

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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

**Open to Public Inspection**

**A For the 2016 calendar year, or tax year beginning 07/01/16, and ending 06/30/17**

<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 SOUTHWEST FLORIDA COMMUNITY FOUNDATION INC		<b>D</b> Employer identification number 59-6580974
	Doing business as		<b>E</b> Telephone number 239-274-5900
	Number and street (or P.O. box if mail is not delivered to street address) 8771 COLLEGE PARKWAY, BLDG 2, #201		Room/suite
	City or town, state or province, country, and ZIP or foreign postal code FORT MYERS FL 33919		<b>G</b> Gross receipts \$ 11,454,593
<b>F</b> Name and address of principal officer: LUIS A. LEON 8771 COLLEGE PARKWAY, BLDG 2, #201 FORT MYERS FL 33919			<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)
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: WWW.FLORIDACOMMUNITY.COM <b>H(c)</b> Group exemption number			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			<b>L</b> Year of formation: 1976 <b>M</b> State of legal domicile: FL

**Part I Summary**

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities: <b>SEE SCHEDULE O</b>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	27
	4	Number of independent voting members of the governing body (Part VI, line 1b)	27
	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	16
	6	Total number of volunteers (estimate if necessary)	150
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0
7b	Net unrelated business taxable income from Form 990-T, line 34	0	
<b>Revenue</b>	8	Contributions and grants (Part VIII, line 1h)	Prior Year: 3,930,741 Current Year: 7,099,678
	9	Program service revenue (Part VIII, line 2g)	0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,412,345 2,687,409
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,026 47,518
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,348,112 9,834,605
<b>Expenses</b>	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,228,564 5,193,525
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,129,545 1,138,637
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 454,932	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,373,885 1,317,227
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,731,994 7,649,389	
19	Revenue less expenses. Subtract line 18 from line 12	-1,383,882 2,185,216	
<b>Net Assets or Fund Balances</b>	20	Total assets (Part X, line 16)	Beginning of Current Year: 94,165,734 End of Year: 112,254,916
	21	Total liabilities (Part X, line 26)	5,367,424 14,985,826
	22	Net assets or fund balances. Subtract line 21 from line 20	88,798,310 97,269,090

**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>	Signature of officer	<b>COPY</b>	Date
	LUIS A. LEON Type or print name and title		DIRECTOR OF FINANCE
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Date	Check <input type="checkbox"/> if self-employed PTIN P00371840
	Firm's name ▶ HUGHES, SNELL & CO., P.A.	Firm's EIN ▶ 59-2309183	
	Firm's address ▶ 1470 ROYAL PALM SQUARE BLVD FORT MYERS, FL 33919-1049	Phone no. 239-939-2233	

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

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 \$ **4,469,363** including grants of \$ **3,622,963** ) (Revenue \$ **4,997,856** )

**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 \$ **1,001,678** including grants of \$ **811,982** ) (Revenue \$ **512,225** )

**SCHOLARSHIP GRANTS ARE MADE TO CONTINUE EDUCATION OR TRAINING OF YOUNG PEOPLE OR ADULTS THROUGH DISTRIBUTIONS TO STUDENTS FOR PRIMARY, SECONDARY, AND POST-SECONDARY EDUCATION. SCHOLARSHIP FUNDS ARE 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 \$ **842,077** including grants of \$ **682,606** ) (Revenue \$ **1,456,580** )

**AS LEADERS AND CONVENERS, THE SOUTHWEST FLORIDA COMMUNITY FOUNDATION TAKES ON REGIONAL INITIATIVES WHEN CRITICAL ISSUES ARE IDENTIFIED IN THE REGION AND THERE IS NO OTHER MORE APPROPRIATE ENTITY TO LEAD AN EFFORT TO PROMOTE POSITIVE CHANGE. THESE INITIATIVES ARISE FROM DATA, RELY ON PARTNERSHIPS, AND ARE SUBJECT TO ONGOING PROGRAM EVALUATION TO UNDERSTAND IMPACT, ADAPT AS NEEDED, AND REPLICATE OR SCALE WHERE POSSIBLE. THESE INITIATIVES ARE FUNDED BY LOCAL DONORS AND THE ONGOING DEVELOPMENT OF FUNDING STREAMS FROM OUTSIDE OF THE REGION.**

**THE FOUNDATION IS THE BACKBONE ORGANIZATION FOR THE FUTUREMAKERS COALITION. FORMED AROUND EXISTING REGIONAL COLLABORATIONS, THE FUTUREMAKERS COALITION IS A COLLECTIVE IMPACT INITIATIVE THAT HAS A GOAL TO INCREASE THE NUMBER OF**

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

(Expenses \$ **91,256** including grants of \$ **73,973** ) (Revenue \$ **133,017** )

4e Total program service expenses **6,404,374**

**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)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (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? <i>If "Yes," complete Schedule C, Part I</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? <i>If "Yes," complete Schedule C, Part II</i>		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? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	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? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>		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? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>		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? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X

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

		Yes	No
<b>20a</b>	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		<b>X</b>
<b>b</b>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>20b</b>			
<b>21</b>	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? <i>If "Yes," complete Schedule I, Parts I and II</i>	<b>X</b>	
<b>22</b>	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	<b>X</b>	
<b>23</b>	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	<b>X</b>	
<b>24a</b>	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		<b>X</b>
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>24b</b>			
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>24c</b>			
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>24d</b>			
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		<b>X</b>
<b>b</b>	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		<b>X</b>
<b>25b</b>			
<b>26</b>	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		<b>X</b>
<b>26</b>			
<b>27</b>	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		<b>X</b>
<b>27</b>			
<b>28</b>	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>28a</b>			
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>28b</b>			
<b>c</b>	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>28c</b>			
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	<b>X</b>	
<b>29</b>			
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	<b>X</b>	
<b>30</b>			
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		<b>X</b>
<b>31</b>			
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		<b>X</b>
<b>32</b>			
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	<b>X</b>	
<b>33</b>			
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1</i>	<b>X</b>	
<b>34</b>			
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		<b>X</b>
<b>b</b>	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
<b>35b</b>			
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		<b>X</b>
<b>36</b>			
<b>37</b>	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		<b>X</b>
<b>37</b>			
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	<b>X</b>	
<b>38</b>			



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

Input box for Schedule O

Table with columns for question number, question text, and Yes/No response boxes. Includes rows for 1a-1c, 2a-2b, 3a-3b, 4a-4b, 5a-5c, 6a-6b, 7a-7h, 8, 9a-9b, 10a-10b, 11a-11b, 12a-12b, 13a-13c, and 14a-14b.

**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>1a</b> 27		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent		
	<b>1b</b> 27		
<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>X</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>X</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 **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: **LUIS A. LEON**  
**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	50.00									
PRESIDENT / CEO	5.00	X		X			251,456	0	27,477	
(2) GUY WHITESMAN	3.00									
CHAIR	0.00	X		X			0	0	0	
(3) DR. LARRY A. HOBBS	3.00									
VICE CHAIR	0.00	X		X			0	0	0	
(4) SANDY ROBINSON	3.00									
SEC/TREAS	0.00	X		X			0	0	0	
(5) JOSEPH MAZURKIEWICZ, JR.	3.00									
IMMEDIATE PAST CHAIR	0.00	X		X			0	0	0	
(6) AURORA BADIA	3.00									
TRUSTEE	0.00	X					0	0	0	
(7) JUAN BENDECK	3.00									
TRUSTEE	0.00	X					0	0	0	
(8) CAROLYN CONANT	3.00									
TRUSTEE	0.00	X					0	0	0	
(9) PATRICIA K. DOBBINS	3.00									
TRUSTEE	0.00	X					0	0	0	
(10) KEVIN L. ERWIN	3.00									
TRUSTEE	0.00	X					0	0	0	
(11) CRAIG FOLK	3.00									
TRUSTEE	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>CHAUNCEY GOSS</b>	3.00									
..... TRUSTEE	0.00	X					0	0	0	
(13) <b>DENNIE HAMILTON</b>	3.00									
..... TRUSTEE	0.00	X					0	0	0	
(14) <b>HON. ARCHIE B. HAYWARD, JR.</b>	3.00									
..... TRUSTEE	0.00	X					0	0	0	
(15) <b>CHRISTOPHER HILL</b>	3.00									
..... TRUSTEE	0.00	X					0	0	0	
(16) <b>HUGH KINSEY, JR.</b>	3.00									
..... TRUSTEE	0.00	X					0	0	0	
(17) <b>HOWARD L. LELAND</b>	3.00									
..... TRUSTEE	0.00	X					0	0	0	
(18) <b>ALAN MANDEL</b>	3.00									
..... TRUSTEE	0.00	X					0	0	0	
(19) <b>GAIL MARKHAM</b>	3.00									
..... TRUSTEE	0.00	X					0	0	0	
<b>1b Sub-total</b> .....							<b>251,456</b>		<b>27,477</b>	
<b>c Total from continuation sheets to Part VII, Section A</b> .....							<b>107,914</b>			
<b>d Total (add lines 1b and 1c)</b> .....							<b>359,370</b>		<b>27,477</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 **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? <i>If "Yes," complete Schedule J for such individual</i> .....		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> .....	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> .....		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
<b>DAVID FLEMING</b> <b>FORT MYERS</b>	<b>3778 HANOVER STREET</b> <b>STRAT PLAN/PRGM</b>	<b>103,750</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 **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			
(20) <b>FRED MOON</b>	3.00									
..... TRUSTEE	0.00	X					0	0	0	
(21) <b>DALE REISS</b>	3.00									
..... TRUSTEE	0.00	X					0	0	0	
(22) <b>DARREN ROBERT SHAW</b>	3.00									
..... TRUSTEE	0.00	X					0	0	0	
(23) <b>ROBBIE B. ROEPSTORFF</b>	3.00									
..... TRUSTEE	0.00	X					0	0	0	
(24) <b>JONATHAN ROMINE</b>	3.00									
..... TRUSTEE	0.00	X					0	0	0	
(25) <b>GAY THOMPSON</b>	3.00									
..... TRUSTEE	0.00	X					0	0	0	
(26) <b>KARSON TURNER</b>	3.00									
..... TRUSTEE	0.00	X					0	0	0	
(27) <b>MYRA HALE WALTERS</b>	3.00									
..... TRUSTEE	0.00	X					0	0	0	
<b>1b Sub-total</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

	Yes	No
<b>3</b> Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual .....		
<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

**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			
(28) <b>RUSTY WHITLEY</b>	3.00									
TRUSTEE	0.00	X					0	0	0	
(29) <b>RONALD E. PENN</b>	50.00									
CFO	0.00			X			107,914	0	0	
<b>1b Sub-total</b>							<b>107,914</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

	Yes	No
<b>3</b> Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		
<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

**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>7,099,678</b>				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		<b>1,229,424</b>				
	<b>h Total.</b> Add lines 1a-1f		<b>7,099,678</b>				
<b>Program Service Revenue</b>	<b>2a</b>	Busn. Code					
	<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>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		<b>1,404,640</b>			<b>1,404,640</b>	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6a</b> Gross rents	(i) Real	(ii) Personal				
	<b>b</b> Less: rental exps.						
	<b>c</b> Rental inc. or (loss)						
	<b>d</b> Net rental income or (loss)						
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		<b>1,624,553</b>	<b>1,278,204</b>				
	<b>b</b> Less: cost or other basis & sales exps.	<b>1,619,839</b>	<b>149</b>				
	<b>c</b> Gain or (loss)	<b>4,714</b>	<b>1,278,055</b>				
	<b>d</b> Net gain or (loss)			<b>1,282,769</b>		<b>1,282,769</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>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>						
	<b>b</b> Less: direct expenses	<b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities						
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>a</b>						
	<b>b</b> Less: cost of goods sold	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Busn. Code					
<b>11a</b> BEQUEST FEES			<b>31,337</b>	<b>31,337</b>			
<b>b</b> MISCELLANEOUS INCOME			<b>16,181</b>	<b>16,181</b>			
<b>c</b>							
<b>d</b> All other revenue							
<b>e Total.</b> Add lines 11a-11d			<b>47,518</b>				
<b>12 Total revenue.</b> See instructions.			<b>9,834,605</b>	<b>47,518</b>	<b>0</b>	<b>2,687,409</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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	<b>4,363,565</b>	<b>4,363,565</b>		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	<b>829,960</b>	<b>829,960</b>		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	<b>391,417</b>	<b>183,965</b>	<b>129,168</b>	<b>78,284</b>
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	<b>600,472</b>	<b>282,222</b>	<b>198,156</b>	<b>120,094</b>
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	<b>13,597</b>	<b>6,391</b>	<b>4,487</b>	<b>2,719</b>
<b>9</b> Other employee benefits	<b>71,207</b>	<b>33,467</b>	<b>23,498</b>	<b>14,242</b>
<b>10</b> Payroll taxes	<b>61,944</b>	<b>29,113</b>	<b>20,442</b>	<b>12,389</b>
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	<b>1,248</b>	<b>586</b>	<b>412</b>	<b>250</b>
<b>c</b> Accounting	<b>35,500</b>	<b>16,685</b>	<b>11,715</b>	<b>7,100</b>
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	<b>207,245</b>	<b>97,405</b>	<b>68,391</b>	<b>41,449</b>
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	<b>379,279</b>	<b>178,261</b>	<b>125,162</b>	<b>75,856</b>
<b>12</b> Advertising and promotion	<b>12,005</b>	<b>5,642</b>	<b>3,962</b>	<b>2,401</b>
<b>13</b> Office expenses	<b>59,350</b>	<b>27,895</b>	<b>19,586</b>	<b>11,869</b>
<b>14</b> Information technology	<b>198,444</b>	<b>110,434</b>	<b>58,168</b>	<b>29,842</b>
<b>15</b> Royalties				
<b>16</b> Occupancy	<b>113,804</b>	<b>53,488</b>	<b>37,555</b>	<b>22,761</b>
<b>17</b> Travel	<b>15,336</b>	<b>2,433</b>	<b>11,249</b>	<b>1,654</b>
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	<b>38,247</b>	<b>6,014</b>	<b>28,371</b>	<b>3,862</b>
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	<b>24,469</b>	<b>11,500</b>	<b>8,075</b>	<b>4,894</b>
<b>23</b> Insurance	<b>26,094</b>	<b>12,264</b>	<b>8,611</b>	<b>5,219</b>
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> <b>PROJECTS</b>	<b>105,971</b>	<b>105,971</b>		
<b>b</b> <b>RELATIONSHIPS</b>	<b>33,958</b>	<b>15,960</b>	<b>11,206</b>	<b>6,792</b>
<b>c</b> <b>PRINTING AND PUBLICATION</b>	<b>26,370</b>	<b>12,394</b>	<b>8,702</b>	<b>5,274</b>
<b>d</b> <b>DUES &amp; SUBSCRIPTIONS</b>	<b>23,483</b>	<b>11,037</b>	<b>7,749</b>	<b>4,697</b>
<b>e</b> All other expenses	<b>16,424</b>	<b>7,722</b>	<b>5,418</b>	<b>3,284</b>
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	<b>7,649,389</b>	<b>6,404,374</b>	<b>790,083</b>	<b>454,932</b>
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1	Cash—non-interest bearing		1
	2	Savings and temporary cash investments	428,287	2 9,867,626
	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	16,961	9 11,688
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,332,730	
	b	Less: accumulated depreciation	10b 250,554	10c 1,082,176
	11	Investments—publicly traded securities	68,270,062	11 76,590,336
	12	Investments—other securities. See Part IV, line 11		12
	13	Investments—program-related. See Part IV, line 11		13
	14	Intangible assets		14
	15	Other assets. See Part IV, line 11	25,358,224	15 24,703,090
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	94,165,734	16 112,254,916	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	57,815	17 79,024
	18	Grants payable	886,819	18 1,171,575
	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 10,149,000
	24	Unsecured notes and loans payable to unrelated third parties		24
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	4,422,790	25 3,586,227
	26	<b>Total liabilities.</b> Add lines 17 through 25	5,367,424	26 14,985,826
<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	65,331,850	27 73,807,107
	28	Temporarily restricted net assets	22,156,335	28 22,190,249
	29	Permanently restricted net assets	1,310,125	29 1,271,734
	<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>	88,798,310	33 97,269,090	
34	<b>Total liabilities and net assets/fund balances</b>	94,165,734	34 112,254,916	



**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>9,834,605</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>7,649,389</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>2,185,216</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>88,798,310</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	<b>5,432,065</b>
<b>6</b>	Donated services and use of facilities	<b>6</b>	<b>7,500</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>845,999</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>97,269,090</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>2b</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 type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>X</b>	
<b>2c</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>3b</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**

OMB No. 1545-0047

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

**2016**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 990 or Form 990-EZ.**

**Open to Public Inspection**

▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

<b>Name of the organization</b> <b>SOUTHWEST FLORIDA COMMUNITY FOUNDATION INC</b>	<b>Employer identification number</b> <b>59-6580974</b>
--	--

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

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(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) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4,545,963	8,235,847	6,702,288	3,930,741	5,973,380	29,388,219
<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	4,545,963	8,235,847	6,702,288	3,930,741	5,973,380	29,388,219
<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)						10,499,274
<b>6 Public support.</b> Subtract line 5 from line 4.						18,888,945

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>7</b> Amounts from line 4	4,545,963	8,235,847	6,702,288	3,930,741	5,973,380	29,388,219
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,158,482	3,048,029	1,140,339	822,960	1,404,640	7,574,450
<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						36,962,669

**12** Gross receipts from related activities, etc. (see instructions) 12 47,518

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

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

<b>14</b> Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	51.10 %
<b>15</b> Public support percentage from 2015 Schedule A, Part II, line 14	<b>15</b>	54.08 %

**16a 33 1/3% support test—2016.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

**b 33 1/3% support test—2015.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

**17a 10%-facts-and-circumstances test—2016.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶

**b 10%-facts-and-circumstances test—2015.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶

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

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

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

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support; 14 First five years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2015 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2015 Schedule A, Part III, line 17 18 %

- 19a 33 1/3% support tests—2016. 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—2015. 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 in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

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



**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>11a</b>		
<b>b</b> A family member of a person described in (a) above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		
<b>11c</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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>1</b>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

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

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

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

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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <i>see instructions</i> ).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see instructions).</i>		
<b>2</b> Activities Test. <b>Answer (a) and (b) below.</b>		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>2a</b>		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>2b</b>		
<b>3</b> Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>3a</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? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
<b>3b</b>		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<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 Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	<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 2016 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-2016</b>	<b>(iii) Distributable Amount for 2016</b>
<b>1</b> Distributable amount for 2016 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2016 (reasonable cause required-explain in Part VI). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2016:			
<b>a</b>			
<b>b</b>			
<b>c</b> From 2013 .....			
<b>d</b> From 2014 .....			
<b>e</b> From 2015 .....			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2016 distributable amount			
<b>i</b> Carryover from 2011 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2016 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2016 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
<b>6</b> Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
<b>7 Excess distributions carryover to 2017.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b>			
<b>b</b> Excess from 2013 .....			
<b>c</b> Excess from 2014 .....			
<b>d</b> Excess from 2015 .....			
<b>e</b> Excess from 2016 .....			



**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

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

OMB No. 1545-0047

**2016**

Open to Public Inspection

Name of the organization

**SOUTHWEST FLORIDA COMMUNITY  
FOUNDATION INC**

Employer identification number

**59-6580974**

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	130	313
2 Aggregate value of contributions to (during year)	2,915,133	4,184,545
3 Aggregate value of grants from (during year)	1,619,091	3,574,435
4 Aggregate value at end of year	17,277,598	59,765,594
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" on 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 ▶

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

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

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

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

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

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1	▶ \$	345
(ii) Assets included in Form 990, Part X	▶ \$	25,288

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

a Revenue included on Form 990, Part VIII, line 1	▶ \$	
b Assets included in Form 990, Part X	▶ \$	



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

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

**Part IV Escrow and Custodial Arrangements.**

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

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

**Part V Endowment Funds.**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	58,351,450	59,613,288	51,133,580	42,077,341	37,948,917
b Contributions	7,991,840	4,186,373	11,215,653	4,974,870	2,813,247
c Net investment earnings, gains, and losses	7,171,922	-218,618	1,207,554	6,989,989	4,581,267
d Grants or scholarships	3,548,078	3,972,655	2,911,505	1,976,568	2,433,680
e Other expenditures for facilities and programs					
f Administrative expenses	1,152,168	1,256,938	1,031,995	932,051	832,410
g End of year balance	68,814,966	58,351,450	59,613,288	51,133,580	42,077,341

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment ▶ **98.15 %**
  - b Permanent endowment ▶ **1.85 %**
  - c Temporarily restricted endowment ▶ \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |                             | Yes | No                                  |
|-----------------------------|-----|-------------------------------------|
| (i) unrelated organizations |     | <input checked="" type="checkbox"/> |
| (ii) related organizations  |     | <input checked="" type="checkbox"/> |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		81,397	52,281	29,116
d Equipment		212,164	198,273	13,891
e Other		1,039,169		1,039,169
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				<b>1,082,176</b>

**Part VII Investments—Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments—Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) <b>DEFERRED GIFTS REC - CRTS / CLTS</b>	<b>21,354,858</b>
(2) <b>CONTRIBUTIONS RECEIVABLE</b>	<b>1,626,355</b>
(3) <b>DEFERRED GIFTS REC - CGAS</b>	<b>1,500,895</b>
(4) <b>LIFE INSURANCE - REMAINDER INTEREST</b>	<b>172,643</b>
(5) <b>OTHER ASSETS</b>	<b>48,339</b>
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	<b>24,703,090</b>

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>FUNDS HELD AS AGENCY ACCOUNTS</b>	<b>2,689,520</b>
(3) <b>ANNUITY OBLIGATIONS</b>	<b>855,157</b>
(4) <b>FUNDS RESTRICTED FOR PROGRAMS</b>	<b>41,550</b>
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	<b>3,586,227</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" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	14,503,741
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a	5,432,065	
	b Donated services and use of facilities	2b	18,759	
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d		2e	5,450,824
3	Subtract line 2e from line 1		3	9,052,917
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	781,688	
	c Add lines 4a and 4b		4c	781,688
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	9,834,605

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

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

1	Total expenses and losses per audited financial statements		1	6,032,961
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a	11,259	
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d		2e	11,259
3	Subtract line 2e from line 1		3	6,021,702
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	1,627,687	
	c Add lines 4a and 4b		4c	1,627,687
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	7,649,389

**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. CURRENTLY, THE PRIOR THREE TAX PERIODS ARE OPEN AND SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE. THE FOUNDATION IS NOT CURRENTLY UNDER AUDIT. BASED ON AN EVALUATION OF THE FOUNDATION'S TAX POSITIONS, MANAGEMENT BELIEVES ALL POSITIONS TAKEN WOULD BE UPHOLD UNDER AN EXAMINATION. THEREFORE, NO PROVISION FOR THE EFFECTS OF UNCERTAIN TAX POSITIONS HAS BEEN RECORDED.

Part XIII Supplemental Information (continued)

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

AGENCY FUNDS INCOME	\$ 97,903
AGENCY FUND CONTRIBUTIONS	\$ 47,000
ALLOCATED TO PARTNER SUPPORT	\$ 483,193
PYMT/CHG IN SPLIT INT AGMT & REMAINDER / LEAD INT VALUES	\$ 153,592

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

INVESTMENT FEES ALLOCATED TO AGENCY FUNDS	\$ 7,686
AGENCY FUND GRANTS	\$ 567,203
ALLOCATED TO PARTNER SUPPORT	\$ 483,193
GRANT TO SUPPORTING ORGANIZATION	\$ 569,605

PART XIII - SUPPLEMENTAL FINANCIAL INFORMATION

PART VI, LINE 1E: OTHER ASSETS: THE \$1,013,881 REPRESENTS CONSTRUCTION IN PROCESS. NO DEPRECIATION IS CURRENTLY ALLOWED OR ALLOWABLE AS THE PROJECT WAS STILL IN INITIAL PHASES OF CONSTRUCTION AS OF THE CLOSE OF THE FISCAL YEAR.

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 990.**  
▶ 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" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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 noncash assistance	(h) Purpose of grant or assistance
(1)	<b>ALLIANCE DEFENDING FREEDOM 15100 N 9TH STREET SCOTTSDALE AZ 85260</b>	<b>54-1660459</b>	<b>501(C)</b>	<b>40,000</b>				<b>GEN OP SUPPORT</b>
(2)	<b>ALZHEIMER'S ASSOCIATION - FL GULF 9220 BONITA BEACH ROAD, #223 BONITA SPRINGS FL 34135</b>	<b>13-3039601</b>	<b>501(C)</b>	<b>47,544</b>				<b>SPECIFIC PROGRAM</b>
(3)	<b>AMI KIDS SOUTHWEST FLORIDA INC 1190 MAIN STREET FORT MYERS BEACH FL 33931</b>	<b>59-3052865</b>	<b>501(C)</b>	<b>37,500</b>				<b>CAP CONTRIBUTION</b>
(4)	<b>AMIGOS EN CRISTO, INC 7401 WINKLER ROAD FORT MYERS FL 33919</b>	<b>26-1491008</b>	<b>501(C)</b>	<b>48,000</b>				<b>SPECIFIC PROGRAM</b>
(5)	<b>ANIMAL REFUGE CENTER, INC P. O. BOX 6642 FORT MYERS FL 33902</b>	<b>65-0057419</b>	<b>501(C)</b>	<b>18,652</b>				<b>GEN OP SUPPORT</b>
(6)	<b>ARTFEST FORT MYERS, INC. 2443 FIRST ST. FORT MYERS FL 33901</b>	<b>65-1119729</b>	<b>501(C)</b>	<b>11,282</b>				<b>SPECIFIC PROGRAM</b>
(7)	<b>ARTS FOR ACT P. O. BOX 60401 FORT MYERS FL 33906</b>	<b>59-1864735</b>	<b>501(C)</b>	<b>9,282</b>				<b>SPECIFIC PROGRAM</b>
(8)	<b>BAILEY-MATTHEWS SHELL MUSEUM P. O. BOX 1580 SANIBEL FL 33957</b>	<b>59-2775992</b>	<b>501(C)</b>	<b>19,279</b>				<b>GENERAL OP SUPPORT</b>
(9)	<b>BARRIER ISLAND PARKS SOCIETY P. O. BOX 637 BOCA GRANDE FL 33921</b>	<b>65-0327405</b>	<b>501(C)</b>	<b>6,282</b>				<b>SPECIFIC PROGRAM</b>

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **▶ 390**
- 3 Enter total number of other organizations listed in the line 1 table **▶**



**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 990.**  
▶ 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" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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 noncash assistance	(h) Purpose of grant or assistance
(1)	BAT YAM TEMPLE OF THE ISLANDS INC P. O. BOX 84 SANIBEL FL 33957	65-0254027	501(C)	5,011				SPECIFIC PROGRAM
(2)	BIDEAWEE INC 410 E 38TH ST NEW YORK NY 10016	13-1655210	501(C)	9,211				GEN OP SUPPORT
(3)	BIG ARTS 900 DUNLOP RD SANIBEL FL 33957	59-1956939	501(C)	9,282				SPECIFIC PROGRAM
(4)	BOBBY NICHOLS-FIDDLESTICKS FD 15391 CANONGATE DR FORT MYERS FL 33912	04-3649766	501(C)	6,000				GEN OP SUPPORT
(5)	BLUE RIDGE MOUNTAINS HEALTH PROJECT P. O. BOX 451 CASHIERS NC 28717	51-0509517	501(C)	15,000				SPECIFIC PROGRAM
(6)	BONITA BAY VETERANS COUNCIL 3330 RIVERPARK COURT BONITA SPRINGS FL 34134	47-3563908	501(C)	15,000				SPECIFIC PROGRAM
(7)	BONITA WONDER GARDENS INC PO BOX 822 BONITA SPRINGS FL 34133	46-4168846	501(C)	38,382				SPECIFIC PROGRAM
(8)	BUCKNELL UNIVERSITY 112 MARTS HALL LEWISBURG PA 17837	24-0772407	501(C)	25,000				GEN OP SUPPORT
(9)	CALOOSA HUMANE SOCIETY P. O. BOX 2337 LABELLE FL 33975	65-0759567	501(C)	18,151				GEN OP SUPPORT

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

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990.

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

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 noncash assistance	(h) Purpose of grant or assistance
(1)	CAPTIVA CHAPEL BY THE SEA PO BOX 162 CAPTIVA FL 33924	59-6143042	501(C)	11,680				GEN OP SUPPORT
(2)	CARPE DIEM FARMS INC 544 WESTERN RHODES DRIVE HIGHLANDS NC 28741	58-2020153	501(C)	5,500				SPECIFIC PROGRAM
(3)	CENTER FOR ABUSE & RAPE EMERGENCIES P. O. BOX 510234 PUNTA GORDA FL 33951	59-2435059	501(C)	6,265				GEN OP SUPPORT
(4)	CENTER FOR THE ARTS 26100 OLD 41 ROAD BONITA SPRINGS FL 34135	65-0295085	501(C)	18,782				SPECIFIC PROGRAM
(5)	CHAMPIONS FOR LEARNING 3606 ENTERPRISE AVENUE, SUITE 150 NAPLES FL 34135	65-0230582	501(C)	10,000				SPECIFIC PROGRAM
(6)	CHARLOTTE COMMUNITY FOUNDATION INC 227 SULLIVAN STREET PUNTA GORDA FL 33950	65-0455319	501(C)	19,000				GEN OP SUPPORT
(7)	CHARLOTTE HARBOR ENVIRO CENTER 10941 BURNT STORE RD PUNTA GORDA FL 33955	59-2853001	501(C)	31,000				SPECIFIC PROGRAM
(8)	CHILDREN'S ADVOCACY CENTER OF SW FL 3830 EVANS AVE FORT MYERS FL 33901	65-0007620	501(C)	12,000				SPECIFIC PROGRAM
(9)	CHILDREN'S HEALTHCARE OF ATLANTA FD 1577 NE EXPRESSWAY, SUITE 113 ATLANTA GA 30329	58-1710601	501(C)	25,000				SPECIFIC PROGRAM

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

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 990.**  
▶ 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" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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 noncash assistance	(h) Purpose of grant or assistance
(1)	CHRIST LUTHERAN CHURCH 3816 SOUTH 12TH ST. SHEBOYGAN WI 53081	39-1214138	501(C)	7,000				GEN OP SUPPORT
(2)	CITY OF SANIBEL 800 DUNLOP RD SANIBEL FL 33957		GOV	12,282				SPECIFIC PROGRAM
(3)	CLINIC FOR THE REHAB OF WILDLIFE PO BOX 150 SANIBEL FL 33957	23-7271040	501(C)	51,735				GEN OP / PROGRAM
(4)	COLLIER COUNTY PUBLIC SCHOOLS 5775 OSCEOLA TRAIL NAPLES FL 34109	59-2109507	501(C)	24,150				SPECIFIC PROGRAM
(5)	COLUMBUS LEARNING CENTER MANAGEMENT 4555 CENTRAL AVE, SUITE 2100 COLUMBUS IN 47203	35-2120567	501(C)	17,500				SPECIFIC PROGRAM
(6)	COMMUNITY COOPERATIVE INC P. O. 2143 FORT MYERS FL 33902	59-2602772	501(C)	14,399				GEN OP / PROGRAM
(7)	COMMUNITIES REACHING OUT INC 908 NORTH GOLF DR HOLLYWOOD FL 33021	65-1242772	501(C)	10,330				GEN OP SUPPORT
(8)	COMMUNITY FOUNDATION OF COLLIER CTY 1110 PINE RIDGE RD SUITE 200 NAPLES FL 34108	59-2396243	501(C)	425,929				SPECIFIC PROGRAM
(9)	COMMUNITY FOUNDATION OF HOLLAND 85 EAST 8TH STREET, SUITE 110 HOLLAND MI 49423	38-6095283	501(C)	11,119				GEN OP SUPPORT

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

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

Schedule I (Form 990) (2016)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 990.**  
▶ 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" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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 noncash assistance	(h) Purpose of grant or assistance
(1)	COMMUNITY HAVEN FOR ADULTS & CHILD 4405 DESOTO ROAD SARASOTA FL 34235	59-1305522	501(C)	80,000				GEN OP SUPPORT
(2)	COUNCIL ON FOUNDATIONS P. O. BOX 75661 BALTIMORE MD 21275	13-6068327	501(C)	12,850				SPECIFIC PROGRAM
(3)	COVENANT PRESBYTERIAN CHURCH 2439 MCGREGOR BLVD FORT MYERS FL 33901	59-1150677	501(C)	6,496				GEN OP SUPPORT
(4)	DAVID LAWRENCE CENTER 6075 BATHEY LANE NAPLES FL 34116	59-2206025	501(C)	15,000				SPECIFIC PROGRAM
(5)	DING DARLING WILDLIFE SOCIETY INC 1 WILDLIFE DR SANIBEL FL 33957	59-2240895	501(C)	9,282				SPECIFIC PROGRAM
(6)	DIOCESE OF SOUTHWEST FLORIDA 8005 25TH EAST ST PARRISH FL 34219		501(C)	12,500				SPECIFIC PROGRAM
(7)	DIOCESE OF VENICE CATHOLIC FAITH AP P. O. BOX 60759 FORT MYERS FL 33906		501(C)	12,000				SPECIFIC PROGRAM
(8)	DISTRICT SCHOOL BOARD OF HENDRY CO 111 CURRY ST LABELLE FL 33935		501(C)	45,000				SPECIFIC PROGRAM
(9)	DOCTORS WITHOUT BORDERS USA INC 333 7TH AVE NEW YORK NY 10001	13-3433452	501(C)	7,700				SPECIFIC PROGRAM

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

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 990.**

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

Name of the organization <b>SOUTHWEST FLORIDA COMMUNITY FOUNDATION INC</b>	Employer identification number <b>59-6580974</b>
---	---

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

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

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

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 noncash assistance	(h) Purpose of grant or assistance
(1) DOWNTOWN MGMT CORP OF FT MYERS PO BOX 1686 FORT MYERS FL 33901	65-0542768	501(C)	13,282				SPECIFIC PROGRAM
(2) DR PIPER CENTER FOR SOCIAL SERVICES 2607 DR ELLA PIPER WAY FORT MYERS FL 33916	65-0788551	501(C)	9,000				SPECIFIC PROGRAM
(3) EARTH SHINE 5249 SUMMERLIN COMMONS BLVD FORT MYERS FL 33907	32-0042299	501(C)	6,000				SPECIFIC PROGRAM
(4) ECHO, INC. 17391 DURRANCE ROAD NORTH FORT MYERS FL 33917	23-7275283	501(C)	11,282				SPECIFIC PROGRAM
(5) EDISON FESTIVAL OF LIGHT INC PO BOX 339 FORT MYERS FL 33902	65-0118122	501(C)	9,282				SPECIFIC PROGRAM
(6) EMORY UNIVERSITY 1762 CLIFTON RD, SUITE 1400 ATLANTA GA 30322	58-0566256	501(C)	10,000				GEN OP SUPPORT
(7) FAMILY INITIATIVE INCORPORATED 1242 SW PINE ISLAND RD CAPE CORAL FL 33991	46-1528487	501(C)	34,051				SPECIFIC PROGRAM
(8) FIRST PRESBYTERIAN CHURCH OF BONITA 9751 BONITA BEACH ROAD BONITA SPRINGS FL 34135		501(C)	7,000				SPECIFIC PROGRAM
(9) FLORIDA ARTS INC 2301 FIRST STREET FORT MYERS FL 33901	31-1536036	501(C)	13,282				SPECIFIC PROGRAM

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

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

Schedule I (Form 990) (2016)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization <b>SOUTHWEST FLORIDA COMMUNITY FOUNDATION INC</b>	Employer identification number <b>59-6580974</b>
---	---

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

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

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

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 noncash assistance	(h) Purpose of grant or assistance
(1) FLORIDA GULF COAST UNIVERSITY FD 10501 FGCU BLVD S FORT MYERS FL 33965	65-0403969	501(C)	57,279				GEN OP / PROGRAM
(2) FLORIDA LIONS CONKLIN CENTER FOR TH 405 WHITE ST. DAYTONA BEACH FL 32114	23-7377066	501(C)	5,887				GEN OP SUPPORT
(3) FLORIDA REPERTORY THEATRE P. O. BOX 2483 FORT MYERS FL 33902	65-0827621	501(C)	14,782				SPECIFIC PROGRAM
(4) FORT MYERS BEACH ART ASSOC P. O. BOX 2359 FORT MYERS FL 33932	59-1004609	501(C)	6,282				SPECIFIC PROGRAM
(5) FORT MYERS COMMUNITY CONCERT ASSOC P. O. BOX 606 FORT MYERS FL 33902	59-1739068	501(C)	15,613				GEN OP SUPPORT
(6) FORT MYERS TECHNICAL COLLEGE 3800 MICHIGAN AVE FORT MYERS FL 33916		501(C)	15,000				SPECIFIC PROGRAM
(7) FRIENDS OF THE MOUND HOUSE P. O. BOX 154 FORT MYERS FL 33931	56-2544250	501(3)	11,282				SPECIFIC PROGRAM
(8) GHOSTBIRD THEATRE INC 928 SW 36TH TERRACE CAPE CORAL FL 33914	46-1921355	501(C)	6,282				SPECIFIC PROGRAM
(9) GLADES COUNTY BOARD OF COMMISSIONER PO BOX 10 MOORE HAVEN FL 33471		GOV	8,000				GEN OP / PROGRAM

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



**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 990.**  
▶ 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" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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 noncash assistance	(h) Purpose of grant or assistance
(1)	GLADES COUNTY EDUCATION FOUNDATION PO BOX 443 MOORE HAVEN FL 33471	46-3728223	501(C)	30,795				SPECIFIC PROGRAM
(2)	GLADIOLUS LEARNING & DEVEL CNTR 10320 GLADIOLUS DR FORT MYERS FL 33908	23-7378076	501(C)	8,622				GEN OP SUPPORT
(3)	GOODWILL INDUSTRIES OF SOUTHWEST FL 4940 BAYLINE DR. NORTH FORT MYERS FL 33917	59-6196141	501(C)	97,497				SPECIFIC PROGRAM
(4)	GUADALUPE CENTER INC. 505 HOPE CIRCLE IMMOKALEE FL 34142	59-2617151	501(C)	19,113				GEN OP SUPPORT
(5)	GULF COAST HUMANE SOCIETY, INC. 2010 ARCADIA ST. FORT MYERS FL 33916	59-0806978	501(C)	39,089				GEN OP SUPPORT
(6)	GULF COAST SYMPHONY P. O. BOX 60878 FORT MYERS FL 33906	65-0666748	501(C)	59,282				SPECIFIC PROGRAM
(7)	GULF SHORE OPERA INC 3281 GOLDEN GATE BLVD W NAPLES FL 34120	47-0989874	501(C)	20,000				SPECIFIC PROGRAM
(8)	HABITAT FOR HUMANITY OF LEE COUNTY, 1288 NORTH TAMiami TRAIL NORTH FORT MYERS FL 33903	59-2236174	501(C)	91,719				GEN OP / PROGRAM
(9)	HANDS UP CHARITY 3017 SW 2ND PLACE CAPE CORAL FL 33914	26-4133295	501(C)	6,000				SPECIFIC PROGRAM

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

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

Schedule I (Form 990) (2016)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization <b>SOUTHWEST FLORIDA COMMUNITY FOUNDATION INC</b>	Employer identification number <b>59-6580974</b>
---	---

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

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

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

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 noncash assistance	(h) Purpose of grant or assistance
(1) HARRY CHAPIN FOOD BANK OF SW FLORIDA 3760 FOWLER ST. FORT MYERS FL 33901	59-2332120	501(C)	16,200				GEN OP / PROGRAM
(2) HEIGHTS FOUNDATION INC 15570 HAGIE DR FORT MYERS FL 33908	65-1003872	501(C)	51,200				GEN OP SUPPORT
(3) HIGHLANDS-CASHIERS HOSPITAL FD P. O. BOX 742 HIGHLANDS NC 28741	56-1165833	501(C)	50,000				SPECIFIC PROGRAM
(4) HODGES UNIVERSITY 2655 NORTHBROOKE DR NAPLES FL 34119	59-6605703	501(3)	26,250				SPECIFIC PROGRAM
(5) HOPE CLUBHOUSE OF SW FL 3602 BROADWAY AVE FORT MYERS FL 33901	30-0437443	501(C)	57,230				GEN OP SUPPORT
(6) HOPE HOSPICE 9470 HEALTHPARK CIRCLE FORT MYERS FL 33908	59-2128697	501(C)	5,448				GEN OP SUPPORT
(7) HUMAN TRAFFICKING AWARENESS PTNSHP PO BOX 1113 SANIBEL FL 33957	30-0370679	501(C)	43,150				SPECIFIC PROGRAM
(8) I WILL MENTORSHIP FOUNDATION PO BOX 2362 FORT MYERS FL 33912	47-3761436	501(C)	28,980				SPECIFIC PROGRAM
(9) JEWISH FAMILY & COMMUNITY SERVICES 5025 CASTELLO DRIVE NAPLES FL 34103	45-3980909	501(C)	32,500				SPECIFIC PROGRAM

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

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 990.**  
▶ 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" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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 noncash assistance	(h) Purpose of grant or assistance
(1)	JUNIOR ACHIEVEMENT OF SOUTHWEST FL 9530 MARKETPLACE ROAD FORT MYERS FL 33912	65-0503084	501(C)	9,250				SPECIFIC PROGRAM
(2)	LABELLE HIGH SCHOOL 4050 EAST COWBOY WAY LABELLE FL 33935		GOV	10,000				SPECIFIC PROGRAM
(3)	LAKE FOREST ACADEMY 1500 W KENNEDY ROAD LAKE FOREST IL 60045	36-2216167	501(C)	25,000				CAP CONTRIBUTION
(4)	LAKES PARK ENRICHMENT FOUNDATION P. O. BOX 61076 FORT MYERS FL 33906	20-0671031	501(C)	6,282				SPECIFIC PROGRAM
(5)	LEE COUNTY ALLIANCE FOR THE ARTS 10091 MCGREGOR BLVD. FORT MYERS FL 33919	51-0182649	501(C)	44,788				GEN OP / PROGRAM
(6)	LEE COUNTY DOMESTIC ANIMAL SVCS 5600 BANNER DRIVE FORT MYERS FL 33912		GOV	18,423				GEN OP SUPPORT
(7)	LEE COUNTY PARKS & REC 3410 PALM BEACH BLVD FORT MYERS FL 33916	59-1773738	GOV	6,282				SPECIFIC PROGRAM
(8)	LEE COUNTY SCHOOL DISTRICT 2855 COLONIAL BLVD FORT MYERS FL 33966	59-2637849	GOV	49,440				SPECIFIC PROGRAM
(9)	LEE MEMORIAL HEALTH SYSTEM FOUNDATI P.O. BOX 2218 FORT MYERS FL 33902	65-0645343	501(C)	43,365				GEN OP SUPPORT

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

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization <b>SOUTHWEST FLORIDA COMMUNITY FOUNDATION INC</b>	Employer identification number <b>59-6580974</b>
---	---

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

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

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

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 noncash assistance	(h) Purpose of grant or assistance
(1) LEHIGH COMMUNITY SERVICE INC 201 PLAZA DR, SUITE 103 LEHIGH ACRES FL 33936	59-1773738	501(C)	59,251				GEN OP SUPPORT
(2) LIBERTY YOUTH RANCH P.O. BOX 110718 NAPLES FL 34108	38-3674666	501(C)	10,000				GEN OP SUPPORT
(3) LIGHTHOUSE OF SWFL INC 35 W MARIANA AVE NORT FORT MYERS FL 33903	59-1665257	501(C)	26,000				SPECIFIC PROGRAM
(4) LUVYBEAR QUILTS 4 TOTS INC 3605 VALLE SANTA CIRCLE CAPE CORAL FL 33909	47-2261060	501(C)	10,000				GEN OP SUPPORT
(5) MASSACHUSETTS GENERAL HOSP 100 CAMBRIDGE STREET BOSTON MA 02114	04-1564655	501(C)	10,000				SPECIFIC PROGRAM
(6) MOTHERS AGAINST DRUNK DRIVING 13130 WESLINKS TERRACE #8 FORT MYERS FL 33913		501(C)	6,800				SPECIFIC PROGRAM
(7) MUSEUM OF NEW JERSEY MARITIME HIST 528 DOCK RD BEACH HAVEN NJ 08008	76-0730192	501(C)	7,000				GEN OP / PROGRAM
(8) THE MUSIC FOUNDATION OF SW FL 13300-56 S CLEAVELAND AVE PMB 214 FORT MYERS FL 33907	65-0264107	501(C)	6,282				SPECIFIC PROGRAM
(9) NATIONAL PARKINSON FOUNDATION 1501 NORTHWEST NINTH AVE. MIAMI FL 33136	59-0968031	501(C)	33,040				GEN OP SUPPORT

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

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 990.**

▶ **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" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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 noncash assistance	(h) Purpose of grant or assistance
(1)	NEW MISSION SYSTEMS INTERNATIONAL P. O. BOX 547 FORT MYERS FL 33902	95-4338997	501(C)	38,000				SPECIFIC PROGRAM
(2)	NORTHERN ILLINOIS UNIVERSITY 1425 LINCOLN HWY DEKALB IL 60115	36-4436635	501(C)	6,496				GEN OP SUPPORT
(3)	OCEAN COUNTY COLLEGE FOUNDATION P. O. BOX 2001 TOMS RIVER NJ 08754	22-2303358	501(C)	6,000				SPECIFIC PROGRAM
(4)	OCTAGON SEQUENCE OF EIGHT, INC. 41660 HORSESHOE ROAD PUNTA GORDA FL 33982	59-2298305	501(C)	9,989				GEN OP SUPPORT
(5)	PATTERSON DENTAL FOUNDATION 1031 MENDOTA HEIGHTS ROAD SAINT PAUL MN 55120	74-3076772	501(C)	10,000				GEN OP SUPPORT
(6)	QUALITY OF LIFE CENTER OF SWFL PO BOX 1290 FORT MYERS FL 33901	65-0321309	501(C)	18,145				GEN OP / PROGRAM
(7)	SANIBEL SEA SCHOOL INC PO BOX 1229 SANIBEL FL 33957	20-3684133	501(C)	10,644				SPECIFIC PROGRAM
(8)	LEGACY FOUNDATION AT SHELL POINT 15000 SHELL POINT BLVD FORT MYERS FL 33908	80-0002415	501(C)	10,330				GEN OP SUPPORT
(9)	SHEPHERD OF THE HILLS CHRISTIAN 6009 W COURTYARD DRIVE AUSTIN TX 78730	74-2337608	501(C)	7,700				SPECIFIC PROGRAM

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

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

Schedule I (Form 990) (2016)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization <b>SOUTHWEST FLORIDA COMMUNITY FOUNDATION INC</b>	Employer identification number <b>59-6580974</b>
---	---

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

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

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

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 noncash assistance	(h) Purpose of grant or assistance
(1) SHRINERS HOSPITAL FOR CHILDREN 12502 PINE DRIVE TAMPA FL 33612	04-2121377	501(C)	6,106				GEN OP SUPPORT
(2) SOUTHWEST FLORIDA ATTRACTIONS ASSOC P.O. BOX 60702 FORT MYERS FL 33906	65-0618123	501(C)	16,282				SPECIFIC PROGRAM
(3) SOUTHWEST FLORIDA SYMPHONY 12651 MCGREGOR BLVD. UNIT #4-403 FORT MYERS FL 33919	59-1350404	501(C)	8,530				GEN OP SUPPORT
(4) SOUTHWEST FLORIDA SYMPHONY 12651 MCGREGOR BLVD. UNIT #4-403 FORT MYERS FL 33919	59-1350404	501(C)	9,282				SPECIFIC PROGRAM
(5) SOUTHWEST FLORIDA WORKFORCE DEVELOP 9530 MARKETPLACE ROAD FORT MYERS FL 33912	65-0778245	501(C)	10,000				SPECIFIC PROGRAM
(6) SWFLCF SUPPORT ORGANIZATION 8771 COLLEGE PARKWAY, BLDG 2, #201 FORT MYERS FL 33919	36-4850931	501(3)	569,605				CAP CONTRIBUTION
(7) ST HILARY'S EPISCOPAL CHURCH 5011 MCGREGOR BLVD FORT MYERS FL 33901	59-0973728	501(C)	12,000				SPECIFIC PROGRAM
(8) ST. LUKE'S EPISCOPAL CHURCH 2635 CLEVELAND AVENUE FORT MYERS FL 33901		501(C)	9,997				GEN OP SUPPORT
(9) STEVE RUMMLER HOPE FOUNDATION PO BOX 24773 MINNEAPOLIS MN 55424	45-2903444	501(C)	25,000				GEN OP SUPPORT

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



**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 990.**  
▶ 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" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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 noncash assistance	(h) Purpose of grant or assistance
(1)	SWFL COUNCIL, INC., BOY SCOUTS OF A 1801 BOY SCOUT DR. FORT MYERS FL 33907	59-1150488	501(C)	35,012				GEN OP SUPPORT
(2)	THE COMMUNITY FD OF WEST NC 4 VANDERBILT PARK DR ASHEVILLE NC 28803		501(C)	15,000				SPECIFIC PROGRAM
(3)	THE FLORIDA NATIVE BUTTERFLY SOC 1815 FOWLER ST FORT MYERS FL 33901	27-2165373	501(3)	6,282				SPECIFIC PROGRAM
(4)	THE FD OF THE PENNSYLVANIA MED SOC 777 EAST PARK DRIVE HARRISBURG PA 17105	23-1511600	501(C)	15,000				SPECIFIC PROGRAMS
(5)	THE FOUNDATION FOR LEE CTY PUBLIC P. O. BOX 1608 FORT MYERS FL 33902	59-2637849	501(C)	19,774				GEN OP SUPPORT
(6)	THE LABORATORY THEATER OF FL PO BOX 344 FORT MYERS FL 33902	27-0526903	501(C)	24,282				SPECIFIC PROGRAM
(7)	THE LEGACY FOUNDATION SHELL POINT 15010 SHELL POINT BLVD FORT MYERS FL 33908	80-0002415	501(C)	133,314				GEN OP / PROGRAM
(8)	THE SALVATION ARMY OF LEE, HENDRY, 10291 MCGREGOR BLVD. FORT MYERS FL 33919	58-0660607	501(C)	9,997				GEN OP SUPPORT
(9)	THEATRE CONSPIRACY 10091 MCGREGOR BLVD FORT MYERS FL 33901	65-0569413	501(C)	9,282				SPECIFIC PROGRAM

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

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

Schedule I (Form 990) (2016)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 990.**  
▶ 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" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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 noncash assistance	(h) Purpose of grant or assistance
(1)	TOWN OF FORT MYERS BEACH 2523 ESTERO BOULEVARD FORT MYERS FL 33931		GOV	6,282				SPECIFIC PROGRAM
(2)	UNCOMMON FRIENDS FOUNDATION P.O. BOX 811 FORT MYERS FL 33902	65-0490124	501(C)	10,894				GEN OP SUPPORT
(3)	UNITED NEGRO COLLEGE FUND INC 1805 7TH STREET NW WASHINGTON DC 20001	13-1624241	501(C)	7,000				SPECIFIC PROGRAM
(4)	UNITED WAY OF LEE, HENDRY & GLA 7273 CONCOURSE DR. FORT MYERS FL 33908	59-1005169	501(C)	102,375				GEN OP / PROGRAM
(5)	VALERIES HOUSE INC PO BOX 1955 FORT MYERS FL 33902	47-3701240	501(C)	28,450				GEN OP SUPPORT
(6)	WGCU 10501 FCGU BLVD S FORT MYERS FL 33965	65-0403969	501(C)	8,082				SPECIFIC PROGRAM
(7)	ZION LUTHERAN CHURCH 7401 WINKLER RD. FORT MYERS FL 33919		501(C)	12,000				GEN OP SUPPORT
(8)	MISC GRANTS \$5,000 AND UNDER 8771 COLLEGE PARKWAY, BLDG 2, #201 FORT MYERS FL 33919		501(C)	525,212				GEN OP / SPEC PRGM
(9)								

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

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

Schedule I (Form 990) (2016)

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 <b>ACADEMIC SCHOLARSHIPS</b>	142	813,982			
2 <b>HERTZ DISASTER RELIEF FD</b>	13	15,978			
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.

SEE SCHEDULE I SUPPLEMENTAL INFORMATION WORKSHEET

Supplemental Information

SCHEDULE I  
(Form 990)

For calendar year 2016, or tax year beginning 07/01/16, and ending 06/30/17

2016

Name of the organization SOUTHWEST FLORIDA COMMUNITY  
FOUNDATION INC

Employer identification number

59-6580974

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  
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)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Compensation Information**

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

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

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

OMB No. 1545-0047

**2016**

Open to Public Inspection

**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 on 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 type="checkbox"/> Health or social club dues or initiation fees      |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as, 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 used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <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 on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? **4a**  Yes  No
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b**  Yes  No
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c**  Yes  No
- 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 on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5a**  Yes  No
- b** Any related organization? **5b**  Yes  No
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **6a**  Yes  No
- b** Any related organization? **6b**  Yes  No
- If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

	Yes	No
<b>1a</b>		
<b>2</b>		
<b>3</b>		
<b>4a</b>		<input checked="" type="checkbox"/>
<b>4b</b>		<input checked="" type="checkbox"/>
<b>4c</b>		<input checked="" type="checkbox"/>
<b>5a</b>		<input checked="" type="checkbox"/>
<b>5b</b>		<input checked="" type="checkbox"/>
<b>6a</b>		<input checked="" type="checkbox"/>
<b>6b</b>		<input checked="" type="checkbox"/>
<b>7</b>		<input checked="" type="checkbox"/>
<b>8</b>		<input checked="" type="checkbox"/>
<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 on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)–(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 SARAH OWEN PRESIDENT / CEO	(i)	242,850	0	8,606	25,350	2,127	278,933	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

**2016**

**Open To Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ 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	<input checked="" type="checkbox"/>	1	345	COMPARABLE SALES
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded	<input checked="" type="checkbox"/>	21	1,205,215	FMV ON DATE OF TRANSFER
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles	<input checked="" type="checkbox"/>	1	23,864	COMPARABLE SALES
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ( )				
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

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

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

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

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

▶ Attach to Form 990 or 990-EZ.

▶ 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

**2016****Open to Public  
Inspection**

Name of the organization

**SOUTHWEST FLORIDA COMMUNITY  
FOUNDATION INC**

Employer identification number

**59-6580974****FORM 990 - ORGANIZATION'S MISSION**

ORGANIZATION'S MISSION IS TO CULTIVATE 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**

COLLEGE DEGREES, CERTIFICATES AND OTHER HIGH-QUALITY CREDENTIALS FROM 27 TO 40 PERCENT BY 2025 THROUGHOUT CHARLOTTE, COLLIER, GLADES, HENDRY AND LEE COUNTIES. THE COALITION IS COMMITTED TO CREATING A CRADLE-TO-CAREER PATHWAY TO ENSURE SUCCESS FOR TRADITIONAL STUDENTS AND ADULT LEARNERS.

THE FLORIDA FELLOWS INITIATIVE IS A PARTNERSHIP WITH THE UNIVERSITY OF FLORIDA'S COLLEGE OF JOURNALISM AND COMMUNICATIONS. THE FLORIDA FELLOWS ARE ASSIGNED TO ONE OF THE NONPROFIT ORGANIZATIONS FUNDED THROUGH THE FOUNDATION'S ANNUAL COMMUNITY IMPACT GRANTS. THE FELLOWS WILL ASSIST THE NONPROFIT LEADERSHIP IN DEVELOPING MESSAGING AND STORIES OF THOSE WHO ARE BENEFITING FROM THE GRANT.

FAMILY LITERACY YES! (FLY!) IS A BARBARA BUSH FOUNDATION FAMILY LITERACY PROGRAM COLLABORATIVELY IMPLEMENTED BY THE QUALITY OF LIFE CENTER AND THE

Name of the organization

SOUTHWEST FLORIDA COMMUNITY

Employer identification number

59-6580974

DUNBAR COMMUNITY SCHOOL SUPPORTED BY THE FOUNDATION. IT SERVES LOW INCOME FAMILIES BY SUBSIDIZING THE COST OF EARLY CHILDHOOD EDUCATION FOR THEIR CHILDREN AGES 3-5 AND THE COST FOR PARENTS ATTENDING ENGLISH LANGUAGE OR GED COURSES. FLY! ALSO INCLUDES TEACHER-FACILITATED INTERGENERATIONAL LEARNING TIME TO SUPPORT PARENTS IN BECOMING THEIR CHILDREN'S FIRST TEACHERS IN READING AND TO PROVIDE SPACE FOR PARENTS AND CHILDREN TO READ AND LEARN TOGETHER.

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

(A) NON-PROFIT CAPACITY-BUILDING AND PARTNERSHIPS, INCLUDING THE YEAR-LONG COMMUNITY IMPACT GRANT TRIBES; (B) EDUCATIONAL PROGRAMS FOR COMMUNITY STAKEHOLDERS, INCLUDING DONORS AND PROFESSIONAL ADVISORS; (C) IMPLEMENTATION OF A COMMUNITY SUSTAINABILITY PLAN ESTABLISHED FOR LEE COUNTY; (D) COMMUNITY LEADERSHIP AND CONVENER SERVICES; (E) PUBLIC-PRIVATE PARTNERSHIPS; (F) ESTABLISHMENT OF SATELLITE OFFICES THROUGHOUT THE REGION; (G) PROMOTE COMMUNITY AWARENESS AROUND TRANSPORTATION, COMMUNITY DESIGN, AND ACCESS TO SERVICES; (H) SUPPORT PROGRAMS TO CONNECT YOUNG PROFESSIONALS TO THE COMMUNITY; (I) RAISE AWARENESS AND HIGHLIGHT BEST PRACTICES OF PARTNER ORGANIZATIONS; AND (J) ART EXHIBITION

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.

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

Name of the organization

SOUTHWEST FLORIDA COMMUNITY

Employer identification number

59-6580974

AND CONSULTANTS ARE ALSO REQUIRED TO REVIEW AND EXECUTE A CONFLICT OF INTEREST POLICY STATEMENT DEPENDING ON THE SERVICES RECEIVED.

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 ELECTRONIC DATABASE KNOWN AS GUIDESTAR.

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

AGENCY FUNDS INCOME \$ -97,903



Name of the organization <b>SOUTHWEST FLORIDA COMMUNITY</b>	Employer identification number <b>59-6580974</b>
--	---

AGENCY FUND CONTRIBUTIONS	\$ -47,000
ALLOCATED TO PARTNER SUPPORT	\$ -483,193
PYMT/CHG IN SPLIT INT AGMT & REMAINDER / LEAD INT VALUES	\$ -153,592
INVESTMENT FEES ALLOCATED TO AGENCY FUNDS	\$ 7,686
AGENCY FUND GRANTS	\$ 567,203
ALLOCATED TO PARTNER SUPPORT	\$ 483,193
GRANT TO SUPPORTING ORGANIZATION	\$ 569,605
<b>TOTAL</b>	<b>\$ 845,999</b>

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

Name of the organization

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2016****Open to Public  
Inspection****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) SWFLCF SUPPORT ORGANIZATION INC 8771 COLLEGE PARKWAY, BLDG 2, #201 36-4850931 FORT MYERS FL 33919	SUP ORG	FL	501C	12A	N/A		X
(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.

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
<b>b</b> Gift, grant, or capital contribution to related organization(s)	X	
<b>c</b> Gift, grant, or capital contribution from related organization(s)		X
<b>d</b> Loans or loan guarantees to or for related organization(s)		X
<b>e</b> Loans or loan guarantees by related organization(s)		X
<b>f</b> Dividends from related organization(s)		X
<b>g</b> Sale of assets to related organization(s)		X
<b>h</b> Purchase of assets from related organization(s)		X
<b>i</b> Exchange of assets with related organization(s)		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s)		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s)		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
<b>o</b> Sharing of paid employees with related organization(s)		X
<b>p</b> Reimbursement paid to related organization(s) for expenses		X
<b>q</b> Reimbursement paid by related organization(s) for expenses		X
<b>r</b> Other transfer of cash or property to related organization(s)		X
<b>s</b> Other transfer of cash or property from related organization(s)		X

**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) <b>SWFLCF SUPPORT ORGANIZATION INC</b>	<b>B</b>	<b>569,605</b>	<b>ACTUAL COST</b>
(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

---

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



Form **4562**

Department of the Treasury  
Internal Revenue Service (99)

**Depreciation and Amortization**  
**(Including Information on Listed Property)**

▶ Attach to your tax return.

▶ Information about Form 4562 and its separate instructions is at [www.irs.gov/form4562](http://www.irs.gov/form4562).

OMB No. 1545-0172

**2016**

Attachment Sequence No. **179**

Name(s) shown on return **SOUTHWEST FLORIDA COMMUNITY FOUNDATION INC**

Identifying number  
**59-6580974**

Business or activity to which this form relates

**ALL ACTIVITIES**

**Part I Election To Expense Certain Property Under Section 179**

**Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	<b>500,000</b>
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	<b>2,010,000</b>
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2015 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2017. Add lines 9 and 10, less line 12	▶ 13	

**Note:** Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.) (See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

**Part III MACRS Depreciation (Don't include listed property.) (See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2016	17	<b>24,469</b>
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	▶ <input type="checkbox"/>	

**Section B—Assets Placed in Service During 2016 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

**Section C—Assets Placed in Service During 2016 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	<b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	<b>24,469</b>
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**For Paperwork Reduction Act Notice, see separate instructions.**