	501(C)(3)	16,025				PURCHASE OF FOOD FOR FOOD PANTRY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SALVATION ARMY OF COLLIER COUNTY PO BOX 8209 NAPLES, FL 34101	58-0660607	501(C)(3)	11,906				UNRESTRICTED USE
SALVATION ARMY OF COLLIER COUNTY PO BOX 8209 NAPLES, FL 34101	58-0660607	501(C)(3)	7,560				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SALVATION ARMY OF COLLIER COUNTY PO BOX 8209 NAPLES, FL 34101	58-0660607	501(C)(3)	5,000				BASIC NEEDS ASSISTANCE FOR COVID-19
SALVATION ARMY OF COLLIER COUNTY PO BOX 8209 NAPLES, FL 34101	58-0660607	501(C)(3)	5,000				CAPITAL EXPENDITURES

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SALVATION ARMY OF COLLIER COUNTY PO BOX 8209 NAPLES, FL 34101	58-0660607	501(C)(3)	4,000				UNRESTRICTED USE
SALVATION ARMY OF COLLIER COUNTY PO BOX 8209 NAPLES, FL 34101	58-0660607	501(C)(3)	3,500				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SALVATION ARMY OF COLLIER COUNTY PO BOX 8209 NAPLES, FL 34101	58-0660607	501(C)(3)	2,500				UNRESTRICTED USE
SALVATION ARMY OF COLLIER COUNTY PO BOX 8209 NAPLES, FL 34101	58-0660607	501(C)(3)	1,976				UNRESTRICTED USE

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

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SALVATION ARMY OF COLLIER COUNTY PO BOX 8209 NAPLES, FL 34101	58-0660607	501(C)(3)	984				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)	600				UNRESTRICTED USE

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

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SALVATION ARMY OF COLLIER COUNTY PO BOX 8209 NAPLES, FL 34101	58-0660607	501(C)(3)	250				AFTER SCHOOL PROGRAM
SALVATION ARMY OF COLLIER COUNTY PO BOX 8209 NAPLES, FL 34101	58-0660607	501(C)(3)	239				TO FUND PROGRAMS IN COLLIER COUNTY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SALVATION ARMY OF COLLIER COUNTY PO BOX 8209 NAPLES, FL 34101	58-0660607	501(C)(3)	234				UNRESTRICTED USE
SALVATION ARMY OF COLLIER COUNTY PO BOX 8209 NAPLES, FL 34101	58-0660607	501(C)(3)	200				ASSISTANCE FOR RESTAURANT WORKERS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SALVATION ARMY OF COLLIER COUNTY PO BOX 8209 NAPLES, FL 34101	58-0660607	501(C)(3)	200				ASSISTANCE FOR RESTAURANT WORKERS
SALVATION ARMY OF COLLIER COUNTY PO BOX 8209 NAPLES, FL 34101	58-0660607	501(C)(3)	200				ASSISTANCE FOR RESTAURANT WORKERS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHELTER FOR ABUSED WOMEN & CHILDREN PO BOX 10102 NAPLES, FL 34101	59-2752895	501(C)(3)	43,036				UNRESTRICTED USE
SHELTER FOR ABUSED WOMEN & CHILDREN PO BOX 10102 NAPLES, FL 34101	59-2752895	501(C)(3)	30,000				SPORTS COURT AT THE MAIN LOCATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHELTER FOR ABUSED WOMEN & CHILDREN PO BOX 10102 NAPLES, FL 34101	59-2752895	501(C)(3)	25,000				COVID-19 RELIEF
SHELTER FOR ABUSED WOMEN & CHILDREN PO BOX 10102 NAPLES, FL 34101	59-2752895	501(C)(3)	12,000				GIFT CARDS FOR CORONAVIRUS RELIEF

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHELTER FOR ABUSED WOMEN & CHILDREN PO BOX 10102 NAPLES, FL 34101	59-2752895	501(C)(3)	10,000				COVID-19 FUND
SHELTER FOR ABUSED WOMEN & CHILDREN PO BOX 10102 NAPLES, FL 34101	59-2752895	501(C)(3)	10,000				MENDING BROKEN HEARTS SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHELTER FOR ABUSED WOMEN & CHILDREN PO BOX 10102 NAPLES, FL 34101	59-2752895	501(C)(3)	8,500				GIFT CARDS FOR CORONVIRUS RELIEF
SHELTER FOR ABUSED WOMEN & CHILDREN PO BOX 10102 NAPLES, FL 34101	59-2752895	501(C)(3)	6,038				UNRESTRICTED USE

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHELTER FOR ABUSED WOMEN & CHILDREN PO BOX 10102 NAPLES, FL 34101	59-2752895	501(C)(3)	5,000				2020 MENDING BROKEN HEARTS LUNCHEON SUPPORT
SHELTER FOR ABUSED WOMEN & CHILDREN PO BOX 10102 NAPLES, FL 34101	59-2752895	501(C)(3)	5,000				TO PROTECT WOMEN AND CHILDREN IN COLLIER COUNTY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHELTER FOR ABUSED WOMEN & CHILDREN PO BOX 10102 NAPLES, FL 34101	59-2752895	501(C)(3)	5,000				HUMAN TRAFFICKING PROGRAM
SHELTER FOR ABUSED WOMEN & CHILDREN PO BOX 10102 NAPLES, FL 34101	59-2752895	501(C)(3)	3,000				GIFT CARDS FOR CORONAVIRUS RELIEF

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHELTER FOR ABUSED WOMEN & CHILDREN PO BOX 10102 NAPLES, FL 34101	59-2752895	501(C)(3)	2,826				IN SUPPORT OF THE SHELTER
SHELTER FOR ABUSED WOMEN & CHILDREN PO BOX 10102 NAPLES, FL 34101	59-2752895	501(C)(3)	2,641				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHELTER FOR ABUSED WOMEN & CHILDREN PO BOX 10102 NAPLES, FL 34101	59-2752895	501(C)(3)	2,536				RENT
SHELTER FOR ABUSED WOMEN & CHILDREN PO BOX 10102 NAPLES, FL 34101	59-2752895	501(C)(3)	2,500				CAPITAL CONTRIBUTION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHELTER FOR ABUSED WOMEN & CHILDREN PO BOX 10102 NAPLES, FL 34101	59-2752895	501(C)(3)	2,400				HOUSING RENT AND DEPOSIT
SHELTER FOR ABUSED WOMEN & CHILDREN PO BOX 10102 NAPLES, FL 34101	59-2752895	501(C)(3)	2,265				RENT AND UTILITIES DEPOSITS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHELTER FOR ABUSED WOMEN & CHILDREN PO BOX 10102 NAPLES, FL 34101	59-2752895	501(C)(3)	100				RENT
SHELTER FOR ABUSED WOMEN & CHILDREN PO BOX 10102 NAPLES, FL 34101	59-2752895	501(C)(3)	2,114				RENT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHELTER FOR ABUSED WOMEN & CHILDREN PO BOX 10102 NAPLES, FL 34101	59-2752895	501(C)(3)	2,005				\$1,780 FOR RENT AND \$225 FOR FPL
SHELTER FOR ABUSED WOMEN & CHILDREN PO BOX 10102 NAPLES, FL 34101	59-2752895	501(C)(3)	2,000				PURCHASE OF VEHICLE

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHELTER FOR ABUSED WOMEN & CHILDREN PO BOX 10102 NAPLES, FL 34101	59-2752895	501(C)(3)	1,993				REPLACING THE TIRES ON AN RV HOME
SHELTER FOR ABUSED WOMEN & CHILDREN PO BOX 10102 NAPLES, FL 34101	59-2752895	501(C)(3)	1,931				RENT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHELTER FOR ABUSED WOMEN & CHILDREN PO BOX 10102 NAPLES, FL 34101	59-2752895	501(C)(3)	1,900				HOUSING
SHELTER FOR ABUSED WOMEN & CHILDREN PO BOX 10102 NAPLES, FL 34101	59-2752895	501(C)(3)	1,862				RENT DEPOSIT, FIRST AND LAST MONTHS' RENT AND UTILITIES DEPOSIT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHELTER FOR ABUSED WOMEN & CHILDREN PO BOX 10102 NAPLES, FL 34101	59-2752895	501(C)(3)	1,770				RENT
SHELTER FOR ABUSED WOMEN & CHILDREN PO BOX 10102 NAPLES, FL 34101	59-2752895	501(C)(3)	1,740				RENT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHELTER FOR ABUSED WOMEN & CHILDREN PO BOX 10102 NAPLES, FL 34101	59-2752895	501(C)(3)	1,716				RENT
SHELTER FOR ABUSED WOMEN & CHILDREN PO BOX 10102 NAPLES, FL 34101	59-2752895	501(C)(3)	1,714				CAR REPAIRS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHELTER FOR ABUSED WOMEN & CHILDREN PO BOX 10102 NAPLES, FL 34101	59-2752895	501(C)(3)	1,650				RENT
SHELTER FOR ABUSED WOMEN & CHILDREN PO BOX 10102 NAPLES, FL 34101	59-2752895	501(C)(3)	1,600				RENT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHELTER FOR ABUSED WOMEN & CHILDREN PO BOX 10102 NAPLES, FL 34101	59-2752895	501(C)(3)	1,600				SECURITY DEPOSIT AND LAST MONTH'S RENT
SHELTER FOR ABUSED WOMEN & CHILDREN PO BOX 10102 NAPLES, FL 34101	59-2752895	501(C)(3)	1,524				RENT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHELTER FOR ABUSED WOMEN & CHILDREN PO BOX 10102 NAPLES, FL 34101	59-2752895	501(C)(3)	1,500				2020 MENDING BROKEN HEARTS LUNCHEON
SHELTER FOR ABUSED WOMEN & CHILDREN PO BOX 10102 NAPLES, FL 34101	59-2752895	501(C)(3)	1,297				RENTAL AND UTILITY DEPOSIT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHELTER FOR ABUSED WOMEN & CHILDREN PO BOX 10102 NAPLES, FL 34101	59-2752895	501(C)(3)	1,148				RENT AND DEPOSIT
SHELTER FOR ABUSED WOMEN & CHILDREN PO BOX 10102 NAPLES, FL 34101	59-2752895	501(C)(3)	1,040				HOUSING

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

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHELTER FOR ABUSED WOMEN & CHILDREN PO BOX 10102 NAPLES, FL 34101	59-2752895	501(C)(3)	1,000				UNRESTRICTED USE
SHELTER FOR ABUSED WOMEN & CHILDREN PO BOX 10102 NAPLES, FL 34101	59-2752895	501(C)(3)	1,000				RENT AND DEPOSIT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHELTER FOR ABUSED WOMEN & CHILDREN PO BOX 10102 NAPLES, FL 34101	59-2752895	501(C)(3)	500				UNRESTRICTED USE
SHELTER FOR ABUSED WOMEN & CHILDREN PO BOX 10102 NAPLES, FL 34101	59-2752895	501(C)(3)	378				AIRLINE TICKET FOR RELOCATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHELTER FOR ABUSED WOMEN & CHILDREN PO BOX 10102 NAPLES, FL 34101	59-2752895	501(C)(3)	202				FPL DEPOSIT
SHELTER FOR ABUSED WOMEN & CHILDREN PO BOX 10102 NAPLES, FL 34101	59-2752895	501(C)(3)	100				ADDITIONAL RENT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHELTER FOR ABUSED WOMEN & CHILDREN PO BOX 10102 NAPLES, FL 34101	59-2752895	501(C)(3)	100				UNRESTRICTED USE
SHELTER FOR ABUSED WOMEN & CHILDREN PO BOX 10102 NAPLES, FL 34101	59-2752895	501(C)(3)	100				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHRINERS HOSPITALS FOR CHILDREN 2900 NORTH ROCKY POINT DRIVE TAMPA, FL 33607	36-2193608	501(C)(3)	10,000				UNRESTRICTED USE
SHRINERS HOSPITALS FOR CHILDREN 2900 NORTH ROCKY POINT DRIVE TAMPA, FL 33607	36-2193608	501(C)(3)	5,000				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
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)	2,500				CAPITAL CAMPAIGN CONSULTANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHY WOLF SANCTUARY EDUCATION AND EXPERIENCE CENTER INC PO BOX 3032 NAPLES, FL 34106	59-3691867	501(C)(3)	2,000				UNRESTRICTED USE
SHY WOLF SANCTUARY EDUCATION AND EXPERIENCE CENTER INC PO BOX 3032 NAPLES, FL 34106	59-3691867	501(C)(3)	600				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHY WOLF SANCTUARY EDUCATION AND EXPERIENCE CENTER INC PO BOX 3032 NAPLES, FL 34106	59-3691867	501(C)(3)	250				UNRESTRICTED USE
SIGHTLINE INSTITUTE 1402 THIRD AVENUE 500 SEATTLE, WA 98101	52-1833599	501(C)(3)	10,000				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SKANEATELES FIRE DEPARTMENT 77 WEST GENESEE STREET SKANEATELES, NY 13152	16-1444278	501(C)(3)	50,000				FIRE SAFETY
SKANEATELES RECREATIONAL CHARITABLE TRUST 11 FENNELL STREET 1 SKANEATELES, NY 13152	16-1556744	501(C)(3)	30,309				SKANEATELES COMMUNITY CENTER ICE FACILITY MAINTENANCE & REPAIR

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SKANEATELES YMCA & COMMUNITY CENTER 97 STATE STREET SKANEATELES, NY 13152	16-0978301	501(C)(3)	100,000				CAPITAL CAMPAIGN
SKANEATELES YMCA & COMMUNITY CENTER 97 STATE STREET SKANEATELES, NY 13152	16-0978301	501(C)(3)	1,000				ANNUAL FUND

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTHWEST FLORIDA LAND PRESERVATION TRUST PO BOX 2465 NAPLES, FL 34106	65-0066474	501(C)(3)	196,900				MANHATTAN ROAD & BRIDGE DRAWS #5 AND #6
SOUTHWEST FLORIDA LAND PRESERVATION TRUST PO BOX 2465 NAPLES, FL 34106	65-0066474	501(C)(3)	122,650				MANHATTAN ROAD & BRIDGE DRAW #8

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTHWEST FLORIDA LAND PRESERVATION TRUST PO BOX 2465 NAPLES, FL 34106	65-0066474	501(C)(3)	111,500				MANHATTAN ROAD & BRIDGE DRAW #7
SOUTHWEST FLORIDA LAND PRESERVATION TRUST PO BOX 2465 NAPLES, FL 34106	65-0066474	501(C)(3)	88,325				MANHATTAN ROAD & BRIDGE DRAW #9

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTHWEST FLORIDA LAND PRESERVATION TRUST PO BOX 2465 NAPLES, FL 34106	65-0066474	501(C)(3)	6,650				MANHATTAN ROAD & BRIDGE DRAW #10
SOUTHWEST FLORIDA MUSIC EDUCATION CENTER 6573 AUTUMN WOODS BLVD NAPLES, FL 34109	84-2825241	501(C)(3)	60,000				TO SUPPORT THE COST OF THEIR INSTRUCTOR

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTHWEST FLORIDA MUSIC EDUCATION CENTER 6573 AUTUMN WOODS BLVD NAPLES, FL 34109	84-2825241	501(C)(3)	50,000				TO SUPPORT THE COST OF THE INSTRUCTOR
ST AMBROSE OF WOODBURY CATHOLIC CHURCH 4125 WOODBURY DRIVE WOODBURY, MN 55129	41-1905541	501(C)(3)	5,000				SCHOLARSHIPS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST ANN CATHOLIC CHURCH 475 9TH AVENUE S NAPLES, FL 34102	59-0823952	501(C)(3)	18,692				UNRESTRICTED USE
ST ANN CATHOLIC CHURCH 475 9TH AVENUE S NAPLES, FL 34102	59-0823952	501(C)(3)	2,500				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST ANN CATHOLIC CHURCH 475 9TH AVENUE S NAPLES, FL 34102	59-0823952	501(C)(3)	2,500				UNRESTRICTED USE
ST ANN CATHOLIC CHURCH 475 9TH AVENUE S NAPLES, FL 34102	59-0823952	501(C)(3)	2,500				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST ANN CATHOLIC CHURCH 475 9TH AVENUE S NAPLES, FL 34102	59-0823952	501(C)(3)	1,500				UNRESTRICTED USE
ST ANN SCHOOL FOUNDATION INC 475 9TH AVENUE S NAPLES, FL 34102	59-2201867	501(C)(3)	20,000				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST ANN SCHOOL FOUNDATION INC 475 9TH AVENUE S NAPLES, FL 34102	59-2201867	501(C)(3)	500				UNRESTRICTED USE
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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST CATHERINE UNIVERSITY 2004 RANDOLPH AVE ST PAUL, MN 55105	41-0695509	501(C)(3)	5,000				VIRTUAL NURSING PROGRAM
ST CATHERINE UNIVERSITY 2004 RANDOLPH AVE ST PAUL, MN 55105	41-0695509	501(C)(3)	500				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST FRANCIS SCHOOL 11000 US HIGHWAY 42 GOSHEN, KY 40026	31-0896538	501(C)(3)	5,000				NEW THEATER PROJECT
ST JAMES EPISCOPAL CHURCH 96 EAST GENESEE STREET SKANEATELES, NY 13152	15-0611600	501(C)(3)	25,000				ANNUAL GIFT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST JOHN NEUMANN HIGH SCHOOL 3000 53RD STREET SW NAPLES, FL 34116	59-2017451	501(C)(3)	18,692				UNRESTRICTED USE
ST JOHN NEUMANN HIGH SCHOOL 3000 53RD STREET SW NAPLES, FL 34116	59-2017451	501(C)(3)	6,000				ANGEL GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST 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)	10,000				FOOD OUTREACH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST JOHN'S EPISCOPAL CHURCH 500 PARK SHORE DRIVE NAPLES, FL 34103	59-2153759	501(C)(3)	954				UNRESTRICTED USE
ST JUDE CHILDREN'S RESEARCH HOSPITAL 501 ST JUDE PLACE MEMPHIS, TN 38105	62-0646012	501(C)(3)	47,640				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST JUDE CHILDREN'S RESEARCH HOSPITAL 501 ST JUDE PLACE MEMPHIS, TN 38105	62-0646012	501(C)(3)	2,000				UNRESTRICTED USE
ST JUDE CHILDREN'S RESEARCH HOSPITAL 501 ST JUDE PLACE MEMPHIS, TN 38105	62-0646012	501(C)(3)	500				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST JUDE CHILDREN'S RESEARCH HOSPITAL 501 ST JUDE PLACE MEMPHIS, TN 38105	62-0646012	501(C)(3)	500				UNRESTRICTED USE
ST JUDE CHILDREN'S RESEARCH HOSPITAL 501 ST JUDE PLACE MEMPHIS, TN 38105	62-0646012	501(C)(3)	200				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST MARY OF THE ASSUMPTION CATHOLIC CHURCH AND SCHOOL 1003 BRIDGE STREET CHARLEVOIX, MI 49720		501(C)(3)	2,500				UNRESTRICTED USE
ST MARY OF THE ASSUMPTION CATHOLIC CHURCH AND SCHOOL 1003 BRIDGE STREET CHARLEVOIX, MI 49720		501(C)(3)	2,500				GENERAL USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST MARY OF THE ASSUMPTION CATHOLIC CHURCH AND SCHOOL 1003 BRIDGE STREET CHARLEVOIX, MI 49720		501(C)(3)	2,500				UNRESTRICTED USE
ST MARY OF THE ASSUMPTION CATHOLIC CHURCH AND SCHOOL 1003 BRIDGE STREET CHARLEVOIX, MI 49720		501(C)(3)	2,500				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST MATTHEW'S HOUSE 2601 AIRPORT ROAD S NAPLES, FL 34112	65-1110501	501(C)(3)	16,025				PURCHASE OF FOOD FOR FOOD PANTRY
ST MATTHEW'S HOUSE 2601 AIRPORT ROAD S NAPLES, FL 34112	65-1110501	501(C)(3)	10,000				FOOD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST MATTHEW'S HOUSE 2601 AIRPORT ROAD S NAPLES, FL 34112	65-1110501	501(C)(3)	10,000				UNRESTRICTED USE
ST MATTHEW'S HOUSE 2601 AIRPORT ROAD S NAPLES, FL 34112	65-1110501	501(C)(3)	5,000				COLLIER COUNTY NEEDS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST MATTHEW'S HOUSE 2601 AIRPORT ROAD S NAPLES, FL 34112	65-1110501	501(C)(3)	5,000				PROGRAMS FOR THE HOMELESS
ST MATTHEW'S HOUSE 2601 AIRPORT ROAD S NAPLES, FL 34112	65-1110501	501(C)(3)	4,000				FOOD PANTRY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST MATTHEW'S HOUSE 2601 AIRPORT ROAD S NAPLES, FL 34112	65-1110501	501(C)(3)	3,000				UNRESTRICTED USE
ST MATTHEW'S HOUSE 2601 AIRPORT ROAD S NAPLES, FL 34112	65-1110501	501(C)(3)	3,000				OPERATING EXPENSES

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST MATTHEW'S HOUSE 2601 AIRPORT ROAD S NAPLES, FL 34112	65-1110501	501(C)(3)	3,000				UNRESTRICTED USE
ST MATTHEW'S HOUSE 2601 AIRPORT ROAD S NAPLES, FL 34112	65-1110501	501(C)(3)	2,000				CORONAVIRUS RELIEF

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

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST MATTHEW'S HOUSE 2601 AIRPORT ROAD S NAPLES, FL 34112	65-1110501	501(C)(3)	1,300				MATCHING GRANT
ST MATTHEW'S HOUSE 2601 AIRPORT ROAD S NAPLES, FL 34112	65-1110501	501(C)(3)	1,000				UNRESTRICTED USE

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

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST MATTHEW'S HOUSE 2601 AIRPORT ROAD S NAPLES, FL 34112	65-1110501	501(C)(3)	1,000				CORNERSTONE GIVING SOCIETY
ST MATTHEW'S HOUSE 2601 AIRPORT ROAD S NAPLES, FL 34112	65-1110501	501(C)(3)	1,000				UNRESTRICTED USE

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

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

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

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

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

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST MATTHEW'S HOUSE 2601 AIRPORT ROAD S NAPLES, FL 34112	65-1110501	501(C)(3)	500				JUSTIN'S VILLAGE
ST MATTHEW'S HOUSE 2601 AIRPORT ROAD S NAPLES, FL 34112	65-1110501	501(C)(3)	500				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST MATTHEW'S HOUSE 2601 AIRPORT ROAD S NAPLES, FL 34112	65-1110501	501(C)(3)	500				LC2020 COMUNITY PROJECT
ST MATTHEW'S HOUSE 2601 AIRPORT ROAD S NAPLES, FL 34112	65-1110501	501(C)(3)	500				TO SUPPORT WOMEN

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST MATTHEW'S HOUSE 2601 AIRPORT ROAD S NAPLES, FL 34112	65-1110501	501(C)(3)	100				UNRESTRICTED USE
ST VINCENT DE PAUL SOCIETY INC 4451 MERCANTILE AVENUE NAPLES, FL 34104	59-1711287	501(C)(3)	15,000				MEAL ON WHEELS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST VINCENT DE PAUL SOCIETY INC 4451 MERCANTILE AVENUE NAPLES, FL 34104	59-1711287	501(C)(3)	5,000				MEALS ON WHEELS CHALLENGE
ST VINCENT DE PAUL SOCIETY INC 4451 MERCANTILE AVENUE NAPLES, FL 34104	59-1711287	501(C)(3)	2,641				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST VINCENT DE PAUL SOCIETY INC 4451 MERCANTILE AVENUE NAPLES, FL 34104	59-1711287	501(C)(3)	500				MEALS ON WHEELS
ST VINCENT DE PAUL SOCIETY INC 4451 MERCANTILE AVENUE NAPLES, FL 34104	59-1711287	501(C)(3)	500				MEALS ON WHEELS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STAGEONE FAMILY THEATER 315 WEST MARKET STREET 2S LOUISVILLE, KY 40202	61-0466715	501(C)(3)	10,000				UNRESTRICTED USE
STARABILITY FOUNDATION INC 5125 CASTELLO DRIVE NAPLES, FL 34103	59-2516162	501(C)(3)	2,000				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STARABILITY FOUNDATION INC 5125 CASTELLO DRIVE NAPLES, FL 34103	59-2516162	501(C)(3)	250				UNRESTRICTED USE
SUNLIGHT OF COLLIER COUNTY INC PO BOX 9194 NAPLES, FL 34101	59-2417151	501(C)(3)	2,000				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SUNLIGHT OF COLLIER COUNTY INC PO BOX 9194 NAPLES, FL 34101	59-2417151	501(C)(3)	1,000				UNRESTRICTED USE
SUNLIGHT OF COLLIER COUNTY INC PO BOX 9194 NAPLES, FL 34101	59-2417151	501(C)(3)	1,000				UNRESTRICTED USE

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

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SUNSHINE GOSPEL MINISTRIES 500 EAST 61ST STREET CHICAGO, IL 60637	36-2317631	501(C)(3)	10,000				UNRESTRICTED USE
SUNSHINE GOSPEL MINISTRIES 500 EAST 61ST STREET CHICAGO, IL 60637	36-2317631	501(C)(3)	5,000				OPERATING EXPENSES

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SYRACUSE URBAN PARTNERSHIP 11 FENNEL STREET 1 SKANEATELES, NY 13152	82-5069452	501(C)(3)	50,000				UNRESTRICTED USE
TAHOE MARITIME MUSEUM PO BOX 1907 TAHOE CITY, CA 96145	94-3073894	501(C)(3)	75,000				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TEMPLE SHALOM INC OF NAPLES FL 4630 PINE RIDGE ROAD NAPLES, FL 34119	59-2546855	501(C)(3)	1,000				SECURITY FUNDRAISER CAMPAIGN
THE AYN RAND INSTITUTE 6 HUTTON CENTRE DRIVE 600 SANTA ANA, CA 92707	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE AYN RAND INSTITUTE 6 HUTTON CENTRE DRIVE 600 SANTA ANA, CA 92707	22-2570926	501(C)(3)	5,000				UNRESTRICTED USE
THE CARING HOUSE PROJECT INC PO BOX 388 BOYNTON BEACH, FL 33425	71-0865799	501(C)(3)	5,000				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE CARING HOUSE PROJECT INC PO BOX 388 BOYNTON BEACH, FL 33425	71-0865799	501(C)(3)	3,000				UNRESTRICTED USE
THE IMMOKALEE FOUNDATION 2375 TAMIAMI TRAIL N 308 NAPLES, FL 34103	65-0315664	501(C)(3)	30,000				EMPOWERING STUDENTS TO SUCCEED

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE IMMOKALEE FOUNDATION 2375 TAMIAMI TRAIL N 308 NAPLES, FL 34103	65-0315664	501(C)(3)	5,000				UNRESTRICTED USE
THE IMMOKALEE FOUNDATION 2375 TAMIAMI TRAIL N 308 NAPLES, FL 34103	65-0315664	501(C)(3)	2,000				CORONAVIRUS RELIEF

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE INSTITUTE FOR JUSTICE 901 NORTH GLEBE ROAD 900 ARLINGTON, VA 22203	52-1744337	501(C)(3)	5,000				UNRESTRICTED USE
THE JOSHUA FUND PO BOX 2589 MONUMENT, CO 80132	20-5350994	501(C)(3)	5,000				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE LEAGUE CLUB INC PO BOX 413005-203 NAPLES, FL 34101	59-2798792	501(C)(3)	15,000				CIRCLE OF FRIENDS
THE LEAGUE CLUB INC PO BOX 413005-203 NAPLES, FL 34101	59-2798792	501(C)(3)	100				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE NATURE CONSERVANCY FLORIDA CHAPTER 2500 MAITLAND CENTER PARKWAY 311 MAITLAND, FL 32751	53-0242652	501(C)(3)	7,000				UNRESTRICTED USE
THE TRUST FOR PUBLIC LAND 101 MONTGOMERY STREET 900 SAN FRANCISCO, CA 94104	23-7222333	501(C)(3)	100,000				ASTORIA PARK

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE VOICE OF THE MARTYRS 1815 SE BISON ROAD BARTLESVILLE, OK 74006	73-1395057	501(C)(3)	5,000				UNRESTRICTED USE
THIRD WAY CENTER PO BOX 61385 DENVER, CO 80206	84-0599572	501(C)(3)	5,000				SUPPORT DISADVANTAGED, TRAUMATIZED, MENTALLY ILL TEENS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THRIVE 400 EAST BABCOCK STREET BOZEMAN, MT 59715	36-3501185	501(C)(3)	5,000				UNRESTRICTED USE
TRINITY BY THE COVE EPISCOPAL CHURCH 553 GALLEON DR NAPLES, FL 34102	59-0774204	501(C)(3)	20,000				BUILDING CAMPAIGN

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRINITY BY THE COVE EPISCOPAL CHURCH 553 GALLEON DR NAPLES, FL 34102	59-0774204	501(C)(3)	11,906				UNRESTRICTED USE
TRINITY BY THE COVE EPISCOPAL CHURCH 553 GALLEON DR NAPLES, FL 34102	59-0774204	501(C)(3)	7,500				VIEW OF THE FUTURE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRINITY BY THE COVE EPISCOPAL CHURCH 553 GALLEON DR NAPLES, FL 34102	59-0774204	501(C)(3)	6,000				2020 STEWARDSHIP CONTRIBUTION
TRINITY BY THE COVE EPISCOPAL CHURCH 553 GALLEON DR NAPLES, FL 34102	59-0774204	501(C)(3)	4,300				\$1,800 FOR ANNUAL GIVING AND

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRINITY BY THE COVE EPISCOPAL CHURCH 553 GALLEON DR NAPLES, FL 34102	59-0774204	501(C)(3)	3,000				UNRESTRICTED USE
TRINITY BY THE COVE EPISCOPAL CHURCH 553 GALLEON DR NAPLES, FL 34102	59-0774204	501(C)(3)	2,556				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRINITY BY THE COVE EPISCOPAL CHURCH 553 GALLEON DR NAPLES, FL 34102	59-0774204	501(C)(3)	1,750				ANNUAL GIFT
TRINITY BY THE COVE EPISCOPAL CHURCH 553 GALLEON DR NAPLES, FL 34102	59-0774204	501(C)(3)	1,650				ARCHANGEL FUND

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRINITY BY THE COVE EPISCOPAL CHURCH 553 GALLEON DR NAPLES, FL 34102	59-0774204	501(C)(3)	1,500				ANNUAL GIFT
TRINITY BY THE COVE EPISCOPAL CHURCH 553 GALLEON DR NAPLES, FL 34102	59-0774204	501(C)(3)	644				EDUCATIONAL PURPOSES

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRINITY BY THE COVE EPISCOPAL CHURCH 553 GALLEON DR NAPLES, FL 34102	59-0774204	501(C)(3)	600				MUSIC PROGRAM
TRINITY BY THE COVE EPISCOPAL CHURCH 553 GALLEON DR NAPLES, FL 34102	59-0774204	501(C)(3)	537				FOR USE BY THE OUTREACH COMMISSION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRINITY CATHEDRAL 2230 EUCLID AVENUE CLEVELAND, OH 44115	34-0714716	501(C)(3)	5,000				2020 CONTRIBUTION
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA PENN MEDICINE DEVELOPMENT PHILADELPHIA, PA 19104	23-1352685	501(C)(3)	10,000				FOR THE INSTITUTE FOR DIABETES

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

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

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

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

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

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

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

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED ARTS COUNCIL OF COLLIER COUNTY INC 953 4TH AVENUE NORTH NAPLES, FL 34102	59-2070580	501(C)(3)	30,000				2020 VISION: COLLIER'S FUTURE IN ARTS & CULTURE
UNITED ARTS COUNCIL OF COLLIER COUNTY INC 953 4TH AVENUE NORTH NAPLES, FL 34102	59-2070580	501(C)(3)	392				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED HOSPITAL FOUNDATION 333 SMITH AVE N SAINT PAUL, MN 55102	23-7420998	501(C)(3)	5,000				UNRESTRICTED USE
UNITED HOSPITAL FOUNDATION 333 SMITH AVE N SAINT PAUL, MN 55102	23-7420998	501(C)(3)	5,000				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF COLLIER COUNTY 9015 STRADA STELL COURT 204 NAPLES, FL 34109	59-1026096	501(C)(3)	35,000				ADMINISTRATION OF FEDERAL & STATE RENTAL ASSISTANCE
UNITED WAY OF COLLIER COUNTY 9015 STRADA STELL COURT 204 NAPLES, FL 34109	59-1026096	501(C)(3)	20,000				ADMINISTRATION OF FEDERAL & STATE RENTAL ASSISTANCE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF COLLIER COUNTY 9015 STRADA STELL COURT 204 NAPLES, FL 34109	59-1026096	501(C)(3)	11,000				UNRESTRICTED USE
UNITED WAY OF COLLIER COUNTY 9015 STRADA STELL COURT 204 NAPLES, FL 34109	59-1026096	501(C)(3)	2,500				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF COLLIER COUNTY 9015 STRADA STELL COURT 204 NAPLES, FL 34109	59-1026096	501(C)(3)	1,300				COLLIER 211 SUPPORT
UNITED WAY OF COLLIER COUNTY 9015 STRADA STELL COURT 204 NAPLES, FL 34109	59-1026096	501(C)(3)	1,000				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF COLLIER COUNTY 9015 STRADA STELL COURT 204 NAPLES, FL 34109	59-1026096	501(C)(3)	1,000				COLLIER COUNTY NEEDS
UNITED WAY OF COLLIER COUNTY 9015 STRADA STELL COURT 204 NAPLES, FL 34109	59-1026096	501(C)(3)	500				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF COLLIER COUNTY 9015 STRADA STELL COURT 204 NAPLES, FL 34109	59-1026096	501(C)(3)	200				UNRESTRICTED USE
UNITED WAY OF COLLIER COUNTY 9015 STRADA STELL COURT 204 NAPLES, FL 34109	59-1026096	501(C)(3)	100				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF LEE COUNTY INC 7273 CONCOURSE DRIVE FT MYERS, FL 33908	59-1005169	501(C)(3)	10,000				MEDITERRA CAMPAIGN
UNITED WAY OF ROCK RIVER VALLEY 612 NORTH MAIN STREET 300 ROCKFORD, IL 61103	36-2167843	501(C)(3)	10,000				UNRESTRICTED ANNUAL GIFT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF IOWA CENTER FOR ADVANCEMENTSTATE UNIVERSITY OF IOWA FOUNDATI ONE WEST PARK ROAD IOWA CITY, IA 52242	42-0796760	501(C)(3)	4,000				BIO-MEDICAL ENGINEERING RESEARCH FUND (#30-375-001)
UNIVERSITY OF IOWA CENTER FOR ADVANCEMENTSTATE UNIVERSITY OF IOWA FOUNDATI ONE WEST PARK ROAD IOWA CITY, IA 52242	42-0796760	501(C)(3)	4,000				PONSETI INTERNATIONAL

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF MASSACHUSETTS AT AMHERST ALUMNI ASSOCIATION INC MEMORIAL HALL AMHERST, MA 01003	04-2128443	501(C)(3)	5,000				GENERAL SCIENCE SCHOLARSHIPS
UNIVERSITY OF MIAMI PO BOX 248187 CORAL GABLES, FL 33124	59-0624458	501(C)(3)	500				MIAMI PROJECT TO CURE PARALYSIS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF MICHIGAN 2500 STUDENT ACTIVITIES BLDG ANN ARBOR, MI 48109	38-6006309	501(C)(3)	25,000				RESTRICTED TO THE LAW SCHOOL
UNIVERSITY OF NOTRE DAME 115 MAIN BUILDING NOTRE DAME, IN 46556	35-0868188	501(C)(3)	50,000				CAVANAUGH COUNCIL

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF ST THOMAS DEVELOPMENT OFFICE ST PAUL, MN 55164	41-0693970	501(C)(3)	100,000				COURSE SUPPORT
UNIVERSITY OF ST THOMAS DEVELOPMENT OFFICE ST PAUL, MN 55164	41-0693970	501(C)(3)	50,000				DOUGHERTY FAMILY COLLEGE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF ST THOMAS DEVELOPMENT OFFICE ST PAUL, MN 55164	41-0693970	501(C)(3)	25,000				ANNUAL FUND
UNIVERSITY OF VIRGINIA LAW SCHOOL FOUNDATION 580 MASSIE ROAD CHARLOTTESVILLE, VA 22907	54-0838566	501(C)(3)	10,000				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF WISCONSIN FOUNDATION US BANK LOCKBOX MILWAUKEE, WI 53278	39-0743975	501(C)(3)	10,000				FOUNDATION FUNDS
USO PO BOX 96860 WASHINGTON, DC 20077	13-1610451	501(C)(3)	2,500				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
USO PO BOX 96860 WASHINGTON, DC 20077	13-1610451	501(C)(3)	2,500				GENERAL SUPPORT
USO PO BOX 96860 WASHINGTON, DC 20077	13-1610451	501(C)(3)	250				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
USO PO BOX 96860 WASHINGTON, DC 20077	13-1610451	501(C)(3)	250				UNRESTRICTED USE
USO PO BOX 96860 WASHINGTON, DC 20077	13-1610451	501(C)(3)	100				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
V FOUNDATION FOR CANCER RESEARCH 14600 WESTON PARKWAY CARY, NC 27513	13-3705951	501(C)(3)	10,500				UNRESTRICTED USE
VIRGINIA CHANCE SCHOOL 4200 LIME KILN LANE LOUISVILLE, KY 40222	61-0549871	501(C)(3)	5,000				MARY MAPLE FINANCIAL AID FUND

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WGCU PUBLIC MEDIA 10501 FGCU BLVD S FT MYERS, FL 33965	65-0403969	501(C)(3)	5,000				RADIO READERS SERVICES AND PROGRAMMING
WGCU PUBLIC MEDIA 10501 FGCU BLVD S FT MYERS, FL 33965	65-0403969	501(C)(3)	1,250				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WGCU PUBLIC MEDIA 10501 FGCU BLVD S FT MYERS, FL 33965	65-0403969	501(C)(3)	500				UNRESTRICTED USE
WGCU PUBLIC MEDIA 10501 FGCU BLVD S FT MYERS, FL 33965	65-0403969	501(C)(3)	250				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WGCU PUBLIC MEDIA 10501 FGCU BLVD S FT MYERS, FL 33965	65-0403969	501(C)(3)	250				UNRESTRICTED USE
WHITAKER CENTER FOR SCIENCE AND THE ARTS 222 MARKET STREET HARRISBURG, PA 17101	25-1724566	501(C)(3)	10,000				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WINGS OF SHELTER INTL INC 21301 S TAMIAMI TRAIL 320 PMB 335 ESTERO, FL 33928	26-3441610	501(C)(3)	5,000				HUMAN TRAFFICKING PROGRAM
WINGS OF SHELTER INTL INC 21301 S TAMIAMI TRAIL 320 PMB 335 ESTERO, FL 33928	26-3441610	501(C)(3)	4,000				OPERATING EXPENSES

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WINGS OF SHELTER INTL INC 21301 S TAMIAMI TRAIL 320 PMB 335 ESTERO, FL 33928	26-3441610	501(C)(3)	4,000				UNRESTRICTED USE
WINGS OF SHELTER INTL INC 21301 S TAMIAMI TRAIL 320 PMB 335 ESTERO, FL 33928	26-3441610	501(C)(3)	2,000				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WINGS OF SHELTER INTL INC 21301 S TAMIAMI TRAIL 320 PMB 335 ESTERO, FL 33928	26-3441610	501(C)(3)	2,000				UNRESTRICTED USE
WINGS OF SHELTER INTL INC 21301 S TAMIAMI TRAIL 320 PMB 335 ESTERO, FL 33928	26-3441610	501(C)(3)	500				WELCOME SUPPLIES

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WORD OF LIFE FELLOWSHIP PO BOX 600 SCHROON LAKE, NY 12870	13-5648615	501(C)(3)	350,000				CAPITAL CAMPAIGN FUND
WOUNDED VETERANS RELIEF FUND 1335 OLD DIXIE HWY 3 LAKE PARK, FL 33403	26-2886846	501(C)(3)	5,000				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WOUNDED WARRIORS OF COLLIER COUNTY 4851 TAMIAMI TRAIL NORTH 200 NAPLES, FL 34103	46-4973419	501(C)(3)	2,500				CAPACITY BUILDING
WOUNDED WARRIORS OF COLLIER COUNTY 4851 TAMIAMI TRAIL NORTH 200 NAPLES, FL 34103	46-4973419	501(C)(3)	2,500				TRANSITIONAL HOUSING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WOUNDED WARRIORS OF COLLIER COUNTY 4851 TAMIAMI TRAIL NORTH 200 NAPLES, FL 34103	46-4973419	501(C)(3)	1,000				UNRESTRICTED USE
WOUNDED WARRIORS OF COLLIER COUNTY 4851 TAMIAMI TRAIL NORTH 200 NAPLES, FL 34103	46-4973419	501(C)(3)	1,000				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YMCA OF SOUTH COLLIER - MARCO YMCA PO BOX 2529 MARCO ISLAND, FL 34146	59-2498619	501(C)(3)	15,000				EMERGENCY ASSISTANCE
YMCA OF SOUTH COLLIER - MARCO YMCA PO BOX 2529 MARCO ISLAND, FL 34146	59-2498619	501(C)(3)	10,000				MARCO ISLAND PROGRAM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YMCA OF SOUTH COLLIER - MARCO YMCA PO BOX 2529 MARCO ISLAND, FL 34146	59-2498619	501(C)(3)	10,000				UNRESTRICTED USE
YMCA OF SOUTH COLLIER - MARCO YMCA PO BOX 2529 MARCO ISLAND, FL 34146	59-2498619	501(C)(3)	10,000				RENT, UTILITIES AND FOOD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YMCA OF SOUTH COLLIER - MARCO YMCA PO BOX 2529 MARCO ISLAND, FL 34146	59-2498619	501(C)(3)	10,000				RENT, UTILITIES AND FOOD
YMCA OF SOUTH COLLIER - MARCO YMCA PO BOX 2529 MARCO ISLAND, FL 34146	59-2498619	501(C)(3)	5,000				CAPITAL EXPENDITURES

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YMCA OF SOUTH COLLIER - MARCO YMCA PO BOX 2529 MARCO ISLAND, FL 34146	59-2498619	501(C)(3)	3,000				COVID-19 RELIEF
YMCA OF SOUTH COLLIER - MARCO YMCA PO BOX 2529 MARCO ISLAND, FL 34146	59-2498619	501(C)(3)	2,500				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YOUNG LIFE P O BOX 112481 NAPLES, FL 34108	84-0385934	501(C)(3)	38,000				TO SUPPORT LOCAL YOUNG LIFE CHAPTERS
YOUNG LIFE P O BOX 112481 NAPLES, FL 34108	84-0385934	501(C)(3)	12,000				YOUNG SW METRO AREA GROUP (AG 367)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YOUTH FRONTIERS 5215 EDINA INDUSTRIAL BLVD 400 MINNEAPOLIS, MN 55439	41-1598977	501(C)(3)	5,000				2019 ETHICAL LEADERSHIP LUNCHEON SUPPORT
YOUTH HAVEN 5867 WHITAKER ROAD NAPLES, FL 34112	23-7065187	501(C)(3)	30,000				COLLABORATIVE PROBLEM SOLVING FOR YOUTH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YOUTH HAVEN 5867 WHITAKER ROAD NAPLES, FL 34112	23-7065187	501(C)(3)	10,000				CORONAVIRUS RELIEF
YOUTH HAVEN 5867 WHITAKER ROAD NAPLES, FL 34112	23-7065187	501(C)(3)	10,000				COVID-19 RELIEF

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YOUTH HAVEN 5867 WHITAKER ROAD NAPLES, FL 34112	23-7065187	501(C)(3)	5,531				UNRESTRICTED USE
YOUTH HAVEN 5867 WHITAKER ROAD NAPLES, FL 34112	23-7065187	501(C)(3)	5,000				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YOUTH HAVEN 5867 WHITAKER ROAD NAPLES, FL 34112	23-7065187	501(C)(3)	5,000				ANNUAL GIFT
YOUTH HAVEN 5867 WHITAKER ROAD NAPLES, FL 34112	23-7065187	501(C)(3)	3,000				UNRESTRICTED USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YOUTH HAVEN 5867 WHITAKER ROAD NAPLES, FL 34112	23-7065187	501(C)(3)	1,600				MP3 PLAYERS & HEADPHONES
YOUTH HAVEN 5867 WHITAKER ROAD NAPLES, FL 34112	23-7065187	501(C)(3)	1,000				UNRESTRICTED USE

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

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

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047

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

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
COMMUNITY FOUNDATION OF COLLIER COUNTY INC

Employer identification number
59-2396243

Part I Questions Regarding Compensation

	Yes	No
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <p> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Travel for companions <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </p>		
<p>b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b	
<p>2 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 on Line 1a?</p>	2	
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <p> <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Written employment contract <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Approval by the board or compensation committee </p>		
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c 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>	4a	No
	4b	No
	4c	No
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a	No
	5b	No
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a	No
	6b	No
<p>7 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>	7	Yes
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8	No
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9	

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 MS EILEEN CONNOLLY-KEESLER PRESIDENT & CEO	(i)	208,996	7,700	0	23,737	12,543	252,976	0
	(ii)	0	0	0	0	0	0	0
2 MS LISETTE HOLMES CFO	(i)	128,750	6,200	0	11,893	15,367	162,210	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 7	THE CEO AND CFO AND SENIOR DIRECTOR OF PROGRAMS RECEIVED DISCRETIONARY BONUSES DURING THE FISCAL YEAR OF \$7,700, \$6,200 AND \$950, RESPECTIVELY.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047
2019
Open to Public Inspection

▶ **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 for 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 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	44	18,782,592	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				
17 Real estate—Other				
18 Collectibles	X	1	390,000	APPRAISAL
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**

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

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?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		No
31	Yes	
32a	Yes	

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

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

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2019

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 for the latest information.

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 750 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 DETAILED 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. FINALLY, THE FOUNDATION PROVIDES PLANNED GIVING SERVICES TO OUR DONORS AND CAN HELP GUIDE THEM THROUGH THE PROCESS IN ORDER TO ENSURE THEIR PHILANTHROPIC LEGACY. 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 NONPROFIT GRANTEE TYPES. THE FOUNDATION AWARDS SOME GRANTS FROM ITS DISCRETIONARY RESOURCES THROUGH AN OPEN, COMPETITIVE PROCESS THAT ADDRESSES THE CHANGING NEEDS OF THE COMMUNITY. IN FY20 THE GRANTMAKING FOCUS AREAS WERE: ARTS & ENVIRONMENT, EDUCATION & EMPLOYMENT, HEALTHCARE & MENTAL HEALTH, HUMAN SERVICES, AND CAPACITY-BUILDING GRANTS FOR SMALL NONPROFITS. GRANTS WERE ALSO MADE TO NONPROFITS FOR COVID-19 RELIEF. IN ORDER TO CREATE A POSITIVE IMPACT, THE FOUNDATION SELECTS ITS FOCUS AREAS AND GRANTEES 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 ARE USED FOR INTENDED PURPOSES AND TO ASSESS 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) HAS OVER \$1.3 MILLION IN NET ASSETS AT THE COMMUNITY FOUNDATION OF COLLIER COUNTY. 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 FY20 , PROGRAMS CONSISTED OF: THE POWER OF THE PURSE EVENT, THE JUNIOR WOMEN OF INITIATIVE MENTORING PROGRAM, AND THE WFCC GRANTMAKING PROGRAM.

990 Schedule O, Supplemental Information

Return Reference	Explanation
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 2020 FISCAL YEAR, 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

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE COMMUNITY FOUNDATION HAS GOVERNANCE AND ETHICS POLICIES THAT INCLUDE CONFIDENTIALITY, CONFLICT OF INTEREST 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

Return Reference	Explanation
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 COMPENSATION 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 2020. COMPENSATION OF KEY EMPLOYEES IS DETERMINED BY THE PRESIDENT & CEO AFTER A REVIEW OF THEIR PERFORMANCE AND ACCOMPLISHMENTS, A REVIEW OF COMPARABLE COMPENSATION DATA OBTAINED FROM INDEPENDENT RESOURCES AND AN ANALYSIS OF BUDGET LIMITATIONS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE AND THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVILABLE BY REQUEST DURING BUSINESS HOURS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	CHANGE IN VALUE OF BENEFICIAL INTEREST -7,056. CHANGE IN VALUE OF SPLIT INTEREST & ANNUITY OBLIGATION -102,331.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

**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 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
(1) CFCC REAL ESTATE LLC 1110 PINE RIDGE ROAD 200 NAPLES, FL 34108 26-0144559	REAL ESTATE HOLDING COMPANY WITH ZERO ASSETS.	FL	0	0	COMMUNITY FOUNDATION OF COLLIER COUNTY INC
(2) 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	156,317	1,670,943	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
(1) 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	
(2) LAWRENCE AND ELLEN MACKS FAMILY FOUNDATION OF FLORIDA 5811 PELICAN BAY BLVD STE 650 NAPLES, FL 34108 83-4483334	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
(1)ELEANOR B SWEET CHARITABLE REMAINDER UNITRUST	TO SUPPORT CHARITABLE ORGANIZATION	FL	COMMUNITY FOUNDATION OF COLLIER COUNTY INC	T				Yes	
(2)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
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		No
b Gift, grant, or capital contribution to related organization(s)		No
c Gift, grant, or capital contribution from related organization(s)		No
d Loans or loan guarantees to or for related organization(s)		No
e Loans or loan guarantees by related organization(s)		No
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)		No
k Lease of facilities, equipment, or other assets from related organization(s)		No
l Performance of services or membership or fundraising solicitations for related organization(s)	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		No
o Sharing of paid employees with related organization(s)		No
p Reimbursement paid to related organization(s) for expenses		No
q Reimbursement paid by related organization(s) for expenses		No
r Other transfer of cash or property to related organization(s)		No
s Other transfer of cash or property from related organization(s)	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) JACK W THOMPSON CLAT	S	23,750	FMV
(2) KAPNICK FUND INC	L	25,000	FMV
(3) LAWRENCE AND ELLEN MACKS FAMILY FOUNDATION OF FLORIDA	L	1,510	FMV

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

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

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

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. (see instructions).

Return Reference	Explanation