

Form **990**

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2014**

**Open to Public Inspection**

**A For the 2014 calendar year, or tax year beginning 07/01/14, and ending 06/30/15**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>SOUTHWEST FLORIDA COMMUNITY FOUNDATION INC</b>	<b>D</b> Employer identification number <b>59-6580974</b>
	Doing business as	<b>E</b> Telephone number <b>239-274-5900</b>
	Number and street (or P.O. box if mail is not delivered to street address) <b>8771 COLLEGE PARKWAY, BLDG 2, #201</b>	Room/suite
	City or town, state or province, country, and ZIP or foreign postal code <b>FORT MYERS FL 33919</b>	<b>G</b> Gross receipts\$ <b>20,736,774</b>

<b>F</b> Name and address of principal officer: <b>RONALD E. PENN, CFO</b> <b>8771 COLLEGE PARKWAY, BLDG 2, #201</b> <b>FORT MYERS FL 33919</b>	<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
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<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) <input type="checkbox"/> t (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	<b>J</b> Website: <b>WWW.FLORIDACOMMUNITY.COM</b>	<b>H(c)</b> Group exemption number <b>u</b>
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other <b>u</b>	<b>L</b> Year of formation: <b>1976</b>	<b>M</b> State of legal domicile: <b>FL</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>SEE SCHEDULE O</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>25</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>25</b>
	<b>5</b> Total number of individuals employed in calendar year 2014 (Part V, line 2a)	<b>5</b>	<b>18</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>150</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>8,235,847</b>	<b>11,175,128</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)		<b>0</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>3,015,907</b>	<b>1,269,832</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>30,378</b>	<b>162,274</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>11,282,132</b>	<b>12,607,234</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>2,880,060</b>	<b>3,371,441</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		<b>0</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>929,607</b>	<b>1,023,848</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>u</b> <b>337,206</b>		<b>0</b>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>1,051,597</b>	<b>1,207,661</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>4,861,264</b>	<b>5,602,950</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>6,420,868</b>	<b>7,004,284</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	<b>82,538,189</b>	<b>93,533,090</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>5,661,037</b>	<b>5,261,166</b>
		<b>76,877,152</b>	<b>88,271,924</b>

**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.

<b>Sign Here</b>	<b>Signature of officer</b> <b>RONALD E. PENN</b>	<b>Date</b>			
	<b>Type or print name and title</b> <b>Hughes, Snell &amp; Co., P.A. CFO</b>				
<b>Paid Preparer Use Only</b>	<b>Print/Type preparer's name</b> <b>PATTI R HARDIN</b>	<b>Preparer's signature</b>	<b>Date</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P00371840</b>
	<b>Firm's name</b> <b>HUGHES, SNELL &amp; CO., P.A.</b>	<b>Firm's EIN</b> <b>59-2309183</b>	<b>Firm's address</b> <b>1470 ROYAL PALM SQUARE BLVD FORT MYERS, FL 33919-1049</b>	<b>Phone no.</b> <b>239-939-2233</b>	

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

For Paperwork Reduction Act Notice, see the separate instructions.

**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 \$ **2,240,130** including grants of \$ **2,112,093** ) (Revenue \$ **7,723,954** )  
**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 \$ **761,342** including grants of \$ **569,288** ) (Revenue \$ **477,557** )  
**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 \$ **887,566** including grants of \$ **567,475** ) (Revenue \$ **2,969,450** )  
**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 ONGOING INITIATIVE IS THE DEVELOPMENT OF THE FUTUREMAKERS COALITION. THE COALITION IS WORKING TO INCREASE POST-SECONDARY COMPLETION IN SOUTHWEST FLORIDA AND PROMOTE THE KNOWLEDGE AND SKILLS NEEDED FOR SUCCESS IN THE WORKPLACE AND IN LIFE. THE GOAL IS TO TRANSFORM THE WORKFORCE BY INCREASING THE NUMBER OF COLLEGE DEGREES AND POST-SECONDARY CERTIFICATIONS**

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

(Expenses \$ **549,372** including grants of \$ **122,585** ) (Revenue \$ **4,167** )

4e Total program service expenses **u 4,438,410**

**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	<b>Section 501(c)(3) organizations.</b> 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 domestic 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 or for domestic individuals 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	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? 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 "Yes," complete Schedule L, Part II		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
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	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	X	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		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
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	
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
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		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
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	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

Main form area containing questions 1a through 14b and corresponding Yes/No columns. Includes sub-questions for various IRS forms and financial reporting.

**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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	<b>25</b>		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent		
	<b>25</b>		
<b>2</b>	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?		<b>X</b>
<b>3</b>	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?		<b>X</b>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<b>X</b>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		<b>X</b>
<b>6</b>	Did the organization have members or stockholders?		<b>X</b>
<b>7a</b>	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?		<b>X</b>
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<b>X</b>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	<b>X</b>	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	<b>X</b>	
<b>9</b>	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		<b>X</b>

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

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

**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.  
 Own website  Another's website  Upon request  Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **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 organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SARAH OWEN ..... PRESIDENT / CEO	50.00 ..... 0.00	X		X				165,000	0	15,950
(2) JOSEPH MAZURKIEWICZ JR ..... CHAIR	3.00 ..... 0.00	X		X				0	0	0
(3) GUY WHITESMAN ..... VICE CHAIR	3.00 ..... 0.00	X		X				0	0	0
(4) GAY THOMPSON ..... SEC/TREAS	3.00 ..... 0.00	X		X				0	0	0
(5) DAWN-MARIE DRISCOLL ..... IMMEDIATE PAST CHAIR	3.00 ..... 0.00	X		X				0	0	0
(6) AURORA BADIA ..... TRUSTEE	1.00 ..... 0.00	X						0	0	0
(7) DEBORAH M. BRAENDLE ..... TRUSTEE	1.00 ..... 0.00	X						0	0	0
(8) CAROLYN CONANT ..... TRUSTEE	1.00 ..... 0.00	X						0	0	0
(9) PATRICIA K. DOBBINS ..... TRUSTEE	1.00 ..... 0.00	X						0	0	0
(10) KEVIN L. ERWIN ..... TRUSTEE	1.00 ..... 0.00	X						0	0	0
(11) CRAIG FOLK ..... 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) <b>JOHN GAMBA, JR.</b>	1.00									
..... TRUSTEE	0.00	X						0	0	0
(13) <b>DENNIE HAMILTON</b>	1.00									
..... TRUSTEE	0.00	X						0	0	0
(14) <b>HON. ARCHIE B. HAYWARD, JR.</b>	1.00									
..... TRUSTEE	0.00	X						0	0	0
(15) <b>CHRISTOPHER HILL</b>	1.00									
..... TRUSTEE	0.00	X						0	0	0
(16) <b>DR. LARRY A. HOBBS</b>	1.00									
..... TRUSTEE	0.00	X						0	0	0
(17) <b>LI-SU JAVEDAN</b>	1.00									
..... TRUSTEE	0.00	X						0	0	0
(18) <b>HUGH KINSEY, JR</b>	1.00									
..... TRUSTEE	0.00	X						0	0	0
(19) <b>HOWARD L. LELAND</b>	1.00									
..... TRUSTEE	0.00	X						0	0	0
<b>1b Sub-total</b> .....								<b>165,000</b>		<b>15,950</b>
<b>c Total from continuation sheets to Part VII, Section A</b> .....								<b>115,945</b>		<b>5,259</b>
<b>d Total (add lines 1b and 1c)</b> .....								<b>280,945</b>		<b>21,209</b>

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

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

**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
<b>DAVID FLEMMING</b> <b>FORT MYERS</b>	<b>3778 HANOVER STREET</b> <b>STRAT PLAN/PRGM</b>	<b>120,000</b>

**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) <b>ALAN MANDEL</b>	1.00									
..... TRUSTEE	0.00	X					0	0	0	
(13) <b>DARREN ROBERTSHAW</b>	1.00									
..... TRUSTEE	0.00	X					0	0	0	
(14) <b>SANDY ROBINSON</b>	1.00									
..... TRUSTEE	0.00	X					0	0	0	
(15) <b>ROBBIE B. ROEPSTORFF</b>	1.00									
..... TRUSTEE	0.00	X					0	0	0	
(16) <b>KARSON TURNER</b>	1.00									
..... TRUSTEE	0.00	X					0	0	0	
(17) <b>MYRA HALE WALTERS</b>	1.00									
..... TRUSTEE	0.00	X					0	0	0	
(18) <b>RUSTY WHITLEY</b>	1.00									
..... TRUSTEE	0.00	X					0	0	0	
(19) <b>RONALD E. PENN</b>	50.00									
..... CFO	0.00			X			115,945	0	5,259	
<b>1b Sub-total</b> .....							<b>115,945</b>		<b>5,259</b>	
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....										

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

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual .....		
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual .....		
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? 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
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>			
	<b>b</b> Membership dues	<b>1b</b>			
	<b>c</b> Fundraising events	<b>1c</b>			
	<b>d</b> Related organizations	<b>1d</b>			
	<b>e</b> Government grants (contributions)	<b>1e</b>			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> <b>11,175,128</b>			
	<b>g</b> Noncash contributions included in lines 1a-1f: \$	<b>2,691,651</b>			
	<b>h Total.</b> Add lines 1a-1f	<b>u 11,175,128</b>			
<b>Program Service Revenue</b>		<b>Busn. Code</b>			
	<b>2a</b> .....				
	<b>b</b> .....				
	<b>c</b> .....				
	<b>d</b> .....				
	<b>e</b> .....				
	<b>f</b> All other program service revenue				
	<b>g Total.</b> Add lines 2a-2f	<b>u</b>			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)	<b>u 1,140,339</b>			<b>1,140,339</b>
	<b>4</b> Income from investment of tax-exempt bond proceeds	<b>u</b>			
	<b>5</b> Royalties	<b>u</b>			
		(i) Real	(ii) Personal		
	<b>6a</b> Gross rents				
	<b>b</b> Less: rental exps.				
	<b>c</b> Rental inc. or (loss)				
	<b>d</b> Net rental income or (loss)	<b>u</b>			
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
		<b>8,259,033</b>			
	<b>b</b> Less: cost or other basis & sales exps.	<b>8,129,540</b>			
	<b>c</b> Gain or (loss)	<b>129,493</b>			
	<b>d</b> Net gain or (loss)	<b>u 129,493</b>			<b>129,493</b>
	<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	<b>a</b>			
	<b>b</b> Less: direct expenses	<b>b</b>			
<b>c</b> Net income or (loss) from fundraising events	<b>u</b>				
<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>				
<b>b</b> Less: direct expenses	<b>b</b>				
<b>c</b> Net income or (loss) from gaming activities	<b>u</b>				
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>a</b>				
<b>b</b> Less: cost of goods sold	<b>b</b>				
<b>c</b> Net income or (loss) from sales of inventory	<b>u</b>				
Miscellaneous Revenue		<b>Busn. Code</b>			
<b>11a</b> MISCELLANEOUS INCOME		<b>162,274</b>	<b>162,274</b>		
<b>b</b> .....					
<b>c</b> .....					
<b>d</b> All other revenue					
<b>e Total.</b> Add lines 11a-11d	<b>u 162,274</b>				
<b>12 Total revenue.</b> See instructions.	<b>u 12,607,234</b>	<b>162,274</b>	<b>0</b>	<b>1,269,832</b>	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,946,709	2,946,709		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	424,732	424,732		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	323,520	124,943	130,217	68,360
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	547,505	211,450	220,346	115,709
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	13,244	5,115	5,330	2,799
9 Other employee benefits	73,061	28,216	29,406	15,439
10 Payroll taxes	66,518	25,690	26,771	14,057
11 Fees for services (non-employees):				
a Management				
b Legal	19,365	11,750	7,020	595
c Accounting	34,700	13,401	13,966	7,333
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	183,967	45,992	119,578	18,397
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	283,451	230,510	52,941	
12 Advertising and promotion				
13 Office expenses	71,579	27,644	28,808	15,127
14 Information technology	109,774	41,089	50,298	18,387
15 Royalties				
16 Occupancy	102,876	43,413	38,989	20,474
17 Travel	20,967	4,875	12,356	3,736
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	23,619	4,348	11,241	8,030
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	68,359	26,400	27,513	14,446
23 Insurance	23,917	9,237	9,626	5,054
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 <b>PROJECTS</b>	144,905	144,905		
b <b>PRINTING AND PUBLICATION</b>	57,766	57,511	255	
c <b>DUES &amp; SUBSCRIPTIONS</b>	26,938	1,585	21,731	3,622
d <b>RELATIONSHIPS</b>	20,987	8,683	7,192	5,112
e All other expenses	14,491	212	13,750	529
25 Total functional expenses. Add lines 1 through 24e	5,602,950	4,438,410	827,334	337,206
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
<b>Assets</b>	1	Cash—non-interest bearing	1	
	2	Savings and temporary cash investments	2	<b>437,822</b>
	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	9	<b>41,320</b>
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	<b>276,580</b>
	b	Less: accumulated depreciation	10b	<b>163,003</b>
	10c		10c	<b>113,577</b>
	11	Investments—publicly traded securities	11	<b>70,647,535</b>
	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	15	<b>22,292,836</b>	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	16	<b>93,533,090</b>	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	17	<b>46,366</b>
	18	Grants payable	18	<b>521,800</b>
	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	25	<b>4,693,000</b>
	26	<b>Total liabilities.</b> Add lines 17 through 25	26	<b>5,261,166</b>
	<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>		
27		Unrestricted net assets	27	<b>67,945,529</b>
28		Temporarily restricted net assets	28	<b>18,981,270</b>
29		Permanently restricted net assets	29	<b>1,345,125</b>
<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
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	<b>Total net assets or fund balances</b>	33	<b>88,271,924</b>	
34	<b>Total liabilities and net assets/fund balances</b>	34	<b>93,533,090</b>	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>12,607,234</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>5,602,950</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>7,004,284</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	<b>76,877,152</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	<b>118,589</b>
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	<b>4,271,899</b>
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	<b>88,271,924</b>

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	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.		
<b>2a</b>	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		<b>X</b>
<b>b</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	<b>X</b>	
<b>c</b>	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.	<b>X</b>	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		<b>X</b>
<b>b</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

**2014**

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](http://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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

**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) <b>u</b>	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,025,144	5,166,046	4,545,963	8,235,847	6,702,288	25,675,288
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	1,025,144	5,166,046	4,545,963	8,235,847	6,702,288	25,675,288
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						8,348,213
<b>6</b> Public support. Subtract line 5 from line 4.						17,327,075

**Section B. Total Support**

Calendar year (or fiscal year beginning in) <b>u</b>	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>7</b> Amounts from line 4	1,025,144	5,166,046	4,545,963	8,235,847	6,702,288	25,675,288
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	937,278	1,030,064	1,158,482	3,048,029	1,140,339	7,314,192
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>11 Total support.</b> Add lines 7 through 10						32,989,480
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	162,274
<b>13 First five years.</b> 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 <b>stop here</b> <input type="checkbox"/>						

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

<b>14</b> Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	52.52 %
<b>15</b> Public support percentage from 2013 Schedule A, Part II, line 14	<b>15</b>	61.02 %
<b>16a 33 1/3% support test—2014.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
<b>b 33 1/3% support test—2013.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2014.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2013.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>18 Private foundation.</b> 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) <b>u</b>	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) <b>u</b>	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

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

<b>15</b> Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2013 Schedule A, Part III, line 15	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2014</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2013</b> Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests—2014.** 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—2013.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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



**Part IV Supporting Organizations**

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .		
<b>b</b> Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		
<b>c</b> Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .		
<b>10a</b> Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.		
<b>b</b> Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**):
- a**  The organization satisfied the Activities Test. Complete **line 2** below.
  - b**  The organization is the parent of each of its supported organizations. Complete **line 3** below.
  - c**  The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions).

		Yes	No
<b>2</b>	<b>Activities Test. Answer (a) and (b) below.</b>		
<b>a</b>	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
<b>b</b>	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>3</b>	<b>Parent of Supported Organizations. Answer (a) and (b) below.</b>		
<b>a</b>	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in <b>Part VI</b> .		
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.		

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

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

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

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

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2014 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2014</b>	<b>(iii) Distributable Amount for 2014</b>
<b>1</b> Distributable amount for 2014 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2014:			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b> From 2013 . . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2014 distributable amount			
<b>i</b> Carryover from 2009 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2014 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2014 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
<b>6</b> Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
<b>7 Excess distributions carryover to 2015.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b> Excess from 2013 . . .			
<b>e</b> Excess from 2014 . . .			



**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.

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

OMB No. 1545-0047

**2014**

Open to Public Inspection

Name of the organization

**SOUTHWEST FLORIDA COMMUNITY  
FOUNDATION INC**

Employer identification number

**59-6580974**

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	102	394
2 Aggregate value of contributions to (during year)	5,264,087	5,912,951
3 Aggregate value of grants from (during year)	1,508,752	1,862,689
4 Aggregate value at end of year	12,435,126	70,984,036
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 a 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 \$	13,715

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included 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, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII  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	51,133,580	42,077,341	37,948,917	36,751,971	33,560,114
b Contributions	11,215,653	4,974,870	2,813,247	3,526,875	1,053,660
c Net investment earnings, gains, and losses	1,207,554	6,989,989	4,581,267	622,679	5,898,315
d Grants or scholarships	2,911,505	1,976,568	2,433,680	2,188,320	3,006,248
e Other expenditures for facilities and programs					
f Administrative expenses	1,031,995	932,051	832,410	764,288	753,870
g End of year balance	59,613,288	51,133,580	42,077,341	37,948,917	36,751,971

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment **u 97.74 %**
  - b Permanent endowment **u 2.26 %**
  - 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   |     | <input checked="" type="checkbox"/> |
| (ii) related organizations  |     | <input checked="" type="checkbox"/> |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b  |                                     |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

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

Complete if the organization answered "Yes" 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		56,626	25,165	31,461
d Equipment		206,239	137,838	68,401
e Other		13,715		13,715
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				<b>u 113,577</b>

**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)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) <b>u</b>		

**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)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) <b>u</b>		

**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) <b>DEFERRED GIFTS REC - CRTS / CLTS</b>	<b>18,301,242</b>
(2) <b>DEFERRED GIFTS REC - CGAS</b>	<b>1,976,081</b>
(3) <b>CONTRIBUTIONS RECEIVABLE</b>	<b>1,865,129</b>
(4) <b>LIFE INSURANCE - REMAINDER INTEREST</b>	<b>150,384</b>
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) <b>u</b>	<b>22,292,836</b>

**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) <b>FUNDS HELD AS AGENCY ACCOUNTS</b>	<b>3,246,563</b>	
(3) <b>ANNUITY OBLIGATIONS</b>	<b>1,333,084</b>	
(4) <b>FUNDS RESTRICTED FOR PROGRAMS</b>	<b>113,353</b>	
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) <b>u</b>	<b>4,693,000</b>	

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	16,663,756
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	118,589	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	4,256,469	
e	Add lines 2a through 2d	2e		4,375,058
3	Subtract line 2e from line 1	3		12,288,698
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	318,536	
c	Add lines 4a and 4b	4c		318,536
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		12,607,234

**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	5,268,984
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		5,268,984
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	333,966	
c	Add lines 4a and 4b	4c		333,966
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		5,602,950

**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 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 740-10, INCOME TAXES AS IT RELATES TO UNCERTAIN TAX POSITIONS, AND HAS EVALUATED ITS TAX POSITIONS TAKEN FOR ALL OPEN TAX YEARS. CURRENTLY, THE TAX PERIODS FOR THE FISCAL YEARS ENDED JUNE 30, 2013 AND 2012 ARE OPEN AND SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE. THE FOUNDATION IS NOT CURRENTLY UNDER AUDIT; HOWEVER THE TAX PERIOD FOR THE FISCAL YEAR ENDED 2014 WAS EXAMINED AND HAS BEEN CLOSED WITH NO CHANGES.

**Part XIII Supplemental Information** (continued)

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.

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

PYMT/CHG IN SPLIT INT AGMT & REMAINDER / LEAD INT VALUES	\$	4,254,559
IN KIND CONTRIBUTIONS	\$	1,910

## PART XI, LINE 4B - REVENUE AMOUNTS INCLUDED ON RETURN - OTHER

UNREALIZED GAIN ALLOCATED TO AGENCY FUNDS	\$	93,102
AGENCY FUND CONTRIBUTIONS	\$	15,795
ALLOCATED TO PARTNER SUPPORT	\$	209,639

## PART XII, LINE 4B - EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER

INVESTMENT FEES ALLOCATED TO AGENCY FUNDS	\$	11,155
AGENCY FUND GRANTS	\$	113,172
ALLOCATED TO PARTNER SUPPORT	\$	209,639

**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

**2014**
**Open to Public  
Inspection**
Department of the Treasury  
Internal Revenue Service
 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 Domestic Organizations and Domestic Governments.** 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)	38,365				GEN/OPER SUPPORT
(2)	ALLIANCE DEFENDING FREEDOM 15100 N 9TH STREET SCOTTSDALE AZ 85260	54-1660459	501(C)	25,000				GEN/OP SUPPORT
(3)	AMIGOS EN CRISTO INC 25999 OLD 41 RD BONITA SPRINGS FL 34135	59-3646095	501(C)	33,000				PROGRAMS
(4)	ANIMAL REFUGE CENTER, INC P. O. BOX 6642 FORT MYERS FL 33902	65-0057419	501(C)	9,623				GEN SUPPORT
(5)	ANIMAL REFUGE OF LABELLE, INC PO BOX 2441 LABELLE FL 33935	65-0404638	501(C)	13,880				SPEC PURPOSE
(6)	ARTFEST FORT MYERS, INC. 2443 FIRST ST. FORT MYERS FL 33901	65-1119729	501(C)	16,000				OP/ PROGRAM SUPPORT
(7)	BAILEY-MATTHEWS SHELL MUSEUM P. O. BOX 1580 SANIBEL FL 33957	59-2775992	501(C)	17,137				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)	5,206				GENERAL OP

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u 262**
- 3 Enter total number of other organizations listed in the line 1 table **u**

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

Schedule I (Form 990) (2014)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2014**

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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 Domestic Organizations and Domestic Governments.** 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)	5,883				GEN OP/PROGRAM
(2)	CALOOSA HUMANE SOCIETY P. O. BOX 2337 LABELLE FL 33975	65-0759567	501(C)	34,274				GENERAL OP
(3)	CAPITVA CHAPEL BY THE SEA PO BOX 162 CAPTIVA FL 33924	59-6143042	501(C)	11,373				GENERAL OP
(4)	CARPE DIEM FARMS INC 544 WESTERN RHODES DRIVE HIGHLANDS NC 28741	58-2020153	501(C)	5,500				SPECIFC PROG
(5)	CENTER FOR ABUSE & RAPE EMERG PO BOX 510234 PUNTA GORDA FL 33951	59-2435059	501(C)	5,869				GEN/OP SUPPORT
(6)	CENTER FOR THE ARTS 26100 OLD 41 ROAD BONITA SPRINGS FL 34135	65-0295085	501(C)	18,000				GENERAL OP
(7)	CHARLOTTE COUNTY HOMELESS COALITION PO BOX 380157 MURDOCK FL 33938	65-0139525	501(C)	32,626				FOOD CONNECT PROG
(8)	CHARLOTTE HARBOR ENVIRONMENTAL CNTR 10941 BURNT STORE ROAD PUNTA GORDA FL 33955	59-2853001	501(C)	30,591				PROGRAM
(9)	CHILDREN'S ADVOCACY CENTER OF SWFL, 3830 EVANS AVE. FORT MYERS FL 33901	65-0007620	501(C)	10,000				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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Name of the organization **SOUTHWEST FLORIDA COMMUNITY FOUNDATION INC** Employer identification number **59-6580974**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" 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)	25,000				SPECIFIC PROG
(2)	CHILDREN'S HOME SOCIETY OF FL 1940 MARAVILLA AVE FORT MYERS FL 33901	59-0192430	501(C)	46,000				HAHM PROGRAM
(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)	37,582				PROGRAMS
(5)	CITY OF SANIBEL 800 DUNLOP RD SANIBEL FL 33957		501(C)	12,000				SPECIFIC PROG
(6)	CLINIC FOR THE REHAB OF WILDLIFE PO BOX 150 SANIBEL FL 33957	23-7271040	501(C)	20,037				ONE WORLD ONE HEALTH
(7)	COMMUNITIES REACHING OUT INC 908 NORTH GOLF DR HOLLYWOOD FL 33021	65-1242772	501(C)	9,965				GENERAL OP
(8)	COMMUNITY COOPERATIVE MINISTRIES, I P. O. BOX 2143 FORT MYERS FL 33902	59-2602772	501(C)	5,639				GENERAL OP
(9)	COMMUNITY FD OF COLLIER CTY 2400 TAMiami TRAIL N NAPLES FL 34103	59-2396243	501(C)	65,560				SPECIFIC PROG

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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**

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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)	COMPASSION INTERNATIONAL INC 12290 VOYAGER PARKWAY COLORADO SPRINGS CO 80921	36-2423707	501(C)	7,000				GEN/OP SUPPORT
(2)	CULTURAL PARK THEATRE CO INC 528 CULTURAL PARK BLVD CAPE CORAL FL 33990	59-1155302	501(C)	6,250				GEN/OP SUPPORT
(3)	DAVID LAWRENECE CENTER 6075 BATHEY LANE NAPLES FL 34116	59-2206025	501(C)	10,500				PROGRAMS
(4)	DING DARLING WILDLIFE SOCIETY INC 1 WILDLIFE DR SANIBEL FL 33957	59-2240895	501(C)	10,000				COMMUNITY ENG
(5)	DIOCESE OF VENICE CATHOLIC FAITH AP P. O. BOX 60759 FORT MYERS FL 33906		501(C)	10,000				PROGRAM SUPPORT
(6)	DISABLED VETERANS INSURANCE CAREERS 1275 KASAMADA DR FORT MYERS FL 33919	27-4645661	501(C)	41,600				GENERAL OP
(7)	DOCTORS WITHOUT BORDERS USA INC 333 7TH AVE NEW YORK NY 10001	13-3433452	501(C)	40,450				
(8)	ECHO, INC. 17391 DURRANCE ROAD NORTH FORT MYERS FL 33917	23-7275283	501(C)	10,000				PROGRAM SUPPORT
(9)	EDISON FESTIVAL OF LIGHT INC PO BOX 339 FORT MYERS FL 33902	65-0118122	501(C)	7,500				2015 FESTIVAL

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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)	EDUCATION FOUNDATION OF COLLIER CTY 3606 ENTERPRISE AVE, STE 150 NAPLES FL 34104	65-0230582	501(C)	20,000				GENERAL OP
(2)	FLORIDA ARTS INC 2301 FIRST STREET FORT MYERS FL 33901	31-1536036	501(C)	16,000				PROGRAM
(3)	FLORIDA GULF COAST UNIVERSITY 10501 FGCU BLVD S FORT MYERS FL 33965	65-0403969	501(C)	12,137				PROGRAMS
(4)	FLORIDA LIONS CONKLIN CENTER FOR TH 405 WHITE ST. DAYTONA BEACH FL 32114	23-7377066	501(C)	5,675				GENERAL OP
(5)	FLORIDA NEXT FOUNDATION INC PO BOX 3178 TAMPA FL 33601	80-0729815	501(C)	6,519				SPECIFIC PROG
(6)	FLORIDA REPERTORY THEATRE P. O. BOX 2483 FORT MYERS FL 33902	65-0827621	501(C)	17,250				SPECIFIC PURPOSE
(7)	FLORIDA SOUTHWESTERN STATE COLLEGE 8099 COLLEGE PKWY FORT MYERS FL 33919	59-6173638	501(C)	13,000				ART PROGRAM
(8)	FORT MYERS COMMUNITY CONCERT ASSOC PO BOX 606 FORT MYERS FL 33902	59-1739068	501(C)	12,087				GENERAL OP
(9)	FORT MYERS-LEE CTY GARDEN COUNCIL 2166 VIRGINIA AVE FORT MYERS FL 33901	59-6174630	501(C)	9,000				PROGRAM

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

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**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** 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)	FRIENDS OF LAKE PARK REG LIBRARY 15290 BASS RD FORT MYERS FL 33919	65-0145488	501(C)	8,000				PROGRAMS
(2)	GEISINGER HEALTH SYSTEMS FD 100 NORTH ACADEMY AVE DANVILLE PA 17822	23-1995911	501(C)	60,000				GEN/OP SUPPORT
(3)	GLADIOLUS LEARNING & DEVEL CNTR 10320 GLADIOLUS DR FORT MYERS FL 33908	23-7378076	501(C)	5,983				GENERAL OP
(4)	GOODWILL INDUSTRIES OF SOUTHWEST FL 4940 BAYLINE DR. NORTH FORT MYERS FL 33917	59-6196141	501(C)	220,183				PROGRAM/OP SUPPORT
(5)	GRACE COMMUNITY CENTER 4151 HANCOCK BRIDGE PKWY NORTH FORT MYERS FL 33903	26-2720721	501(C)	38,093				PROGRAMS
(6)	GUADALUPE CENTER INC. 505 HOPE CIRCLE IMMOKALEE FL 34142	59-2617151	501(C)	11,302				GENERAL OP
(7)	GULF COAST HUMANE SOCIETY, INC. 2010 ARCADIA ST. FORT MYERS FL 33916	59-0806978	501(C)	53,352				PROGRAMS
(8)	GULF COAST SYMPHONY P. O. BOX 60878 FORT MYERS FL 33906	65-0666748	501(C)	84,500				OP SUPPORT/MARKETING
(9)	HABITAT FOR HUMANITY OF LEE COUNTY, 1288 NORTH TAMiami TRAIL NORTH FORT MYERS FL 33903	59-2236174	501(C)	87,693				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

**2014**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

u Attach to Form 990.

u Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" 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)	HARRY CHAPIN FOOD BANK OF SW FLORID 3760 FOWLER ST. FORT MYERS FL 33901	59-2332120	501(C)	12,349				PROGRAMS
(2)	HIGHLANDS-CASHIERS HOSPITAL FD INC PO BOX 742 HIGHLANDS NC 28741	56-1165833	501(C)	25,000				SPECIFIC PROG
(3)	HOPE CLUBHOUSE OF SW FL 3602 BROADWAY AVE FORT MYERS FL 33901	30-0437443	501(C)	34,893				PROGRAMS
(4)	HOPE HOSPICE 9470 HEALTHPARK CIRCLE FORT MYERS FL 33908	59-2128697	501(C)	15,251				PROGRAMS
(5)	HUMAN TRAFFICKING AWARENESS PTNSHP PO BOX 1113 SANIBEL FL 33957	30-0370679	501(C)	32,000				PROGRAMS
(6)	JEWISH FEDERATION OF LEE & CHAR CTY 9701 COMMERCE CENTER COURT FORT MYERS FL 33908	59-2668992	501(C)	26,500				PROGRAMS
(7)	LABELLE HIGH SCHOOL 4050 EAST COWBOY WAY LABELLE FL 33935		GOV	15,000				PROGRAMS
(8)	LABELLE ROTARY FD INC PO BOX 1466 LABELLE FL 33995	20-5996276	501(C)	10,000				SPECIFIC PROG
(9)	LEE COUNTY ALLIANCE FOR THE ARTS 10091 MCGREGOR BLVD. FORT MYERS FL 33919	51-0182649	501(C)	18,150				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 Domestic Organizations and Domestic Governments.** 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)	LEE COUNTY PARKS & REC 3410 PALM BEACH BLVD FORT MYERS FL 33916	59-1773738	501(C)	10,000				PROGRAMS
(2)	LEE MEMORIAL HEALTH SYSTEM FOUNDATI P.O. BOX 2218 FORT MYERS FL 33902	65-0645343	501(C)	37,381				PROGRAMS
(3)	LEHIGH COMMUNITY SERVICE INC 201 PLAZA DR, SUITE 103 LEHIGH ACRES FL 33936	59-1773738	501(C)	63,675				GEN/OP SUPPORT
(4)	LIBERTY YOUTH RANCH P.O. BOX 110718 NAPLES FL 34108	38-3674666	501(C)	22,000				PROGRAMS
(5)	LIGHTHOUSE OF SWFL INC 35 W MARIANA AVE NORT FORT MYERS FL 33903	59-1665257	501(C)	46,892				PROGRAMS
(6)	LITERACY COUNCIL GULF COAST INC PO BOX 2703 BONITA SPRINGS FL 34133	65-0153890	501(C)	42,141				PROGRAMS
(7)	MARION-POLK GLEANERS INC PO BOX 317 DALLAS OR 97338	93-0805665	501(C)	10,000				SPECIFIC PROGRAM
(8)	MASSACHUSETTS GENERAL HOSP 100 CAMBRIDGE STREET BOSTON MA 02114	04-1564655	501(C)	15,000				GEN/OP SUPPORT
(9)	NAPLES BOTANICAL GARDEN 4820 BAYSHORE DR NAPLES FL 34112	65-0511429	501(C)	21,592				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 Domestic Organizations and Domestic Governments.** 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)	NATIONAL PARKINSON FOUNDATION 1501 NORTHWEST NINTH AVE. MIAMI FL 33136	59-0968031	501(C)	31,806				RESEARCH
(2)	NEW HORIZONS OF SOUTHWEST FLORIDA PO BOX 111833 NAPLES FL 34108	11-3678086	501(C)	20,000				GENERAL OP
(3)	OCTAGON SEQUENCE OF EIGHT, INC. 41660 HORSESHOE ROAD PUNTA GORDA FL 33982	59-2298305	501(C)	9,626				GENERAL OP
(4)	OUR MOTHERS HOME OF SW FL 1801 S TAMiami TRAIL FORT MYERS FL 33908	65-0510103	501(C)	7,500				GEN/OP SUPPORT
(5)	PACE CENTER FOR GIRLS OF LEE COUNTY 3800 EVANS AVE FORT MYERS FL 33901	59-2414492	501(C)	12,000				SPECIFIC PROG
(6)	QUALITY OF LIFE CENTER OF SWFL PO BOX 1290 FORT MYERS FL 33901	65-0321309	501(C)	10,500				GENERAL OP
(7)	REDLANDS CHRISTIAN MIGRATION ASSOC 402 W MAIN STREET IMMOKALEE FL 34142	59-1221966	501(C)	30,000				PROGRAMS
(8)	RIVER DISTRICT ALLIANCE (FORT MYERS) P. O. BOX 1686 FORT MYERS FL 33901	65-0542768	501(C)	15,000				PROGRAMS
(9)	SAMARITAN'S PURSE PO BOX 3000 BOONE NC 28607	58-1437002	501(C)	7,000				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

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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 Domestic Organizations and Domestic Governments.** 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)	SHELL POINT VILLAGE RETIRE COMM 15000 SHELL POINT BLVD FORT MYERS FL 33908	80-0002415	501(C)	16,408				PROGRAM/GENERAL
(2)	SANIBEL-CAPTIVA CONSERVATION FD 3333 SANIBEL-CAPTIVA RD SANIBEL FL 33957	59-1205087	501(C)	48,800				
(3)	SHRINERS HOSPITAL FOR CHILDREN 12502 PINE DRIVE TAMPA FL 33612	04-2121377	501(C)	5,886				GENERAL OP
(4)	SOUTHWEST FLORIDA ATTRACTIONS ASSOC P.O. BOX 60702 FORT MYERS FL 33906	65-0618123	501(C)	12,500				GENERAL OP
(5)	SOUTHWEST FLORIDA SYMPHONY 12651 MCGREGOR BLVD. UNIT #4-403 FORT MYERS FL 33919	59-1350404	501(C)	40,555				PROGRAM/OP SUPPORT
(6)	SOUTHWEST WORKFORCE DEV BOARD 9530 MARKETPLACE RD #104 FORT MYERS FL 33912		501(C)	30,000				GENERAL OP
(7)	ST. LUKE'S EPISCOPAL CHURCH 2635 CLEVELAND AVENUE FORT MYERS FL 33901		501(C)	9,637				GENERAL OP
(8)	STORE TO DOOR OF OREGON PO BOX 4665 PORTLAND OR 97208		501(C)	10,000				GEN/OP SUPPORT
(9)	SWFL COUNCIL, INC., BOY SCOUTS OF A 1801 BOY SCOUT DR. FORT MYERS FL 33907	59-1150488	501(C)	33,760				GENERAL OP

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

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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 Domestic Organizations and Domestic Governments.** 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)	<b>TEEN CHALLENGE PO BOX 60802 FORT MYERS FL 33907</b>		501(C)	10,000				GEN/OP SUPPORT
(2)	<b>TEMPLE BETH - EL OF FORT MYERS 16225 WINKLER RD FORT MYERS FL 33908</b>	59-1097143	501(C)	7,034				SPECIFIC PROG
(3)	<b>THE COMMUNITY FD OF WEST NC 4 VANDERBILT PARK DR ASHEVILLE NC 28803</b>		501(C)	10,000				PROGRAMS
(4)	<b>THE FOUNDATION FOR LEE COUNTY PUBLI P. O. BOX 1608 FORT MYERS FL 33902</b>	59-2637849	501(C)	58,457				GEN/OP SUPPORT
(5)	<b>THE LAB SCHOOL OF WASHINGTON 4759 RESERVOIR RD NW WASHINGTON DC 20007</b>	52-1261627	501(C)	85,000				PROGRAMS
(6)	<b>THE LABORATORY THEATER OF FL PO BOX 344 FORT MYERS FL 33902</b>	27-0526903	501(C)	51,350				PROGRAMS
(7)	<b>THE MUSIC FD OF SW FL 13300-56 S CLEVELAND AVE FORT MYERS FL 33907</b>	65-0264107	501(C)	6,000				PROGRAMS
(8)	<b>THE NATIONS ASSN OF CHARITIES PO BOX 1060 FORT MYERS FL 33902</b>	59-1840066	501(C)	7,500				GEN/OP SUPPORT
(9)	<b>THE SALVATION ARMY OF LEE, HENDRY, 10291 MCGREGOR BLVD. FORT MYERS FL 33919</b>	58-0660607	501(C)	21,075				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.

OMB No. 1545-0047

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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 Domestic Organizations and Domestic Governments.** 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)	THE STEVE RUMMLER HOPE FD PO BOX 24773 MINNEAPOLIS MN 55424	45-2903444	501(C)	25,000				GENERAL OP
(2)	THEATRE CONSPIRACY 10091 MCGREGOR BLVD FORT MYERS FL 33901	65-0569413	501(C)	10,250				PROGRAM SUPPORT
(3)	UNCOMMON FRIENDS FOUNDATION P.O. BOX 811 FORT MYERS FL 33902	65-0490124	501(C)	15,914				GENERAL OP
(4)	UNITED WAY OF LEE, HENDRY & GLA 7273 CONCOURSE DR. FORT MYERS FL 33908	59-1005169	501(C)	129,001				PROGRAM/OP SUPPORT
(5)	UNIVERSITY OF FLORIDA PO BOX 114050 S-113 GAINESVILLE FL 32611	59-0974739	501(C)	21,070				GENERAL OP
(6)	WGPU 10501 FGPU BLVD S FORT MYERS FL 33965	65-0403969	501(C)	5,700				GEN/OP SUPPORT
(7)	YOUNG ARTISTS AWARD, INC. PO BOX 152149 CAPE CORAL FL 33915	57-1231237	501(C)	10,000				PROGRAMS
(8)	YWCA OF GREATER CINCINNATI INC 898 WALNUT STREET CINCINNATI OH 45273	31-0537518	501(C)	10,000				PROGRAMS
(9)	ZION LUTHERAN CHURCH 7401 WINKLER RD. FORT MYERS FL 33919		501(C)	10,000				OPERATING SUPPORT

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

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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 Domestic Organizations and Domestic Governments.** 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)	MISC GRANTS \$5,000 AND UNDER 8771 COLLEGE PARKWAY, BLDG 2, #201 FORT MYERS FL 33919		501(C)	272,372				GENERAL OP /PROGRAM
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(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 Domestic Individuals.** 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 <b>ACADEMIC SCHOLARSHIPS</b>	<b>232</b>	<b>424,732</b>			
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 Domestic Individuals.** 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" on Form 990, Part IV, line 23.  
u Attach to Form 990.

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

OMB No. 1545-0047

**2014**

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), 501(c)(4), and 501(c)(29) 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
<b>1b</b>	<b>X</b>	
<b>2</b>	<b>X</b>	
<b>4a</b>		<b>X</b>
<b>4b</b>		<b>X</b>
<b>4c</b>		<b>X</b>
<b>5a</b>		<b>X</b>
<b>5b</b>		<b>X</b>
<b>6a</b>		<b>X</b>
<b>6b</b>		<b>X</b>
<b>7</b>		<b>X</b>
<b>8</b>		<b>X</b>
<b>9</b>		

**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 in column (B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 SARAH OWEN PRESIDENT / CEO	(i)	165,000	0	0	4,950	11,000	180,950	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)							



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2014**

**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](http://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 .....	<b>X</b>	<b>1</b>	<b>2,865</b>	<b>COMPARABLE SALES</b>
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 .....	<b>X</b>	<b>81</b>	<b>2,688,786</b>	<b>FMV ON DATE OF TRANSFER</b>
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 <b>u</b> ( .....				
26 Other <b>u</b> ( .....				
27 Other <b>u</b> ( .....				
28 Other <b>u</b> ( .....				

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

**29**

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

	Yes	No
30a		<b>X</b>
31	<b>X</b>	
32a	<b>X</b>	

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? .....

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

b If "Yes," describe in Part II.

33 If the organization 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 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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014****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**

FROM 27 TO 40% BY 2025. THE COALITION WAS FORMED AROUND EXITING REGIONAL COLLABORATIONS BETWEEN DIVERSE STAKEHOLDERS (FROM CRADLE TO CAREER) AND CITIZENS ALL COMMITTED TO THE REGION'S EDUCATIONAL AND ECONOMIC SUCCESS.

**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**

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

Name of the organization

SOUTHWEST FLORIDA COMMUNITY

Employer identification number

59-6580974

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 SIMILAR ORGANIZATIONS IN FLORIDA.

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 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 FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST. IN ADDITION, THE FOUNDATION'S FINANCIAL STATEMENTS ARE MADE AVAILABLE THROUGH THE FOUNDATION'S WEBSITE AT WWW.FLORIDACOMMUNITY.COM AND THROUGH AN



Name of the organization

Employer identification number

**SOUTHWEST FLORIDA COMMUNITY**

**59-6580974**

**ELECTRONIC DATABASE KNOWN AS GUIDESTAR.**

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

<b>PYMT/CHG IN SPLIT INT AGMT &amp; REMAINDER / LEAD INT VALUES</b>	<b>\$</b>	<b>4,254,559</b>
<b>IN KIND CONTRIBUTIONS</b>	<b>\$</b>	<b>1,910</b>
<b>UNREALIZED GAIN ALLOCATED TO AGENCY FUNDS</b>	<b>\$</b>	<b>-93,102</b>
<b>AGENCY FUND CONTRIBUTIONS</b>	<b>\$</b>	<b>-15,795</b>
<b>ALLOCATED TO PARTNER SUPPORT</b>	<b>\$</b>	<b>-209,639</b>
<b>INVESTMENT FEES ALLOCATED TO AGENCY FUNDS</b>	<b>\$</b>	<b>11,155</b>
<b>AGENCY FUND GRANTS</b>	<b>\$</b>	<b>113,172</b>
<b>ALLOCATED TO PARTNER SUPPORT</b>	<b>\$</b>	<b>209,639</b>

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2014**

**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** Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://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
<b>1a</b>		
<b>1b</b>		
<b>1c</b>		
<b>1d</b>		
<b>1e</b>		
<b>1f</b>		
<b>1g</b>		
<b>1h</b>		
<b>1i</b>		
<b>1j</b>		
<b>1k</b>		
<b>1l</b>		
<b>1m</b>		
<b>1n</b>		
<b>1o</b>		
<b>1p</b>		
<b>1q</b>		
<b>1r</b>		
<b>1s</b>		

**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) .....													



## Federal Statements

### Form 990 - Federal General Footnote

#### Description

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SECTION 1.263(A)-1 (F) DE MINIMIS SAFE HARBOR ELECTION

UNDER REGULATION 1.263(A)-1(F), THE TAXPAYER HEREBY ELECTS TO APPLY THE DE MINIMIS SAFE HARBOR ELECTION TO ALL QUALIFYING PROPERTY PLACED IN SERVICE DURING THE TAX YEAR.

SECTION 1.263(A)-3(H) SAFE HARBOR ELECTION FOR SMALL TAXPAYERS

UNDER REGULATION 1.263(A)-3(H), THE TAXPAYER ELECTS THE SMALL TAXPAYER SAFE HARBOR ELECTION TO DEDUCT COSTS OF REPAIRS, MAINTENANCE, IMPROVEMENTS, AND SIMILAR ACTIVITIES PERFORMED ON THE FOLLOWING ELIGIBLE BUILDING.

DESCRIPTION OF PROPERTY:

COMMERCIAL LEASE

8771 COLLEGE PARKWAY, BLDG 2, #201

FORT MYERS, FL 33919