

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2017 calendar year, or tax year beginning 07/01/17, and ending 06/30/18

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

C Name of organization: **SOUTHWEST FLORIDA COMMUNITY FOUNDATION INC**
 Doing business as:
 Number and street (or P.O. box if mail is not delivered to street address): **2031 JACKSON STREET, SUITE 100**
 Room/suite:
 City or town, state or province, country, and ZIP or foreign postal code: **FORT MYERS FL 33901**

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

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

G Gross receipts \$: **29,900,196**

F Name and address of principal officer:
LUIS A. LEON
2031 JACKSON STREET, SUITE 100
FORT MYERS FL 33901

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

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

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

H(c) Group exemption number ▶

K Form of organization: Corporation Trust Association Other ▶

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

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
SEE SCHEDULE O

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


3 Number of voting members of the governing body (Part VI, line 1a)	24
4 Number of independent voting members of the governing body (Part VI, line 1b)	24
5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	16
6 Total number of volunteers (estimate if necessary)	240
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

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	7,099,678	14,209,172
9 Program service revenue (Part VIII, line 2g)		0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,687,409	5,185,114
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	47,518	3,662,081
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,834,605	23,056,367
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,193,525	6,422,577
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)	1,138,637	1,203,052
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 533,924		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,317,227	2,300,331
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,649,389	9,925,960
19 Revenue less expenses. Subtract line 18 from line 12	2,185,216	13,130,407

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	112,254,916	126,767,839
21 Total liabilities (Part X, line 26)	14,985,826	14,993,624
22 Net assets or fund balances. Subtract line 21 from line 20	97,269,090	111,774,215

Part II Signature Block

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

Sign Here	Signature of officer		Date
	LUIS A. LEON Type or print name and title		DIRECTOR OF FINANCE
Paid Preparer Use Only	Print/Type preparer's name	Date	Check <input type="checkbox"/> if self-employed PTIN P00371840
	Firm's name ▶ HUGHES, SNELL & CO., P.A. 1470 ROYAL PALM SQUARE BLVD FORT MYERS, FL 33919-1082	Firm's EIN ▶ 59-2309183	Phone no. 239-939-2233

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 \$ **4,425,656** including grants of \$ **3,382,923**) (Revenue \$ **7,126,362**)

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

4b (Code:) (Expenses \$ **962,261** including grants of \$ **735,542**) (Revenue \$ **1,545,998**)

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

4c (Code:) (Expenses \$ **957,194** including grants of \$ **731,669**) (Revenue \$ **4,002,868**)

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

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

(Expenses \$ **2,057,125** including grants of \$ **1,572,443**) (Revenue \$ **1,533,894**)

4e Total program service expenses **8,402,236**

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question numbers (1a-14b), Yes/No checkboxes, and numerical responses (e.g., 45, 0, 16). Includes questions about Form 1096, Form W-2G, Form W-3, and various IRS forms like 8886-T, 8282, 8899, 1098-C, 4966, 501(c)(7), 501(c)(12), 4947(a)(1), and 501(c)(29).

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		
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1a	24		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	24		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a	X		
b	Each committee with authority to act on behalf of the governing body?	8b	X		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9			X

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its 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 2031 JACKSON STREET, SUITE 100
FORT MYERS FL 33901 239-274-5900

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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) DR. LARRY A. HOBBS	3.00									
CHAIR	0.00	X		X			0	0	0	
(2) CRAIG FOLK	3.00									
VICE CHAIR	0.00	X		X			0	0	0	
(3) HOWARD L. LELAND	3.00									
SEC / TREAS	0.00	X		X			0	0	0	
(4) GUY WHITESMAN	3.00									
IMMEDIATE PAST CHAIR	0.00	X		X			0	0	0	
(5) AURORA BADIA	3.00									
TRUSTEE	0.00	X					0	0	0	
(6) JUAN BENDECK	3.00									
TRUSTEE	0.00	X					0	0	0	
(7) CAROLYN CONANT	3.00									
TRUSTEE	0.00	X					0	0	0	
(8) MARY BETH CRAWFORD	3.00									
TRUSTEE	0.00	X					0	0	0	
(9) PATRICIA K. DOBBINS	3.00									
TRUSTEE	0.00	X					0	0	0	
(10) CHAUNCEY GOSS	3.00									
TRUSTEE	0.00	X					0	0	0	
(11) DENNIE HAMILTON	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) CHRISTOPHER HILL	3.00									
TRUSTEE	0.00	X						0	0	
(13) HUGH KINSEY, JR.	3.00									
TRUSTEE	0.00	X						0	0	
(14) ALAN MANDEL	3.00									
TRUSTEE	0.00	X						0	0	
(15) GAIL MARKHAM	3.00									
TRUSTEE	0.00	X						0	0	
(16) FRED MOON	3.00									
TRUSTEE	0.00	X						0	0	
(17) DALE REISS	3.00									
TRUSTEE	0.00	X						0	0	
(18) DARREN ROBERT SHAW	3.00									
TRUSTEE	0.00	X						0	0	
(19) SANDY ROBINSON	3.00									
TRUSTEE	0.00	X						0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A								372,762	14,955	
d Total (add lines 1b and 1c)								372,762	14,955	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part 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) ROBBIE B. ROEPSTORFF	3.00									
TRUSTEE	0.00	X					0	0	0	
(21) JONATHAN ROMINE	3.00									
TRUSTEE	0.00	X					0	0	0	
(22) GAY THOMPSON	3.00									
TRUSTEE	0.00	X					0	0	0	
(23) MYRA HALE WALTERS	3.00									
TRUSTEE	0.00	X					0	0	0	
(24) RUSTY WHITLEY	3.00									
TRUSTEE	0.00	X					0	0	0	
(25) SARAH OWEN	50.00									
PRESIDENT / CEO	5.00	X		X			295,900	0	14,955	
(26) LUIS A. LEON	50.00									
DIRECTOR OF FINANCE	0.00			X			76,862	0	0	
1b Sub-total							372,762		14,955	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

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

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Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	550,000				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	13,659,172				
	g Noncash contributions included in lines 1a-1f: \$		2,000,143				
	h Total. Add lines 1a-1f		14,209,172				
Program Service Revenue	2a	Busn. Code					
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,854,332			1,854,332	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
	b Less: rental exps.						
	c Rental inc. or (loss)						
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other	6,913,852	3,260,759		
	b Less: cost or other basis & sales exps.			6,843,829			
	c Gain or (loss)			70,023	3,260,759		
	d Net gain or (loss)			3,330,782		3,330,782	
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a					
	b Less: direct expenses	b					
c Net income or (loss) from fundraising events							
9a Gross income from gaming activities. See Part IV, line 19	a						
b Less: direct expenses	b						
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	a						
b Less: cost of goods sold	b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue		Busn. Code					
11a MISCELLANEOUS INCOME			3,605,766	3,605,766			
b BEQUEST FEES			56,315	56,315			
c							
d All other revenue							
e Total. Add lines 11a-11d			3,662,081				
12 Total revenue. See instructions.			23,056,367	3,662,081	0	5,185,114	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	5,520,848	5,520,848		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	901,729	901,729		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	415,222	186,850	145,328	83,044
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	625,556	281,500	218,945	125,111
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	12,471	5,612	4,365	2,494
9 Other employee benefits	86,179	38,779	30,163	17,237
10 Payroll taxes	63,624	28,631	22,268	12,725
11 Fees for services (non-employees):				
a Management				
b Legal	1,422	640	498	284
c Accounting	39,900	17,955	13,965	7,980
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	213,564	96,104	74,747	42,713
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	1,274,211	901,200	238,974	134,037
12 Advertising and promotion	80	36	28	16
13 Office expenses	66,171	29,777	23,160	13,234
14 Information technology	201,811	99,043	70,055	32,713
15 Royalties				
16 Occupancy	119,568	53,806	41,849	23,913
17 Travel	24,351	7,386	16,535	430
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	82,519	48,871	29,569	4,079
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	43,009	19,354	15,053	8,602
23 Insurance	31,228	14,053	10,929	6,246
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROJECTS	107,427	107,427		
b DUES & SUBSCRIPTIONS	38,405	17,282	13,442	7,681
c MISCELLANEOUS	24,047	10,675	8,510	4,862
d PRINTING AND PUBLICATION	17,471	7,862	6,115	3,494
e All other expenses	15,147	6,816	5,302	3,029
25 Total functional expenses. Add lines 1 through 24e	9,925,960	8,402,236	989,800	533,924
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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

		(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest bearing	1	
	2	Savings and temporary cash investments	2	7,125,343
	3	Pledges and grants receivable, net	3	
	4	Accounts receivable, net	4	2,915,591
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	6	
	7	Notes and loans receivable, net	7	
	8	Inventories for sale or use	8	
	9	Prepaid expenses and deferred charges	9	7,590
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	5,017,355
	b	Less: accumulated depreciation	10b	124,750
	11	Investments—publicly traded securities	11	86,643,249
	12	Investments—other securities. See Part IV, line 11	12	
	13	Investments—program-related. See Part IV, line 11	13	
	14	Intangible assets	14	
	15	Other assets. See Part IV, line 11	15	25,183,461
16	Total assets. Add lines 1 through 15 (must equal line 34)	16	126,767,839	
Liabilities	17	Accounts payable and accrued expenses	17	93,106
	18	Grants payable	18	1,236,950
	19	Deferred revenue	19	17,672
	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	25	3,496,896
	26	Total liabilities. Add lines 17 through 25	26	14,993,624
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27	Unrestricted net assets	27	86,520,742
	28	Temporarily restricted net assets	28	23,837,802
	29	Permanently restricted net assets	29	1,415,671
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds	30	
	31	Paid-in or capital surplus, or land, building, or equipment fund	31	
	32	Retained earnings, endowment, accumulated income, or other funds	32	
33	Total net assets or fund balances	33	111,774,215	
34	Total liabilities and net assets/fund balances	34	126,767,839	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	23,056,367
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,925,960
3	Revenue less expenses. Subtract line 2 from line 1	3	13,130,407
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	97,269,090
5	Net unrealized gains (losses) on investments	5	215,142
6	Donated services and use of facilities	6	6,000
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	1,153,576
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	111,774,215

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

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

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Name of the organization

**SOUTHWEST FLORIDA COMMUNITY
FOUNDATION INC**

Employer identification number

59-6580974

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

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

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	8,235,847	6,702,288	3,930,741	5,973,380	8,960,544	33,802,800
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	8,235,847	6,702,288	3,930,741	5,973,380	8,960,544	33,802,800
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						10,001,504
6 Public support. Subtract line 5 from line 4.						23,801,296

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	8,235,847	6,702,288	3,930,741	5,973,380	8,960,544	33,802,800
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3,048,029	1,140,339	822,960	1,404,640	1,854,332	8,270,300
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						42,073,100
12 Gross receipts from related activities, etc. (see instructions)					12	3,662,081

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	56.57%
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	51.10%
16a 33 1/3% support test—2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2017. 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 <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2016. 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 <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests—2017.** 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—2016.** 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. 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
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
11a		
b A family member of a person described in (a) above?		
11b		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .		
11c		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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.	Yes	No
2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
3b		

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

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

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

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

Section D - Distributions		Current Year	
1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required)		
6	Other distributions (describe in Part VI). See instructions.		
7	Total annual distributions. Add lines 1 through 6.		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.		
9	Distributable amount for 2017 from Section C, line 6		
10	Line 8 amount divided by line 9 amount		
Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2017
1	Distributable amount for 2017 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2017:		
a			
b	From 2013		
c	From 2014		
d	From 2015		
e	From 2016		
f	Total of lines 3a through e		
g	Applied to underdistributions of prior years		
h	Applied to 2017 distributable amount		
i	Carryover from 2012 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		
4	Distributions for 2017 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2017 distributable amount		
c	Remainder. Subtract lines 4a and 4b from 4.		
5	Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.		
6	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.		
7	Excess distributions carryover to 2018. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2013		
b	Excess from 2014		
c	Excess from 2015		
d	Excess from 2016		
e	Excess from 2017		

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**
▶ **Go to www.irs.gov/Form990 for the latest information.**

2017

Name of the organization

**SOUTHWEST FLORIDA COMMUNITY
FOUNDATION INC**

Employer identification number

59-6580974

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(**3**) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2017

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate values, and yes/no questions regarding donor advisement.

Part II Conservation Easements.

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

Form with multiple questions (1-9) regarding conservation easements, including checkboxes for various purposes and a table for 'Held at the End of the Tax Year'.

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.

Form with questions (1a, 1b, 2) regarding collections of art and historical treasures, including dollar amounts for revenue and assets.

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	68,814,966	58,351,450	59,613,288	51,133,580	42,077,341
b Contributions	8,977,266	7,991,840	4,186,373	11,215,653	4,974,870
c Net investment earnings, gains, and losses	4,667,453	7,171,922	-218,618	1,207,554	6,989,989
d Grants or scholarships	4,682,427	3,548,078	3,972,655	2,911,505	1,976,568
e Other expenditures for facilities and programs					
f Administrative expenses	1,195,461	1,152,168	1,256,938	1,031,995	932,051
g End of year balance	79,581,797	68,814,966	58,351,450	59,613,288	51,133,580

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment ▶ **98.22 %**
 - b Permanent endowment ▶ **1.78 %**
 - 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? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		183,978		183,978
b Buildings				
c Leasehold improvements				
d Equipment		124,750	124,750	
e Other		4,708,627		4,708,627
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				4,892,605

Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) DEFERRED GIFTS REC - CRTS / CLTS	22,322,888
(2) DEFERRED GIFTS REC - CGAS	1,431,784
(3) CONTRIBUTIONS RECEIVABLE	1,164,921
(4) LIFE INSURANCE - REMAINDER INTEREST	200,031
(5) OTHER ASSETS	63,837
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	25,183,461

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) FUNDS HELD AS AGENCY ACCOUNTS	2,672,152
(3) ANNUITY OBLIGATIONS	824,744
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	3,496,896

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	21,905,635
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	215,142	
b	Donated services and use of facilities	2b	6,000	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	184,338	
e	Add lines 2a through 2d		2e	405,480
3	Subtract line 2e from line 1		3	21,500,155
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	1,556,212	
c	Add lines 4a and 4b		4c	1,556,212
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	23,056,367

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	7,400,510
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	6,000	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	269	
e	Add lines 2a through 2d		2e	6,269
3	Subtract line 2e from line 1		3	7,394,241
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	2,531,719	
c	Add lines 4a and 4b		4c	2,531,719
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	9,925,960

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 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER

INCOME ALLOCATED TO SUPPORT ORG	\$	184,338
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PART XI, LINE 4B - REVENUE AMOUNTS INCLUDED ON RETURN - OTHER

AGENCY FUNDS INCOME	\$	175,797
---------------------	----	---------

AGENCY FUND CONTRIBUTIONS	\$	10,050
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ALLOCATED TO PARTNER SUPPORT	\$	542,365
------------------------------	----	---------

PROFESSIONAL FEES ALLOCATED TO OTHER REVENUE	\$	828,000
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PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER

EXPENSE ALLOCATED TO SUPPORT ORGANIZATION	\$	269
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PART XII, LINE 4B - EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER

INVESTMENT FEES ALLOCATED TO AGENCY FUNDS	\$	7,219
---	----	-------

AGENCY FUND GRANTS	\$	205,293
--------------------	----	---------

ALLOCATED TO PARTNER SUPPORT	\$	542,365
------------------------------	----	---------

PYMT/CHG IN SPLIT INT AGMT & REMAINDER / LEAD INT VALUES	\$	948,842
--	----	---------

PROFESSIONAL FEES - ALLOCATED TO OTHER REVENUE	\$	828,000
--	----	---------

**SCHEDULE I
(Form 990)**Department of the Treasury
Internal Revenue Service**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2017**Open to Public
Inspection**

Name of the organization

**SOUTHWEST FLORIDA COMMUNITY
FOUNDATION INC**

Employer identification number

59-6580974**Part I General Information on Grants and Assistance**

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

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

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)	ALZHEIMERS DISEASE & REL. DISORDERS 14010 ROOSEVELT BLVD, STE 709 CLEARWATER FL 33762	13-3039601	501(C)	22,515				GEN OP SUPPORT
(2)	AMERICAN NATIONAL RED CROSS 7051 CYPRESS TER FORT MYERS FL 33907	53-0196605	501(C)	6,500				SPECIFIC PROGRAM
(3)	AMI KIDS SOUTHWEST FLORIDA INC 1190 MAIN STREET FORT MYERS BEACH FL 33931	59-3052865	501(C)	148,899				GEN OP / SPEC PRGM
(4)	ANIMAL REFUGE CENTER, INC P. O. BOX 6642 FORT MYERS FL 33902	65-0057419	501(C)	25,964				GEN OP SUPPORT
(5)	ANIMAL RESCUE OF LABELLE INC P.O. BOX 2441 LABELLE FL 33935	65-0404638	501(C)	5,182				GEN OP SUPPORT
(6)	ARTFEST FORT MYERS, INC. 1375 JACKSON ST. SUITE 401 FORT MYERS FL 33901	65-1119729	501(C)	11,282				SPECIFIC PROGRAM
(7)	AVOW HOSPICE INC 1095 WHIPPOORWILL LANE NAPLES FL 34105	59-2201250	501(C)	16,936				GEN OP / SPEC PRGM
(8)	BAILEY-MATTHEWS SHELL MUSEUM 3075 SANIBEL-CAPTIVA RD SANIBEL FL 33957	59-2775992	501(C)	9,819				GENERAL OP SUPPORT
(9)	BAILEY-MATTHEWS SHELL MUSEUM 3075 SANIBEL-CAPTIVA RD SANIBEL FL 33957	59-2775992	501(C)	12,500				SPECIFIC PROGRAM

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ **396**
- 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) (2017)

**SCHEDULE I
(Form 990)****Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2017**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.

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

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)	BETH-EL FARMWORKER MINISTRY P.O. BOX 860 WIMAUMA FL 33598	59-3004876	501(C)	6,500				GEN OP / SPEC PRGM
(2)	BIDEAWEE INC 410 E 38TH ST NEW YORK NY 10016	13-1655210	501(C)	9,303				GEN OP SUPPORT
(3)	BIG ARTS 900 DUNLOP RD SANIBEL FL 33957	59-1956939	501(C)	10,000				SPECIFIC PROGRAM
(4)	BIG BROTHERS BIG SISTERS SUN COAST 1000 S TAMiami TRAIL, STE C VENICE FL 34285	59-2479001	501(C)	50,197				GEN OP / SPEC PRGM
(5)	BONITA SPRINGS ASSISTANCE OFFICE P.O. BOX 16 BONITA SPRINGS FL 34133	59-2337909	501(C)	7,500				GEN OP / SPEC PRGM
(6)	BONITA BAY VETERANS COUNCIL 3330 RIVERPARK COURT BONITA SPRINGS FL 34133		501(C)	10,000				GEN OP SUPPORT
(7)	BONITA WONDER GARDENS INC PO BOX 822 BONITA SPRINGS FL 34133	46-4168846	501(C)	15,250				SPECIFIC PROGRAM
(8)	BUCKNELL UNIVERSITY 112 MARTS HALL LEWISBURG PA 17837	24-0772407	501(C)	20,000				SPECIFIC PROGRAM
(9)	CALOOSA HUMANE SOCIETY P. O. BOX 2337 LABELLE FL 33975	65-0759567	501(C)	35,989				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) (2017)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047
2017
**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Part I 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)	CANTERBURY SCHOOL CORPORATION 8141 COLLEGE PKWY FORT MYERS FL 33919	59-1058089	501(C)	205,000				GEN OP / SPEC PRGM
(2)	CAPE CORAL ANIMAL SHELTER 1217 CAPE CORAL PKWY E #235 CAPE CORAL FL 33904		501(C)	11,933				SPECIFIC PROGRAM
(3)	CAPE CORAL ART LEAGUE INC 516 CULTURAL PARK BLVD CAPE CORAL FL 33910	23-7348129	501(C)	6,391				SPECIFIC PROGRAM
(4)	CAPITAL GOOD FUND 22 A STREET PROVIDENCE RI 02907	80-0348382	501(C)	30,000				SPECIFIC PROGRAM
(5)	CAPTIVA CHAPEL BY THE SEA PO BOX 162 CAPTIVA FL 33924	59-6143042	501(C)	11,367				GEN OP SUPPORT
(6)	CENTER FOR POPULAR DEMOCRACY 449 TROUTMAN ST, STE A BROOKLYN NY 11237	45-3813436	501(C)	25,000				SPECIFIC PROGRAM
(7)	CENTER FOR PROGRESS AND EXCELLENCE 6360 TECHSTER BLVD FORT MYERS FL 33966	47-4810710	501(C)	18,286				SPECIFIC PROGRAM
(8)	CENTER FOR THE ARTS 26100 OLD 41 ROAD BONITA SPRINGS FL 34135	65-0295085	501(C)	16,500				GEN OP / SPEC PRGM
(9)	CHARLOTTE COMMUNITY FOUNDATION INC 227 SULLIVAN STREET PUNTA GORDA FL 33950	65-0455319	501(C)	15,115				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) (2017)

**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

2017

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Inspection**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990.

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

Name of the organization SOUTHWEST FLORIDA COMMUNITY FOUNDATION INC	Employer identification number 59-6580974
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Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to 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) CHARLOTTE HARBOR ENVIRO CENTER 10941 BURNT STORE RD PUNTA GORDA FL 33955	59-2853001	501(C)	30,000				SPECIFIC PROGRAM
(2) CHILDREN'S ADVOCACY CENTER OF SW FL 3830 EVANS AVE FORT MYERS FL 33901	65-0007620	501(C)	12,000				GEN OP SUPPORT
(3) CHRIST LUTHERAN CHURCH 3816 SOUTH 12TH ST. SHEBOYGAN WI 53081	39-1214138	501(C)	7,000				GEN OP SUPPORT
(4) CHRISTIAN MEDICAL MINISTRIES 6900 DANIELS PKWY, SUITE 29-393 FORT MYERS FL 33912	47-2641606	501(C)	11,300				GEN OP SUPPORT
(5) CITRUS CENTER BOYS & GIRLS CLUB INC P.O. BOX 2666 WINTER HAVEN FL 33883	59-0776417	501(C)	7,000				GEN OP SUPPORT
(6) CLEO INSTITUTE 8325 NE 2ND AVENUE, SUITE 218 MIAMI FL 33138	27-3185735	501(C)	10,000				SPECIFIC PROGRAM
(7) CLINIC FOR THE REHAB OF WILDLIFE PO BOX 150 SANIBEL FL 33957	23-7271040	501(C)	16,209				GEN OP SUPPORT
(8) CLINIC FOR THE REHAB OF WILDLIFE PO BOX 150 SANIBEL FL 33957	23-7271040	501(C)	5,500				SPECIFIC PROGRAM
(9) COMMUNITIES REACHING OUT INC 908 NORTH GOLF DR HOLLYWOOD FL 33021	65-1242772	501(C)	10,146				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) (2017)

**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

2017

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990.

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

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 CONGREGATIONAL CHURCH 15300 N TAMIAMI TRAIL NAPLES FL 34110	59-2520944	501(C)	7,556				GEN OP SUPPORT
(2)	COMMUNITY COOPERATIVE INC P. O. 2143 FORT MYERS FL 33902	59-2602772	501(C)	8,307				GEN OP SUPPORT
(3)	COMMUNITY FOUNDATION OF COLLIER CTY 1110 PINE RIDGE RD SUITE 200 NAPLES FL 34108	59-2396243	501(C)	124,757				GEN OP / SPEC PRGM
(4)	COMMUNITY HAVEN FOR ADULTS & CHILD 4405 DESOTO ROAD SARASOTA FL 34235	59-1305522	501(C)	80,000				SPECIFIC PROGRAM
(5)	CONSERVANCY OF SOUTHWEST FLORIDA 1495 SMITH PRESERVE WAY NAPLES FL 34102	59-1157084	501(C)	10,000				SPECIFIC PROGRAM
(6)	COUNCIL ON FOUNDATIONS P. O. BOX 75661 BALTIMORE MD 21275	13-6068327	501(C)	12,850				GEN OP SUPPORT
(7)	COVENANT PRESBYTERIAN CHURCH 2439 MCGREGOR BLVD FORT MYERS FL 33901	59-1150677	501(C)	11,632				GEN OP / SPEC PRGM
(8)	DAVID LAWRENCE CENTER 6075 BATHEY LANE NAPLES FL 34116	59-2206025	501(C)	7,500				SPECIFIC PROGRAM
(9)	DING DARLING WILDLIFE SOCIETY INC 1 WILDLIFE DR SANIBEL FL 33957	59-2240895	501(C)	10,000				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) (2017)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Part I 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)	DIOCESE OF SOUTHWEST FLORIDA 8005 25TH EAST ST PARRISH FL 34219		501(C)	14,000				SPECIFIC PROGRAM
(2)	DIOCESE OF VENICE CATHOLIC FAITH AP P. O. BOX 60759 FORT MYERS FL 33906		501(C)	12,000				SPECIFIC PROGRAM
(3)	DOCTORS WITHOUT BORDERS USA INC 333 7TH AVENUE, 2ND FLOOR NEW YORK NY 10001	13-3433452	501(C)	5,200				GEN OP / SPEC PRGM
(4)	DR PIPER CENTER FOR SOCIAL SERVICES 2607 DR ELLA PIPER WAY FORT MYERS FL 33916	65-0788551	501(C)	9,890				GEN OP / SPEC PRGM
(5)	ECHO, INC. 17391 DURRANCE ROAD NORTH FORT MYERS FL 33917	23-7275283	501(C)	12,870				SPECIFIC PROGRAM
(6)	EDISON SAILING CENTER 1420 DEL RIO DRIVE FORT MYERS FL 33901		501(C)	5,393				GEN OP SUPPORT
(7)	EMERGENCY ASSISTANCE FOUNDATION INC 3713 PINE STREET JACKSONVILLE FL 32205	45-1813056	501(C)	167,224				SPECIFIC PROGRAM
(8)	FAMILY HEALTH CENTERS OF SW FL P.O. BOX 1357 FORT MYERS FL 33902	59-1741273	501(C)	44,531				SPECIFIC PROGRAM
(9)	FAMILY INITIATIVE INCORPORATED 1242 SW PINE ISLAND RD CAPE CORAL FL 33991	46-1528487	501(C)	40,000				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) (2017)

**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

2017

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990.**

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

Name of the organization SOUTHWEST FLORIDA COMMUNITY FOUNDATION INC	Employer identification number 59-6580974
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Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to 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) FELLOWSHIP OF CHRISTIAN ATHLETES 3000 ORANGE BLOSSOM DRIVE NAPLES FL 34109	44-0610626	501(C)	25,000				SPECIFIC PROGRAM
(2) FLORIDA ARTS INC 2301 FIRST STREET FORT MYERS FL 33901	31-1536036	501(C)	12,774				SPECIFIC PROGRAM
(3) FLORIDA DENTAL ASSOCIATION FD 545 JOHN KNOX ROAD SUITE 200 TALLAHASSEE FL 32303	59-0615479	501(C)	10,000				SPECIFIC PROGRAM
(4) FLORIDA DEPT HEALTH CHARLOTTE CTY 1100 LOVELAND BLVD PORT CHARLOTTE FL 33980		GOV	25,000				SPECIFIC PROGRAM
(5) FLORIDA GULF COAST UNIVERSITY 10501 FGCU BLVD S FORT MYERS FL 33965		501(C)	227,584				GEN OP / SPEC PRGM
(6) FLORIDA GULF COAST UNIVERSITY FD 10501 FGCU BLVD S FORT MYERS FL 33965	65-0403969	501(C)	9,819				GEN OP SUPPORT
(7) FLORIDA GULF COAST UNIVERSITY FD 10501 FGCU BLVD S FORT MYERS FL 33965	65-0403969	501(C)	8,092				SPECIFIC PROGRAM
(8) FLORIDA LIONS CONKLIN CENTER FOR TH 405 WHITE ST. DAYTONA BEACH FL 32114	23-7377066	501(C)	5,782				GEN OP SUPPORT
(9) FLORIDA REPERTORY THEATRE P. O. BOX 2483 FORT MYERS FL 33902	65-0827621	501(C)	13,500				GEN OP / SPEC PRGM

- 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) (2017)

**SCHEDULE I
(Form 990)**Department of the Treasury
Internal Revenue Service**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2017**Open to Public
Inspection**Name of the organization
**SOUTHWEST FLORIDA COMMUNITY
FOUNDATION INC**Employer identification number
59-6580974**Part I General Information on Grants and Assistance**

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

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

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 STATE UNIVERSITY FOUNDATION 2010 LEVY AVENUE TALLAHASSEE FL 32310	59-6152180	501(C)	10,000				SPECIFIC PROGRAM
(2)	FORT MYERS BEACH ART ASSOC P. O. BOX 2359 FORT MYERS FL 33932	59-1004609	501(C)	7,500				SPECIFIC PROGRAM
(3)	FORT MYERS COMMUNITY CONCERT ASSOC P. O. BOX 606 FORT MYERS FL 33902	59-1739068	501(C)	14,031				GEN OP SUPPORT
(4)	FORT MYERS MURAL SOCIETY 2443 FIRST STREET FORT MYERS FL 33901	81-3755781	501(C)	10,000				SPECIFIC PROGRAM
(5)	FORT MYERS TECHNICAL COLLEGE 3800 MICHIGAN AVE FORT MYERS FL 33916		501(C)	20,000				SPECIFIC PROGRAM
(6)	FRIENDS OF THE MOUND HOUSE P. O. BOX 154 FORT MYERS FL 33931	56-2544250	501(3)	10,000				SPECIFIC PROGRAM
(7)	GATEWAY TRINITY LUTHERAN CHURCH 11381 GATEWAY BLVD FORT MYERS FL 33913	65-0218796	501(C)	10,000				SPECIFIC PROGRAM
(8)	GEISINGER HEALTH 100 NORTH ACADEMY AVENUE DANVILLE PA 17822	23-2311553	501(C)	20,000				SPECIFIC PROGRAM
(9)	GLADES COUNTY EDUCATION FOUNDATION PO BOX 443 MOORE HAVEN FL 33471	46-3728223	501(C)	40,000				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) (2017)

**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.
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OMB No. 1545-0047
2017
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Part I 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)	GLADIOLUS LEARNING & DEVEL CNTR 10320 GLADIOLUS DR FORT MYERS FL 33908	23-7378076	501(C)	14,709				GEN OP SUPPORT
(2)	GOOD WHEELS INC 10075 BAVARIA ROAD, SE FORT MYERS FL 33913	65-0192741	501(C)	12,000				SPECIFIC PROGRAM
(3)	GOODWILL INDUSTRIES OF SOUTHWEST FL 5100 TICE STREET FORT MYERS FL 33905	59-6196141	501(C)	26,021				GEN OP SUPPORT
(4)	GOODWILL INDUSTRIES OF SOUTHWEST FL 5100 TICE STREET FORT MYERS FL 33905	59-6196141	501(C)	44,783				SPECIFIC PROGRAM
(5)	GREATER HOUSTON COMMUNITY FD 5120 WOODWAY DRIVE SUITE 6000 HOUSTON TX 77056	23-7160400	501(C)	13,495				SPECIFIC PROGRAM
(6)	GUADALUPE CENTER INC. 505 HOPE CIRCLE IMMOKALEE FL 34142	59-2617151	501(C)	16,138				GEN OP SUPPORT
(7)	GUADALUPE CENTER INC. 505 HOPE CIRCLE IMMOKALEE FL 34142	59-2617151	501(C)	8,000				SPECIFIC PROGRAM
(8)	GULF COAST HUMANE SOCIETY, INC. 2010 ARCADIA ST. FORT MYERS FL 33916	59-0806978	501(C)	30,737				GEN OP / SPEC PRGM
(9)	GULF COAST PARTNERSHIP, INC. 408 TAMIAMI TRAIL, UNIT 121 PUNTA GORDA FL 33950	38-3913077	501(C)	29,200				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) (2017)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

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

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

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)	GULF COAST SYMPHONY P. O. BOX 60878 FORT MYERS FL 33906	65-0666748	501(C)	12,500				SPECIFIC PROGRAM
(2)	GULFSHORE OPERA INC 3281 GOLDEN GATE BLVD W NAPLES FL 34120	47-0989874	501(C)	7,500				SPECIFIC PROGRAM
(3)	HABITAT FOR HUMANITY OF LEE COUNTY, 1288 NORTH TAMIAMI TRAIL NORTH FORT MYERS FL 33903	59-2236174	501(C)	86,751				GEN OP SUPPORT
(4)	HABITAT FOR HUMANITY OF LEE COUNTY, 1288 NORTH TAMIAMI TRAIL NORTH FORT MYERS FL 33903	59-2236174	501(C)	75,500				SPECIFIC PROGRAM
(5)	HARRY CHAPIN FOOD BANK OF SW FLORID 3760 FOWLER ST. FORT MYERS FL 33901	59-2332120	501(C)	18,382				GEN OP SUPPORT
(6)	HARRY CHAPIN FOOD BANK OF SW FLORID 3760 FOWLER ST. FORT MYERS FL 33901	59-2332120	501(C)	53,500				SPECIFIC PROGRAM
(7)	HEIGHTS CENTER INC. 15570 HAGIE DRIVE FORT MYERS FL 33908	45-5595206	501(C)	14,600				SPECIFIC PROGRAM
(8)	HEIGHTS FOUNDATION INC 15570 HAGIE DR FORT MYERS FL 33908	65-1003872	501(C)	32,623				GEN OP SUPPORT
(9)	HENDRY COUNTY SCHOOL DISTRICT PO BOX 1980 LABELLE FL 33975		GOV	22,500				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 ▶

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

Schedule I (Form 990) (2017)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
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OMB No. 1545-0047
2017
**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Part I 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)	HOPE CLUBHOUSE OF SW FL 3602 BROADWAY AVE FORT MYERS FL 33901	30-0437443	501(C)	78,353				GEN OP / SPEC PRGM
(2)	HOPE HOSPICE 9470 HEALTHPARK CIRCLE FORT MYERS FL 33908	59-2128697	501(C)	8,351				GEN OP SUPPORT
(3)	HOPE HOSPICE 9470 HEALTHPARK CIRCLE FORT MYERS FL 33908	59-2128697	501(C)	10,000				SPECIFIC PROGRAM
(4)	I WILL MENTORSHIP FOUNDATION PO BOX 2362 FORT MYERS FL 33912	47-3761436	501(C)	27,464				SPECIFIC PROGRAM
(5)	IMMOKALEE TECHNICAL COLLEGE 508 N. 9TH STREET IMMOKALEE FL 34142		501(C)	29,500				SPECIFIC PROGRAM
(6)	INSTITUTE FOR CULINARY AWARENESS 5861 PANGOLA RD FORT MYERS FL 33905	46-1241361	501(C)	12,500				SPECIFIC PROGRAM
(7)	INVEST IN AMERICA'S VETERANS FD 3100 DEL PRADO BLVD S CAPE CORAL FL 33904	26-4520112	501(C)	7,500				SPECIFIC PROGRAM
(8)	KEISER UNIVERSITY 9100 FORUM CORPORATE PKWY FORT MYERS FL 33905		501(C)	27,000				SPECIFIC PROGRAM
(9)	LABELLE FIRST BAPTIST CHURCH 330 NORTH MAIN STREET LABELLE FL 33935		501(C)	10,000				SPECIFIC PROGRAMS

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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Schedule I (Form 990) (2017)

**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

2017

**Open to Public
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Department of the Treasury
Internal Revenue Service

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

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
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1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	LABELLE HIGH SCHOOL 4050 EAST COWBOY WAY LABELLE FL 33935		GOV	13,000				SPECIFIC PROGRAM
(2)	LAKE FOREST ACADEMY 1500 W KENNEDY ROAD LAKE FOREST IL 60045	36-2216167	501(C)	25,000				GEN OP SUPPORT
(3)	LAKES PARK ENRICHMENT FOUNDATION P. O. BOX 61076 FORT MYERS FL 33906	20-0671031	501(C)	9,500				SPECIFIC PROGRAM
(4)	LEE COUNTY ALLIANCE FOR THE ARTS 10091 MCGREGOR BLVD. FORT MYERS FL 33919	51-0182649	501(C)	6,468				GEN OP SUPPORT
(5)	LEE COUNTY ALLIANCE FOR THE ARTS 10091 MCGREGOR BLVD. FORT MYERS FL 33919	51-0182649	501(C)	48,999				SPECIFIC PROGRAM
(6)	LEE COUNTY DOMESTIC ANIMAL SVCS 5600 BANNER DRIVE FORT MYERS FL 33912		GOV	18,606				GEN OP SUPPORT
(7)	LEE COUNTY DOMESTIC ANIMAL SVCS 5600 BANNER DRIVE FORT MYERS FL 33912		GOV	34,000				SPECIFIC PROGRAM
(8)	LEE COUNTY JEWISH FEDERATION INC 9701 COMMERCE CENTER COURT FORT MYERS FL 33908	59-2668992	501(C)	7,697				GEN OP / SPEC PRGM
(9)	LEE COUNTY MEDICAL SOCIETY FD 13770 PLANTATION ROAD, SUITE 1 FORT MYERS FL 33912	23-7026263	501(C)	27,474				SPECIFIC PROGRAM

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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Schedule I (Form 990) (2017)

**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.
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OMB No. 1545-0047
2017
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Inspection**

Department of the Treasury
Internal Revenue Service

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
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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)	LEE COUNTY PARKS & REC 3410 PALM BEACH BLVD FORT MYERS FL 33916	59-1773738	GOV	18,850				SPECIFIC PROGRAM
(2)	LEE HEALTHCARE RESOURCES 9800 S HEALTH PARK, SUITE 310 FORT MYERS FL 33908	59-2607761	501(C)	5,266				GEN OP SUPPORT
(3)	LEE MEMORIAL HEALTH SYSTEM FD P.O. BOX 2218 FORT MYERS FL 33902	65-0645343	501(C)	10,783				GEN OP SUPPORT
(4)	LEE MEMORIAL HEALTH SYSTEM FD P.O. BOX 2218 FORT MYERS FL 33902	65-0645343	501(C)	21,000				SPECIFIC PROGRAM
(5)	LEGAL AID SERVICE OF COLLIER COUNTY 4436 TAMIAMI TRAIL E NAPLES FL 34112		501(C)	18,990				SPECIFIC PROGRAM
(6)	LEHIGH COMMUNITY SERVICE INC 201 PLAZA DR, SUITE 103 LEHIGH ACRES FL 33936	59-1773738	501(C)	59,670				GEN OP SUPPORT
(7)	LIGHTHOUSE OF SWFL INC 35 W MARIANA AVE NORT FORT MYERS FL 33903	59-1665257	501(C)	10,426				GEN OP / SPEC PRGM
(8)	LUVYBEAR QUILTS 4 TOTS INC 3605 VALLE SANTA CIRCLE CAPE CORAL FL 33909	47-2261060	501(C)	11,000				GEN OP SUPPORT
(9)	MEDICAL DEBT RESOLUTION 80 THEODORE FREMD AVENUE RYE NY 10580	47-1442997	501(C)	32,500				GEN OP SUPPORT

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
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OMB No. 1545-0047
2017
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Department of the Treasury
Internal Revenue Service

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)	NAPLES SENIOR CENTER AT JFCS 5025 CASTELLO DRIVE NAPLES FL 34103	45-3980909	501(C)	42,000				SPECIFIC PROGRAM
(2)	NATIONAL PARKINSON FOUNDATION 200 SE 1ST STREET, SUITE 800 MIAMI FL 33131	59-0968031	501(C)	32,452				GEN OP SUPPORT
(3)	NEW HORIZONS SERVICE DOGS INC 1590 LAUREL PARK COURT ORANGE CITY FL 32763	59-3334829	501(C)	10,000				GEN OP SUPPORT
(4)	OCTAGON SEQUENCE OF EIGHT, INC. 41660 HORSESHOE ROAD PUNTA GORDA FL 33982	59-2298305	501(C)	9,811				GEN OP SUPPORT
(5)	PACHAMAMA ALLIANCE P.O. BOX 29191 SAN FRANCISCO CA 94129	94-3249793	501(C)	10,000				SPECIFIC PROGRAM
(6)	QUALITY OF LIFE CENTER OF SWFL PO BOX 1290 FORT MYERS FL 33901	65-0321309	501(C)	11,197				GEN OP SUPPORT
(7)	REDLANDS CHRISTIAN MIGRANT ASSOC. 402 W MAIN STREET IMMOKALEE FL 34142	59-1221966	501(C)	30,000				SPECIFIC PROGRAM
(8)	RIVER DISTRICT ALLIANCE P.O. BOX 1686 FORT MYERS FL 33901		501(C)	15,500				SPECIFIC PROGRAM
(9)	SANIBEL COMMUNITY ASSOCIATION 2173 PERIWINKLE WAY SANIBEL FL 33957	59-1060466	501(C)	5,500				SPECIFIC PROGRAM

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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Schedule I (Form 990) (2017)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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Internal Revenue Service

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

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
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(1)	SEMINOLE BOOSTERS, INC. P.O. BOX 1353 TALLAHASSEE FL 32302	59-1561180	501(C)	400,000				CAPITAL CONTRIBUTION
(2)	SHRINERS HOSPITAL FOR CHILDREN 12502 PINE DRIVE TAMPA FL 33612	04-2121377	501(C)	5,997				GEN OP SUPPORT
(3)	SOUTHWEST FLORIDA ATTRACTIONS ASSOC P.O. BOX 60702 FORT MYERS FL 33906	65-0618123	501(C)	16,500				SPECIFIC PROGRAM
(4)	SOUTHWEST FLORIDA CHRISTIAN ACADEMY 3750 COLONIAL BLVD FORT MYERS FL 33966	65-0510846	501(C)	25,000				SPECIFIC PROGRAM
(5)	SOUTHWEST FLORIDA SYMPHONY 8290 COLLEGE PARKWAY, SUITE 103 FORT MYERS FL 33919	59-1350404	501(C)	11,495				GEN OP SUPPORT
(6)	SOUTHWEST FLORIDA SYMPHONY 8290 COLLEGE PARKWAY, SUITE 103 FORT MYERS FL 33919	59-1350404	501(C)	17,500				SPECIFIC PROGRAM
(7)	ST HILARY'S EPISCOPAL CHURCH 5011 MCGREGOR BLVD FORT MYERS FL 33901	59-0973728	501(C)	13,500				GEN OP SUPPORT
(8)	ST HILARY'S EPISCOPAL CHURCH 5011 MCGREGOR BLVD FORT MYERS FL 33901	59-0973728	501(C)	34,100				SPECIFIC PROGRAM
(9)	ST. LUKE'S EPISCOPAL CHURCH 2635 CLEVELAND AVENUE FORT MYERS FL 33901	59-0774200	501(C)	9,819				GEN OP SUPPORT

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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Schedule I (Form 990) (2017)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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OMB No. 1545-0047

2017

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
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Part II Grants and Other Assistance to 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.

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(1)	STEVE RUMMLER HOPE FOUNDATION 12800 WHITESATER DR SUITE 100 MINNETONKA MN 55343	45-2903444	501(C)	25,000				GEN OP SUPPORT
(2)	SWFL COUNCIL, INC., BOY SCOUTS OF A 1801 BOY SCOUT DR. FORT MYERS FL 33907	59-1150488	501(C)	35,387				GEN OP SUPPORT
(3)	SWFL CHILDREN'S CHARITIES INC 9736 COMMERCE CENTER COURT FORT MYERS FL 33908	26-2302491	501(C)	28,500				GEN OP SUPPORT
(4)	TEMPLE BETH - EL OF FORT MYERS INC 16225 WINKLER RD FORT MYERS FL 33908	59-1097143	501(C)	6,541				GEN OP / SPEC PRGM
(5)	THE COMMUNITY FD OF WEST NC 4 VANDERBILT PARK DR ASHEVILLE NC 28803	56-1223384	501(C)	15,000				SPECIFIC PROGRAM
(6)	THE EDUCATION FD OF COLLIER COUNTY 3606 ENTERPRISE AVENUE, SUITE 150 NAPLES FL 34104	65-0230582	501(C)	50,000				SPECIFIC PROGRAM
(7)	THE FD OF THE PENNSYLVANIA MED SOC 777 EAST PARK DRIVE HARRISBURG PA 17105	23-1511600	501(C)	10,000				SPECIFIC PROGRAMS
(8)	THE FOUNDATION FOR LEE CTY PUBLIC P. O. BOX 1608 FORT MYERS FL 33902	59-2637849	501(C)	8,617				GEN OP SUPPORT
(9)	THE IMAGINARIUM GROUP INC 2000 CRANFORD AVE FORT MYERS FL 33916	65-0226984	501(C)	15,000				SPECIFIC PROGRAM

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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Schedule I (Form 990) (2017)

**SCHEDULE I
(Form 990)**Department of the Treasury
Internal Revenue Service**Grants and Other Assistance to Organizations,
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OMB No. 1545-0047

2017**Open to Public
Inspection**

Name of the organization

**SOUTHWEST FLORIDA COMMUNITY
FOUNDATION INC**

Employer identification number

59-6580974**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
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1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	THE LEGACY FOUNDATION SHELL POINT 15010 SHELL POINT BLVD FORT MYERS FL 33908	80-0002415	501(C)	18,770				GEN OP SUPPORT
(2)	THE NATIONS ASSOCIATION CHARITIES P.O. BOX 1060 FORT MYERS FL 33902	59-1840066	501(C)	28,324				SPECIFIC PROGRAM
(3)	THE SALVATION ARMY OF LEE, HENDRY, 10291 MCGREGOR BLVD. FORT MYERS FL 33919	58-0660607	501(C)	17,281				GEN OP SUPPORT
(4)	THE SALVATION ARMY OF LEE, HENDRY, 10291 MCGREGOR BLVD. FORT MYERS FL 33919	58-0660607	501(C)	5,250				SPECIFIC PROGRAM
(5)	THE UNCOMMON FRIENDS FOUNDATION P.O. BOX 811 FORT MYERS FL 33902	65-0490124	501(C)	10,470				GEN OP SUPPORT
(6)	UNITED WAY OF LEE, HENDRY & GLA 7273 CONCOURSE DR. FORT MYERS FL 33908	59-1005169	501(C)	38,808				GEN OP SUPPORT
(7)	UNITED WAY OF LEE, HENDRY & GLA 7273 CONCOURSE DR. FORT MYERS FL 33908	59-1005169	501(C)	784,091				SPECIFIC PROGRAM
(8)	UNITED WAY OF LEE, HENDRY & GLA 7273 CONCOURSE DR. FORT MYERS FL 33908	59-1005169	501(C)	104,933				SPECIFIC PROGRAM
(9)	UNIVERSITY OF FLORIDA P.O. BOX 118400 GAINESVILLE FL 32611		501(C)	22,800				SPECIFIC PROGRAM

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Schedule I (Form 990) (2017)

**SCHEDULE I
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Department of the Treasury
Internal Revenue Service

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OMB No. 1545-0047

2017

**Open to Public
Inspection**

Name of the organization **SOUTHWEST FLORIDA COMMUNITY
FOUNDATION INC**

Employer identification number
59-6580974

Part I General Information on Grants and Assistance

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(1)	VALERIES HOUSE INC PO BOX 1955 FORT MYERS FL 33902	47-3701240	501(C)	43,675				GEN OP SUPPORT
(2)	VALERIES HOUSE INC PO BOX 1955 FORT MYERS FL 33902	47-3701240	501(C)	33,000				SPECIFIC PROGRAM
(3)	WOMEN'S FOUNDATION OF SWFL 27911 CROWN LAKE BLVD BONITA SPRINGS FL 34135	45-2514055	501(C)	51,000				SPECIFIC PROGRAM
(4)	ZION LUTHERAN CHURCH 7401 WINKLER RD. FORT MYERS FL 33919	59-6473920	501(C)	12,000				GEN OP SUPPORT
(5)	MISC GRANTS \$5,000 AND UNDER 2031JACKSON STREET, SUITE 100 FORT MYERS FL 33901		501(C)	411,319				GEN OP / SPEC PRGM
(6)								
(7)								
(8)								
(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.

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 ACADEMIC SCHOLARSHIPS	128	735,542			
2 HERTZ DISASTER RELIEF FD	66	38,537			
3 ARIS DISASTER RELIEF FD	109	127,650			
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

**SCHEDULE I
(Form 990)**

Supplemental Information

2017

For calendar year 2017, or tax year beginning **07/01/17**, and ending **06/30/18**

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

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

**SOUTHWEST FLORIDA COMMUNITY
FOUNDATION INC**

Compensation Information

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2017

Open to Public
Inspection

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.

- First-class or charter travel
- Travel for companions
- Tax indemnification and gross-up payments
- Discretionary spending account
- Housing allowance or residence for personal use
- Payments for business use of personal residence
- Health or social club dues or initiation fees
- 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.

- Compensation committee
- Independent compensation consultant
- Form 990 of other organizations
- Written employment contract
- Compensation survey or study
- 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?
 - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
 - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- 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?
 - b** Any related organization?
- 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?
 - b** Any related organization?
- 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
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported 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)	286,000	0	9,900	14,955	0	310,855	0
	(ii)	0	0	0	0	0	0	0
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

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

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**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2017

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

Name of the organization

**SOUTHWEST FLORIDA COMMUNITY
FOUNDATION INC**

Employer identification number

59-6580974

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded	X	40	2,000,143	FMV ON DATE OF TRANSFER
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ()				
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

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

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

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

OMB No. 1545-0047

2017**Open to Public
Inspection**

Name of the organization

**SOUTHWEST FLORIDA COMMUNITY
FOUNDATION INC**

Employer identification number

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

THE SOUTHWEST FLORIDA COMMUNITY FOUNDATION MISSION IS TO CULTIVATE REGIONAL CHANGE FOR THE COMMON GOOD. ROOTED IN PHILANTHROPY, THE FOUNDATION FOCUSES ON IMPROVING THE QUALITY OF LIFE FOR EVERYONE WHO LIVES, WORKS, LEARNS AND PLAYS IN SOUTHWEST FLORIDA. THE FOUNDATION DOES THIS THROUGH INSPIRING COLLECTIVE LEADERSHIP, SERVING AS A CONCIERGE OF PHILANTHROPY, IDENTIFYING AND MONITORING THE FOUNDATION'S WORK THROUGH RESEARCH AND OUTCOMES, AND PROVIDING CAPACITY BUILDING GRANTS AND TRAINING TO NONPROFIT PARTNERS.

THE FOUNDATION'S WORK IS INCLUSIVE AND INVOLVES PEOPLE FROM BUSINESS, EDUCATION, GOVERNMENT, NONPROFITS, PHILANTHROPISTS, COMMUNITY LEADERS AND RESIDENTS ACROSS OUR FIVE-COUNTY SERVICE AREA (LEE, CHARLOTTE, COLLIER, HENDRY AND GLADES COUNTIES). WHILE PERFORMING TRADITIONAL COMMUNITY FOUNDATION ACTIVITIES, THE FOUNDATION IS DEVELOPING INTO THE COMMUNITY FOUNDATION FOR THE FUTURE. IT IS THIS NEW PHILANTHROPIC APPROACH THAT LED THE FOUNDATION TO RETHINK ITS ROLE IN THE COMMUNITY AND TO TAKE ITS EXPANDED IDENTITY INTO CONSIDERATION WHEN SEEKING A NEW PHYSICAL OFFICE SPACE AND LOCATION ON THE SITE OF THE ATLANTIC COAST LINE RAILROAD DEPOT, IN FORT MYERS, FLORIDA.

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

OVER THE PAST SEVERAL YEARS THE FOUNDATION HAS EMBARKED ON NEW, INNOVATIVE APPROACHES TO ACHIEVE ITS MISSION, SUCH AS:

DESIGNING SCAFFOLDING FOR ECONOMIC, SOCIAL AND ENVIRONMENTAL

Name of the organization

Employer identification number

SOUTHWEST FLORIDA COMMUNITY

59-6580974

SUSTAINABILITY - EVERYTHING THE SOUTHWEST FLORIDA COMMUNITY FOUNDATION DOES IS THROUGH THE LENS OF SUSTAINABILITY. IT'S THE FOUNDATION'S FOCUS OF WHEN IT GRANTS TO NONPROFIT ORGANIZATIONS, AND WHEN IT GATHERS PEOPLE TO DISCUSS ISSUES AFFECTING THE COMMUNITY. THE FOUNDATION'S 10 "CAUSE AREAS" ADDRESS THE CHALLENGES OUR COMMUNITY FACES AND PROVIDES THE FRAMEWORK TO ORGANIZE THE FOUNDATION'S EFFORTS. THE FOUNDATION'S 10 CAUSE AREAS ARE ARTS COMMUNITY & CULTURE, COMMUNITY DESIGN, ECONOMY & JOBS, EDUCATION, HEALTH SAFETY & ANIMALS, EQUITY & EMPOWERMENT, ENVIRONMENT, RESOURCES FOR CHANGE, CLIMATE CHANGE, AND PHILANTHROPY & COMMUNITY TRUST.

ADAPTED TO ALIGN WITH THE UNITED NATIONS SUSTAINABLE DEVELOPMENT GOALS, THE FOUNDATION'S WORK WITHIN THE CAUSE AREAS INTERCONNECT AND CAN BE TRACED TO A LARGER SET OF GOALS ROLLING UP INTO AN OVERALL NATIONAL AND INTERNATIONAL SCOPE OF MEASURING COLLECTIVE EFFORTS ON A MUCH LARGER SCALE.

PROVIDING COLLECTIVE LEADERSHIP IN THE REGION - THE FOUNDATION BELIEVES SOUTHWEST FLORIDA'S GREATEST CHALLENGES AND OPPORTUNITIES REQUIRE LEADERSHIP THAT SPANS BEYOND SECTORS AND JURISDICTIONAL BOUNDARIES. THE SOUTHWEST FLORIDA COMMUNITY FOUNDATION GATHERS STAKEHOLDERS MOTIVATED BY A COMMON PURPOSE, VISION, AND PASSION AROUND FINDING SOLUTIONS. SIGNIFICANT AND SUSTAINABLE CHANGE DEMANDS THE COLLECTIVE ACTION OF GOVERNMENT, EDUCATION, BUSINESS, PHILANTHROPISTS, NONPROFIT ORGANIZATIONS, AND RESIDENTS.

BY PROVIDING BACKBONE SUPPORT TO THE FUTUREMAKERS COALITION, THE FOUNDATION HAS HELPED THIS COLLECTIVE IMPACT INITIATIVE TO DEVELOP AND MEASURE THE WORK OF REGIONAL ACTION TEAMS. THE GOAL OF THE COALITION IS TO TRANSFORM

PAGE 1 OF 5

Schedule O (Form 990 or 990-EZ) (2017)

Name of the organization

Employer identification number

SOUTHWEST FLORIDA COMMUNITY

59-6580974

THE WORKFORCE BY INCREASING THE NUMBER OF DEGREES, CERTIFICATIONS, AND OTHER HIGH-QUALITY CREDENTIALS TO 55%. DURING ITS NOW 4-YEAR EVOLUTION, SEVERAL NEW PROJECTS HAVE BEEN BORN FROM FUTUREMAKERS PARTNERS WORKING ACROSS COUNTIES AND SECTORS TO REMOVE BARRIERS FOR RESIDENTS SEEKING EMPLOYMENT, AND A BETTER LIFE. WITH AN EQUITABLE FOCUS ON RETURNING ADULTS AND THOSE WITHOUT ANY CREDITS TOWARD A POST-SECONDARY CREDENTIAL, WHAT BEGAN AS AN EDUCATION FOCUS HAS EXPANDED TO INCLUDE ELEMENTS OF ECONOMIC DEVELOPMENT. THE COALITION WORKS TO TRAIN FUTURE WORKFORCE TO FILL EMPLOYMENT GAPS AS WELL AS CREATING SOCIAL MOBILITY AND HELPING RESIDENTS FIND SATISFYING CAREERS.

INCREASING SERVICES FOR DONORS - WITH A SHIFT IN PHILANTHROPY FROM LEGACY GIVING TO "RIGHT NOW" GIVING INSPIRED BY PHILANTHROPIC LEADERS SUCH AS THE GATES FOUNDATION, MARK ZUCKERBERG AND PRISCILLA CHAN AND THE HUNDREDS WHO SIGNED THE GIVING PLEDGE OVER THE PAST 8 YEARS, THE FOUNDATION HAS ADAPTED BY WORKING WITH DONORS ON STRATEGIC PHILANTHROPIC PLANNING SO THAT THE DONORS CAN SEE THE EFFECTS OF THEIR PHILANTHROPY DURING THEIR AND THEIR FAMILY'S LIFETIMES, AS WELL AS THE IMPORTANT PLANNING FOR ENDOWED LEGACY GIFTS. BY HELPING DONORS EXPLORE PHILANTHROPIC DESIRES AND GREATEST COMMUNITY NEEDS ALONG WITH TAX-WISE GIVING, THE FOUNDATION OFFERS CONCIERGE SERVICES TO DONORS GUIDING HOW TO INVEST IN NONPROFIT WORK IN THE REGION AND BEYOND TO REACH THE DONORS' DESIRED OUTCOMES. WHILE OFFERING FAMILY SERVICES AND A VARIETY OF CHARITABLE FUND TYPES, THE FOUNDATION HAS EXPANDED ITS PHILANTHROPIC OPTIONS BASED ON DONOR WISHES.

BUILDING A STRONGER NETWORK OF NONPROFITS AND NONPROFIT LEADERS - THE FOUNDATION HAS BEEN WORKING WITH THEIR NONPROFIT GRANTEEES IN A UNIQUE

PAGE 2 OF 5

Schedule O (Form 990 or 990-EZ) (2017)

Name of the organization

Employer identification number

SOUTHWEST FLORIDA COMMUNITY

59-6580974

LEARNING NETWORK CALLED "TRIBES." AS LEARNED OVER THE YEARS OF GRANTING, IT IS MOST EFFECTIVE TO PROVIDE NONPROFIT GRANTEEES WITH MORE THAN FUNDING FOR THEIR PROGRAMS, BUT ALSO WITH CAPACITY-BUILDING AND ACCESS TO GROUP SESSIONS LED BY NONPROFIT LEADERS. THE FOUNDATION HAS FOUND THAT THESE NONPROFIT NETWORKS LEARN TOGETHER TO ACHIEVE TOGETHER. THE FOUNDATION FORTIFIES THESE ORGANIZATIONS WITH SKILLS AND TRAINING TO CREATE HEALTHIER ORGANIZATIONS AND COLLABORATIVE OPPORTUNITIES TO BENEFIT THEIR MISSIONS AND THE COMMUNITY AS A WHOLE. NUMEROUS COLLABORATIVE PROJECTS HAVE RESULTED FROM TRIBE MEMBERS WORKING TOGETHER COMBINING NEEDS AND ASSETS TO DEVELOP PROGRAMS TO BENEFIT THOSE WHO RELY ON THE NONPROFITS FOR SERVICES.

PROVIDING A PORTAL FOR DISASTER RELIEF FUNDING - AT THE ONSET OF HURRICANE IRMA, AS IT APPROACHED THE SOUTHWEST FLORIDA COAST, THE SOUTHWEST FLORIDA COMMUNITY FOUNDATION OPENED A GIVING PORTAL FOR INDIVIDUALS, CORPORATIONS AND FOUNDATIONS WATCHING WEATHER NEWS AND LEARNING OF THE STORM'S TOLL ON OUR COMMUNITY. IN PREPARATION, THE FOUNDATION ESTABLISHED A PARTNERSHIP WITH THE UNITED WAY OF LEE, HENDRY, GLADES AND OKEECHOBEE COUNTIES TO DISBURSE THE MORE THAN \$1 MILLION IN FUNDING RAISED TO THE NONPROFIT ORGANIZATIONS SERVING THE PEOPLE IN NEED.

CREATING A NEW SPACE FOR COLLABORATION - MOST RECENTLY, THROUGH A PUBLIC PRIVATE PARTNERSHIP WITH THE CITY OF FORT MYERS AND THE FLORIDA COMMUNITY LOAN FUND, THE FOUNDATION EMBARKED ON A \$10 MILLION NEW MARKET TAX CREDIT DEAL TO RENOVATE A 9,400-SF 1920S ATLANTIC COAST RAIL DEPOT IN DOWNTOWN FORT MYERS AND ADD A 13,160-SF BUILDING ADJACENT TO THE DEPOT, NAMED COLLABORATORY. AT COLLABORATORY, THE FOUNDATION WILL PROVIDE MORE ROBUST EVENT, MEETING, OFFICE AND COLLABORATIVE SPACE AMPLIFIED WITH THE BEST

PAGE 3 OF 5

Schedule O (Form 990 or 990-EZ) (2017)

Name of the organization

SOUTHWEST FLORIDA COMMUNITY

Employer identification number

59-6580974

AVAILABLE TECHNOLOGY. CENTRALLY LOCATED WITHIN ITS FIVE-COUNTY SERVICE AREA, COLLABORATORY WILL SERVE AS A LAB FOR COLLABORATION WITH DIVERSE NETWORKS OF STAKEHOLDERS TO EXPLORE REGIONAL CHALLENGES AND OPPORTUNITIES AND THEN DESIGN, FUND AND EXECUTE INNOVATIVE INITIATIVES AND PROJECTS WITH NONPROFIT PARTNERS THAT BRING NEEDED CHANGE TO OUR REGION.

COLLABORATORY IS DESIGNED WITH SUSTAINABILITY IN MIND AND IS PURSUING LEED (LEADERSHIP IN ENERGY AND ENVIRONMENTAL DESIGN) GOLD CERTIFICATION. THUS FURTHER EMPHASIZING THE FOUNDATION'S COMMITMENT TO SUSTAINABILITY AND ITS POSITION AS A ROLE MODEL FOR OTHER NONPROFITS AND BUSINESSES IN THE REGION.

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 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

Name of the organization

SOUTHWEST FLORIDA COMMUNITY

Employer identification number

59-6580974

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 IX, LINE 11G - OTHER FEES FOR SERVICES

DESCRIPTION

	PROGRAM SERVICE	MGT & GENERAL	FUNDRAISING
OUTSOURCING SERVICES	\$ 200,795	\$ 156,174	\$ 89,242
OTHER PROFESSIONAL FEES	\$ 700,405	\$ 82,800	\$ 44,795
TOTAL	\$ 901,200	\$ 238,974	\$ 134,037

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

2017

**Open to Public
Inspection**

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

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

**SOUTHWEST FLORIDA COMMUNITY
FOUNDATION INC**

Employer identification number

59-6580974

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) BONITA SPRINGS COMMUNITY FD, LLC 2031 JACKSON STREET, SUITE 100 27-4342648 FORT MYERS FL 33901	INACTIVE	FL			N/A
(2) COMMUNITY FD OF SANIBEL-CAPTIVA LLC 2031 JACKSON STREET, SUITE 100 27-4343844 FORT MYERS FL 33901	INACTIVE	FL			N/A
(3) WOMENS LEGACY FUND LLC 2031 JACKSON STREET, SUITE 100 27-4967919 FORT MYERS FL 33901	INACTIVE	FL			N/A
(4) WOMENS LEGACY FUND OF SWFL LLC 2031 JACKSON STREET, SUITE 100 27-4968412 FORT MYERS FL 33901	INACTIVE	FL			N/A
(5) GOOD NEIGHBOR COMM FD OF SANIBEL- 2031 JACKSON STREET, SUITE 100 27-4343158 FORT MYERS FL 33901	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 2031 JACKSON STREET, SUITE 100 30-0958830 FORT MYERS FL 33901	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.

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

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