

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury
Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2013 calendar year, or tax year beginning 07/01/13, and ending 06/30/14

B Check if applicable:
 Address change
 Name change
 Initial 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): **8771 COLLEGE PARKWAY, BLDG 2, #201**
 City or town, state or province, country, and ZIP or foreign postal code: **FORT MYERS FL 33919**

D Employer identification number: **59-6580974**

E Telephone number: **239-274-5900**

G Gross receipts\$ **21,223,421**

F Name and address of principal officer:
RONALD E. PENN, CFO /COO
8771 COLLEGE PARKWAY, BLDG 2, #201
FORT MYERS FL 33919

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)

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

J Website: **WWW.FLORIDACOMMUNITY.COM**

K Form of organization: Corporation Trust Association Other **u**

L Year of formation: **1976** **M** State of legal domicile: **FL**

H(c) Group exemption number **u**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	2 Check this box <input type="checkbox"/> 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	21
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	21
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	15
	6 Total number of volunteers (estimate if necessary)	6	100
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	4,545,963	8,235,847
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,756	0
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,506,528	3,015,907
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,093,739	11,282,132
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,105,534	2,880,060
	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)	650,611	929,607
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) u 433,522		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	826,180	1,051,597
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,582,325	4,861,264
19 Revenue less expenses. Subtract line 18 from line 12	511,414	6,420,868	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	69,750,445	82,538,189
	22 Net assets or fund balances. Subtract line 21 from line 20	5,784,424	5,661,037
		63,966,021	76,877,152

Part II Signature Block

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

Sign Here Signature of officer: **RONALD E. PENN** Date: _____
 Type or print name and title: **CFO / COO**

Paid Preparer Use Only Print/Type preparer's name: **PATTI R HARDIN** Preparer's signature: _____ Date: _____
 Check if self-employed PTIN: **P00371840**

Firm's name: **HUGHES, SNELL & CO., P.A.** Firm's EIN: **59-2309183**
 Firm's address: **1470 ROYAL PALM SQUARE BLVD FORT MYERS, FL 33919-1049** 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:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ **2,558,329** including grants of \$ **2,350,157**) (Revenue \$ **5,888,919**)
NON-COMPETITIVE GRANTS ARE MADE THROUGH DESIGNATED FUNDS AND DONOR ADVISED FUNDS; COMPETITIVE GRANTS (INCLUDING CAPACITY BUILDING, COMMUNITY IMPACT, ARTS & ATTRACTIONS, AND GOOD SAMARITAN GRANTS) THROUGH FIELD OF INTEREST AND COMMUNITY UNRESTRICTED FUNDS SUPPORTING THE INTERESTS AND PHILANTHROPIC GOALS OF DONORS ESTABLISHING ENDOWMENT FUNDS. THE GRANTS ARE DISTRIBUTED TO NONPROFITS IN THE FOUNDATION'S FIVE COUNTY SERVICE AREA.

4b (Code:) (Expenses \$ **412,465** including grants of \$ **287,561**) (Revenue \$ **289,716**)
SCHOLARSHIP GRANTS ARE MADE TO CONTINUE EDUCATION OR TRAINING OF YOUNG PEOPLE OR ADULTS THROUGH DISTRIBUTIONS FROM ENDOWED SCHOLARSHIP FUNDS DESIGNED TO MEET THE DONOR'S INTERESTS AND WISHES (E.G., ACADEMIC ACHIEVEMENT, LIVING IN A PARTICULAR GEOGRAPHIC REGION, STUDYING A SPECIFIC SUBJECT, ETC.).

4c (Code:) (Expenses \$ **291,441** including grants of \$) (Revenue \$ **69,968**)
THE FOUNDATION'S WORK IS CENTERED AROUND DEVELOPING INNOVATIVE INITIATIVES BASED ON RESEARCH AND ONGOING EVALUATION TO ADDRESS OUR COMMUNITY'S GREATEST NEEDS. THE FOUNDATION IS DOING THIS WORK BY RALLYING STAKEHOLDERS TO LOOK AT OPPORTUNITIES TOGETHER. THROUGH THIS WORK AND BY FUNDING FROM DONORS AND NEW STREAMS OF FUNDING THAT IS BEING DEVELOPED FROM NATIONAL FUNDERS, WE WILL ALL WORK TOGETHER TOWARD REGIONAL GOALS TO SOLVE ISSUES. OUR FIRST INITIATIVE, FUTUREMAKERS, WAS FOCUSED ON GRADUATING HIGH SCHOOL SENIORS IN OUR 5-COUNTY AREA. WE INVITED NONPROFIT PARTNERS IN EACH COUNTY TO WORK WITH US AND TOGETHER WE DESIGNED AND EXECUTED A PROGRAM TO INCREASE THE NUMBER OF STUDENTS ACCESSING FEDERAL AID, PELL GRANTS AND SCHOLARSHIPS. THROUGH ONGOING MEETINGS AS A GROUP AND SHARING OF BEST PRACTICES FROM EACH

4d Other program services. (Describe in Schedule O.)

(Expenses \$ **450,513** including grants of \$ **242,342**) (Revenue \$ **1,987,244**)

4e Total program service expenses **u 3,712,748**

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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
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		X
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		X
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		X
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	X	
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	X	
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		X
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	X	
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	X	
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		X
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		X
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	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
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	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
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		X
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		X
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		X
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)		X
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		X
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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	X	
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	X	
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		X
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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
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		X
25b			X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II		X
26			X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
27			X
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, or key employee? If "Yes," complete Schedule L, Part IV		X
28a			X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
28b			X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
28c			X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
29		X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	X	
30		X	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
31			X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
32			X
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	X	
33		X	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1		X
34			X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35a			X
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		X
36			X
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		X
37			X
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	X	
38		X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, description, sub-questions (1a-13c), Yes, and No. Includes questions about Form 1096, Form W-2G, Form W-3, and various tax compliance requirements.

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed u FL
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [X] Another's website [X] 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, physical address, and telephone number of the person who possesses the books and records of the organization: u RONALD E. PENN 8771 COLLEGE PARKWAY, BLDG 2, #201 FORT MYERS FL 33919 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organizations 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) SARAH OWEN PRESIDENT / CEO	50.00 0.00	X		X				157,500	0	5,787
(2) DAWN-MARIE DRISCOLL IMMEDIATE PAST CHAIR	3.00 0.00	X		X				0	0	0
(3) JOSEPH MAZURKIEWICZ JR CHAIR	3.00 0.00	X		X				0	0	0
(4) A. SCOTT WHITE TRUSTEE	1.00 0.00	X						0	0	0
(5) KEVIN L. ERWIN TRUSTEE	1.00 0.00	X						0	0	0
(6) HON. ARCHIE B. HAYWARD, JR. TRUSTEE	1.00 0.00	X						0	0	0
(7) PATRICIA K. DOBBINS TRUSTEE	1.00 0.00	X						0	0	0
(8) DR. LARRY A. HOBBS TRUSTEE	1.00 0.00	X						0	0	0
(9) ROBBIE B. ROEPSTORFF TRUSTEE	1.00 0.00	X						0	0	0
(10) RUSTY WHITLEY TRUSTEE	1.00 0.00	X						0	0	0
(11) MYRA HALE WALTERS TRUSTEE	1.00 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			
(12) GUY WHITESMAN	1.00									
..... TRUSTEE	0.00	X					0	0	0	
(13) DEBORAH M. BRAENDLE	1.00									
..... TRUSTEE	0.00	X					0	0	0	
(14) DARREN ROBERTSHAW	1.00									
..... TRUSTEE	0.00	X					0	0	0	
(15) CRAIG FOLK	1.00									
..... TRUSTEE	0.00	X					0	0	0	
(16) CHARLES GREEN	1.00									
..... TRUSTEE	0.00	X					0	0	0	
(17) JOHN GAMBA, JR.	1.00									
..... TRUSTEE	0.00	X					0	0	0	
(18) HOWARD L. LELAND	1.00									
..... TRUSTEE	0.00	X					0	0	0	
(19) GAY THOMPSON	3.00									
..... SEC/TREAS	0.00	X		X			0	0	0	
1b Sub-total							157,500		5,787	
c Total from continuation sheets to Part VII, Section A							102,910		5,586	
d Total (add lines 1b and 1c)							260,410		11,373	

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

	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		X
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	X	
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		X

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
DAVID FLEMING FORT MYERS	3778 HANOVER STREET STRAT PLAN/PRGM	120,000

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 **u 1**

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			
(12) SANDY ROBINSON TRUSTEE	1.00 0.00	X						0	0	0
(13) CAROLYN CONANT TRUSTEE	1.00 0.00	X						0	0	0
(14) CHRISTOPHER HILL TRUSTEE	1.00 0.00	X						0	0	0
(15) RONALD E. PENN CFO / COO	50.00 0.00			X				102,910	0	5,586
(16)										
(17)										
(18)										
(19)										
1b Sub-total								102,910		5,586
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

	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		
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		
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		

Section B. Independent Contractors

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

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

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

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			
	f All other contributions, gifts, grants, and similar amounts not included above	1f 8,235,847			
	g Noncash contributions included in lines 1a-1f: \$	325,924			
	h Total. Add lines 1a-1f	u 8,235,847			
Program Service Revenue	2a	Busn. Code			
	b				
	c				
	d				
	e				
	f All other program service revenue				
	g Total. Add lines 2a-2f	u			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	u 3,048,029		
4 Income from investment of tax-exempt bond proceeds		u			
5 Royalties		u			
6a Gross rents		(i) Real (ii) Personal			
b Less: rental exps.					
c Rental inc. or (loss)					
d Net rental income or (loss)		u			
7a Gross amount from sales of assets other than inventory		(i) Securities (ii) Other	9,906,967 2,200		
b Less: cost or other basis & sales exps.		9,939,089 2,200			
c Gain or (loss)		-32,122			
d Net gain or (loss)		u -32,122			-32,122
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		a			
b Less: direct expenses		b			
c Net income or (loss) from fundraising events		u			
9a Gross income from gaming activities. See Part IV, line 19		a			
b Less: direct expenses		b			
c Net income or (loss) from gaming activities		u			
10a Gross sales of inventory, less returns and allowances		a			
b Less: cost of goods sold	b				
c Net income or (loss) from sales of inventory	u				
Miscellaneous Revenue		Busn. Code			
11a MISCELLANEOUS INCOME		30,378	30,378		
b					
c					
d All other revenue					
e Total. Add lines 11a-11d	u 30,378				
12 Total revenue. See instructions.	u 11,282,132	30,378	0	3,015,907	

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 governments and organizations in the U.S. See Part IV, line 21	2,434,073	2,434,073		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	445,987	445,987		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	293,562	114,168	109,530	69,864
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	519,812	202,157	193,945	123,710
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	12,211	4,749	4,556	2,906
9 Other employee benefits	42,228	14,137	19,441	8,650
10 Payroll taxes	61,794	24,032	23,056	14,706
11 Fees for services (non-employees):				
a Management				
b Legal	3,895		3,895	
c Accounting	32,500	12,639	12,126	7,735
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	199,538	49,884	129,700	19,954
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	212,982	170,321	15,610	27,051
12 Advertising and promotion	375			375
13 Office expenses	81,524	31,703	30,418	19,403
14 Information technology	76,711	29,832	28,622	18,257
15 Royalties				
16 Occupancy	99,346	38,637	37,066	23,643
17 Travel	11,626	2,503	3,627	5,496
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	23,862	5,162	14,097	4,603
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	63,680	24,766	23,759	15,155
23 Insurance	17,055	6,633	6,363	4,059
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 PRINTING AND PUBLICATION	79,192	7,157	28,027	44,008
b SPECIAL EVENTS	68,491	68,491		
c RELATIONSHIPS	36,496	14,243	150	22,103
d DUES & SUBSCRIPTIONS	23,732	1,561	20,327	1,844
e All other expenses	20,592	9,913	10,679	
25 Total functional expenses. Add lines 1 through 24e	4,861,264	3,712,748	714,994	433,522
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 <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest bearing		1
	2	Savings and temporary cash investments	432,493	2
	3	Pledges and grants receivable, net		3
	4	Accounts receivable, net		4
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6
	7	Notes and loans receivable, net		7
	8	Inventories for sale or use		8
	9	Prepaid expenses and deferred charges	44,194	9
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	263,742	
	10b	Less: accumulated depreciation	102,333	
	10c		150,735	
	11	Investments—publicly traded securities	51,817,452	11
	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	17,305,571	15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	69,750,445	16	
Liabilities	17	Accounts payable and accrued expenses	31,958	17
	18	Grants payable	474,279	18
	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 current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22
	23	Secured mortgages and notes payable to unrelated third parties		23
	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	5,278,187	25
	26	Total liabilities. Add lines 17 through 25	5,784,424	26
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27	Unrestricted net assets	48,663,190	27
	28	Temporarily restricted net assets	14,017,831	28
	29	Permanently restricted net assets	1,285,000	29
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30
	31	Paid-in or capital surplus, or land, building, or equipment fund		31
	32	Retained earnings, endowment, accumulated income, or other funds		32
33	Total net assets or fund balances	63,966,021	33	
34	Total liabilities and net assets/fund balances	69,750,445	34	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	11,282,132
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,861,264
3	Revenue less expenses. Subtract line 2 from line 1	3	6,420,868
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	63,966,021
5	Net unrealized gains (losses) on investments	5	4,884,079
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	813,332
9	Other changes in net assets or fund balances (explain in Schedule O)	9	792,852
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	76,877,152

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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
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?		X
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.		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

u Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

u Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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 11, 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.)
- 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 organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 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 that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III—Functionally integrated
 - d Type III—Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2013

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 fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) u	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4,077,397	1,025,144	5,166,046	4,545,963	8,235,847	23,050,397
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	4,077,397	1,025,144	5,166,046	4,545,963	8,235,847	23,050,397
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)						4,634,324
6 Public support. Subtract line 5 from line 4.						18,416,073

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	4,077,397	1,025,144	5,166,046	4,545,963	8,235,847	23,050,397
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	955,337	937,278	1,030,064	1,158,482	3,048,029	7,129,190
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 IV.)						
11 Total support. Add lines 7 through 10						30,179,587
12 Gross receipts from related activities, etc. (see instructions)					12	30,378
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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	61.02 %
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	62.27 %
16a 33 1/3% support test—2013. 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 <input checked="" type="checkbox"/>		
b 33 1/3% support test—2012. 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 <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2013. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2012. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
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 <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) u	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 IV.)						
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 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2013. 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—2012. 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 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

u Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
u Attach to Form 990.

OMB No. 1545-0047

2013

Open to Public Inspection

u Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

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" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	86	352
2 Aggregate contributions to (during year)	1,712,769	6,523,078
3 Aggregate grants from (during year)	1,100,814	1,779,246
4 Aggregate value at end of year	8,714,963	53,196,114
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?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Part II Conservation Easements.

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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 Tax 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 8/17/06, 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 u

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

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, and enforcing conservation easements during the year u

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year u \$

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" to 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) Revenues included in Form 990, Part VIII, line 1	u \$	
(ii) Assets included in Form 990, Part X	u \$	10,850

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 Revenues included in Form 990, Part VIII, line 1	u \$	
b Assets included in Form 990, Part X	u \$	

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" to 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? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Yes No

Part V Endowment Funds.

Complete if the organization answered "Yes" to 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	42,077,341	37,948,917	36,751,971	33,560,114	27,337,685
b Contributions	4,974,870	2,813,247	3,526,875	1,053,660	4,636,034
c Net investment earnings, gains, and losses	6,989,989	4,581,267	622,679	5,898,315	4,729,978
d Grants or scholarships	1,976,568	2,433,680	2,188,320	3,006,248	2,584,863
e Other expenditures for facilities and programs					
f Administrative expenses	932,051	832,410	764,288	753,870	558,720
g End of year balance	51,133,580	42,077,341	37,948,917	36,751,971	33,560,114

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment **u 97.31 %**
 - b Permanent endowment **u 2.69 %**
 - c Temporarily restricted endowment **u %**
- The percentages in 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 | | X |
| (ii) related organizations | | X |
- b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? Yes No
- 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" to 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		46,597	15,206	31,391
d Equipment		206,295	87,127	119,168
e Other		10,850		10,850
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)			u	161,409

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" to 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.) u		

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" to 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.) u		

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) DEFERRED GIFTS REC - CRTS	14,292,481
(2) CONTRIBUTIONS RECEIVABLE	3,609,878
(3) DEFERRED GIFTS REC - CGAS	2,082,480
(4) LIFE INSURANCE - REMAINDER INTEREST	125,440
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) u	20,110,279

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) FUNDS HELD AS AGENCY ACCOUNTS	3,532,023	
(3) ANNUITY OBLIGATIONS	1,369,442	
(4) FUNDS RESTRICTED FOR PROGRAMS	83,803	
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) u	4,985,268	

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" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	16,751,877
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains on investments	2a	4,884,079	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	1,281,260	
e	Add lines 2a through 2d	2e		6,165,339
3	Subtract line 2e from line 1	3		10,586,538
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		
b	Other (Describe in Part XIII.)	4b	695,594	
c	Add lines 4a and 4b	4c		695,594
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		11,282,132

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	4,654,078
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		
3	Subtract line 2e from line 1	3		4,654,078
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		
b	Other (Describe in Part XIII.)	4b	207,186	
c	Add lines 4a and 4b	4c		207,186
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		4,861,264

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.

PART III, LINE 4 - COLLECTIONS AND RELATION TO EXEMPT PURPOSE

THE ARTWORK HAS BEEN DONATED BY LOCAL ARTISTS AND IS DISPLAYED FOR THE PURPOSE OF BUILDING COMMUNITY ARTS AWARENESS.

PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS

TO FUND FUTURE PROGRAMS AND BENEFITS IN THE SOUTHWEST FLORIDA COMMUNITY.

PART X - FIN 48 FOOTNOTE

THE FOUNDATION IS A NOT-FOR-PROFIT CORPORATION AND IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. IT QUALIFIES FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER THE INTERNAL REVENUE CODE AND HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER THE INTERNAL REVENUE CODE.

THE FOUNDATION ADOPTED FINANCIAL ACCOUNTING STANDARDS CODIFICATION ASC 740

Part XIII Supplemental Information (continued)

-10, INCOME TAXES AS IT RELATES TO UNCERTAIN TAX POSITIONS, AND HAS EVALUATED ITS TAX POSITIONS TAKEN FOR ALL OPEN TAX YEARS. CURRENTLY, THE PAST THREE TAX YEARS ARE OPEN AND SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE. HOWEVER, THE FOUNDATION IS NOT CURRENTLY UNDER AUDIT NOR HAS THE FOUNDATION BEEN CONTACTED BY ANY TAX JURISDICTION.

BASED ON AN EVALUATION OF THE FOUNDATION'S TAX POSITIONS, MANAGEMENT BELIEVES ALL POSITIONS TAKEN WOULD BE UPHELD UNDER AN EXAMINATION. THEREFORE, NO PROVISION FOR THE EFFECTS OF UNCERTAIN TAX POSITIONS HAS BEEN RECORDED FOR THE YEARS ENDED JUNE 30, 2014 AND 2013.

PART XI, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER

PYMT/CHG IN SPLIT INTEREST AGMT & REMAINDER INT VALUES	\$ 1,281,260
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PART XI, LINE 4B - REVENUE AMOUNTS INCLUDED ON RETURN - OTHER

UNREALIZED GAIN ALLOCATED TO AGENCY FUNDS	\$ 568,209
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AGENCY FUND CONTRIBUTIONS	\$ 127,385
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PART XII, LINE 4B - EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER

INVESTMENT FEES ALLOCATED TO AGENCY FUNDS	\$ 14,505
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AGENCY FUND GRANTS	\$ 192,681
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**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	4KIDS OF SOUTHWEST FLORIDA INC 827 S STATE RD FORT LAUDERDALE FL 33068	61-1416525	501(C)	27,000				GEN/OPER SUPPORT
(2)	ALACHUA CONSERVATION TR INC 7204 SE COUNTY ROAD 234 GAINESVILLE FL 32641	59-2919630	501(C)	10,000				PROGRAM/OP SUP
(3)	ANIMAL REFUGE CENTER, INC P. O. BOX 6642 FORT MYERS FL 33902	65-0057419	501(C)	9,333				GEN SUPPORT
(4)	ANIMAL REFUGE OF LABELLE, INC PO BOX 2441 LABELLE FL 33935	65-0404638	501(C)	5,187				GENERAL OP
(5)	ARTFEST FORT MYERS, INC. 2443 FIRST ST. FORT MYERS FL 33901	65-1119729	501(C)	16,000				OP/ PROGRAM SUPPORT
(6)	ARTS FOR ACT PO BOX 60401 FORT MYERS FL 33906	59-1864735	501(C)	6,000				PROGRAM
(7)	BAILEY-MATTHEWS SHELL MUSEUM P. O. BOX 1580 SANIBEL FL 33957	59-2775992	501(C)	9,352				GENERAL OP
(8)	BIG ARTS 900 DUNLOP RD SANIBEL FL 33957	59-1956939	501(C)	8,000				MARKETING
(9)	BIG BROTHERS BIG SISTERS SUNCOAST 101 W VENICE AVE, SUITE 34 VENICE FL 34285	59-1361826	501(C)	64,450				GENERAL OP

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u 107**

3 Enter total number of other organizations listed in the line 1 table **u**

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	BOBBY NICHOLS FIDDLESTICKS CHARITY 15391 CANNONGATE DR FORT MYERS FL 33912	04-3649766	501(C)	5,500				GEN OP/PROGRAM
(2)	CALOOSA HUMANE SOCIETY P. O. BOX 2337 LABELLE FL 33975	65-0759567	501(C)	33,169				GENERAL OP
(3)	CALOOSA NATURE CENTER & PLANETARIUM 3450 ORTIZ AVE FORT MYERS FL 33905	23-7090889	501(C)	14,265				GENERAL OP
(4)	CALVARY CHAPEL 2401 WEST CYPRESS CREEK ROAD FORT LAUDERDALE FL 33309	65-0879835	501(C)	12,636				GENERAL OP
(5)	CAPITVA CHAPEL BY THE SEA PO BOX 162 CAPTIVA FL 33924	59-6143042	501(C)	11,058				GENERAL OP
(6)	CARSON SCHOLARS FUND INC 305 W CHESAPEAK AVENUE SUITE L-020 TOWNSON MD 21204	52-1851346	501(C)	20,250				GENERAL OP
(7)	CENTER FOR THE ARTS 26100 OLD 41 ROAD BONITA SPRINGS FL 34135	65-0295085	501(C)	34,200				GENERAL OP
(8)	CHARLOTTE HARBOR ENVIRONMENTAL CNTR 10941 BURNT STORE ROAD PUNTA GORDA FL 33955	59-2853001	501(C)	29,862				PROGRAM
(9)	CHILDREN'S ADVOCACY CENTER OF SWFL, 3830 EVANS AVE. FORT MYERS FL 33901	65-0007620	501(C)	64,231				GENERAL OP

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

3 Enter total number of other organizations listed in the line 1 table **u**

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

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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
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Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	CHILDREN'S HEALTHCARE OF ATLANTA FD 1577 NE EXPRESSWAY, SUITE 113 ATLANTA GA 30329	58-2367819	501(C)	35,000				MEMORIAL / SUPPORT
(2)	CHILDREN'S HOME SOCIETY OF FL 1940 MARAVILLE AVE FORT MYERS FL 33901	59-0192430	501(C)	21,488				GEN OP / PROGRAMS
(3)	CHRIST LUTHERAN CHURCH 3816 SOUTH 12TH ST. SHEBOYGAN WI 53081		501(C)	6,000				OPERATING SUPPORT
(4)	CITY OF CLEWISTON 115 W VENTURA AVE CLEWISTON FL 33440		501(C)	50,000				PROGRAMS
(5)	CLINIC FOR THE REHAB OF WILDLIFE PO BOX 150 SANIBEL FL 33957	23-7271040	501(C)	10,605				GENERAL OP
(6)	COMMUNITIES REACHING OUT INC 908 NORTH GOLF DR HOLLYWOOD FL 33021	65-1242772	501(C)	9,577				GENERAL OP
(7)	COMMUNITY COOPERATIVE MINISTRIES, I P. O. BOX 2143 FORT MYERS FL 33902	59-2602772	501(C)	5,655				GENERAL OP
(8)	CONVENANT PRESBYTERIAN CHURCH 2439 MCGREGOR BLVD FORT MYERS FL 33901	59-1150677	501(C)	8,159				OPERATING SUPPORT
(9)	DAVID LAWRENECE CENTER 6075 BATHEY LANE NAPLES FL 34116	59-2206025	501(C)	5,500				PROGRAMS

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table u
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Part I General Information on Grants and Assistance

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1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	DING DARLING WILDLIFE SOCIETY INC 1 WILDLIFE DR SANIBEL FL 33957	59-2240895	501(C)	10,000				GENERAL OP
(2)	DIOCESE OF VENICE CATHOLIC FAITH AP P. O. BOX 60759 FORT MYERS FL 33906		501(C)	10,000				PROGRAM SUPPORT
(3)	DISABLED VETERANS INSURANCE CAREERS 1275 KASAMADA DR FORT MYERS FL 33919	27-4645661	501(C)	61,000				GENERAL OP
(4)	DRESS FOR SUCESS SW FLORIDA 12995 SOUTH CLEVELAND AVE, STE153 FORT MYERS FL 33907	27-2177347	501(C)	15,500				PROGRAMS
(5)	EARLY LEARNING COALITION OF SWFL 2675 WINKLER AVE, SUITE 300 FORT MYERS FL 33901	65-1144775	501(C)	24,928				PROGRAMS
(6)	EARTH SHINE INSTITUTE INC 5249 SUMMERLIN COMMONS BLVD FORT MYERS FL 33907	32-0042299	501(C)	5,844				GENERAL OP
(7)	ECHO, INC. 17391 DURRANCE ROAD NORTH FORT MYERS FL 33917	23-7275283	501(C)	10,854				PROGRAM SUPPORT
(8)	EDISON STATE COLLEGE FOUNDATION 8099 COLLEGE PKWY FORT MYERS FL 33919	59-6173638	501(C)	10,000				PROG / SCHOLARSHIPS
(9)	EDUCATION FOUNDATION OF COLLIER CTY 3606 ENTERPRISE AVE, STE 150 NAPLES FL 34104	65-0230582	501(C)	33,750				GENERAL OP

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

3 Enter total number of other organizations listed in the line 1 table **u**

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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Part I General Information on Grants and Assistance

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1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	FELLOWSHIP OF CHRISTIAN ATHLETES 3000 ORANGE BLOSSOM DR NAPLES FL 34109	44-0610626	501(C)	8,000				PROGRAMS
(2)	FLORIDA ARTS INC 2301 FIRST STREET FORT MYERS FL 33901	31-1536036	501(C)	18,000				PROGRAM
(3)	FLORIDA GULF COAST UNIVERSITY 10501 FGCU BLVD S FORT MYERS FL 33965	65-0403969	501(C)	21,852				GENERAL OP
(4)	FLORIDA LIONS CONKLIN CENTER FOR TH 405 WHITE ST. DAYTONA BEACH FL 32114	23-7377066	501(C)	5,508				GENERAL OP
(5)	FLORIDA NEXT FOUNDATION INC PO BOX 3178 TAMPA FL 33601	80-0729815	501(C)	25,000				GENERAL OP
(6)	FLORIDA REPERTORY THEATRE P. O. BOX 2483 FORT MYERS FL 33902	65-0827621	501(C)	18,000				GENERAL OP
(7)	FORT MYERS COMMUNITY CONCERT ASSOC PO BOX 606 FORT MYERS FL 33902	59-1739068	501(C)	11,689				GENERAL OP
(8)	FRIENDS OF BAREFOOT BEACH PRESERVE PO BOX 564 BONITA SPRINGS FL 34133	52-1755616	501(C)	11,000				GENERAL OP
(9)	FRIENDS OF LAKE PARK REG LIBRARY 15290 BASS RD FORT MYERS FL 33919	65-0145488	501(C)	7,500				PROGRAMS

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

**SCHEDULE I
(Form 990)**

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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
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1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	GLADIOLUS LEARNING & DEVEL CNTR 10320 GLADIOLUS DR FORT MYERS FL 33908	23-7378076	501(C)	5,807				GENERAL OP
(2)	GOODWILL INDUSTRIES OF SOUTHWEST FL 4940 BAYLINE DR. NORTH FORT MYERS FL 33917	59-6196141	501(C)	82,761				PROGRAM/OP SUPPORT
(3)	GRACE COMMUNITY CENTER 4151 HANCOCK BRIDGE PKWY NORTH FORT MYERS FL 33903	26-2720721	501(C)	30,000				PROGRAMS
(4)	GUADALUPE CENTER INC. 505 HOPE CIRCLE IMMOKALEE FL 34142	59-2617151	501(C)	11,030				GENERAL OP
(5)	GULF COAST HUMANE SOCIETY, INC. 2010 ARCADIA ST. FORT MYERS FL 33916	59-0806978	501(C)	37,333				GENERAL OP
(6)	GULF COAST SYMPHONY P. O. BOX 60878 FORT MYERS FL 33906	65-0666748	501(C)	20,000				OP SUPPORT/MARKETING
(7)	GULFCOAST DANCE INC PO BOX 1593 FORT MYERS FL 33902	59-1735239	501(C)	20,000				GENERAL OP
(8)	HABITAT FOR HUMANITY OF LEE COUNTY, 1288 NORTH TAMiami TRAIL NORTH FORT MYERS FL 33903	59-2236174	501(C)	79,276				GENERAL OP
(9)	HARRY CHAPIN FOOD BANK OF SW FLORID 3760 FOWLER ST. FORT MYERS FL 33901	59-2332120	501(C)	23,995				PROGRAMS

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

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2013

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Department of the Treasury
Internal Revenue Service

u Attach to Form 990.
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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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	HEALTHY START COALITION OF SWFL 1921 JEFFERSON AVE FORT MYERS FL 33908	65-0378720	501(C)	17,182				PROGRAMS
(2)	HEIGHTS FOUNDATION INC 15570 HAIGE DR FORT MYERS FL 33908	65-1003872	501(C)	49,000				PROGRAMS
(3)	HIGHLANDS-CASHIERS HOSPITAL FD INC PO BOX 742 HIGHLANDS NC 28741	56-1165833	501(C)	50,000				ENDOWMENT FD
(4)	HIGHLANDS-CASHIERS HOSPITAL FD INC PO BOX 742 HIGHLANDS NC 28741	56-1165833	501(C)	15,000				PROGRAMS / MEMORIALS
(5)	HOLY TRINITY HIGH SCHOOL 1443 WEST DIVISION ST CHICAGO IL 60642	36-2431052	501(C)	25,000				GEN/OP SUPPORT
(6)	HOPE HEALTHCARE SERVICES 9470 HEALTHPARK CIRCLE FORT MYERS FL 33908	59-2128697	501(C)	36,097				COMM IMPACT/PROG
(7)	HUMAN TRAFFICKING AWARENESS PTNSHP PO BOX 1113 SANIBEL FL 33957	30-0370679	501(C)	20,000				PROGRAMS
(8)	JEWISH FEDERATION OF LEE & CHAR CTY 9701 COMMERCE CENTER COURT FORT MYERS FL 33908	59-2668992	501(C)	6,519				GEN/OP SUPPORT
(9)	JUNIOR ACHIEVEMENT OF SWFL 9530 MARKETPLACE PD FORT MYERS FL 33912	65-0503084	501(C)	13,480				PROGRAMS

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

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

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

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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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	LABELLE HIGH SCHOOL 4050 EAST COWBOY WAY LABELLE FL 33935		GOV	15,000				PROGRAMS
(2)	LABELLE MIDDLE SCHOOL 8000 EAST COWBOY WAY LABELLE FL 33935	59-9000641	GOV	5,400				PROGRAMS
(3)	LEE COUNTY ALLIANCE FOR THE ARTS 10091 MCGREGOR BLVD. FORT MYERS FL 33919	51-0182649	501(C)	22,243				PROGRAMS
(4)	LEE COUNTY ARTIFICIAL REEF ASSOC PO BOX 1121 SANIBEL FL 33957	65-0942095	501(C)	12,500				PROGRAMS
(5)	LEE MEMORIAL HEALTH SYSTEM FOUNDATI P.O. BOX 2218 FORT MYERS FL 33902	65-0645343	501(C)	18,000				PROGRAMS
(6)	LEE TRUST FOR HISTORIC PRESERVATION PO BOX 1035 FORT MYERS FL 33902	65-0391695	501(C)	12,500				PROGRAMS
(7)	LIBERTY YOUTH RANCH P.O. BOX 110718 NAPLES FL 34108	38-3674666	501(C)	22,000				PROGRAMS
(8)	LIGHTHOUSE OF SWFL INC 35 W MARIANA AVE NORT FORT MYERS FL 33903	59-1665257	501(C)	5,304				PROGRAMS
(9)	LITERACY COUNCIL GULF COAST INC PO BOX 2703 BONITA SPRINGS FL 34133	65-0153890	501(C)	33,084				PROGRAMS

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

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

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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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	MUSEUM OF NEW JERSEY MARITIME HIST 528 DOCK RD BEACH HAVEN NJ 08008	76-0730192	501(C)	10,200				PROGRAMS
(2)	NAPLES BOTANICAL GARDEN 4820 BAYSHORE DR NAPLES FL 34112	65-0511429	501(C)	15,100				PROGRAMS
(3)	NATIONAL PARKINSON FOUNDATION 1501 NORTHWEST NINTH AVE. MIAMI FL 33136	59-0968031	501(C)	30,760				RESEARCH
(4)	NEW HORIZONS OF SOUTHWEST FLORIDA PO BOX 111833 NAPLES FL 34108	11-3678086	501(C)	34,150				GENERAL OP
(5)	OCTAGON SEQUENCE OF EIGHT, INC. 41660 HORSESHOE ROAD PUNTA GORDA FL 33982	59-2298305	501(C)	9,334				GENERAL OP
(6)	PACE CENTER FOR GIRLS OF LEE COUNTY 3800 EVANS AVE FORT MYERS FL 33901	59-2414492	501(C)	25,373				CAPITAL/GENERAL OP
(7)	PAWS LEE COUNTY INC 13410 N CLEVELAND AVE NORTH FORT MYERS FL 33903	94-3467822	501(C)	19,776				PROGRAMS
(8)	PINE MANOR IMPROVEMENT ASSOC INC PO BOX 61464 FORT MYERS FL 33906	65-0133208	501(C)	41,258				PROGRAMS
(9)	QUALITY OF LIFE CENTER OF SWFL PO BOX 1290 FORT MYERS FL 33901	65-0321309	501(C)	20,200				CAPITAL / GENERAL OP

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

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

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

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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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	REDLANDS CHRISTIAN MIGRATION ASSOC 402 W MAIN STREET IMMOKALEE FL 34142	59-1221966	501(C)	27,708				PROGRAMS
(2)	RIVER DISTRICT ALLIANCE (FORT MYERS) P. O. BOX 1686 FORT MYERS FL 33901	65-0542768	501(C)	15,000				PROGRAMS
(3)	SAMARITAN'S PURSE PO BOX 3000 BOONE NC 28607	58-1437002	501(C)	12,000				PROGRAMS
(4)	SHELL POINT VILLAGE RETIRE COMM 15000 SHELL POINT BLVD FORT MYERS FL 33908	80-0002415	501(C)	14,782				PROGRAM/GENERAL
(5)	SHRINERS HOSPITAL FOR CHILDREN 12502 PINE DRIVE TAMPA FL 33612	04-2121377	501(C)	5,712				GENERAL OP
(6)	SOUTHWEST FLORIDA ATTRACTIONS ASSOC P.O. BOX 60702 FORT MYERS FL 33906	65-0618123	501(C)	7,000				GENERAL OP
(7)	SOUTHWEST FLORIDA REGIONAL PLANNING 1926 VICTORIA AVE FORT MYERS FL 33901		501(C)	15,000				PROGRAMS
(8)	SOUTHWEST FLORIDA SYMPHONY 12651 MCGREGOR BLVD. UNIT #4-403 FORT MYERS FL 33919	59-1350404	501(C)	46,806				PROGRAM/OP SUPPORT
(9)	SOUTHWEST WORKFORCE DEV BOARD 9530 MARKETPLACE RD #104 FORT MYERS FL 33912		501(C)	25,500				GENERAL OP

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

3 Enter total number of other organizations listed in the line 1 table **u**

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

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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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	ST. LUKE'S EPISCOPAL CHURCH 2635 CLEVELAND AVENUE FORT MYERS FL 33901		501(C)	9,352				GENERAL OP
(2)	SWFL COUNCIL, INC., BOY SCOUTS OF A 1801 BOY SCOUT DR. FORT MYERS FL 33907	59-1150488	501(C)	32,778				GENERAL OP
(3)	THE COMMUNITY FOUNDATION OF WESTERN P. O. BOX 1888 ASHEVILLE NC 28802	56-1223384	501(C)	10,000				PROGRAM
(4)	THE FOUNDATION FOR LEE COUNTY PUBLI P. O. BOX 1608 FORT MYERS FL 33902	59-2637849	501(C)	139,166				PROGRAM/OP SUPPORT
(5)	THE NATIONS ASSOC CHARITIES INC PO BOX 1060 FORT MYERS FL 33902	59-1840066	501(C)	7,936				GENERAL OP
(6)	THE SALVATION ARMY OF LEE, HENDRY, 10291 MCGREGOR BLVD. FORT MYERS FL 33919	58-0660607	501(C)	64,158				GENERAL OP
(7)	THE STEVE RUMMLER HOPE FD PO BOX 24773 MINNEAPOLIS MN 55424	45-2903444	501(C)	25,000				GENERAL OP
(8)	THE WOMEN'S FUND OF SWFL INC 27320 HIDDEN RIVER COURT BONITA SPRINGS FL 34134	45-2514055	501(C)	8,000				GENERAL OP
(9)	THEATRE CONSPIRACY 10091 MCGREGOR BLVD FORT MYERS FL 33901	65-0569413	501(C)	10,000				PROGRAM SUPPORT

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

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

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u Attach to Form 990.

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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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	UNCOMMON FRIENDS FOUNDATION P.O. BOX 811 FORT MYERS FL 33902	65-0490124	501(C)	10,816				GENERAL OP
(2)	UNITED WAY OF LEE, HENDRY & GLA 7273 CONCOURSE DR. FORT MYERS FL 33908	59-1005169	501(C)	80,367				PROGRAM/OP SUPPORT
(3)	UNIVERSITY OF FLORIDA PO BOX 114050 S-113 GAINESVILLE FL 32611	59-0974739	501(C)	22,700				GENERAL OP
(4)	WAKE UP AMERICA OF SWFL INC PO BOX 1654 FORT MYERS FL 33902	65-0997803	501(C)	10,000				GENERAL OP
(5)	YOUNG ARTISTS AWARD, INC. PO BOX 152149 CAPE CORAL FL 33915	57-1231237	501(C)	12,500				PROGRAMS
(6)	ZION LUTHERAN CHURCH 7401 WINKLER RD. FORT MYERS FL 33919		501(C)	10,000				OPERATING SUPPORT
(7)	MISC GRANTS \$5,000 AND UNDER 8771 COLLEGE PARKWAY, BLDG 2, #201 FORT MYERS FL 33919		501(C)	71,228				GENERAL OP /PROGRAM
(8)								
(9)								

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

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

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to 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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 ACADEMIC SCHOLARSHIPS	112	445,987			
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.

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS
 EACH NONPROFIT AWARDED A COMPETITIVE GRANT FROM THE SOUTHWEST FLORIDA
 COMMUNITY FOUNDATION IS REQUIRED TO SUBMIT A FINAL GRANT EVALUATION REPORT
 FORM THAT OUTLINES WHAT WAS ACCOMPLISHED AS A RESULT OF THE GRANT AWARD AND
 INCLUDES A FINAL BUDGET DETAILING ALL PROJECT EXPENSES. THE DUE DATE FOR
 THE REPORT IS INCLUDED IN THE GRANT AWARD LETTER AND IS USUALLY 13 MONTHS
 AFTER THE GRANT IS AWARDED, AS GRANTS ARE AWARDED FOR ONE YEAR. WE ALSO
 MONITOR 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

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to 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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
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.

GRANT FUNDS MUST BE USED EXCLUSIVELY FOR THE PURPOSE OR PURPOSES DESCRIBED
 IN THE PROPOSAL THE GRANTEE ORGANIZATION SUBMITTED TO THE COMMUNITY
 FOUNDATION.

**SCHEDULE J
(Form 990)**

Compensation Information

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

u Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
u Attach to Form 990. u See separate instructions.

u Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

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

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in 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**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c**
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in 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**
- b** Any related organization? **5b**
- If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in 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**
- b** Any related organization? **6b**
- If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		X
2	X	
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
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 in 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 reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 SARAH OWEN PRESIDENT / CEO	(i)	157,500	0	0	5,787	0	163,287	0
	(ii)	0	0	0	0	0	0	0
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(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.

PART I, LINE 1B - WRITTEN REIMBURSEMENT POLICY EXPLANATION

AS PART OF THE CEO'S REVIEW, THE EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD APPROVED PAYING THE SOCIAL DUES AT A COUNTRY CLUB FOR USE BY THE CEO FOR DONOR RELATIONSHIP MEETINGS AND FOUNDATION EVENTS.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2013

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

u Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

u Attach to Form 990.

u Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

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	X	1	2,700	COMPARABLE SALES
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	26	323,224	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 u (.....				
26 Other u (.....				
27 Other u (.....				
28 Other u (.....				

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

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 - 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

Yes No

30a		X

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31	X	
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32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a	X	
------------	----------	--

b If "Yes," describe in Part II.

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

PART I, LINE 32B - THIRD PARTY USED TO PROCESS NONCASH CONTRIBUTIONS

DONATED SECURITIES ARE FORWARDED TO SEI INVESTMENTS, INC., THE FOUNDATION'S PROFESSIONAL INVESTMENT ADVISORS, WHO SELL THE SECURITIES AND PLACE THE PROCEEDS IN THE FOUNDATION'S INVESTMENT PORTFOLIO.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

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.

u Attach to Form 990 or 990-EZ.

u Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public
Inspection

**SOUTHWEST FLORIDA COMMUNITY
FOUNDATION INC**

Employer identification number

59-6580974

FORM 990 - ORGANIZATION'S MISSION

ORGANIZATION'S MISSION IS REGIONAL CHANGE FOR THE COMMON GOOD. THE MOST SIGNIFICANT ACTIVITIES INCLUDE CONVENING AND FACILITATING DIVERSE NETWORKS OF REGIONAL STAKEHOLDERS (PHILANTHROPY, BUSINESS, NON PROFIT, EDUCATION, GOVERNMENT) WHO TOGETHER 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. THE FOUNDATION WORKS WITH ALL KINDS OF DONORS INTERESTED IN PHILANTHROPIC GIVING WITH AN EYE ON SUSTAINABLE GIVING THROUGH ENDOWED FUNDS OR CURRENT FUNDS AIMED AT CREATING A STRONGER COMMUNITY AND BETTER QUALITY OF LIFE FOR EVERYONE.

FORM 990, PART III, LINE 4C - THIRD ACCOMPLISHMENT

PARTNER LED TO THE DEVELOPMENT OF SHARED GOALS - TO INCREASE THE NUMBER OF STUDENTS FILLING OUT THE ALL-IMPORTANT FAFSA FREE AID FOR STUDENTS. THE PARTNERS EMBARKED ON COMMUNICATIONS PROGRAMS, MENTORING SESSIONS AND WORKSHOPS. THE END RESULT FIVE OF THE EIGHT SCHOOLS IMPROVED THEIR FAFSA COMPLETION RATES AND FOUR WERE ABOVE THE STATE'S DECLINING 31.18 PERCENT.

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENT

OTHER PROGRAMS INCLUDE: (A) EDUCATIONAL PROGRAMS FOR NONPROFITS, DONORS AND PROFESSIONAL ADVISORS; (B) COACHING AND TECHNICAL ASSISTANCE TO NONPROFITS; (C) COMMUNITY LEADERSHIP/CONVENER SERVICES; (D) ART EXHIBITION AND (E) COMMUNITY RECOGNITION EVENTS.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

Name of the organization

SOUTHWEST FLORIDA COMMUNITY

Employer identification number

59-6580974

AN INDEPENDENT CERTIFIED PUBLIC ACCOUNTANT REVIEWS THE FORM WITH THE BOARD OF TRUSTEES' AUDIT COMMITTEE PRIOR TO FILING.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

ALL TRUSTEES, OFFICERS, AND EMPLOYEES ARE REQUIRED TO REVIEW AND EXECUTE A NEW CONFLICT OF INTEREST POLICY ON AN ANNUAL BASIS. CERTAIN VOLUNTEERS ARE ALSO REQUIRED TO REVIEW AND EXECUTE A CONFLICT OF INTEREST POLICY DEPENDING ON THE FUNCTION OF THE VOLUNTEER DUTIES ASSIGNED.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

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 THE TOP TEN FOUNDATIONS IN FLORIDA, AND OTHER FOUNDATIONS' FORM 990S.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

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 THE TOP TEN FOUNDATIONS IN FLORIDA, AND 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.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

THE FOUNDATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND

Name of the organization

SOUTHWEST FLORIDA COMMUNITY

Employer identification number

59-6580974

FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST, THROUGH THE FOUNDATION'S WEBSITE AT WWW.FLORIDACOMMUNITY.COM, AND THROUGH AN ELECTRONIC DATABASE KNOWN AS GUIDESTAR.

FORM 990, PART XI, LINE 9 - RECONCILIATION OF CHANGES - OTHER

PYMT/CHG IN SPLIT INTEREST AGMT & REMAINDER INT VALUES	\$	1,281,260
UNREALIZED GAIN ALLOCATED TO AGENCY FUNDS	\$	-568,209
AGENCY FUND CONTRIBUTIONS	\$	-127,385
INVESTMENT FEES ALLOCATED TO AGENCY FUNDS	\$	14,505
AGENCY FUND GRANTS	\$	192,681

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2013

Open to Public Inspection

u Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
 u Attach to Form 990. u See separate instructions.
 u Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

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 8771 COLLEGE PARKWAY, BLDG 2, #201 27-4342648 FORT MYERS FL 33919	INACTIVE	FL			N/A
(2) COMMUNITY FD OF SANIBEL-CAPTIVA LLC 8771 COLLEGE PARKWAY, BLDG 2, #201 27-4343844 FORT MYERS FL 33919	INACTIVE	FL			N/A
(3) WOMENS LEGACY FUND LLC 8771 COLLEGE PARKWAY, BLDG 2, #201 27-4967919 FORT MYERS FL 33919	INACTIVE	FL			N/A
(4) WOMENS LEGACY FUND OF SWFL LLC 8771 COLLEGE PARKWAY, BLDG 2, #201 27-4968412 FORT MYERS FL 33919	INACTIVE	FL			N/A
(5) GOOD NEIGHBOR COMM FD OF SANIBEL- 8771 COLLEGE PARKWAY, BLDG 2, #201 27-4343158 FORT MYERS FL 33919	INACTIVE	FL			N/A

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)							
(2)							
(3)							
(4)							
(5)							

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate alloc.?		(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	
(1)												
(2)												
(3)												
(4)												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									

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.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

	Yes	No
1a		
1b		
1c		
1d		
1e		
1f		
1g		
1h		
1i		
1j		
1k		
1l		
1m		
1n		
1o		
1p		
1q		
1r		
1s		

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)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													

