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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
SOUTHWEST FLORIDA COMMUNITY FOUNDATION INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
2031 JACKSON STREET SUITE 100

City or town, state or province, country, and ZIP or foreign postal code
FORT MYERS, FL 33901

D Employer identification number
59-6580974

E Telephone number
(239) 274-5900

G Gross receipts $ 84,009,085

F Name and address of principal officer:
SARAH OWEN
2031 JACKSON STREET SUITE 100
FORT MYERS, FL 33901

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.FLORIDACOMMUNITY.COM

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1976

M State of legal domicile: FL

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
THE SOUTHWEST FLORIDA COMMUNITY FOUNDATION MISSION IS TO CULTIVATE REGIONAL CHANGE FOR THE COMMON GOOD. ROOTED IN PHILANTHROPY, THE FOUNDATION FOCUSES ON IMPROVING THE QUALITY OF LIFE FOR EVERYONE WHO LIVES, WORKS, LEARNS AND PLAYS IN SOUTHWEST FLORIDA. THE FOUNDATION DOES THIS THROUGH INSPIRING COLLECTIVE LEADERSHIP, SERVING AS A CONCIERGE OF PHILANTHROPY, IDENTIFYING AND MONITORING THE FOUNDATION'S WORK THROUGH RESEARCH AND OUTCOMES, AND PROVIDING CAPACITY BUILDING GRANTS AND TRAINING TO NONPROFIT PARTNERS. THE FOUNDATION'S WORK IS INCLUSIVE AND INVOLVES PEOPLE FROM BUSINESS, EDUCATION, GOVERNMENT, NONPROFITS, PHILANTHROPISTS, COMMUNITY LEADERS AND RESIDENTS ACROSS OUR FIVE-COUNTY SERVICE AREA (LEE, CHARLOTTE, COLLIER, HENDRY AND GLADES COUNTIES). WHILE PERFORMING TRADITIONAL COMMUNITY FOUNDATION ACTIVITIES, THE FOUNDATION IS DEVELOPING INTO THE COMMUNITY FOUNDATION FOR THE FUTURE. IT IS THIS NEW PHILANTHROPIC APPROACH THAT LED THE FOUNDATION TO RETHINK ITS ROLE IN THE COMMUNITY AND

Activities & Governance

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**	23
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	23
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	**5**	20
6	Total number of volunteers (estimate if necessary)	**6**	251
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	-53,255
b	Net unrelated business taxable income from Form 990-T, line 39	**7b**	

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	13,041,091	14,052,567
9	Program service revenue (Part VIII, line 2g)		0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8,100,134	-659,444
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	362,695	329,029
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	21,503,920	13,722,152

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	5,891,202	6,877,499
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,654,139	1,711,787
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶384,522		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	2,164,866	2,278,916
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	9,710,207	10,868,202
19	Revenue less expenses. Subtract line 18 from line 12	11,793,713	2,853,950

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	141,602,570	146,689,909
21	Total liabilities (Part X, line 26)	21,326,701	21,580,313
22	Net assets or fund balances. Subtract line 21 from line 20	120,275,869	125,109,596

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

****** 2020-11-15
Signature of officer Date

SARAH OWEN PRESIDENT / CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
		2020-11-13		P00371840

Firm's name ▶ HUGHES SNELL & CO PA — Firm's EIN ▶ 59-2309183

Firm's address ▶ 1470 ROYAL PALM SQUARE BLVD FORT MYERS, FL 339191082 — Phone no. (239) 939-2233

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

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 SOUTHWEST FLORIDA COMMUNITY FOUNDATION MISSION IS TO CULTIVATE REGIONAL CHANGE FOR THE COMMON GOOD. ROOTED IN PHILANTHROPY, THE FOUNDATION FOCUSES ON IMPROVING THE QUALITY OF LIFE FOR EVERYONE WHO LIVES, WORKS, LEARNS AND PLAYS IN SOUTHWEST FLORIDA. THE FOUNDATION DOES THIS THROUGH INSPIRING COLLECTIVE LEADERSHIP, SERVING AS A CONCIERGE OF PHILANTHROPY, IDENTIFYING AND MONITORING THE FOUNDATION'S WORK THROUGH RESEARCH AND OUTCOMES, AND PROVIDING CAPACITY BUILDING GRANTS AND TRAINING TO NONPROFIT PARTNERS. THE FOUNDATION'S WORK IS INCLUSIVE AND INVOLVES PEOPLE FROM BUSINESS, EDUCATION, GOVERNMENT, NONPROFITS, PHILANTHROPISTS, COMMUNITY LEADERS AND RESIDENTS ACROSS OUR FIVE-COUNTY SERVICE AREA (LEE, CHARLOTTE, COLLIER, HENDRY AND GLADES COUNTIES). WHILE PERFORMING TRADITIONAL COMMUNITY FOUNDATION ACTIVITIES, THE FOUNDATION IS DEVELOPING INTO THE COMMUNITY FOUNDATION FOR THE FUTURE. IT IS THIS NEW PHILANTHROPIC APPROACH THAT LED THE FOUNDATION TO RETHINK ITS ROLE IN THE COMMUNITY AND

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: See Additional Data	) (Expenses $	5,464,066	including grants of $	4,086,500) (Revenue $	8,349,809)
4b	(Code: See Additional Data	) (Expenses $	1,325,799	including grants of $	991,547) (Revenue $	2,025,995)
4c	(Code: See Additional Data	) (Expenses $	1,175,326	including grants of $	879,010) (Revenue $	1,796,052)
	(Code:	) (Expenses $	1,230,724	including grants of $	920,442) (Revenue $	1,880,711)

OVER THE PAST SEVERAL YEARS THE FOUNDATION HAS EMBARKED ON NEW, INNOVATIVE APPROACHES TO ACHIEVE ITS MISSION, SUCH AS: DESIGNING SCAFFOLDING FOR ECONOMIC, SOCIAL AND ENVIRONMENTAL SUSTAINABILITY - EVERYTHING THE SOUTHWEST FLORIDA COMMUNITY FOUNDATION DOES IS THROUGH THE LENS OF SUSTAINABILITY. IT'S THE FOUNDATION'S FOCUS OF WHEN IT GRANTS TO NONPROFIT ORGANIZATIONS, AND WHEN IT GATHERS PEOPLE TO DISCUSS ISSUES AFFECTING THE COMMUNITY. THE FOUNDATION'S 10 "CAUSE AREAS" ADDRESS THE CHALLENGES OUR COMMUNITY FACES AND PROVIDES THE FRAMEWORK TO ORGANIZE THE FOUNDATION'S EFFORTS. THE FOUNDATION'S 10 CAUSE AREAS ARE ARTS COMMUNITY & CULTURE, COMMUNITY DESIGN, ECONOMY & JOBS, EDUCATION, HEALTH SAFETY & ANIMALS, EQUITY & EMPOWERMENT, ENVIRONMENT, RESOURCES FOR CHANGE, CLIMATE CHANGE, AND PHILANTHROPY & COMMUNITY TRUST. ADAPTED TO ALIGN WITH THE UNITED NATIONS SUSTAINABLE DEVELOPMENT GOALS, THE FOUNDATION'S WORK WITHIN THE CAUSE AREAS INTERCONNECT AND CAN BE TRACED TO A LARGER SET OF GOALS ROLLING UP INTO AN OVERALL NATIONAL AND INTERNATIONAL SCOPE OF MEASURING COLLECTIVE EFFORTS ON A MUCH LARGER SCALE. PROVIDING A PORTAL FOR DISASTER RELIEF FUNDING - AT THE ONSET OF HURRICANE IRMA, AS IT APPROACHED THE SOUTHWEST FLORIDA COAST, THE SOUTHWEST FLORIDA COMMUNITY FOUNDATION DEVELOPED A GIVING PORTAL FOR INDIVIDUALS, CORPORATIONS AND FOUNDATIONS WATCHING WEATHER NEWS AND LEARNING OF THE STORM'S TOLL ON OUR COMMUNITY. IN PREPARATION, THE FOUNDATION ESTABLISHED A PARTNERSHIP WITH NONPROFITS TO DISBURSE FUNDING RAISED TO THE NONPROFIT ORGANIZATIONS SERVING THE PEOPLE IN NEED. PROVIDING COLLECTIVE LEADERSHIP IN THE REGION - THE FOUNDATION BELIEVES SOUTHWEST FLORIDA'S GREATEST CHALLENGES AND OPPORTUNITIES REQUIRE LEADERSHIP THAT SPANS BEYOND SECTORS AND JURISDICTIONAL BOUNDARIES. THE SOUTHWEST FLORIDA COMMUNITY FOUNDATION GATHERS STAKEHOLDERS MOTIVATED BY A COMMON PURPOSE, VISION, AND PASSION AROUND FINDING SOLUTIONS. SIGNIFICANT AND SUSTAINABLE CHANGE DEMANDS THE COLLECTIVE ACTION OF GOVERNMENT, EDUCATION, BUSINESS, PHILANTHROPISTS, NONPROFIT ORGANIZATIONS, AND RESIDENTS. BY PROVIDING BACKBONE SUPPORT TO THE FUTUREMAKERS COALITION, THE FOUNDATION HAS HELPED THIS COLLECTIVE IMPACT INITIATIVE TO DEVELOP AND MEASURE THE WORK OF REGIONAL ACTION TEAMS. THE GOAL OF THE COALITION IS TO TRANSFORM THE WORKFORCE BY INCREASING THE NUMBER OF DEGREES, CERTIFICATIONS, AND OTHER HIGH-QUALITY CREDENTIALS TO 55%. DURING ITS NOW 5-YEAR EVOLUTION, SEVERAL NEW PROJECTS HAVE BEEN BORN FROM FUTUREMAKERS PARTNERS WORKING ACROSS COUNTIES AND SECTORS TO REMOVE BARRIERS FOR RESIDENTS SEEKING EMPLOYMENT, AND A BETTER LIFE. WITH AN EQUITABLE FOCUS ON RETURNING ADULTS AND THOSE WITHOUT ANY CREDITS TOWARD A POST-SECONDARY CREDENTIAL, WHAT BEGAN AS AN EDUCATION FOCUS HAS EXPANDED TO INCLUDE ELEMENTS OF ECONOMIC DEVELOPMENT. THE COALITION WORKS TO TRAIN FUTURE WORKFORCE TO FILL EMPLOYMENT GAPS AS WELL AS CREATING SOCIAL MOBILITY AND HELPING RESIDENTS FIND SATISFYING CAREERS. INCREASING SERVICES FOR DONORS - WITH A SHIFT IN PHILANTHROPY FROM LEGACY GIVING TO "RIGHT NOW" GIVING INSPIRED BY PHILANTHROPIC LEADERS SUCH AS THE GATES FOUNDATION, MARK ZUCKERBERG AND PRISCILLA CHAN AND THE HUNDREDS WHO SIGNED THE GIVING PLEDGE OVER THE PAST 9 YEARS, THE FOUNDATION HAS ADAPTED BY WORKING WITH DONORS ON STRATEGIC PHILANTHROPIC PLANNING SO THAT THE DONORS CAN SEE THE EFFECTS OF THEIR PHILANTHROPY DURING THEIR AND THEIR FAMILY'S LIFETIMES, AS WELL AS THE IMPORTANT PLANNING FOR ENDOWED LEGACY GIFTS. BY HELPING DONORS EXPLORE PHILANTHROPIC DESIRES AND GREATEST COMMUNITY NEEDS ALONG WITH TAX-WISE GIVING, THE FOUNDATION OFFERS CONCIERGE SERVICES TO DONORS GUIDING HOW TO INVEST IN NONPROFIT WORK IN THE REGION AND BEYOND TO REACH THE DONORS' DESIRED OUTCOMES. WHILE OFFERING FAMILY SERVICES AND A VARIETY OF CHARITABLE FUND TYPES, THE FOUNDATION HAS EXPANDED ITS PHILANTHROPIC OPTIONS BASED ON DONOR WISHES. BUILDING A STRONGER NETWORK OF NONPROFITS AND NONPROFIT LEADERS - THE FOUNDATION HAS BEEN WORKING WITH THEIR NONPROFIT GRANTEES IN A UNIQUE LEARNING NETWORK CALLED "TRIBES." AS LEARNED OVER THE YEARS OF GRANTING, IT IS MOST EFFECTIVE TO PROVIDE NONPROFIT GRANTEES WITH MORE THAN FUNDING FOR THEIR PROGRAMS, BUT ALSO WITH CAPACITY-BUILDING AND ACCESS TO GROUP SESSIONS LED BY NONPROFIT LEADERS. THE FOUNDATION HAS FOUND THAT THESE NONPROFIT NETWORKS LEARN TOGETHER TO ACHIEVE TOGETHER. THE FOUNDATION FORTIFIES THESE ORGANIZATIONS WITH SKILLS AND TRAINING TO CREATE HEALTHIER ORGANIZATIONS AND COLLABORATIVE OPPORTUNITIES TO BENEFIT THEIR MISSIONS AND THE COMMUNITY AS A WHOLE. NUMEROUS COLLABORATIVE PROJECTS HAVE RESULTED FROM TRIBE MEMBERS WORKING TOGETHER COMBINING NEEDS AND ASSETS TO DEVELOP PROGRAMS TO BENEFIT THOSE WHO RELY ON THE NONPROFITS FOR SERVICES. CREATING A NEW SPACE FOR COLLABORATION - MOST RECENTLY, THROUGH A PUBLIC PRIVATE PARTNERSHIP WITH THE CITY OF FORT MYERS AND THE FLORIDA COMMUNITY LOAN FUND, THE FOUNDATION EMBARKED ON A 10 MILLION NEW MARKET TAX CREDIT DEAL TO RENOVATE A 9,400-SF 1920S ATLANTIC COAST RAIL DEPOT IN DOWNTOWN FORT MYERS AND ADD A 13,160-SF BUILDING ADJACENT TO THE DEPOT, NAMED COLLABORATORY. AT COLLABORATORY, THE FOUNDATION WILL PROVIDE MORE ROBUST EVENT, MEETING, OFFICE AND COLLABORATIVE SPACE AMPLIFIED WITH THE BEST AVAILABLE TECHNOLOGY. CENTRALLY LOCATED WITHIN ITS FIVE-COUNTY SERVICE AREA, COLLABORATORY WILL SERVE AS A LAB FOR COLLABORATION WITH DIVERSE NETWORKS OF STAKEHOLDERS TO EXPLORE REGIONAL CHALLENGES AND OPPORTUNITIES AND THEN DESIGN, FUND AND EXECUTE INNOVATIVE INITIATIVES AND PROJECTS WITH NONPROFIT PARTNERS THAT BRING NEEDED CHANGE TO OUR REGION. COLLABORATORY IS DESIGNED WITH SUSTAINABILITY IN MIND AND IS PURSUING LEED (LEADERSHIP IN ENERGY AND ENVIRONMENTAL DESIGN) GOLD CERTIFICATION. THUS FURTHER EMPHASIZING THE FOUNDATION'S COMMITMENT TO SUSTAINABILITY AND ITS POSITION AS A ROLE MODEL FOR OTHER NONPROFITS AND BUSINESSES IN THE REGION.

4d	Other program services (Describe in Schedule O.) (Expenses $	1,230,724	including grants of $	920,442) (Revenue $	1,880,711)	
4e	**Total program service expenses ▶**	9,195,915				

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D,* Part I	6	Yes	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D,* Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D,* Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	

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? *If "Yes," complete Schedule I, Parts I and III*	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	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? *If "Yes," complete Schedule L,* Part 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? *If "Yes," complete Schedule L,* Part 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? *If "Yes," complete Schedule L, Part II*	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? *If "Yes," complete Schedule L,* Part III	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? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	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? *If "Yes," complete Schedule R, Part I*	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	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? *If "Yes," complete Schedule R, Part VI*	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	66		
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		Yes	

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** 20				
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**		No	
d	If "Yes," indicate the number of Forms 8282 filed during the year **7d**				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**		No	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	**7f**		No	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**		No	
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	1a	23		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	23		
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?	2			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?	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6			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?	7a			No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		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*	9			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?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	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*	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	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?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	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?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

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:
▶SARAH OWEN 2031 JACKSON STREET SUITE 100 FORT MYERS, FL 33901 (239) 274-5900

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) ROBBIE ROEPSTORFF CHAIR	3.00 0.00	X		X				0	0	0
(2) DENNIE HAMILTON VICE CHAIR	3.00	X		X				0	0	0
(3) GAIL MARKHAM SEC / TREAS	3.00 0.00	X		X				0	0	0
(4) DR LARRY A HOBBS IMMEDIATE PA	3.00 0.00	X		X				0	0	0
(5) JUAN BENDECK TRUSTEE	3.00 0.00	X						0	0	0
(6) CAROLYN CONANT TRUSTEE	3.00 0.00	X						0	0	0
(7) MARY BETH CRAWFORD TRUSTEE	3.00 0.00	X						0	0	0
(8) CHAUNCEY GOSS TRUSTEE	3.00 0.00	X						0	0	0
(9) CRAIG FOLK TRUSTEE	3.00 0.00	X						0	0	0
(10) HUGH KINSEY JR TRUSTEE	3.00 0.00	X						0	0	0
(11) ALAN MANDEL TRUSTEE	3.00 0.00	X						0	0	0
(12) FRED MOON TRUSTEE	3.00 0.00	X						0	0	0
(13) DALE REISS TRUSTEE	3.00 0.00	X						0	0	0
(14) MALIKE ADIGUN TRUSTEE	3.00 0.00	X						0	0	0
(15) INDERA DEMINE TRUSTEE	3.00 0.00	X						0	0	0
(16) GAY THOMPSON TRUSTEE	3.00 0.00	X						0	0	0
(17) AYSEGUL TIMUR TRUSTEE	3.00 0.00	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) HOWARD LELAND	3.00	X						0	0	0
TRUSTEE	0.00									
(19) HARRISON S KNIGHT	3.00	X						0	0	0
TRUSTEE	0.00									
(20) GARY GRIFFIN	3.00	X						0	0	0
TRUSTEE	0.00									
(21) KATHY DUPUY-BRUNO	3.00	X						0	0	0
TRUSTEE	0.00									
(22) MYRA HALE WALTERS	3.00	X						0	0	0
TRUSTEE	0.00									
(23) SARAH OWEN	50.00	X		X				393,661	0	35,154
PRESIDENT /	5.00									
(24) LUIS A LEON	50.00			X				88,461	0	12,285
CFO	0.00									
(25) PETER OCSODY	40.00			X				99,962	0	9,892
CHIEF STRATE	0.00									
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								582,084		57,331

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 ▶ 1

		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*	**3**		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*	**4**	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*	**5**		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
COUHIG PARTNERS LLC 1100 POYDRAS STREET 3250 NEW ORLEANS, LA 70163	LEGAL SERVICES	150,452
MARKHAM NORTON MOSTELLER WRIGHT & CO 8961 CONFERENCE DRIVE SUITE 1 FORT MYERS, FL 33919	PROF SERVICES	135,000

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 ▶ 2

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				
	d Related organizations	1d				
	e Government grants (contributions)	1e	600,000			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	13,452,567			
	g Noncash contributions included in lines 1a - 1f: $	1g	1,613,283			
	h **Total.** Add lines 1a-1f		14,052,567			
Program Service Revenue		Business Code				
	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue.					
	g **Total.** Add lines 2a–2f.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		2,412,263			2,412,263
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real	(ii) Personal			
	6a Gross rents	6a 62,391				
	b Less: rental expenses	6b 146,191				
	c Rental income or (loss)	6c -83,800				
	d Net rental income or (loss)			-83,800	-53,255	-30,545
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	7a 63,962,825	3,106,210			
	b Less: cost or other basis and sales expenses	7b 70,140,742				
	c Gain or (loss)	7c -6,177,917	3,106,210			
	d Net gain or (loss)			-3,071,707		-3,071,707
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	8a				
	b Less: direct expenses	8b				
	c Net income or (loss) from fundraising events					
	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 PPP LOAN FORGIVENESS		253,700	253,700		
	b MISCELLANEOUS INCOME		159,129	159,129		
	c					
	d All other revenue					
	e **Total.** Add lines 11a–11d		412,829			
	12 **Total revenue.** See instructions		13,722,152	412,829	-53,255	-689,989

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	5,885,952	5,885,952		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	991,547	991,547		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	554,319	293,789	166,296	94,234
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	937,393	496,818	281,218	159,357
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	21,014	11,138	6,304	3,572
9 Other employee benefits	103,595	54,905	31,079	17,611
10 Payroll taxes	95,466	50,597	28,640	16,229
11 Fees for services (non-employees):				
a Management				
b Legal	1,080		900	180
c Accounting	46,427	24,606	13,928	7,893
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	220,363	116,792	66,109	37,462
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	778,304	660,065	115,322	2,917
12 Advertising and promotion				
13 Office expenses	88,914	26,378	59,335	3,201
14 Information technology	197,533	79,118	107,650	10,765
15 Royalties				
16 Occupancy	315,257	160,458	150,638	4,161
17 Travel	18,334	5,259	11,757	1,318
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	50,799	18,144	28,494	4,161
20 Interest	265,539	133,751	131,788	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	30,792	15,672	14,714	406
23 Insurance	60,321	30,702	28,823	796
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 PROJECTS	105,017	105,017		
b DUES & SUBSCRIPTIONS	30,669	1,883	25,933	2,853
c RELATIONSHIPS	26,164	9,906	3,162	13,096
d PRINTING AND PUBLICATION	23,947	19,846	799	3,302
e All other expenses	19,456	3,572	14,876	1,008
25 **Total functional expenses.** Add lines 1 through 24e	10,868,202	9,195,915	1,287,765	384,522
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 ▶ ☐ 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		1,517,631	2	2,134,285
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		695,333	4	13,274
	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		6,651,000	7	6,651,000
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		44,701	9	53,930
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 11,817,777			
	b	Less: accumulated depreciation	10b 620,633	10,299,182	10c	11,197,144
	11	Investments—publicly traded securities		97,212,337	11	99,983,854
	12	Investments—other securities. See Part IV, line 11			12	
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		25,182,386	15	26,656,422
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		141,602,570	16	146,689,909
Liabilities	17	Accounts payable and accrued expenses		255,621	17	281,562
	18	Grants payable		1,283,377	18	1,616,908
	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		16,800,000	23	16,800,000
	24	Unsecured notes and loans payable to unrelated third parties			24	
	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		2,987,703	25	2,881,843
	26	**Total liabilities.** Add lines 17 through 25		21,326,701	26	21,580,313
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		94,323,149	27	97,327,801
	28	Net assets with donor restrictions		25,952,720	28	27,781,795
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ 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		120,275,869	32	125,109,596
	33	Total liabilities and net assets/fund balances		141,602,570	33	146,689,909

Part XI Reconcilliation 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	13,722,152
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,868,202
3	Revenue less expenses. Subtract line 2 from line 1	3	2,853,950
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	120,275,869
5	Net unrealized gains (losses) on investments	5	1,068,999
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	910,778
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	125,109,596

Part XII Financial Statements and Reporting

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

			Yes	No
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?	2a		No
	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?	2b	Yes	
	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?	2c	Yes	
	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?	3a		No
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.	3b		

Additional Data

Software ID:

Software Version:

EIN: 59-6580974

Name: SOUTHWEST FLORIDA COMMUNITY FOUNDATION INC

Form 990 (2019)

Form 990, Part III, Line 4a:

NON-COMPETITIVE GRANTS ARE PROCESSED THROUGH DESIGNATED, AGENCY, AND DONOR ADVISED FUNDS. DESIGNATED AND AGENCY FUNDS ARE GENERALLY DISTRIBUTED DURING FIRST QUARTER OF THE CALENDAR YEAR, UNLESS SPECIFIED BY A DISTRIBUTION PAYMENT SCHEDULE. DONOR ADVISED FUNDS ARE PROCESSED THROUGHOUT THE YEAR. DONOR ADVISORS MAY RECOMMEND GRANTS TO QUALIFIED CHARITABLE ORGANIZATIONS, BUT THE FOUNDATION RETAINS FULL DISCRETION OF DISBURSEMENT APPROVALS. THE FOUNDATION ESTABLISHED ITS FIRST DESIGNATED ENDOWMENT FUND FOR THE PHILANTHROPIC AND PROGRAMMATIC WORK OF THE COLLABORATORY THROUGH THE GENEROSITY OF INSPIRED PHILANTHROPISTS. THE COLLABORATORY IS AN IMPACT INVESTING INITIATIVE DESIGNED TO SUPPORT THE VITAL WORK OF THE REGION'S NONPROFIT ORGANIZATION AND COMMUNITY MEMBERS.

Form 990, Part III, Line 4b:

SCHOLARSHIP FUNDS ARE DESIGNED TO MEET THE DONOR'S INTENT AND WISHES. SCHOLARSHIP AWARDS MADE THROUGH THE FOUNDATION'S SCHOLARSHIP PROGRAM FOLLOW GUIDELINES AND PROCESSES THAT INCLUDE APPLICATIONS, NONDISCRIMINATORY SELECTIONS, AND PAYMENT EXECUTION PROCESSES. THE FOUNDATION DISTRIBUTES SCHOLARSHIP AWARDS DIRECTLY TO EDUCATIONAL INSTITUTIONS FOR THE BENEFIT OF THE AWARDED STUDENT. THE SCHOLARSHIP PROCESS HAS BEEN REFINED TO INCREASE MULTI-YEAR SCHOLARSHIPS, TO ASSIST ALL STUDENT APPLICANTS (REGARDLESS OF RACE, ETHNICITY, GENDER, ETC.) BY OPENING MORE SCHOLARSHIP FUNDING OPPORTUNITIES BASED ON THE STUDENT APPLICANT'S ELIGIBILITY, AND TO ASSIST STUDENTS SEEKING CERTIFICATIONS FROM TECHNICAL SCHOOLS.

Form 990, Part III, Line 4c:

COMPETITIVE GRANTS ARE FUNDED BY FIELD OF INTEREST AND UNRESTRICTED FUNDS. THE COMPETITIVE GRANT APPLICATION AND MONITORING PROCESS FOR PROGRAMS SUCH AS COMMUNITY IMPACT GRANTS, ARTS AND ATTRACTION, AND WOMEN'S LEGACY FUND HAVE BEEN SIMPLIFIED TO HELP THE NONPROFITS SEEK FUNDING BY SUBMITTING THEIR BEST IDEAS TO SOLVE ISSUES AFFECTING OUR REGION. THEY ARE INVITED INTO THE FOUNDATION'S COMPASSIONATE SHARK TANK TO PITCH THEIR IDEA TO A PANEL OF COMMUNITY EXPERTS AS WELL AS A GROUP OF PHILANTHROPISTS WHO COME TO LEARN ABOUT COMMUNITY NEEDS AND SUPPORT SOLUTIONS. IN ADDITION, THE FOUNDATION HAS BEGUN OFFERING MULTI-YEAR RENEWABLE GRANTS WITH THE INTENT OF SOLVING A SPECIFIC IDENTIFIED NEED.

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SCHEDULE A (Form 990 or 990EZ)

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
SOUTHWEST FLORIDA COMMUNITY FOUNDATION INC

Employer identification number
59-6580974

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 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

11 ☐ An 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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
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.") . .	3,930,741	5,973,380	8,960,544	5,450,502	7,932,816	32,247,983
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	3,930,741	5,973,380	8,960,544	5,450,502	7,932,816	32,247,983
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) . .						5,474,487
6 **Public support.** Subtract line 5 from line 4.						26,773,496

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. .	3,930,741	5,973,380	8,960,544	5,450,502	7,932,816	32,247,983
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .	822,960	1,404,640	1,854,332	1,808,711	2,449,564	8,340,207
9 Net income from unrelated business activities, whether or not the business is regularly carried on. .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). .						
11 **Total support.** Add lines 7 through 10						40,588,190

12 Gross receipts from related activities, etc. (see instructions) 12 4,564,871

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 65.960 %

15 Public support percentage for 2018 Schedule A, Part II, line 14 . . . . . 15 65.440 %

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) ▶	(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) ▶	(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? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	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)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
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? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	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? *If "Yes," provide detail in* ***Part VI.***	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? *If "Yes," provide detail in* ***Part VI.***	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)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*	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?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in* ***Part VI****.*	11c		

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

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)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	1		

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?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	3		

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** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- **b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- **c** ☐ 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.**

			Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		

3 Parent of Supported Organizations. **Answer (a) and (b) below.**

a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard.*	3b		

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 ☐ 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: 59-6580974

Name: SOUTHWEST FLORIDA COMMUNITY FOUNDATION 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

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
SOUTHWEST FLORIDA COMMUNITY FOUNDATION INC

Employer identification number
59-6580974

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	147	2
2	Aggregate value of contributions to (during year)	2,223,081	15,394
3	Aggregate value of grants from (during year)	2,864,647	
4	Aggregate value at end of year	23,553,227	87,655

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☑ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☑ Yes ☐ No

Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ 164,525

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 ARTIST RECOGNITION PROG

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?. . . ☐ Yes ☑ No

Part IV Escrow and Custodial Arrangements.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided 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	85,437,134	74,684,227	68,804,966	58,351,450	59,613,288
b Contributions	5,089,339	13,434,585	7,039,696	7,981,840	4,186,373
c Net investment earnings, gains, and losses	55,320	2,934,966	4,478,462	7,171,922	-218,618
d Grants or scholarships	5,573,311	4,461,907	4,443,436	3,548,078	3,972,655
e Other expenditures for facilities and programs					
f Administrative expenses	1,765,396	1,154,737	1,195,461	1,152,168	1,256,938
g End of year balance	83,243,086	85,437,134	74,684,227	68,804,966	58,351,450

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ▶ 98.390 %
- b Permanent endowment ▶ 1.610 %
- c Temporarily restricted endowment ▶

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	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				
b Buildings				
c Leasehold improvements		10,901,234	409,391	10,491,843
d Equipment		749,136	211,242	537,894
e Other		167,407		167,407
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				11,197,144

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)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶		

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)DEFERRED GIFTS REC - CRTS / CLTS	23,612,640
(2)CONTRIBUTIONS RECEIVABLE	1,889,633
(3)DEFERRED GIFTS REC - CGAS	752,251
(4)LIFE INSURANCE - REMAINDER INTEREST	271,527
(5)OTHER ASSETS	130,371
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* ▶	26,656,422

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	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	2,881,843

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	15,863,710
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	1,068,999		
b	Donated services and use of facilities	2b	9,751		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	1,299,456		
e	Add lines **2a** through **2d**			2e	2,378,206
3	Subtract line **2e** from line **1**			3	13,485,504
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	214,114		
b	Other (Describe in Part XIII.)	4b	22,534		
c	Add lines **4a** and **4b**			4c	236,648
5	Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.)			5	13,722,152

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	11,029,983
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	9,751		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	674,430		
e	Add lines **2a** through **2d**			2e	684,181
3	Subtract line **2e** from line **1**			3	10,345,802
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	214,114		
b	Other (Describe in Part XIII.)	4b	308,286		
c	Add lines **4a** and **4b**			4c	522,400
5	Total expenses. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18.)			5	10,868,202

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: 59-6580974

Name: SOUTHWEST FLORIDA COMMUNITY FOUNDATION INC

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 2, PART III, LINE 4	THE ARTWORK HAS BEEN DONATED BY LOCAL ARTISTS AND IS DISPLAYED FOR THE PURPOSE OF BUILDING COMMUNITY ARTS AWARENESS.

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 2, PART V, LINE 4	TO FUND FUTURE PROGRAMS AND BENEFITS IN THE SOUTHWEST FLORIDA COMMUNITY.

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 3, PART X	BASED ON AN EVALUATION OF THE FOUNDATION'S TAX POSITIONS, MANAGEMENT BELIEVES ALL POSITION S TAKEN WOULD BE UPHELD UNDER AN EXAMINATION. THEREFORE, NO PROVISION FOR THE EFFECTS OF U NCERTAIN TAX POSITIONS HAS BEEN RECORDED.

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XI, LINE 2D	EXPENSES ALLOCATED TO RENTAL REVENUE 146,191 INVESTMENT INCOME TO CUBAN PETE 45 CONTRIBUTI ON TO CUBAN PETE 1,132,175 AGENCY FUND INVESTMENT INCOME 21,045

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XI, LINE 4B	FEES FOR SERVICES TO CUBAN PETE 15,000 FEES FOR SERVICES TO SUPPORT ORG 7,534

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XII, LINE 2D	EXPENSES ALLOCATED TO RENTAL REVENUE 146,191 EXPENSES ALLOCATED TO CUBAN PETE 2,965 EXPENSES ALLOCATED TO SUPPORT ORG 525,274

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XII, LINE 4B	INVESTMENT FEES ALLOCATED TO AGENCY FD 6,249 AGENCY FUND GRANTS 68,029 PYMT/CHG IN SPLIT I NT AGMT & REMAINDER / LEAD INT VALUES 70,008 RENT EXPENSE TO SUPPORT ORG 164,000

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
SOUTHWEST FLORIDA COMMUNITY FOUNDATION INC

Employer identification number
59-6580974

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 172

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 1

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) ACADEMIC SCHOLARSHIPS	135	991,547			
(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
SCHEDULE I, PAGE 1, PART I, LINE 2	EACH NONPROFIT THAT WAS AWARDED A COMPETITIVE GRANT FROM THE SOUTHWEST FLORIDA COMMUNITY FOUNDATION IS REQUIRED TO SUBMIT MIDTERM AND FINAL GRANT EVALUATION REPORTS THAT OUTLINE WHAT WAS ACCOMPLISHED AS A RESULT OF THE GRANT AWARD AND INCLUDE A FINAL BUDGET DETAILING ALL PROJECT EXPENSES. THE DUE DATE FOR THE REPORTS IS INCLUDED IN THE GRANT AWARD LETTER. THE FINAL REPORT IS USUALLY DUE 11 MONTHS AFTER THE GRANT WAS AWARDED. THE FOUNDATION ALSO MONITORS ACTIVE GRANTS BY REQUIRING THAT ANY MATERIAL VARIANCES TO FUNDED PROJECTS BE REQUESTED AND APPROVED BY THE FOUNDATION IN WRITING. WHEN A GRANT IS AWARDED, A LETTER IS SENT WITH INSTRUCTIONS NOTING THAT THE GRANT FUNDS MUST BE USED EXCLUSIVELY FOR THE PURPOSE(S) DESCRIBED IN THE PROPOSAL THAT THE GRANTEE ORGANIZATION HAD SUBMITTED TO THE FOUNDATION.

Additional Data

Software ID:
Software Version:
EIN: 59-6580974
Name: SOUTHWEST FLORIDA COMMUNITY FOUNDATION 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
ABUSE COUNSELING & TREATMENT INC PO BOX 60401 FORT MYERS, FL 33906	59-1864735	501(C)	14,500				GEN OP / SPEC PRGM
ALLEN COUNTY SOCIETY FOR THE PREV 4914 S HANNA STREET FORT WAYNE, IN 46806	35-6042135	501(C)	750,000				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
ALZHEIMERS DISEASE & REL DISORDERS 14010 ROOSEVELT BLVD STE 709 CLEARWATER, FL 33762	13-3039601	501(C)	13,950				GEN OP / SPEC PRGM
AMERICANS FOR IMMIGRANT JUSTICE 6355 NW 36TH ST SUITE 2201 MIAMI, FL 33166	65-0610872	501(C)	100,000				SPECIFIC 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
ANIMAL REFUGE CENTERINC P O BOX 62605 FORT MYERS, FL 33906	65-0057419	501(C)	55,061				GEN OP/ SPEC PRGM
ANIMAL RESCUE OF LABELLE INC PO BOX 2441 LABELLE, FL 33935	65-0404638	501(C)	10,000				GEN OP 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
BAILEY-MATTHEWS SHELL MUSEUM 3075 SANIBEL-CAPTIVA RD SANIBEL, FL 33957	59-2775992	501(C)	29,896				GEN OP / SPEC PRGM
BAY CHAMBER CONCERTS INC PO BOX 599 ROCKPORT, ME 04856	01-6023519	501(C)	30,000				GEN OP 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
BIDEAWEE INC 410 E 38TH ST NEW YORK, NY 10016	13-1655210	501(C)	9,551				GEN OP SUPPORT
BONITA BAY VETERANS COUNCIL 3330 RIVERPARK COURT BONITA SPRINGS, FL 34134	47-3563908	501(C)	35,000				GEN OP / SPEC PRGM

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount 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 SPRINGS ASSISTANCE OFFICE PO BOX 16 BONITA SPRINGS, FL 34133	59-2337909	501(C)	6,000				GEN OP SUPPORT
BONITA SPRINGS CONCERT BAND INC PO BOX 367872 BONITA SPRINGS, FL 34136	26-2505389	501(C)	6,000				SPECIFIC 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
BONITA SPRINGS HISTORICAL SOCIETY PO BOX 3015 BONITA SPRINGS, FL 34133	59-2482932	501(C)	5,500				SPECIFIC PROGRAM
BONITA SPRINGS CHAMBER OF COMMERCE 25071 CHAMBER OF COMMERCE DRIVE BONITA SPRINGS, FL 34135	65-0266046	501(C)	5,500				SPECIFIC 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
BONITA WONDER GARDENS INC 27180 OLD 41 ROAD BONITA SPRINGS, FL 34135	46-4168846	501(C)	23,600				SPECIFIC PROGRAM
BRIGHTER BITES PO BOX 25456 HOUSTON, TX 77265	47-4070026	501(C)	20,500				SPECIFIC 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
BRIDGE TO A CURE FOUNDATION 2031 JACKSON STREET SUITE 160 FORT MYERS, FL 33901	84-3024608	501(C)	19,470				GEN OP SUPPORT
BRIDGE A LIFE IN 1605 MAIN STREET SUITE 703 SARASOTA, FL 34236	46-2391027	501(C)	10,000				GEN OP 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
CALOOSA HUMANE SOCIETY P O BOX 2337 LABELLE, FL 33975	65-0759567	501(C)	35,775				GEN OP SUPPORT
CALUSA NATURE CENTER & PLANETARIUM 3450 ORTIZ AVE FORT MYERS, FL 33905	23-7090889	501(C)	6,807				GEN OP 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
CALUSA WATERKEEPER PO BOX 1165 FORT MYERS, FL 33902	65-0565226	501(C)	37,111				GEN OP / SPEC PRGM
CAPE CORAL ANIMAL SHELTER 1217 CAPE CORAL PKWY E 235 CAPE CORAL, FL 33904	81-3632884	501(C)	135,200				GEN OP / SPEC PRGM

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CAPE CORAL TECHNICAL COLLEGE 360 SANTA BARBARA BOULEVARD NORTH CAPE CORAL, FL 33993		501(C)	24,537				SPECIFIC PROGRAM
CAPTIVA CHAPEL BY THE SEA PO BOX 188 CAPTIVA, FL 33924	59-6143042	501(C)	11,334				GEN OP 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
CATHOLIC CHARITIES DIOCESE VENICE PO BOX 5034 IMMOKALEE, FL 34143	59-2473176	501(C)	20,000				SPECIFIC PROGRAM
CENTER FOR THE ARTS OF BONITA SPR 26100 OLD 41 ROAD BONITA SPRINGS, FL 34135	65-0295085	501(C)	23,040				SPECIFIC 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
CHARLOTTE HARBOR ENVIRO CENTER 10941 BURNT STORE RD PUNTA GORDA, FL 33955	59-2853001	501(C)	30,068				SPECIFIC PROGRAM
CHARLOTTE TECHNICAL COLLEGE 18150 MURDOCK CIRCLE PORT CHARLOTTE, FL 33948	46-1998318	501(C)	24,537				SPECIFIC 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
CHARLOTTE COMMUNITY FOUNDATION INC 227 SULLIVAN STREET PUNTA GORDA, FL 33950	65-0455319	501(C)	10,000				SPECIFIC PROGRAM
CHARITY FOR CHANGE INC 10681 AIRPORT PULLING ROAD SUITE 23 NAPLES, FL 34109	26-2139488	501(C)	15,500				SPECIFIC 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
CHILDREN'S ADVOCACY CENTER OF SW FL 3830 EVANS AVE FORT MYERS, FL 33901	65-0007620	501(C)	17,000				GEN OP SUPPORT
CHILDREN'S ADVOCACY CENTER OF COLL 1036 6TH AVE N NAPLES, FL 34102	65-0049492	501(C)	11,500				SPECIFIC 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
CHRIST LUTHERAN CHURCH 3816 SOUTH 12TH ST SHEBOYGAN, WI 53081	39-1214138	501(C)	7,000				GEN OP SUPPORT
CITRUS CENTER BOYS & GIRLS CLUB INC PO BOX 2666 WINTER HAVEN, FL 33883	59-0776417	501(C)	6,540				GEN OP 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
CITY OF SANIBEL 800 DUNLAP ROAD SANIBEL, FL 33957		GOV	15,000				SPECIFIC PROGRAM
CITY OF FORT MYERS PO BOX 340 FORT MYERS, FL 33902		GOV	14,977				SPECIFIC 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
CLINIC FOR THE REHAB OF WILDLIFE PO BOX 150 SANIBEL, FL 33957	23-7271040	501(C)	28,427				GEN OP / SPEC PRGM
COMMUNITIES REACHING OUT INC 908 NORTH GOLF DR HOLLYWOOD, FL 33021	65-1242772	501(C)	10,226				GEN OP 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
COMMUNITY COOPERATIVE INC P O 2143 FORT MYERS, FL 33902	59-2602772	501(C)	131,690				GEN OP/ SPEC PRGM
COMMUNITY FOUNDATION OF WESTERN NC 4 VANDERBILT PARK DRIVE SUITE 300 ASHEVILLE, NC 28803	56-1223384	501(C)	15,000				SPECIFIC 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 HAVEN FOR ADULTS & CHILD 4405 DESOTO ROAD SARASOTA, FL 34235	59-1305522	501(C)	80,000				SPECIFIC PROGRAM
CONSERVANCY OF SOUTHWEST FLORIDA 1495 SMITH PRESERVE WAY NAPLES, FL 34102	59-1157084	501(C)	49,000				SPECIFIC 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
COUNCIL ON FOUNDATIONS P O BOX 75661 BALTIMORE, MD 21275	13-6068327	501(C)	8,250				GEN OP SUPPORT
COVENANT PRESBYTERIAN CHURCH 2439 MCGREGOR BLVD FORT MYERS, FL 33901	59-1150677	501(C)	8,326				GEN OP / SPEC PRGM

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CULTURAL PARK THEATRE COMPANY INC 528 CULTURAL PARK BOULEVARD CAPE CORAL, FL 33990	59-1155302	501(C)	7,400				SPECIFIC PROGRAM
DING DARLING WILDLIFE SOCIETY INC 1 WILDLIFE DR SANIBEL, FL 33957	59-2240895	501(C)	17,000				SPECIFIC 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
DIOCESE OF VENICE CATHOLIC FAITH AP P O BOX 60759 FORT MYERS, FL 33906	27-1988145	501(C)	12,000				GEN OP SUPPORT
DOCTORS WITHOUT BORDERS USA INC PO BOX 5023 HAGERSTOWN, MD 21741	13-3433452	501(C)	5,350				GEN OP / SPEC PRGM

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
DOWNTOWN MAN CORP OF FT MYERS FL PO BOX 1686 FORT MYERS, FL 33901	65-0542768	501(C)	10,000				SPECIFIC PROGRAM
DR PIPER CENTER FOR SOCIAL SERVICES 2607 DR ELLA PIPER WAY FORT MYERS, FL 33916	65-0788551	501(C)	9,000				GEN OP SUPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ECHO INC 17391 DURRANCE ROAD NORTH FORT MYERS, FL 33917	23-7275283	501(C)	16,901				GEN OP / SPEC PRGM
EDISON SAILING CENTER 1420 DEL RIO DRIVE FORT MYERS, FL 33901	59-2635134	501(C)	5,538				GEN OP 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
ELEGANT RUMBA DANCE COMPANY LLC 506 SE 23RD TERRACE CAPE CORAL, FL 33990			40,000				SPECIFIC PROGRAM
EQUALITY FLORIDA INSTITUTE PO BOX 13184 ST PETERSBURG, FL 33733	59-3435235	501(C)	22,328				SPECIFIC 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
FAMILY INITIATIVE INCORPORATED 1242 SW PINE ISLAND RD SUITE 42-302 CAPE CORAL, FL 33991	46-1528487	501(C)	50,500				SPECIFIC PROGRAM
FELLOWSHIP OF CHRISTIAN ATHLETES 3000 ORANGE BLOSSOM DRIVE NAPLES, FL 34109	44-0610626	501(C)	10,000				GEN OP 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
FIDELITY CHARITABLE PO BOX 77001 CINCINNATI, OH 45277	11-0303001	501(C)	40,219				SPECIFIC PROGRAM
FIRST PRESBYTERIAN CHURCH 2438 SECOND ST FORT MYERS, FL 33901	59-0823943	501(C)	8,422				GEN OP 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
FLORIDA ARTS INC 2301 FIRST STREET FORT MYERS, FL 33901	31-1536036	501(C)	15,200				GEN OP / SPEC PRGM
FLORIDA DEPT HEALTH CHARLOTTE CTY 1100 LOVELAND BLVD PORT CHARLOTTE, FL 33980	59-3502843	GOV	22,500				SPECIFIC 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
FLORIDA GULF COAST UNIVERSITY 10501 FGCU BLVD S FORT MYERS, FL 33965	65-0753801	501(C)	175,924				SPECIFIC PROGRAM
FLORIDA GULF COAST UNIVERSITY FD 10501 FGCU BLVD S FORT MYERS, FL 33965	65-0403969	501(C)	105,896				GOEN OP / SPEC PRGM

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount 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 CONKLIN CENTER FOR TH 405 WHITE ST DAYTONA BEACH, FL 32114	23-7377066	501(C)	5,827				GEN OP SUPPORT
FLORIDA REPERTORY THEATRE P O BOX 2483 FORT MYERS, FL 33902	65-0827621	501(C)	18,250				GEN OP / SPEC PRGM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount 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 SOUTHWESTERN ST COLLEGE FD 8099 COLLEGE PARKWAY FORT MYERS, FL 33919	59-6173638	501(C)	7,000				GEN OP SUPPORT
FLORIDA BAPTIST CHILDREN'S HOMES 1015 SIKES BLVD LAKELAND, FL 33815	59-0657326	501(C)	41,782				SPECIFIC 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
FLORIDA LIONS EYE CLINIC 10322 PENNSYLVANIA AVENUE BONITA SPRINGS, FL 34135	45-0560906	501(C)	10,500				SPECIFIC PROGRAM
FORT MYERS BEACH ART ASSOC P O BOX 2359 FORT MYERS, FL 33932	59-1004609	501(C)	9,000				SPECIFIC 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
FORT MYERS COMMUNITY CONCERT ASSOC P O BOX 606 FORT MYERS, FL 33902	59-1739068	501(C)	12,099				GEN OP SUPPORT
FORT MYERS MURAL SOCIETY 2443 FIRST STREET FORT MYERS, FL 33901	81-3755781	501(C)	10,000				SPECIFIC 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
FORT MYERS TECHNICAL COLLEGE 3800 MICHIGAN AVE FORT MYERS, FL 33916		501(C)	24,537				SPECIFIC PROGRAM
FOUND FOR LEE COUNTY PUBLIC SCHOOLS PO BOX 1608 FORT MYERS, FL 33902	59-2637849	501(C)	8,685				GEN OP SUPPORT

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

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FOUND OF THE PENNSYLVANIA MEDICAL PO BOX 8820 HARRISBURG, PA 17105	23-1511600	501(C)	6,000				SPECIFIC PROGRAM
FRIENDS OF THE MOUND HOUSE P O BOX 154 FORT MYERS, FL 33931	56-2544250	501(3)	8,200				SPECIFIC 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
GHOSTBIRD THEATRE COMPANY 2797 1ST STREET UNIT 305 FORT MYERS, FL 33916	46-1921355	501(C)	6,000				SPECIFIC PROGRAM
GLADIOLUS LEARNING & DEVEL CNTR 10320 GLADIOLUS DR FORT MYERS, FL 33908	23-7378076	501(C)	14,887				GEN OP 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
GLADIOLUS FOOD PANTRY 15011 GLADIOLUS DR FORT MYERS, FL 33908	47-1788033	501(C)	19,343				GEN OP SUPPORT
GLOBAL EMPOWERMENT MISSION INC 1040 BISCAYNE BOULEVARD SUITE 2403 MIAMI, FL 33313	45-3782061	501(C)	15,000				SPECIFIC 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
GOOD SHEPPARD UNITED METHODIST 2951 TRAIL DAIRY CIRCLE NORTHE FORT MYERS, FL 33917	65-0336641	501(C)	164,545				GEN OP SUPPORT
GOODWILL INDUSTRIES OF SOUTHWEST FL 5100 TICE STREET FORT MYERS, FL 33905	59-6196141	501(C)	77,333				GEN OP / SPEC PRGM

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount 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)	11,763				GEN OP SUPPORT
GULF COAST HUMANE SOCIETY INC 2010 ARCADIA ST FORT MYERS, FL 33916	59-0806978	501(C)	37,033				GEN OP / SPEC PRGM

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

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GULF COAST SYMPHONY P O BOX 60878 FORT MYERS, FL 33906	65-0666748	501(C)	13,525				GEN OP / SPEC PRGM
GULFSHORE OPERA INC 3281 GOLDEN GATE BLVD W NAPLES, FL 34120	47-0989874	501(C)	12,000				SPECIFIC 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
HABITAT FOR HUMANITY OF LEE COUNTY 1288 NORTH TAMIAMI TRAIL NORTH FORT MYERS, FL 33903	59-2236174	501(C)	102,687				GEN OP / SPEC PRGM
HARRY CHAPIN FOOD BANK OF SWFL 3760 FOWLER STREET FORT MYERS, FL 33901	59-2332120	501(C)	70,280				GEN OP / SPEC PRGM

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HEALTHY START COALITION OF SWFL INC 1921 JEFFERSON AVENUE FORT MYERS, FL 33901	65-0378720	501(C)	50,500				SPECIFIC PROGRAM
HENDRY COUNTY SCHOOL DISTRICT PO BOX 1980 LABELLE, FL 33975		GOV	24,537				SPECIFIC 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
HIGHLAND UNITED METHODIST CHURCH 314 N FORT THOMAS AVENUE FORT THOMAS, KY 41075		501(C)	123,409				GEN OP SUPPORT
HOPE CLUBHOUSE OF SW FL 3602 BROADWAY AVE FORT MYERS, FL 33901	30-0437443	501(C)	79,773				GEN OP / SPEC PRGM

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount 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 HOSPICE 9470 HEALTHPARK CIRCLE FORT MYERS, FL 33908	59-2128697	501(C)	45,810				GEN OP / SPEC PRGM
IMAGINARIUM GROUP INC 2000 CRANFORD AVENUE FORT MYERS, FL 33916	65-0226984	501(C)	12,000				SPECIFIC 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
IMMOKALEE TECHNICAL COLLEGE 508 N 9TH STREET IMMOKALEE, FL 34142		501(C)	24,537				SPECIFIC PROGRAM
INSTITUTE FOR CULINARY AWARENESS 5861 PANGOLA RD FORT MYERS, FL 33905	46-1241361	501(C)	13,000				SPECIFIC 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
INTERNATIONAL RESUE COMMITTEE INC PO BOX 6068 ALBERT LEA, MN 56007	13-5660870	501(C)	5,150				GEN OP SUPPORT
IRON GAIT PERCHERONS IN 114 HANCOCK MOUNTAIN TRAIL WALESKA, GA 30183	45-1733782	501(C)	40,000				GEN OP 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
JUDICAL WATCH INC 425 THIRD STREET SW SUITE 800 WASHINGTON, DC 20024	52-1885088	501(C)	25,000				GEN OP SUPPORT
JUNIOR ACHIEVEMENT OF SWFL INC 13241 UNIVERSITY DRIVE SUITE 102 FORT MYERS, FL 33907	65-0503084	501(C)	6,600				SPECIFIC 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
LABELLE HIGH SCHOOL 4050 EAST COWBOY WAY LABELLE, FL 33935		GOV	10,000				SPECIFIC PROGRAM
LAKES PARK ENRICHMENT FOUNDATION P O BOX 61076 FORT MYERS, FL 33906	20-0671031	501(C)	8,500				SPECIFIC 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
LEADERSHIP INSTITUTE 1101 N HIGHLAND STREET ARLINGTON, VA 22201	51-0235174	501(C)	25,000				GEN OP SUPPORT
LEE COUNTY ALLIANCE FOR THE ARTS 10091 MCGREGOR BLVD FORT MYERS, FL 33919	51-0182649	501(C)	264,426				GEN OP / SPEC PRGM

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LEE COUNTY DOMESTIC ANIMAL SVCS 5600 BANNER DRIVE FORT MYERS, FL 33912		GOV	19,101				GEN OP SUPPORT
LEE COUNTY JEWISH FEDERATION INC 9701 COMMERCE CENTER COURT FORT MYERS, FL 33908	59-2668992	501(C)	6,470				GEN OP / SPEC PRGM

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LEE COUNTY PARKS & REC 3410 PALM BEACH BLVD FORT MYERS, FL 33916		GOV	6,400				SPECIFIC PROGRAM
LEE MEMORIAL HEALTH SYSTEM FD PO BOX 2218 FORT MYERS, FL 33902	65-0645343	501(C)	59,672				GEN OP / SPEC PRGM

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LEGACY FOUNDATION AT SHELL POINT 15010 SHELL POINT BOULEVARD FORT MYERS, FL 33908	80-0002415	501(C)	26,962				GEN OP / SPEC PRGM
LEGAL AID SERVICE OF COLLIER COUNTY 4436 TAMIAMI TRAIL E NAPLES, FL 34112	59-1547191	501(C)	50,500				SPECIFIC 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
LEHIGH COMMUNITY SERVICES INC 201 PLAZA DR SUITE 103 LEHIGH ACRES, FL 33936	59-1773738	501(C)	60,065				GEN OP SUPPORT
LIBERTY YOUTH RANCH INC PO BOX 366206 BONITA SPRINGS, FL 34136	38-3674666	501(C)	13,000				GEN OP 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
LORENZO WALKER TECHNICAL COLLEGE 3702 ESTEY AVENUE NAPLES, FL 34104		501(C)	24,537				SPECIFIC PROGRAM
MASSACHUSETTS GENERAL HOSPITAL 125 NASHUA STREET SUITE 540 BOSTON, MA 02114	04-1564655	501(C)	68,074				GEN OP / SPEC PRGM

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MUSEUM OF NJ MARITIME HISTORY INC 528 DOCK ROAD BEACH HAVEN, NJ 08008	76-0730192	501(C)	12,000				GEN OP SUPPORT
NAPLES SENIOR CENTER AT JFCS 5025 CASSTELLO DRIVE NAPLES, FL 34103	45-3980909	501(C)	43,731				GEN OP / SPEC PRGM

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount 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 HEALTHCARE SYSTEMS INC PO BOX 234 NAPLES, FL 34106	59-2314655	501(C)	6,000				GEN OP SUPPORT
NORTH CAROLINA WESLEYAN COLLEGE 3400 N WESLEYAN BLVD ROCKY MOUNT, NC 27804	56-0686603	501(C)	7,149				SPECIFIC 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
OCTAGON SEQUENCE OF EIGHT INC 41660 HORSESHOE ROAD PUNTA GORDA, FL 33982	59-2298305	501(C)	9,888				GEN OP SUPPORT
ORGAN TRANSPLANT RECIPIENTS OF SW 1110 NE 2ND PLACE CAPE CORAL, FL 33909	04-3634834	501(C)	10,000				SPECIFIC 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
PAWS LEE COUNTY INC 965 PONDELLA ROAD NORTH FORT MYERS, FL 33903	94-3467822	501(C)	37,798				GEN OP/SPEC PRGM
PACE CENTER FOR GIRLS OF LEE COUNTY 3800 EVANS AVENUE FORT MYERS, FL 33901	59-2414492	501(C)	6,297				GEN OP/SPEC PRGM

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
PACHAMAMA ALLIANCE PO BOX 29191 SAN FRANCISCO, CA 94129	94-3249793	501(C)	10,000				GEN OP SUPPORT
PARKINSON'S FOUNDATION INC 200 SE 1ST STREET SUITE 800 MIAMI, FL 33131	13-1866796	501(C)	37,707				GEN OP 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
PLANNED PARENTHOOD OF SW AND CENT 736 CENTRAL AVENUE SARASOTA, FL 34236	59-1274328	501(C)	21,500				GEN OP/SPEC PRGM
PURE THOUGHTS INC 4348 145TH AVENUE NORTH LOXAHATCHEE, FL 33470	06-1664566	501(C)	20,000				GEN OP 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
QUALITY LIFE CENTER OF SW FL INC PO BOX 1290 FORT MYERS, FL 33901	65-0321309	501(C)	16,198				GEN OP SUPPORT
RABUN GAP NACOOCHEE SCHOOL 339 NACOOCHE DRIVE RABUN GAP, GA 30568	58-0593430	501(C)	10,000				SPECIFIC 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
RESIDENTIAL OPTIONS OF FLORIDA INC 3050 HORSESHOE DR N STE 285 NAPLES, FL 34104	47-1232139	501(C)	50,500				SPECIFIC PROGRAM
SALVATION ARMY OF LEE HENDRY & GLA 10291 MCGREGOR BLVD FORT MYERS, FL 33919	58-0660607	501(C)	64,480				GEN OP / SPEC PRGM

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SALLY J PIMENTEL DEAF & HARD OF HEA 1860 BOY SCOUT DRIVE SUITE B 208 FORT MYERS, FL 33907	58-2398372	501(C)	5,500				SPECIFIC PROGRAM
SANIBEL COMMUNITY ASSOCIATION 2173 PERIWINKLE WAY SANIBEL, FL 33957	59-1060466	501(C)	7,500				SPECIFIC 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
SANIBEL MUSIC FESTIVAL INC PO BOX 1623 SANIBEL, FL 33957	65-0032845	501(C)	7,625				SPECIFIC PROGRAM
SANIBEL SEA SCHOOL INC PO BOX 1229 FORT MYERS, FL 33957	20-3684133	501(C)	8,500				SPECIFIC 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
SANIBEL-CAPTIVA CONSERVATION FOUND PO BOX 839 SANIBEL, FL 33957	59-1205087	501(C)	18,399				SPECIFIC PROGRAM
SCHOOL DISTRICT OF LEE COUNTY 2855 COLONIAL BOULEVARD FORT MYERS, FL 33966		GOV	30,000				SPECIFIC 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
SEMINOLE BOOSTERS INC PO BOX 1353 TALLAHASSEE, FL 32302	59-1561180	501(C)	25,000				GEN OP SUPPORT
SHRINERS HOSPITAL FOR CHILDREN 12502 PINE DRIVE TAMPA, FL 33612	36-2193608	501(C)	8,044				GEN OP 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
SJC BOXING CLUB INC 3833 MAXINE STREET FORT MYERS, FL 33901	65-0373379	501(C)	49,250				SPECIFIC PROGRAM
SOUTHWEST FLORIDA SYMPHONY 8290 COLLEGE PARKWAY SUITE 103 FORT MYERS, FL 33919	59-1350404	501(C)	29,643				GEN OP/ SPEC PRGM

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount 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 HORSE RESCUE INC 14811 STATE ROAD 31 PUNTA GORDA, FL 33982	46-2031584		35,000				GEN OP SUPPORT
SOUTHWEST FLORIDA ATTRATIONS ASSOC PO BOX 60702 FORT MYERS, FL 33906	65-0618123	501(C)	15,000				SPECIFIC 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
SOUTHWEST FLORIDA MILITARY MUSEUM 4820 LEONARD STREET CAPE CORAL, FL 33904	47-4992030	501(C)	15,000				SPECIFIC PROGRAM
SPECIAL EQUESTRIANS INC PO BOX 61528 FORT MYERS, FL 33906	65-0250071	501(C)	5,800				GEN OP 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
ST HILARY'S EPISCOPAL CHURCH 5011 MCGREGOR BLVD FORT MYERS, FL 33901	59-0973728	501(C)	24,000				GEN OP SUPPORT
ST LUKE'S EPISCOPAL CHURCH 2635 CLEVELAND AVENUE FORT MYERS, FL 33901	59-0774200	501(C)	9,896				GEN OP 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
STEVE RUMMLER HOPE NETWORK 12800 WHITESATER DR SUITE 100 MINNETONKA, MN 55343	45-2903444	501(C)	31,000				GEN OP SUPPORT
SWFL CHILDREN'S CHARITIES INC 2031 JACKSON STREET SUITE 110 FORT MYERS, FL 33901	26-2302491	501(C)	67,400				GEN OP / SPEC PRGM

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SWFL COUNCIL INC BOY SCOUTS OF A 1801 BOY SCOUT DR FORT MYERS, FL 33907	59-1150488	501(C)	34,656				GEN OP SUPPORT
SYMPHONIC CHORALE OF SW FL PO BOX 07105 FORT MYERS, FL 33919	45-2458215	501(C)	15,000				SPECIFIC 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
THE UNCOMMON FRIENDS FOUNDATION PO BOX 811 FORT MYERS, FL 33902	65-0490124	501(C)	14,590				GEN OP / SPEC PRGM
THE HEIGHTS FOUNDATION 15570 HAGIE DR FORT MYERS, FL 33908	65-1003872	501(C)	37,000				GEN OP/SPEC PRGM

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount 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 HENDRY & GLA 7273 CONCOURSE DR FORT MYERS, FL 33908	59-1005169	501(C)	187,552				GEN OP / SPEC PRGM
UNIVERSITY OF FLORIDA FOUNDATION PO BOX 14425 GAINESVILLE, FL 32604	59-0974739	501(C)	6,750				GEN OP / SPEC PRGM

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNITARIAN UNIVERSALLIST CHURCH 13411 SHIRE LANE FORT MYERS, FL 33912	59-1160337	501(C)	10,000				SPECIFIC PROGRAM
UPAYA ZEN CENTER 1404 CERRO GORDO RD SANTA FE, NM 87501	85-0402649	501(C)	25,000				GEN OP 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
VALERIES HOUSE INC PO BOX 1955 FORT MYERS, FL 33902	47-3701240	501(C)	67,500				GEN OP / SPEC PRGM
WGCU PUBLIC MEDIA 10501 FGCU BOULEVARD S FORT MYERS, FL 33965	65-0403969	501(C)	6,250				GEN OP 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
WORLD CENTRAL KITCHEN 1875 CONNECTICUTE AVE NW 10TH FL WASHINGTON, DC 20009	27-3521132	501(C)	101,000				GEN OP / SPEC PRGM
YOUTH HAVEN INC 5867 WHITAKER ROAD NAPLES, FL 34112	23-7065187	501(C)	7,200				GEN OP/SPEC PRGM

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ZION LUTHERAN CHURCH 7401 WINKLER RD FORT MYERS, FL 33919	59-6473920	501(C)	12,000				GEN OP SUPPORT
MISC GRANTS 5000 AND UNDER 2031JACKSON STREET SUITE 100 FORT MYERS, FL 33901		501(C)	310,799				GEN OP / SPEC PRGM

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Schedule J (Form 990)

Compensation Information

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
SOUTHWEST FLORIDA COMMUNITY FOUNDATION INC

Employer identification number
59-6580974

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e.g., maid, chauffeur, chef)		
b	If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
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?	**2**		
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.			
	☑ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☑ Compensation survey or study		
	☑ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured 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	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**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 SARAH OWEN PRESIDENT / CEO	**(i)**	280,000	100,400	13,261	35,154		428,815	
	(ii)							

Part III Supplemental Information

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

Return Reference	Explanation
SCHEDULE J, PAGE 1, PART I, LINE 4	SARAH OWEN 0 11,000 0

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶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.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
SOUTHWEST FLORIDA COMMUNITY FOUNDATION INC

Employer identification number
59-6580974

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	15	1,613,283	FMV ON DATE OF TRANSFER
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (_____)				
26	Other ▶ (_____)				
27	Other ▶ (_____)				
28	Other ▶ (_____)				

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

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

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

Return Reference	Explanation
SCHEDULE M, PAGE 1, PART I, LINE 32B	DONATED SECURITIES ARE FORWARDED TO THE FOUNDATION'S PROFESSIONAL INVESTMENT ADVISORS, WHO SELL THE SECURITIES AND PLACE THE PROCEEDS IN THE FOUNDATION'S INVESTMENT PORTFOLIO.

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ **Attach to Form 990 or 990-EZ.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization	Employer identification number
SOUTHWEST FLORIDA COMMUNITY FOUNDATION INC	59-6580974

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 - ORGANIZATION'S MISSION	THE SOUTHWEST FLORIDA COMMUNITY FOUNDATION MISSION IS TO CULTIVATE REGIONAL CHANGE FOR THE COMMON GOOD. ROOTED IN PHILANTHROPY, THE FOUNDATION FOCUSES ON IMPROVING THE QUALITY OF LIFE FOR EVERYONE WHO LIVES, WORKS, LEARNS AND PLAYS IN SOUTHWEST FLORIDA. THE FOUNDATION DOES THIS THROUGH INSPIRING COLLECTIVE LEADERSHIP, SERVING AS A CONCIERGE OF PHILANTHROPY, IDENTIFYING AND MONITORING THE FOUNDATION'S WORK THROUGH RESEARCH AND OUTCOMES, AND PROVIDING CAPACITY BUILDING GRANTS AND TRAINING TO NONPROFIT PARTNERS. THE FOUNDATION'S WORK IS INCLUSIVE AND INVOLVES PEOPLE FROM BUSINESS, EDUCATION, GOVERNMENT, NONPROFITS, PHILANTHROPISTS, COMMUNITY LEADERS AND RESIDENTS ACROSS OUR FIVE-COUNTY SERVICE AREA (LEE, CHARLOTTE, COLLIER, HENDRY AND GLADES COUNTIES). WHILE PERFORMING TRADITIONAL COMMUNITY FOUNDATION ACTIVITIES, THE FOUNDATION IS DEVELOPING INTO THE COMMUNITY FOUNDATION FOR THE FUTURE. IT IS THIS NEW PHILANTHROPIC APPROACH THAT LED THE FOUNDATION TO RETHINK ITS ROLE IN THE COMMUNITY AND TO TAKE ITS EXPANDED IDENTITY INTO CONSIDERATION WHEN SEEKING A NEW PHYSICAL OFFICE SPACE AND LOCATION ON THE SITE OF THE ATLANTIC COAST LINE RAILROAD DEPOT, IN FORT MYERS, FLORIDA.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4D	OVER THE PAST SEVERAL YEARS THE FOUNDATION HAS EMBARKED ON NEW, INNOVATIVE APPROACHES TO A CHIEVE ITS MISSION, SUCH AS: DESIGNING SCAFFOLDING FOR ECONOMIC, SOCIAL AND ENVIRONMENTAL SUSTAINABILITY - EVERYTHING THE SOUTHWEST FLORIDA COMMUNITY FOUNDATION DOES IS THROUGH THE LENS OF SUSTAINABILITY. IT'S THE FOUNDATION'S FOCUS OF WHEN IT GRANTS TO NONPROFIT ORGANI ZATIONS, AND WHEN IT GATHERS PEOPLE TO DISCUSS ISSUES AFFECTING THE COMMUNITY. THE FOUNDAT ION'S 10 "CAUSE AREAS" ADDRESS THE CHALLENGES OUR COMMUNITY FACES AND PROVIDES THE FRAMEWO RK TO ORGANIZE THE FOUNDATION'S EFFORTS. THE FOUNDATION'S 10 CAUSE AREAS ARE ARTS COMMUNIT Y & CULTURE, COMMUNITY DESIGN, ECONOMY & JOBS, EDUCATION, HEALTH SAFETY & ANIMALS, EQUITY & EMPOWERMENT, ENVIRONMENT, RESOURCES FOR CHANGE, CLIMATE CHANGE, AND PHILANTHROPY & COMMU NITY TRUST. ADAPTED TO ALIGN WITH THE UNITED NATIONS SUSTAINABLE DEVELOPMENT GOALS, THE FO UNDATION'S WORK WITHIN THE CAUSE AREAS INTERCONNECT AND CAN BE TRACED TO A LARGER SET OF G OALS ROLLING UP INTO AN OVERALL NATIONAL AND INTERNATIONAL SCOPE OF MEASURING COLLECTIVE E FFORTS ON A MUCH LARGER SCALE. PROVIDING A PORTAL FOR DISASTER RELIEF FUNDING - AT THE ONS ET OF HURRICANE IRMA, AS IT APPROACHED THE SOUTHWEST FLORIDA COAST, THE SOUTHWEST FLORIDA COMMUNITY FOUNDATION DEVELOPED A GIVING PORTAL FOR INDIVIDUALS, CORPORATIONS AND FOUNDATIO NS WATCHING WEATHER NEWS AND LEARNING OF THE STORM'S TOLL ON OUR COMMUNITY. IN PREPARATION , THE FOUNDATION ESTABLISHED A PARTNERSHIP WITH NONPROFITS TO DISBURSE FUNDING RAISED TO T HE NONPROFIT ORGANIZATIONS SERVING THE PEOPLE IN NEED. PROVIDING COLLECTIVE LEADERSHIP IN THE REGION - THE FOUNDATION BELIEVES SOUTHWEST FLORIDA'S GREATEST CHALLENGES AND OPPORTUNI TIES REQUIRE LEADERSHIP THAT SPANS BEYOND SECTORS AND JURISDICTIONAL BOUNDARIES. THE SOUTH WEST FLORIDA COMMUNITY FOUNDATION GATHERS STAKEHOLDERS MOTIVATED BY A COMMON PURPOSE, VISI ON, AND PASSION AROUND FINDING SOLUTIONS. SIGNIFICANT AND SUSTAINABLE CHANGE DEMANDS THE C OLLECTIVE ACTION OF GOVERNMENT, EDUCATION, BUSINESS, PHILANTHROPISTS, NONPROFIT ORGANIZATI ONS, AND RESIDENTS. BY PROVIDING BACKBONE SUPPORT TO THE FUTUREMAKERS COALITION, THE FOUND ATION HAS HELPED THIS COLLECTIVE IMPACT INITIATIVE TO DEVELOP AND MEASURE THE WORK OF REGI ONAL ACTION TEAMS. THE GOAL OF THE COALITION IS TO TRANSFORM THE WORKFORCE BY INCREASING T HE NUMBER OF DEGREES, CERTIFICATIONS, AND OTHER HIGH-QUALITY CREDENTIALS TO 55%. DURING IT S NOW 5-YEAR EVOLUTION, SEVERAL NEW PROJECTS HAVE BEEN BORN FROM FUTUREMAKERS PARTNERS WOR KING ACROSS COUNTIES AND SECTORS TO REMOVE BARRIERS FOR RESIDENTS SEEKING EMPLOYMENT, AND A BETTER LIFE. WITH AN EQUITABLE FOCUS ON RETURNING ADULTS AND THOSE WITHOUT ANY CREDITS T OWARD A POST-SECONDARY CREDENTIAL, WHAT BEGAN AS AN EDUCATION FOCUS HAS EXPANDED TO INCLUD E ELEMENTS OF ECONOMIC DEVELOPMENT. THE COALITION WORKS TO TRAIN FUTURE WORKFORCE TO FILL EMPLOYMENT GAPS AS WELL AS CREATING SOCIAL MOBILITY AND HELPING RESIDENTS FIND SATISFYING CAREERS. INCREASING SERVICES F

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4D	OR DONORS - WITH A SHIFT IN PHILANTHROPY FROM LEGACY GIVING TO "RIGHT NOW" GIVING INSPIRED BY PHILANTHROPIC LEADERS SUCH AS THE GATES FOUNDATION, MARK ZUCKERBERG AND PRISCILLA CHAN AND THE HUNDREDS WHO SIGNED THE GIVING PLEDGE OVER THE PAST 9 YEARS, THE FOUNDATION HAS A DAPTED BY WORKING WITH DONORS ON STRATEGIC PHILANTHROPIC PLANNING SO THAT THE DONORS CAN S EE THE EFFECTS OF THEIR PHILANTHROPY DURING THEIR AND THEIR FAMILY'S LIFETIMES, AS WELL AS THE IMPORTANT PLANNING FOR ENDOWED LEGACY GIFTS. BY HELPING DONORS EXPLORE PHILANTHROPIC DESIRES AND GREATEST COMMUNITY NEEDS ALONG WITH TAX-WISE GIVING, THE FOUNDATION OFFERS CON CIERGE SERVICES TO DONORS GUIDING HOW TO INVEST IN NONPROFIT WORK IN THE REGION AND BEYOND TO REACH THE DONORS' DESIRED OUTCOMES. WHILE OFFERING FAMILY SERVICES AND A VARIETY OF CH ARITABLE FUND TYPES, THE FOUNDATION HAS EXPANDED ITS PHILANTHROPIC OPTIONS BASED ON DONOR WISHES. BUILDING A STRONGER NETWORK OF NONPROFITS AND NONPROFIT LEADERS - THE FOUNDATION H AS BEEN WORKING WITH THEIR NONPROFIT GRANTEES IN A UNIQUE LEARNING NETWORK CALLED "TRIBES. " AS LEARNED OVER THE YEARS OF GRANTING, IT IS MOST EFFECTIVE TO PROVIDE NONPROFIT GRANTEE S WITH MORE THAN FUNDING FOR THEIR PROGRAMS, BUT ALSO WITH CAPACITY-BUILDING AND ACCESS TO GROUP SESSIONS LED BY NONPROFIT LEADERS. THE FOUNDATION HAS FOUND THAT THESE NONPROFIT NE TWORKS LEARN TOGETHER TO ACHIEVE TOGETHER. THE FOUNDATION FORTIFIES THESE ORGANIZATIONS WI TH SKILLS AND TRAINING TO CREATE HEALTHIER ORGANIZATIONS AND COLLABORATIVE OPPORTUNITIES T O BENEFIT THEIR MISSIONS AND THE COMMUNITY AS A WHOLE. NUMEROUS COLLABORATIVE PROJECTS HAV E RESULTED FROM TRIBE MEMBERS WORKING TOGETHER COMBINING NEEDS AND ASSETS TO DEVELOP PROGR AMS TO BENEFIT THOSE WHO RELY ON THE NONPROFITS FOR SERVICES. CREATING A NEW SPACE FOR COL LABORATION - MOST RECENTLY, THROUGH A PUBLIC PRIVATE PARTNERSHIP WITH THE CITY OF FORT MYE RS AND THE FLORIDA COMMUNITY LOAN FUND, THE FOUNDATION EMBARKED ON A 10 MILLION NEW MARKET TAX CREDIT DEAL TO RENOVATE A 9,400-SF 1920S ATLANTIC COAST RAIL DEPOT IN DOWNTOWN FORT M YERS AND ADD A 13,160-SF BUILDING ADJACENT TO THE DEPOT, NAMED COLLABORATORY. AT COLLABORA TORY, THE FOUNDATION WILL PROVIDE MORE ROBUST EVENT, MEETING, OFFICE AND COLLABORATIVE SPA CE AMPLIFIED WITH THE BEST AVAILABLE TECHNOLOGY. CENTRALLY LOCATED WITHIN ITS FIVE-COUNTY SERVICE AREA, COLLABORATORY WILL SERVE AS A LAB FOR COLLABORATION WITH DIVERSE NETWORKS OF STAKEHOLDERS TO EXPLORE REGIONAL CHALLENGES AND OPPORTUNITIES AND THEN DESIGN, FUND AND E XECUTE INNOVATIVE INITIATIVES AND PROJECTS WITH NONPROFIT PARTNERS THAT BRING NEEDED CHANG E TO OUR REGION. COLLABORATORY IS DESIGNED WITH SUSTAINABILITY IN MIND AND IS PURSUING LEE D (LEADERSHIP IN ENERGY AND ENVIRONMENTAL DESIGN) GOLD CERTIFICATION. THUS FURTHER EMPHASI ZING THE FOUNDATION'S COMMITMENT TO SUSTAINABILITY AND ITS POSITION AS A ROLE MODEL FOR OT HER NONPROFITS AND BUSINESSES IN THE REGION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	AN INDEPENDENT CERTIFIED PUBLIC ACCOUNTANT REVIEWS THE FORM WITH THE BOARD OF TRUSTEES' AUDIT COMMITTEE PRIOR TO FILING.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 12C	ALL TRUSTEES, OFFICERS, AND EMPLOYEES ARE REQUIRED TO REVIEW AND EXECUTE A NEW CONFLICT OF INTEREST POLICY ON AN ANNUAL BASIS. CERTAIN VOLUNTEERS AND CONSULTANTS ARE ALSO REQUIRED TO REVIEW AND EXECUTE A CONFLICT OF INTEREST POLICY STATEMENT DEPENDING ON THE SERVICES RECEIVED.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15A	THE EXECUTIVE COMPENSATION COMMITTEE, COMPRISED OF THE OFFICERS OF THE BOARD OF TRUSTEES, MEETS ANNUALLY TO REVIEW COMPENSATION FOR REASONABLENESS AND DETERMINE THE COMPENSATION FOR THE PRESIDENT AND CHIEF EXECUTIVE OFFICER. COMPARABLE DATA IS GATHERED USING THE COUNCIL ON FOUNDATIONS SALARY SURVEY AND SALARY INFORMATION FROM SIMILAR ORGANIZATIONS IN FLORIDA.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15B	THE COMPENSATION PROCESS FOR OTHER OFFICERS AND KEY EMPLOYEES IS DETERMINED AS FOLLOWS. COMPARABLE DATA IS GATHERED USING THE COUNCIL ON FOUNDATIONS SALARY SURVEY AND SALARY INFORMATION FROM LOCAL SALARY SURVEYS. ALL STAFF RELATED SALARY DETERMINATIONS ARE MADE BY THE PRESIDENT AND CHIEF EXECUTIVE OFFICER BASED ON LOCAL DEMOGRAPHICS IN ACCORDANCE WITH THE EMPLOYMENT POSITION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 19	THE FOUNDATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST. IN ADDITION, THE FOUNDATION'S FINANCIAL STATEMENTS ARE MADE AVAILABLE THROUGH THE FOUNDATION'S WEBSITE AT WWW.FLORIDACOMMUNITY.COM AND THROUGH AN ELECTRONIC DATABASE KNOWN AS GUIDESTAR.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	EXPENSES ALLOCATED TO RENTAL REVENUE 146,191 INVESTMENT INCOME TO CUBAN PETE 45 CONTRIBUTION TO CUBAN PETE 1,132,175 AGENCY FUND INVESTMENT INCOME 21,045 FEES FOR SERVICES TO CUBAN PETE -15,000 FEES FOR SERVICES TO SUPPORT ORG -7,534 EXPENSES ALLOCATED TO RENTAL REVENUE -146,191 EXPENSES ALLOCATED TO CUBAN PETE -2,965 EXPENSES ALLOCATED TO SUPPORT ORG -525,274 INVESTMENT FEES ALLOCATED TO AGENCY FD 6,249 AGENCY FUND GRANTS 68,029 PYMT/CHG IN SPLIT INT AGMT & REMAINDER / LEAD INT VALUES 70,008 RENT EXPENSE TO SUPPORT ORG 164,000 OTHER CHANGES IN NET ASSETS 0 TOTAL 910,778

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
SOUTHWEST FLORIDA COMMUNITY FOUNDATION INC

Employer identification number
59-6580974

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) BONITA SPRINGS COMMUNITY FD LLC 2031 JACKSON STREET SUITE 100 FORT MYERS, FL 33901 27-4342648	INACTIVE	FL			NA
(2) COMMUNITY FD OF SANIBEL-CAPTIVA LLC 2031 JACKSON STREET SUITE 100 FORT MYERS, FL 33901 27-4343844	INACTIVE	FL			NA
(3) WOMENS LEGACY FUND LLC 2031 JACKSON STREET SUITE 100 FORT MYERS, FL 33901 27-4967919	INACTIVE	FL			NA
(4) WOMENS LEGACY FUND OF SWFL LLC 2031 JACKSON STREET SUITE 100 FORT MYERS, FL 33901 27-4968412	INACTIVE	FL			NA
(5) GOOD NEIGHBOR COMM FD OF SANIBEL-CAPTIVA LLC 2031 JACKSON STREET SUITE 100 FORT MYERS, FL 33901 27-4343158	INACTIVE	FL			NA

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	(g) No
(1)SWFLCF SUPPORT ORGANIZATION INC 2031 JACKSON STREET SUITE 100 FORT MYERS, FL 33901 30-0958830	SUP ORG	FL	501C3	12A	N/A		No
(2)PEDRO CUBAN PETE ENDOWMENT INC 2031 JACKSON STREET SUITE 100 FORT MYERS, FL 33901 84-3583084	SUP ORG	FL	501C3	12A	N/A		No

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) Disproprtionate allocations? Yes	(h) Disproprtionate allocations? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) General or managing partner? No	(k) Percentage ownership

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	(i) Section 512(b)(13) controlled entity? No

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 orgranization 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	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o		No
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q		No
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		No

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)SWFLCF SUPPORT ORGANIZATION INC	L	7,534	ACTUAL COST
(2)SWFLCF SUPPORT ORGANIZATION INC	K	164,000	RENT - COMPARABLE VALUE
(3)PEDRO (CUBAN PETE) ENDOWMENT INC	L	15,000	ACTUAL COST

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) Disproprtionate 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