

PUBLIC DISCLOSURE COPY

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2022

Department of the Treasury
Internal Revenue Service

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.

Open to Public Inspection

A For the **2022** calendar year, or tax year beginning **JUL 1, 2022** and ending **JUN 30, 2023**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization SOUTHWEST FLORIDA COMMUNITY FOUNDATION INC Doing business as COLLABORATORY		D Employer identification number 59-6580974
	Number and street (or P.O. box if mail is not delivered to street address) 2031 JACKSON ST	Room/suite 100	E Telephone number 239-274-5900
	City or town, state or province, country, and ZIP or foreign postal code FORT MYERS, FL 33901		G Gross receipts \$ 53,432,004.
	F Name and address of principal officer: DAWN BELAMARICH SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number
J Website: WWW.COLLABORATORY.ORG			K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other
L Year of formation: 1976			M State of legal domicile: FL

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE SOUTHWEST FLORIDA COMMUNITY FOUNDATION'S MISSION IS TO SOLVE ALL SOCIAL ISSUES IN SOUTHWEST		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	20
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	19
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	32
	6 Total number of volunteers (estimate if necessary)	6	273
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	-471,127.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	6,089,215.	18,771,646.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	10,108,978.	2,013,606.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	360,731.	806,965.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	16,558,924.	21,592,217.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	6,454,652.	10,312,150.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	2,181,900.	2,701,462.
	b Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,150,102.	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,773,051.	3,687,995.
19 Revenue less expenses. Subtract line 18 from line 12	11,409,603.	16,701,607.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	5,149,321.	4,890,610.
	21 Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
	22 Net assets or fund balances. Subtract line 21 from line 20	150,939,743.	159,037,731.
		22,233,148.	14,343,846.
		128,706,595.	144,693,885.

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		
	DAWN BELAMARICH, PRESIDENT & CEO				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	WENDY CAMPOS	WENDY CAMPOS	11/02/23		P00448102
Preparer Use Only	Firm's name	Firm's EIN		Phone no.	
	MOSS ADAMS LLP	91-0189318		503-242-1447	
	Firm's address				
	805 SW BROADWAY STE 1400				
	PORTLAND, OR 97205				

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

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 [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 5,873,729. including grants of \$ 4,235,124.) (Revenue \$ 897,943.) 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, DBA COLLABORATORY RETAINS FULL DISCRETION OF DISBURSEMENT APPROVALS.

4b (Code:) (Expenses \$ 1,508,184. including grants of \$ 1,139,859.) (Revenue \$ 79,542.) SCHOLARSHIP FUNDS ARE DESIGNED TO MEET THE DONOR'S INTENT AND WISHES. SCHOLARSHIP AWARDS MADE THROUGH THE FOUNDATION'S, DBA COLLABORATORY SCHOLARSHIP PROGRAM FOLLOWING GUIDELINES AND PROCESSES THAT INCLUDE APPLICATIONS, NONDISCRIMINATORY SELECTIONS, AND PAYMENT EXECUTION PROCESSES. THE FOUNDATION, DBA COLLABORATORY 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 COLLEGES.

4c (Code:) (Expenses \$ 1,475,844. including grants of \$ 1,115,416.) (Revenue \$ 300,607.) COMPETITIVE GRANTS ARE FUNDED BY FIELD OF INTEREST AND UNRESTRICTED FUNDS. ALIGNED WITH THE GOALS OF COLLABORATORY, COMPETITIVE GRANTS ARE USED TO FUND THE BANDWIDTH REQUIRED FOR COALITIONS TO START AND SUSTAIN. PRIORITIES ARE DETERMINED BY A CALL FOR INFORMATION FROM INTERESTED ORGANIZATIONS. GRANTS ARE TO BE AWARDED TO NONPROFITS THAT SERVE AS THE BACKBONE FOR A COALITION THAT ADDRESSES THE WHOLE SYSTEM, SUCH AS HOUSING OR HEALTH AND WELLNESS. FUNDING IS FOR THREE YEARS, CONTINGENT ON SUCCESSFUL PERFORMANCE EACH YEAR.

4d Other program services (Describe on Schedule O.) (Expenses \$ 4,904,699. including grants of \$ 3,821,751.) (Revenue \$ 0.)

4e Total program service expenses 13,762,456.

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 Rev. Proc. 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 donor-restricted endowments or in 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.</i> See instructions		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <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
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	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <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 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <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 the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <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 on Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 32		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		X
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders 11a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.		

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 on 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 on Schedule O.		
	1a 20		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 19		
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?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		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?		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?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	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 on Schedule O		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?		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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe on 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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	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	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		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?		

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 (1024 or 1024-A, 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 on Schedule O)
- 19** Describe on 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
 MARINA NASSIF - 239-274-5900
 2031 JACKSON ST STE 100, FORT MYERS, FL 33901

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.
- See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SARAH OWEN PRESIDENT/CEO	55.00 6.00	X		X				350,413.	0.	38,639.
(2) TERRY MAZANY CHIEF COLLABORATION OFFICER	50.00 2.00			X				231,750.	0.	8,262.
(3) MARINA NASSIF CFO	50.00 7.00			X				104,657.	0.	15,373.
(4) RONALD E PENN CFO (THRU 7/2022)	50.00 6.00			X				68,164.	0.	4,217.
(5) AYSEGUL TIMUR CHAIR	3.00	X		X				0.	0.	0.
(6) GAIL MARKHAM VICE CHAIR AND SECRETARY/TREASURER	3.00	X		X				0.	0.	0.
(7) ROBBIE ROEPSTORFF IMMEDIATE PAST CHAIR	3.00	X		X				0.	0.	0.
(8) CHAUNCEY GOSS TRUSTEE	3.00	X						0.	0.	0.
(9) DALE REISS TRUSTEE	3.00	X						0.	0.	0.
(10) FRED MOON TRUSTEE	3.00	X						0.	0.	0.
(11) GARY GRIFFIN TRUSTEE	3.00	X						0.	0.	0.
(12) HARRISON S KNIGHT TRUSTEE	3.00	X						0.	0.	0.
(13) HUGH KINSEY, JR TRUSTEE	3.00	X						0.	0.	0.
(14) JUAN BENDECK TRUSTEE	3.00	X						0.	0.	0.
(15) JULIE BEN-SUSAN TRUSTEE	3.00	X						0.	0.	0.
(16) KHANDYCE MOSELY TRUSTEE	3.00	X						0.	0.	0.
(17) LILLIE RENTZ TRUSTEE	3.00	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 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MALIKE ADIGUN TRUSTEE	3.00	X						0.	0.	0.
(19) MARY BETH CRAWFORD TRUSTEE	3.00	X						0.	0.	0.
(20) ROSEMARY FLLORI TRUSTEE	3.00	X						0.	0.	0.
(21) SALLY JACKSON TRUSTEE	3.00	X						0.	0.	0.
(22) SHONTRA POWELL TRUSTEE	3.00	X						0.	0.	0.
(23) ANDREW COUSE TRUSTEE (THRU 4/2023)	3.00	X						0.	0.	0.
(24) CAROLYN CONANT TRUSTEE (THRU 6/2023)	3.00	X						0.	0.	0.
1b Subtotal								754,984.	0.	66,491.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								754,984.	0.	66,491.

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 3

	Yes	No
3 Did the organization list any former officer, director, 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
ADVERTISING FOR HUMANITY, INC 7 CENTRAL ST, TOPSFIELD, MA 01983	MARKETING & COMMUNICATION	351,726.
RIVET BRANDS, 42911 LAKE BABCOCK DR STE 200, BABCOCK RANCH, FL 33982	MARKETING & COMMUNICATION	113,303.
HOPEFUL IMAGES, 2031 JACKSON ST, STE 160, FORT MYERS, FL 33901	PHOTOJOURNALISM & STORY TELLING	101,514.

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 3

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	408,447.			
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	18,363,199.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 2,060,082.			
	h	Total. Add lines 1a-1f		18,771,646.			
Program Service Revenue	2 a	_____	Business 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)		2,588,050.		2,588,050.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real	89,462.			
			(ii) Personal				
	b	Less: rental expenses ...	6b	560,589.			
	c	Rental income or (loss)	6c	-471,127.			
	d	Net rental income or (loss)		-471,127.		-471,127.	
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	30,704,754.			
			(ii) Other				
	b	Less: cost or other basis and sales expenses	7b	31,279,198.			
	c	Gain or (loss)	7c	-574,444.			
d	Net gain or (loss)		-574,444.		-574,444.		
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
b	Less: direct expenses	8b					
c	Net income or (loss) from fundraising events						
9 a	Gross income from gaming activities. See Part IV, line 19	9a					
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	10a					
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	REIMBURSEMENT INCOME	900999	705,943.	705,943.		
	b	MISCELLANEOUS INCOME	900099	572,149.	572,149.		
	c	_____					
	d	All other revenue					
	e	Total. Add lines 11a-11d		1,278,092.			
12	Total revenue. See instructions		21,592,217.	1,278,092.	-471,127.	2,013,606.	

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 ...	9,172,291.	9,172,291.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,139,859.	1,139,859.		
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	753,061.	406,653.	210,857.	135,551.
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	1,618,677.	874,085.	453,230.	291,362.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	13,396.	7,234.	3,751.	2,411.
9 Other employee benefits	195,721.	105,689.	54,802.	35,230.
10 Payroll taxes	120,607.	65,128.	33,770.	21,709.
11 Fees for services (nonemployees):				
a Management				
b Legal	24,524.	13,243.	6,867.	4,414.
c Accounting	55,010.	29,705.	15,403.	9,902.
d Lobbying	50,000.		50,000.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	318,601.	172,045.	89,208.	57,348.
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	751,832.	432,989.	174,513.	144,330.
12 Advertising and promotion				
13 Office expenses	157,185.	84,880.	44,012.	28,293.
14 Information technology	278,574.	150,430.	78,001.	50,143.
15 Royalties				
16 Occupancy	210,000.	113,400.	58,800.	37,800.
17 Travel	15,990.	8,635.	4,477.	2,878.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	49,537.	26,750.	13,870.	8,917.
20 Interest	159,343.	86,045.	44,616.	28,682.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	27,246.	14,713.	7,629.	4,904.
23 Insurance	116,756.	63,048.	32,692.	21,016.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a DIRECT PROGRAM EXPENSES	860,385.	464,608.	240,908.	154,869.
b DONOR RELATIONS	51,360.	27,734.	14,381.	9,245.
c DUES & SUBSCRIPTIONS	43,237.	23,348.	12,106.	7,783.
d _____				
e All other expenses _____	518,415.	279,944.	145,156.	93,315.
25 Total functional expenses. Add lines 1 through 24e	16,701,607.	13,762,456.	1,789,049.	1,150,102.
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 Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	3,057,448.	1	3,527,252.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	0.	3	1,692,668.
	4 Accounts receivable, net	227,985.	4	466,724.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	7,189,223.	7	7,711,376.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	66,391.	9	119,513.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,160,430.		
	b Less: accumulated depreciation	10b 213,831.	10,357,976.	10c 1,946,599.
	11 Investments - publicly traded securities	102,443,270.	11	115,689,011.
	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	27,597,450.	15	27,884,588.
16 Total assets. Add lines 1 through 15 (must equal line 33)	150,939,743.	16	159,037,731.	
Liabilities	17 Accounts payable and accrued expenses	270,332.	17	315,318.
	18 Grants payable	1,892,900.	18	2,087,269.
	19 Deferred revenue	0.	19	414,358.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	2,420,807.	21	2,639,537.
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	16,800,000.	23	7,300,000.
	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	849,109.	25	1,587,364.
	26 Total liabilities. Add lines 17 through 25	22,233,148.	26	14,343,846.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	100,269,842.	27	91,779,210.
	28 Net assets with donor restrictions	28,436,753.	28	36,260,664.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	128,706,595.	32	144,693,885.
33 Total liabilities and net assets/fund balances	150,939,743.	33	159,037,731.	

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	21,592,217.
2	Total expenses (must equal Part IX, column (A), line 25)	2	16,701,607.
3	Revenue less expenses. Subtract line 2 from line 1	3	4,890,610.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	128,706,595.
5	Net unrealized gains (losses) on investments	5	9,042,120.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-666,717.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	2,721,277.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	144,693,885.

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 on 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 on 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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____		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 on Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2022)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization SOUTHWEST FLORIDA COMMUNITY FOUNDATION INC	Employer identification number 59-6580974
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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).)
- 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 on 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		
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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	13,041,091.	14,052,567.	7,891,415.	6,089,215.	18,771,646.	59,845,934.
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	13,041,091.	14,052,567.	7,891,415.	6,089,215.	18,771,646.	59,845,934.
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)						12,930,947.
6 Public support. Subtract line 5 from line 4.						46,914,987.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	13,041,091.	14,052,567.	7,891,415.	6,089,215.	18,771,646.	59,845,934.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,808,711.	2,449,564.	1,875,842.	2,356,988.	2,588,050.	11,079,155.
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						70,925,089.
12 Gross receipts from related activities, etc. (see instructions)					12	2,683,912.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	66.15	%
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	65.98	%
16a 33 1/3% support test - 2022. 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 - 2021. 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 - 2022. 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 - 2021. 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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 on 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 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2022. 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 - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 (as 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).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</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 on 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 on 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 line 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 on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
1		
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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
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 governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b 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? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer lines 3a and 3b 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? <i>If "Yes" or "No" provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
2a		
2b		
3a		
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 (<i>explain in detail in Part VI</i>):		
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 0.015 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 0.035.	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 0.85 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).		

Schedule A (Form 990) 2022

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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2022		
a	From 2017		
b	From 2018		
c	From 2019		
d	From 2020		
e	From 2021		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2023. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018		
b	Excess from 2019		
c	Excess from 2020		
d	Excess from 2021		
e	Excess from 2022		

Schedule A (Form 990) 2022

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Horizontal lines for supplemental information input.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

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 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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 (entering "N/A" in column (b) instead of the contributor name and address), 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), 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).

Name of organization SOUTHWEST FLORIDA COMMUNITY FOUNDATION INC	Employer identification number 59-6580974
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ 5,839,432.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ 1,123,765.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ 805,500.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ 798,445.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____ _____ _____	\$ 729,202.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SOUTHWEST FLORIDA COMMUNITY FOUNDATION INC	Employer identification number 59-6580974
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	_____ _____ _____	\$ 386,690.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SOUTHWEST FLORIDA COMMUNITY FOUNDATION INC	Employer identification number 59-6580974
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	PUBLICLY TRADED SECURITIES _____ _____ _____	\$ 1,123,765.	_____
4	REAL ESTATE _____ _____ _____	\$ 805,500.	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization SOUTHWEST FLORIDA COMMUNITY FOUNDATION INC	Employer identification number 59-6580974
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization SOUTHWEST FLORIDA COMMUNITY FOUNDATION INC	Employer identification number 59-6580974
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures \$ _____
- 3 Volunteer hours for political campaign activities _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$ _____
- 4 Did the filing organization file Form 1120-POL for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

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

Schedule C (Form 990) 2022

LHA

232041 11-08-22

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?														

Yes No

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990) 2022

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a)		(b)
	Yes	No	Amount
<i>For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.</i>			
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		50,000.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			50,000.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year?	4	
5 Taxable amount of lobbying and political expenditures. See instructions	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

WE HIRED A CONSULTANT WHO IS A REGISTERED LOBBYIST FOR OUR

ORGANIZATION. THE CONTRACT TOTAL IS \$200,000, BUT ONLY ESTIMATED

\$50,000 (25% OF THE CONTRACT) IS ALLOCATED TO LOBBYING.

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

2022

Open to Public
Inspection

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

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	138	3
2 Aggregate value of contributions to (during year)	2,822,729.	7,913.
3 Aggregate value of grants from (during year)	3,642,967.	150.
4 Aggregate value at end of year	24,084,704.	99,873.

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

(i) Revenue included on Form 990, Part VIII, line 1 \$ 0.

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

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

a Revenue included on Form 990, Part VIII, line 1 \$ _____

b Assets included in Form 990, Part X \$ _____

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2022

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 make 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 program
- e Other ARTIST RECOGNITION PROGRAM

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	
d Additions during the year	
e Distributions during the year	
f Ending balance	

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	87,333,295.	105,685,518.	83,243,086.	85,437,134.	74,684,227.
b Contributions	11,227,317.	4,717,097.	4,445,960.	5,089,339.	13,434,585.
c Net investment earnings, gains, and losses	9,151,483.	-14,741,961.	24,315,206.	55,320.	2,934,966.
d Grants or scholarships	6,682,301.	6,603,438.	4,799,644.	5,573,311.	4,461,907.
e Other expenditures for facilities and programs					
f Administrative expenses	1,352,327.	1,723,921.	1,519,090.	1,765,396.	1,154,737.
g End of year balance	99,677,467.	87,333,295.	105,685,518.	83,243,086.	85,437,134.

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

- a Board designated or quasi-endowment 97.8000 %
- b Permanent endowment 2.2000 %
- c Term 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:

- (i) Unrelated organizations
- (ii) Related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? _____

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		1,016,987.	189,759.	827,228.
d Equipment		173,418.		173,418.
e Other	805,000.	165,025.	24,072.	945,953.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,946,599.

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. (Col. (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. (Col. (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) SPLIT INTEREST AGREEMENTS AND REMAINDER	27,707,823.
(2) OTHER ASSETS	176,765.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	27,884,588.

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) ANNUITY OBLIGATIONS	1,587,364.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	1,587,364.

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 FASB 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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a shaded area for calculations.

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a shaded area for calculations.

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 IV, LINE 2B:

FINANCIAL ACCOUNTING STANDARDS HAVE REQUIREMENTS THAT IF A NOT-FOR-PROFIT

ORGANIZATION ESTABLISHES A FUND AT A COMMUNITY FOUNDATION WITH ITS OWN

FUNDS AND SPECIFIES ITSELF AS THE BENEFICIARY OF SUCH FUND, THE COMMUNITY

FOUNDATION MUST ACCOUNT FOR THE TRANSFER OF SUCH ASSETS AS A LIABILITY.

COLLABORATORY REFERS TO THESE FUNDS AS AGENCY ENDOWMENT FUNDS.

COLLABORATORY MAINTAINS VARIANCE POWER AND LEGAL OWNERSHIP OF THE AGENCY

ENDOWMENT FUNDS AND REPORTS THE FUNDS AS ASSETS OF COLLABORATORY EQUAL TO

THE FAIR VALUE OF THE FUNDS AND A CORRESPONDING LIABILITY IN THE FINANCIAL

STATEMENTS.

Part XIII Supplemental Information (continued)

PART V, LINE 4:

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

PART X, LINE 2:

COLLABORATORY, CUBAN PETE, AND SUPPORT ORGANIZATION ARE ALL NOT-FOR-PROFIT

CORPORATIONS AND ARE EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION

501(C)(3) OF THE CODE. HOWEVER, INCOME FROM CERTAIN ACTIVITIES UNRELATED

TO THE ORGANIZATION'S TAX-EXEMPT PURPOSE ARE SUBJECT TO TAXATION AS

UNRELATED BUSINESS INCOME. UNRELATED BUSINESS INCOME, IF ANY, IS

IMMATERIAL, THEREFORE NO PROVISION FOR INCOME TAXES HAS BEEN RECORDED.

COLLABORATORY, CUBAN PETE, AND SUPPORT ORGANIZATION QUALIFY FOR THE

CHARITABLE CONTRIBUTION DEDUCTION UNDER THE CODE AND HAVE BEEN CLASSIFIED

AS ORGANIZATIONS THAT ARE NOT A PRIVATE FOUNDATION UNDER THE CODE.

COLLABORATORY, CUBAN PETE, AND SUPPORT ORGANIZATION DO NOT HAVE ANY

MATERIAL UNCERTAIN TAX POSITIONS. BASED ON AN EVALUATION OF ITS TAX

POSITIONS, MANAGEMENT BELIEVES ALL POSITIONS TAKEN WOULD BE UPHELD UNDER

AN EXAMINATION. THEREFORE, NO PROVISION FOR THE EFFECTS OF UNCERTAIN TAX

POSITIONS HAS BEEN RECORDED. COLLABORATORY, CUBAN PETE, AND SUPPORT

ORGANIZATION ARE NOT CURRENTLY UNDER AUDIT BY ANY TAX JURISDICTION.

**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

2022

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
AFFORDABLE HOMEOWNERSHIP FOUNDATION INC - 5264 CLAYTON CT - FORT MYERS, FL 33907	65-1046928	501(C)(3)	15,000.	0.			SPECIFIC PROGRAM
ALL HOUND RESCUE OF FLORIDA, INC 2741 SW PALACE AVE PORT ST. LUCIE, FL 34987	92-1353870	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
ALPHA & OMEGA FREEDOM MINISTRIES, INC - 102 W CARLTON ST - WAUCHULA, FL 33873	59-2735813	501(C)(3)	30,000.	0.			GENERAL OPERATING SUPPORT
ALVIN A. DUBIN ALZHEIMER'S RESOURCE CENTER, INC - 12685 NEW BRITTANY BLVD - FORT MYERS, FL 33907	65-0580633	501(C)(3)	8,718.	0.			GENERAL OPERATING SUPPORT
AMERICAN NATIONAL RED CROSS 7051 CYPRESS TCE, STE 110 FORT MYERS, FL 33907	53-0196605	501(C)(3)	52,000.	0.			SPECIFIC PROGRAM
AMERICAN SOCIETY FOR THE PREVENTION OF CRUELTY OF ANIMALS - 424 E 92ND ST - NEW YORK, NY 10128	13-1623829	501(C)(3)	6,076.	0.			GENERAL OPERATING SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 152.
- 3** Enter total number of other organizations listed in the line 1 table 0.

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

Schedule I (Form 990) 2022

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMI KIDS SOUTHWEST FLORIDA, INC 1190 MAIN ST FORT MYERS BEACH, FL 33931	59-3052865	501(C)(3)	693,846.	0.			SPECIFIC PROGRAM
ANIMAL REFUGE CENTER, INC PO BOX 62605 FORT MYERS, FL 33906	65-0057419	501(C)(3)	39,422.	0.			GENERAL OPERATING SUPPORT
ANIMAL RESCUE OF LABELLE, INC PO BOX 2441 LABELLE, FL 33935	65-0404638	501(C)(3)	18,199.	0.			GENERAL OPERATING SUPPORT
BAGS BASSET RESCUE 3555 ANDERSON AVE MINERVA, OH 44657	46-0555417	501(C)(3)	7,500.	0.			GENERAL OPERATING SUPPORT
BAILEY-MATTHEWS NATIONAL SHELL MUSEUM - 3075 SANIBEL-CAPTIVA RD - SANIBEL, FL 33957	59-2775992	501(C)(3)	10,270.	0.			GENERAL OPERATING SUPPORT
BASSET HOUND RESCUE OF GEORGIA, INC - PO BOX 1834 - FAYETTEVILLE, GA 30214	58-2187876	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
BHCA FOUNDATION, INC 44W985 IL RTE 72 HAMPSHIRE, IL 60140	27-0698340	501(C)(3)	10,000.	0.			SPECIFIC PROGRAM
BIDEAWEE, INC 410 E 38TH ST NEW YORK, NY 10016	13-1655210	501(C)(3)	9,919.	0.			GENERAL OPERATING SUPPORT
BLESSINGS IN A BACKPACK, INC PO BOX 61402 FORT MYERS, FL 33906	26-1964620	501(C)(3)	7,718.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BLUE RIDGE MOUNTAINS HEALTH PROJECT, INC - PO BOX 451 - CASHIERS, NC 28717	51-0509517	501(C)(3)	10,000.	0.			SPECIFIC PROGRAM
BOBBY NICHOLS FIDDLESTICKS FOUNDATION, INC - 15391 CANONGATE DR - FORT MYERS, FL 33912	04-3649766	501(C)(3)	19,000.	0.			GENERAL OPERATING SUPPORT
BONITA BAY HURRICANE RELIEF FUND, INC - 26348 AUGUSTA CREEK CT - BONITA SPRINGS, FL 34134	82-2904142	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
BONITA BAY VETERANS COUNCIL 3330 RIVERPARK CT BONITA SPRINGS, FL 34134	47-3563908	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
BONITA SPRINGS ASSISTANCE OFFICE, INC - PO BOX 16 - BONITA SPRINGS, FL 34133	59-2337909	501(C)(3)	10,794.	0.			GENERAL OPERATING SUPPORT
BONITA SPRINGS HISTORICAL SOCIETY, INC - PO BOX 3015 - BONITA SPRINGS, FL 34133	59-2482932	501(C)(3)	15,000.	0.			SPECIFIC PROGRAM
BOYS & GIRLS CLUBS OF LEE COUNTY, INC - PO BOX 62736 - FORT MYERS, FL 33906	59-2013870	501(C)(3)	50,000.	0.			SPECIFIC PROGRAM
BOYS AND GIRLS CLUBS OF POLK COUNTY, INC - PO BOX 763 - LAKELAND, FL 33802	59-0171815	501(C)(3)	6,256.	0.			GENERAL OPERATING SUPPORT
BOYS HOPE GIRLS HOPE 101 W ARGONNE DR, STE 62 ST. LOUIS, MO 63122	51-0182614	501(C)(3)	6,000.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRIDGE A LIFE, INC 1680 FRUITVILLE RD, STE 312B SARASOTA, FL 34236	46-2391027	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT
BRIDGE TO A CURE FOUNDATION 2031 JACKSON ST, STE 160 FORT MYERS, FL 33901	84-3024608	501(C)(3)	22,000.	0.			GENERAL OPERATING SUPPORT
BRIGHT COMMUNITY TRUST, INC 11923 OAK TRAIL WY, STE 111 PORT RICHEY, FL 34668	26-2352365	501(C)(3)	170,000.	0.			SPECIFIC PROGRAM
CALOOSA HUMANE SOCIETY, INC PO BOX 2337 LA BELLE, FL 33975	65-0759567	501(C)(3)	36,772.	0.			GENERAL OPERATING SUPPORT
CANTERBURY SCHOOL CORPORATION 8141 COLLEGE PKWY FORT MYERS, FL 33919	59-1058089	501(C)(3)	12,363.	0.			GENERAL OPERATING SUPPORT
CAPE CORAL ANIMAL SHELTER 325 SW 2ND AVE CAPE CORAL, FL 33991	81-3632884	501(C)(3)	50,000.	0.			SPECIFIC PROGRAM
CAPE CORAL TECHNICAL COLLEGE 360 SANTA BARBARA BLVD N CAPE CORAL, FL 33993	59-2637849	501(C)(3)	40,000.	0.			SPECIFIC PROGRAM
CHARLOTTE COMMUNITY FOUNDATION, INC - 227 SULLIVAN ST - PUNTA GORDA, FL 33950	65-0455319	501(C)(3)	50,867.	0.			SPECIFIC PROGRAM
CHARLOTTE HARBOR ENVIRONMENTAL CENTER, INC - PO BOX 512876 - PUNTA GORDA, FL 33951	59-2853001	501(C)(3)	31,641.	0.			SPECIFIC PROGRAM

Schedule I (Form 990)

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

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CHRIST LUTHERAN CHURCH 3816 S 12TH ST SHEBOYGAN, WI 53081	39-1232963	501(C)(3)	8,000.	0.			GENERAL OPERATING SUPPORT
CHURCH OF THE RESURRECTION 8121 CYPRESS LAKE DR FORT MYERS, FL 33919	59-1539056	GOV	6,811.	0.			GENERAL OPERATING SUPPORT
CITY OF FORT MYERS PO BOX 340 FORT MYERS, FL 33902		GOV	57,000.	0.			SPECIFIC PROGRAM
CLINIC FOR THE REHABILITATION OF WILDLIFE, INC - PO BOX 150 - SANIBEL, FL 33957	23-7271040	501(C)(3)	14,090.	0.			GENERAL OPERATING SUPPORT
COMMUNITIES REACHING OUT, INC 908 N GOLF DR HOLLYWOOD, FL 33021	65-1242772	501(C)(3)	10,612.	0.			GENERAL OPERATING SUPPORT
COMMUNITY COOPERATIVE, INC PO BOX 2143 FORT MYERS, FL 33902	59-2602772	501(C)(3)	84,941.	0.			GENERAL OPERATING SUPPORT SPECIFIC PROGRAM
COMMUNITY FOUNDATION OF COLLIER COUNTY - 1110 PINE RIDGE RD, STE 200 - NAPLES, FL 34108	59-2396243	501(C)(3)	52,067.	0.			SPECIFIC PROGRAM
COMMUNITY FOUNDATION OF WESTERN NORTH CAROLINA, INC - 4 VANDERBILT PARK DR, STE 300 - ASHEVILLE, NC 28803	56-1223384	501(C)(3)	25,000.	0.			SPECIFIC PROGRAM
CONSERVANCY OF SOUTHWEST FLORIDA 1495 SMITH PRESERVE WY NAPLES, FL 34102	59-1157084	501(C)(3)	50,000.	0.			SPECIFIC PROGRAM

Schedule I (Form 990)

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

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COOPERATIVE FOR ASSISTANCE AND RELIEF EVERYWHERE, INC - PO BOX 1870 - MERRIFIELD, VA 22116	13-1685039	501(C)(3)	6,076.	0.			GENERAL OPERATING SUPPORT
COUNCIL ON FOUNDATIONS 1255 23RD ST NW, STE 200 WASHINGTON, DC 20037	13-6068327	501(C)(3)	8,750.	0.			GENERAL OPERATING SUPPORT
COVENANT PRESBYTERIAN CHURCH OF FORT MYERS - 2439 MCGREGOR BLVD - FORT MYERS, FL 33901	59-1150677	501(C)(3)	9,547.	0.			GENERAL OPERATING SUPPORT
DIOCESE OF VENICE IN FLORIDA, INC 1000 PINEBROOK RD VENICE, FL 34285	27-1988145	501(C)(3)	22,500.	0.			GENERAL OPERATING SUPPORT SPECIFIC PROGRAM
DISABLED ARTISTS FOUNDATION, INC 16790 SAN CARLOS BLVD, STE 160-106 FORT MYERS, FL 33908	82-3893192	501(C)(3)	50,000.	0.			SPECIFIC PROGRAM
EARTH SHINE INSTITUTE, INC 6774 WIDMER RD SHAWNEE, KS 66216	32-0042299	501(C)(3)	6,000.	0.			GENERAL OPERATING SUPPORT
EDISON SAILING CENTER 1420 DEL RIO DR FORT MYERS, FL 33901	59-2635134	501(C)(3)	17,762.	0.			GENERAL OPERATING SUPPORT SPECIFIC PROGRAM
FEED THY NEIGHBOR, INC 7070 IMMOKALEE RD NAPLES, FL 34119	85-2523136	501(C)(3)	50,000.	0.			SPECIFIC PROGRAM
FEEDING AMERICA 161 NORTH CLARK ST CHICAGO, IL 60601	36-3673599	501(C)(3)	6,076.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

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FELLOWSHIP OF CHRISTIAN ATHLETES 3000 ORANGE BLOSSOM DR NAPLES, FL 34109	44-0610626	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
FIRST PRESBYTERIAN CHURCH 2438 2ND ST FORT MYERS, FL 33901	59-0823943	501(C)(3)	7,621.	0.			GENERAL OPERATING SUPPORT
FLORIDA CENTER FOR GOVERNMENT ACCOUNTABILITY - PO BOX 2723 - SARASOTA, FL 34230	86-2135203	501(C)(3)	10,000.	0.			SPECIFIC PROGRAM
FLORIDA CHAMBER OF COMMERCE FOUNDATION, INC - 136 S BRONOUGH ST - TALLAHASSEE, FL 32301	59-6209605	501(C)(3)	50,000.	0.			SPECIFIC PROGRAM
FLORIDA GULF COAST UNIVERSITY 10501 FGCU BLVD S FORT MYERS, FL 33965	65-0403969	GOV	226,924.	0.			SPECIFIC PROGRAM
FLORIDA GULF COAST UNIVERSITY FOUNDATION, INC - 10501 FGCU BLVD S - FORT MYERS, FL 33965	65-0403969	501(C)(3)	32,770.	0.			GENERAL OPERATING SUPPORT SPECIFIC PROGRAM
FLORIDA LIONS CONKLIN CENTER FOR THE BLIND, INC - 405 WHITE ST - DAYTONA BEACH, FL 32114	23-7377066	501(C)(3)	6,047.	0.			GENERAL OPERATING SUPPORT
FLORIDA REPERTORY THEATRE PO BOX 2483 FORT MYERS, FL 33902	65-0827621	501(C)(3)	10,045.	0.			GENERAL OPERATING SUPPORT
FLORIDA SOUTHWESTERN STATE COLLEGE 8099 COLLEGE PKWY FORT MYERS, FL 33919	59-6173638	501(C)(3)	229,000.	0.			SPECIFIC PROGRAM

Schedule I (Form 990)

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

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FOREST PARK COVENANT CHURCH 3815 HENRY ST MUSKEGON, MI 49441	38-1415399	501(C)(3)	7,500.	0.			GENERAL OPERATING SUPPORT
FORT MYERS COMMUNITY CONCERT ASSOCIATION, INC - PO BOX 606 - FORT MYERS, FL 33902	59-1739068	501(C)(3)	12,453.	0.			GENERAL OPERATING SUPPORT
FORT MYERS TECHNICAL COLLEGE 3800 MICHIGAN AVE FORT MYERS, FL 33916	59-6000701	GOV	60,000.	0.			SPECIFIC PROGRAM
FOUNDATION OF THE PENNSYLVANIA MEDICAL SOCIETY - 400 WINDING CREEK BLVD - MECHANICSBURG, PA 17050	23-1511600	501(C)(3)	7,500.	0.			SPECIFIC PROGRAM
GLADIOLUS FOOD PANTRY 10511 GLADIOLUS DR FORT MYERS, FL 33908	47-1788033	501(C)(3)	5,218.	0.			GENERAL OPERATING SUPPORT
GLADIOLUS LEARNING AND DEVELOPMENT CENTER, INC - 10320 GLADIOLUS DR - FORT MYERS, FL 33908	23-7378076	501(C)(3)	15,452.	0.			GENERAL OPERATING SUPPORT
GLOBAL SCHOLARS PO BOX 12147 OVERLAND PARK, KS 66282	56-1627401	501(C)(3)	8,000.	0.			GENERAL OPERATING SUPPORT
GOLDEN PAWS ASSISTANCE DOGS 3645 GATEWAY LN NAPLES, FL 34109	27-3385763	501(C)(3)	100,000.	0.			SPECIFIC PROGRAM
GOODWILL INDUSTRIES OF SOUTHWEST FLORIDA, INC - 5100 TICE ST - FORT MYERS, FL 33905	59-6196141	501(C)(3)	73,379.	0.			GENERAL OPERATING SUPPORT SPECIFIC PROGRAM

Schedule I (Form 990)

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

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GUADALUPE CENTER, INC 509 HOPE CIR IMMOKALEE, FL 34142	59-2617151	501(C)(3)	8,487.	0.			GENERAL OPERATING SUPPORT
GULF COAST HUMANE SOCIETY, INC 2010 ARCADIA ST FORT MYERS, FL 33916	59-0806978	501(C)(3)	93,720.	0.			GENERAL OPERATING SUPPORT SPECIFIC PROGRAM
HABITAT FOR HUMANITY OF LEE AND HENDRY COUNTIES, INC - 12751 NEW BRITTANY BLVD, STE 100 - FORT MYERS, FL 33907	59-2236174	501(C)(3)	123,771.	0.			GENERAL OPERATING SUPPORT SPECIFIC PROGRAM
HARRY CHAPIN FOOD BANK OF SOUTHWEST FLORIDA - 3760 FOWLER ST - FORT MYERS, FL 33901	59-2332120	501(C)(3)	45,169.	0.			GENERAL OPERATING SUPPORT
HEALING STITCHES 1621 N TAMIAMI TRAIL, STE 4 NORTH FORT MYERS, FL 33903	47-2565110	501(C)(3)	35,000.	0.			SPECIFIC PROGRAM
HEARTS & HOMES FOR VETERANS, INC 2230 ALICIA ST FORT MYERS, FL 33901	46-2570640	501(C)(3)	66,000.	0.			GENERAL OPERATING SUPPORT SPECIFIC PROGRAM
HEIGHTS FOUNDATION, INC 15570 HAGIE DR FORT MYERS, FL 33908	65-1003872	501(C)(3)	14,861.	0.			GENERAL OPERATING SUPPORT SPECIFIC PROGRAM
HENDRY COUNTY ECONOMIC DEVELOPMENT COUNCIL - PO BOX 2518 - LABELLE, FL 33975	65-0783834	501(C)(3)	10,000.	0.			SPECIFIC PROGRAM
HIGHLANDS CASHIERS HEALTH FOUNDATION - PO BOX 742 - HIGHLANDS, NC 28741	56-1165833	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

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HOLIDAY 4 HEROES CORPORATION 3990 WHOLESALE CT, STE 2 NORTH FORT MYERS, FL 33991	82-0985860	501(C)(3)	15,000.	0.			SPECIFIC PROGRAM
HOLY TRINITY HIGH SCHOOL 1443 W DIVISION ST CHICAGO, IL 60642	36-2431052	501(C)(3)	193,800.	0.			GENERAL OPERATING SUPPORT SPECIFIC PROGRAM
HOME BASE 125 NASHUA ST, STE 540 BOSTON, MA 02114	04-1564655	501(C)(3)	20,000.	0.			SPECIFIC PROGRAM
HOPE CLUBHOUSE OF SOUTHWEST FLORIDA, INC - 3602 BROADWAY - FORT MYERS, FL 33901	30-0437443	501(C)(3)	56,384.	0.			GENERAL OPERATING SUPPORT
HOPE HOSPICE AND COMMUNITY SERVICES, INC - 9470 HEALTH PARK CIR - FORT MYERS, FL 33908	59-2128697	501(C)(3)	83,828.	0.			GENERAL OPERATING SUPPORT
HORSE PROTECTION ASSOCIATION OF FLORIDA, INC - 20690 NW 130 AVE - MICANOPY, FL 32667	65-0191969	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
HORSES WITHOUT HUMANS RESCUE 6191 N HIGHWAY 129 BELL, FL 32619	82-2321776	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT
INTERFAITH CHARITIES OF SOUTH LEE, INC - 17592 ROCKEFELLER CIR - FORT MYERS, FL 33967	65-0362473	501(C)(3)	103,635.	0.			SPECIFIC PROGRAM
IRON GAIT PERCHERONS DRAFT HORSE RESCUE & SANCTUARY - 114 HANCOCK MOUNTAIN TRAIL - WALESKA, GA 30183	45-1733782	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

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JEWISH FAMILY AND CHILDREN'S SERVICES OF THE SUNCOAST - 2688 FRUITVILLE RD - SARASOTA, FL 34237	59-2693318	501(C)(3)	15,000.	0.			SPECIFIC PROGRAM
JOHN F. MURPHY POST 303, AMERICAN LEGION, INC - 27678 IMPERIAL SHORES BLVD - BONITA SPRINGS, FL 34134	59-1789095	501(C)(3)	10,000.	0.			SPECIFIC PROGRAM
JUNIOR ACHIEVEMENT OF SOUTHWEST FLORIDA, INC - 13241 UNIVERSITY DR, STE 102 - FORT MYERS, FL 33907	65-0503084	501(C)(3)	30,764.	0.			GENERAL OPERATING SUPPORT SPECIFIC PROGRAM
LA BELLE FREE PUBLIC LIBRARY, INC 461 N MAIN ST LABELLE, FL 33935	59-6158142	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
LABELLE DOWNTOWN REVITALIZATION CORPORATION - PO BOX 1844 - LABELLE, FL 33975	46-5655554	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
LEE BUILDING INDUSTRY ASSOCIATION BUILDERS CARE - 6835 INTERNATIONAL CENTER BLVD, STE 4 - FORT MYERS, FL 33912	20-2640022	501(C)(3)	17,500.	0.			GENERAL OPERATING SUPPORT
LEE COUNTY ALLIANCE OF THE ARTS, INC - 10091 MCGREGOR BLVD - FORT MYERS, FL 33919	51-0182649	501(C)(3)	48,630.	0.			GENERAL OPERATING SUPPORT SPECIFIC PROGRAM
LEE COUNTY DOMESTIC ANIMAL SERVICES - 5600 BANNER DR - FORT MYERS, FL 33912		GOV	119,838.	0.			GENERAL OPERATING SUPPORT SPECIFIC PROGRAM
LEE COUNTY JEWISH FEDERATION, INC 9701 COMMERCE CENTER CT FORT MYERS, FL 33908	59-2668992	501(C)(3)	7,961.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

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LEE COUNTY LIBRARY SYSTEM 2201 2ND ST, STE 400 FORT MYERS, FL 33901		GOV	9,326.	0.			GENERAL OPERATING SUPPORT SPECIFIC PURPOSE
LEE HEALTH FOUNDATION 9800 S HEALTHPARK DR, STE 405 FORT MYERS, FL 33908	65-0645343	501(C)(3)	170,500.	0.			GENERAL OPERATING SUPPORT SPECIFIC PROGRAM
LEE MEMORIAL HEALTH SYSTEM FOUNDATION, INC - PO BOX 2218 - FORT MYERS, FL 33902	65-0645343	501(C)(3)	11,520.	0.			GENERAL OPERATING SUPPORT
LEGACY FOUNDATION AT SHELL POINT, INC - 15010 SHELL POINT BLVD - FORT MYERS, FL 33908	80-0002415	501(C)(3)	25,960.	0.			GENERAL OPERATING SUPPORT SPECIFIC PROGRAM
LEHIGH ACRES COMMUNITY SERVICES, INC - 201 PLAZA DR, STE 103 - LEHIGH ACRES, FL 33936	59-1773738	501(C)(3)	62,318.	0.			GENERAL OPERATING SUPPORT
LIBERTY YOUTH RANCH, INC PO BOX 366206 BONITA SPRINGS, FL 34136	38-3674666	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
MAKE-A-WISH FOUNDATION OF SOUTHERN FLORIDA, INC - 3655 BONITA BEACH RD, STE 3 - BONITA SPRINGS, FL 34134	59-2620322	501(C)(3)	17,500.	0.			GENERAL OPERATING SUPPORT
MARANATHA BIBLE AND MISSIONARY CONFERENCE INC - 4759 LAKE HARBOR RD - NORTON SHORES, MI 49441	38-1558540	501(C)(3)	58,000.	0.			SPECIFIC PROGRAM
MISSION EURASIA PO BOX 496 WHEATON, IL 60187	35-1835273	501(C)(3)	8,000.	0.			SPECIFIC PROGRAM

Schedule I (Form 990)

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NEW HORIZONS OF SOUTHWEST FLORIDA, INC - PO BOX 111833 - NAPLES, FL 34108	11-3678086	501(C)(3)	6,000.	0.			GENERAL OPERATING SUPPORT SPECIFIC PROGRAM
NEXT LEVEL CHURCH, INC 12400 PLANTATION RD FORT MYERS, FL 33966	01-0627010	501(C)(3)	7,000.	0.			SPECIFIC PROGRAM
NJ MARITIME MUSEUM 2 BRIDGE AVE, STE 221 RED BANK, NJ 07701	76-0730192	501(C)(3)	73,600.	0.			SPECIFIC PROGRAM
NORTH NAPLES UNITED METHODIST CHURCH - 6000 GOODLETTE FRANK RD N - NAPLES, FL 34109	59-1383829	501(C)(3)	7,500.	0.			GENERAL OPERATING SUPPORT
OCTAGON WILDLIFE SANCTUARY 41660 HORSESHOE RD PUNTA GORDA, FL 33982	59-2298305	501(C)(3)	10,402.	0.			GENERAL OPERATING SUPPORT
OUR MOTHER'S HOME OF SOUTHWEST FLORIDA, INC - 7438 CARRIER RD - FORT MYERS, FL 33967	65-0510103	501(C)(3)	42,194.	0.			CAPITAL CONTRIBUTION GENERAL OPERATING SUPPORT
PACE CENTER FOR GIRLS OF LEE COUNTY - 3800 EVANS AVE - FORT MYERS, FL 33901	59-2414492	501(C)(3)	22,902.	0.			GENERAL OPERATING SUPPORT SPECIFIC PROGRAM
PARKINSON'S FOUNDATION, INC 200 SE 1ST ST, STE 800 MIAMI, FL 33131	13-1866796	501(C)(3)	33,942.	0.			GENERAL OPERATING SUPPORT
PAUL A & VERONICA H GROSS WILDLIFE CENTER OF SOUTHWEST FLORIDA - 925 NORTH JACKSON RD - VENICE, FL 34292	20-1065695	501(C)(3)	49,262.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

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PEOPLE FOR THE ETHICAL TREATMENT OF ANIMALS - 501 FRONT ST - NORFOLK, VA 23510	52-1218336	501(C)(3)	6,076.	0.			GENERAL OPERATING SUPPORT
PHYSICIANS' COMMITTEE FOR RESPONSIBLE MEDICINE - 5100 WISCONSIN AVE NW, STE 400 - WASHINGTON, DC 20016	52-1394893	501(C)(3)	6,076.	0.			GENERAL OPERATING SUPPORT
PLANNED PARENTHOOD OF SOUTHWEST AND CENTRAL FLORIDA, INC - 736 CENTRAL AVE - SARASOTA, FL 34236	59-1274328	501(C)(3)	5,764.	0.			GENERAL OPERATING SUPPORT
RILEY'S RESCUE OF BREVARD, INC 215 KREFELD RD NW PALM BAY, FL 32907	83-0672501	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
RONALD MCDONALD HOUSE CHARITIES OF SOUTHWEST FLORIDA, INC - 16100 ROSERUSH CT - FORT MYERS, FL 33908	11-3704163	501(C)(3)	17,500.	0.			GENERAL OPERATING SUPPORT
RONALD MCDONALD HOUSE CHARITIES TAMPA BAY, INC - 35 DAVIS BLVD - TAMPA, FL 33606	59-1835985	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT
ROSALIND FRANKLIN UNIVERSITY COLLEGE OF NURSING - 3333 N GREEN BAY RD - CHICAGO, IL 60064	36-2181973	501(C)(3)	150,000.	0.			SPECIFIC PROGRAM
RVR HORSE RESCUE, INC 1710 W STATE RD 60 PLANT CITY, FL 33567	45-1536701	501(C)(3)	30,000.	0.			GENERAL OPERATING SUPPORT
SALUSCARE, INC 3763 EVANS AVE FORT MYERS, FL 33901	59-1287693	501(C)(3)	5,892.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

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SALVATION ARMY OF LEE, HENDRY, AND GLADES COUNTIES - 10291 MCGREGOR BLVD - FORT MYERS, FL 33919	58-0660607	501(C)(3)	17,308.	0.			GENERAL OPERATING SUPPORT
SALVATION ARMY OF PORT CHARLOTTE 2120 LOVELAND BLVD PORT CHARLOTTE, FL 33980	58-0660607	501(C)(3)	6,764.	0.			GENERAL OPERATING SUPPORT
SAVE THE CHIMPS 16891 CAROLE NOON LN FORT PIERCE, FL 34945	65-0789748	501(C)(3)	6,076.	0.			GENERAL OPERATING SUPPORT
SCHOOL DISTRICT OF LEE COUNTY 2855 COLONIAL BLVD FORT MYERS, FL 33966	59-2637849	501(C)(3)	15,000.	0.			SPECIFIC PROGRAM
SENIOR HOUNDSABOUT 3118 WESSEX ST ORLANDO, FL 32803	06-1819585	501(C)(3)	35,000.	0.			GENERAL OPERATING SUPPORT
SERGE GLOBAL INC PO BOX 96900 WASHINGTON, DC 20090	23-2223692	501(C)(3)	8,174.	0.			SPECIFIC PROGRAM
SHRINERS HOSPITALS FOR CHILDREN 2900 ROCKY POINT DR TAMPA, FL 33607	36-2193608	501(C)(3)	6,272.	0.			GENERAL OPERATING SUPPORT
SOUTHWEST FLORIDA SYMPHONY ORCHESTRA AND CHORUS ASSOCIATION, INC - 7500 COLLEGE PKWY, STE 200 - FORT MYERS, FL 33907	59-1350404	501(C)(3)	8,938.	0.			GENERAL OPERATING SUPPORT SPECIFIC PROGRAM
ST. HILARY'S EPISCOPAL CHURCH 5011 MCGREGOR BLVD FORT MYERS, FL 33901	59-0973728	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. LUKE'S EPISCOPAL CHURCH 2635 CLEVELAND AVE FORT MYERS, FL 33901	59-0774200	501(C)(3)	10,270.	0.			GENERAL OPERATING SUPPORT
ST. VINCENT DE PAUL CATHOLIC CHURCH - 13031 PALM BEACH BLVD - FORT MYERS, FL 33905	59-2824352	501(C)(3)	10,000.	0.			SPECIFIC PROGRAM
STEVE RUMMLER HOPE NETWORK 2233 UNIVERSITY AVE W, STE 325 ST. PAUL, MN 55114	45-2903444	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT
SW FLORIDA COUNCIL, BOY SCOUTS OF AMERICA - 1801 BOY SCOUT DR - FORT MYERS, FL 33907	59-1150488	501(C)(3)	36,464.	0.			GENERAL OPERATING SUPPORT
THE FOUNDATION FOR LEE COUNTY PUBLIC SCHOOLS, INC - PO BOX 1608 - FORT MYERS, FL 33902	59-2637849	501(C)(3)	61,018.	0.			GENERAL OPERATING SUPPORT SPECIFIC PROGRAM
THE JOSEPH PROJECT 863, INC 944 HARLEM ACADEMY AVE CLEWISTON, FL 33440	46-2727330	501(C)(3)	25,000.	0.			SPECIFIC PROGRAM
TIDEWELL HOSPICE, INC 5955 RAND BLVD SARASOTA, FL 34238	59-1911861	501(C)(3)	6,764.	0.			GENERAL OPERATING SUPPORT
TIGHTEN THE DRAG FOUNDATION, INC 3959 VAN DYKE RD, STE 108 LUTZ, FL 33558	46-1427712	501(C)(3)	7,500.	0.			GENERAL OPERATING SUPPORT
TRAILWAYS CAMP 3502 HARBOR CT FORT MYERS, FL 33908	88-2818905	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TUNNEL TO TOWERS FOUNDATION 2361 HYLAN BLVD STATEN ISLAND, NY 10306	02-0554654	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
UNCOMMON FRIENDS FOUNDATION, INC PO BOX 811 FORT MYERS, FL 33902	65-0490124	501(C)(3)	10,057.	0.			GENERAL OPERATING SUPPORT
UNION CHURCH OF LAKE BLUFF 525 E PROSPECT AVE LAKE BLUFF, IL 60044	36-3262590	501(C)(3)	15,000.	0.			SPECIFIC PROGRAM
UNITED WAY OF LEE, HENDRY, GLADES AND OKEECHOBEE COUNTIES - 7273 CONCOURSE DR - FORT MYERS, FL 33908	59-1005169	501(C)(3)	3,679,194.	0.			GENERAL OPERATING SUPPORT SPECIFIC PROGRAM SPECIFIC PURPOSE
UPAYA ZEN CENTER 1404 CERRO GORDO RD SANTA FE, NM 87501	85-0402649	501(C)(3)	50,000.	0.			GENERAL OPERATING SUPPORT
VALERIE'S HOUSE, INC PO BOX 1955 FORT MYERS, FL 33902	47-3701240	501(C)(3)	29,500.	0.			CAPITAL CONTRIBUTION SPECIFIC PROGRAM
VIETNAM VETERANS OF AMERICA, CHAPTER 594, CAPE CORAL - 19267 POTOMAC CIR - NORTH FORT MYERS, FL 33971	65-0275706	501(C)(3)	15,000.	0.			SPECIFIC PROGRAM
WVCU PUBLIC MEDIA 10501 FVCU BLVD S FORT MYERS, FL 33965	65-0403969	501(C)(3)	5,714.	0.			GENERAL OPERATING SUPPORT SPECIFIC PROGRAM
WONDER GARDENS 27180 OLD 41 RD BONITA SPRINGS, FL 34135	46-4168846	501(C)(3)	7,000.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YOUNG LIFE OF LEE COUNTY 5264 CLAYTON CT, STE 5 FORT MYERS, FL 33907	84-0385934	501(C)(3)	10,250.	0.			SPECIFIC PROGRAM
ZION LUTHERAN CHURCH OF SOUTH FORT MYERS, INC - 7401 WINKLER RD - FORT MYERS, FL 33919	59-6473920	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT

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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
ACADEMIC SCHOLARSHIPS	254	1,139,859.	0.		

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

EACH NONPROFIT THAT WAS AWARDED A COMPETITIVE GRANT FROM COLLABORATORY IS
 REQUIRED TO SUBMIT AN ANNUAL REPORT OF PROGRESS, IMPACT, AND LESSONS
 LEARNED AT THE END OF A CALENDAR YEAR. 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 COLLABORATORY.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

2022

Open to Public
Inspection

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

Employer identification number
59-6580974

Part I Questions Regarding Compensation

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

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

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

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

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

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

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- 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		

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

Schedule J (Form 990) 2022

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 and/or 1099-NEC 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)	304,422.	0.	45,991.	26,061.	12,578.	389,052.	45,991.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) TERRY MAZANY CHIEF COLLABORATION OFFICER	(i)	231,750.	0.	0.	6,501.	1,761.	240,012.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 4B:

THE PRESIDENT & CEO PARTICIPATES IN A 457(F) DEFERRED COMPENSATION PLAN.

THERE WERE \$0 CONTRIBUTIONS INTO THE PLAN AND \$0 PAYMENTS FROM THE PLAN FOR

CALENDAR YEAR 2022.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

Open to Public Inspection

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 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 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	9	1,250,082.	FMV ON DATE OF TRANSFERS
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	X	1	810,000.	APPRAISED VALUE
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 V, Donee Acknowledgement **29** 1

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 3 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.

	Yes	No
30a		X
31	X	
32a	X	

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.

SCHEDULE M, LINE 32B:

DONATED SECURITIES ARE FORWARDED TO THE FOUNDATION'S PROFESSIONAL INVESTMENT ADVISORS, WHO SELL THE SECURITIES AND PLACE THE PROCEEDS IN THE COLLABORATORY'S INVESTMENT PORTFOLIO. DONATED PROPERTY IS MARKETED AND SOLD BY A PROFESSIONAL REALTOR.

**SCHEDULE O
(Form 990)**

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 Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization	SOUTHWEST FLORIDA COMMUNITY FOUNDATION INC	Employer identification number	59-6580974
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

FLORIDA BY 2040.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

COLLABORATORY IS A COMMUNITY FOUNDATION WITH AN EVOLVED MISSION
 COMMITTED TO COORDINATING THE SOLVING OF SOUTHWEST FLORIDA'S MAJOR
 SOCIAL PROBLEMS BY 2040. SINCE OUR FOUNDING IN 1976, WE HAVE BEEN
 SUPPORTING LOCAL CAUSES AND NONPROFIT WORK, BUT UNFORTUNATELY, MANY OF
 OUR SOCIAL ISSUES CONTINUE TO STAY THE SAME OR GET WORSE. WE BELIEVE
 STRONGLY IN THE TRADITIONAL WORK WE DO BUT ARE ALSO COMMITTED TO MAKING
 A DEEPER IMPACT GOING TO THE ROOT CAUSE OF THE SOCIAL ISSUES PLAGUING
 OUR REGION.

WE ARE A COMMUNITY FOUNDATION WITH OVER \$100 MILLION GRANTED OVER THE
 YEARS, JOINED WITH A MUCH LARGER EFFORT IN COMMUNITY LEADERSHIP. BY
 BRINGING PEOPLE TOGETHER, WE'RE TACKLING THE ROOT CAUSE AND UPSTREAM
 ISSUES THAT MAKE THESE GRANTS NECESSARY.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

COLLABORATORY RECEIVES, DISTRIBUTES AND ADMINISTERS PROGRAM FUNDS TO
 SUPPORT THE REGION BY BUILDING A STRONGER NETWORK FOR COLLABORATIVE
 LEADERSHIP.

EXPENSES \$ 4,904,699. INCLUDING GRANTS OF \$ 3,821,751. REVENUE \$ 0.

PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE SOUTHWEST FLORIDA COMMUNITY FOUNDATION'S MISSION IS TO CULTIVATE

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

Schedule O (Form 990) 2022

Name of the organization SOUTHWEST FLORIDA COMMUNITY FOUNDATION INC	Employer identification number 59-6580974
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REGIONAL CHANGE FOR THE COMMON GOOD. SOUTHWEST FLORIDA COMMUNITY FOUNDATION'S PUBLIC-FACING IDENTITY HAS BECOME COLLABORATORY. NOT SIMPLY A NAME CHANGE, IT IS A STRATEGIC LEADERSHIP COMMITMENT TO ADDRESS THE FAILURES OF TRADITIONAL APPROACHES TO SOLVING OUR REGION'S SOCIAL CHALLENGES THROUGH SINGULAR AND DISCONNECTED SOLUTIONS. ORGANIZING THE LARGE-SCALE COORDINATION OF MULTI-SECTOR EFFORTS - COLLABORATORY WILL SPARK AND MULTIPLY LOCALLY-SOURCED SOLUTIONS. FROM HUNGER TO ILLITERACY, RACISM TO MENTAL ILLNESS, ISOLATION TO INJUSTICE, ALL ARE INTERCONNECTED. SOLVING ONE INVOLVES ALL OF THEM, TOGETHER, HOLISTICALLY. COLLABORATORY'S CORE ASSUMPTION IS THAT SILOED APPROACHES FAIL. COLLABORATORY'S GOAL IS TO END ALL THE REGION'S SOCIAL PROBLEMS ON AN 18-YEAR DEADLINE CREATING A REGION WHERE ALL CHILDREN, FAMILIES AND COMMUNITIES ARE CONFIDENT, HEALTHIER, AND TRUSTING OF PEOPLE, INSTITUTIONS, AND SYSTEMS THAT SERVE THEM. COLLABORATORY WILL CATALYZE AND COORDINATE MASSIVE, INCLUSIVE, GRASSROOTS EFFORTS CONNECTED WITH CIVIC LEADERS ALIGNING POLICIES AND SYSTEMS SUPPORTING GREATER EQUITY AND OPPORTUNITY. USING ITS ICONIC PHYSICAL SETTING, THE RENOVATED HISTORIC ATLANTIC COAST LINE RAILROAD DEPOT IN FORT MYERS, FLORIDA AND UNLIMITED VIRTUAL SPACE FOR ENGAGEMENT, COLLABORATORY BRINGS TOGETHER ALL RESIDENTS TO DEVELOP A SHARED VISION AND COMMON GOALS FOR A BETTER FUTURE FOR ALL WHO CALL OUR REGION HOME.

FORM 990, PART VI, SECTION B, LINE 11B:
PROCESS TO REVIEW THE FORM 990
AN INDEPENDENT CERTIFIED PUBLIC ACCOUNTANT REVIEWS THE FORM 990 IN DETAIL WITH COLLABORATORY'S AUDIT COMMITTEE, PRESIDENT & CEO AND CFO. AFTER THE AUDIT COMMITTEE'S REVIEW AND APPROVAL, A FINAL COPY IS SENT TO THE BOARD

Name of the organization SOUTHWEST FLORIDA COMMUNITY FOUNDATION INC	Employer identification number 59-6580974
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PRIOR TO AN UPCOMING BOARD MEETING. AFTER THE BOARD'S REVIEW, DISCUSSION
AND APPROVAL, THE FORM 990 IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

ENFORCEMENT OF CONFLICTS POLICY

ALL TRUSTEES, OFFICERS, AND EMPLOYEES ARE REQUIRED TO REVIEW, COMPLETE AND
SIGN THE CONFLICT OF INTEREST POLICY ON AN ANNUAL BASIS.

FORM 990, PART VI, SECTION B, LINE 15:

COMPENSATION PROCESS FOR TOP OFFICIALS

THE EXECUTIVE COMPENSATION COMMITTEE, COMPRISED OF THE OFFICERS OF THE
BOARD OF TRUSTEES, MEETS ANNUALLY TO REVIEW COMPENSATION FOR REASONABLENESS
AND DETERMINE THE COMPENSATION FOR THE PRESIDENT AND CHIEF EXECUTIVE
OFFICER. COMPARABLE DATA IS GATHERED USING THE COUNCIL ON FOUNDATIONS'
SALARY SURVEY AND SALARY INFORMATION FROM SIMILAR ORGANIZATIONS IN FLORIDA.

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, SECTION C, LINE 19:

COLLABORATORY'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND
FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST. IN
ADDITION, THE FINANCIAL STATEMENTS ARE MADE AVAILABLE THROUGH

Name of the organization SOUTHWEST FLORIDA COMMUNITY FOUNDATION INC	Employer identification number 59-6580974
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COLLABORATORY'S WEBSITE AT WWW.COLLABORATORY.ORG.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGES IN SPLIT INTEREST AGREEMENT & REMAINDER INTEREST 2,718,777.

RETURNED SCHOLARSHIPS 2,500.

TOTAL TO FORM 990, PART XI, LINE 9 2,721,277.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization SOUTHWEST FLORIDA COMMUNITY FOUNDATION INC	Employer identification number 59-6580974
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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
BONITA SPRINGS COMMUNITY FOUNDATION, LLC - 27-4342648, 2031 JACKSON ST, STE 100, FORT MYERS, FL 33901	INACTIVE	FLORIDA			COLLABORATORY
COMMUNITY FOUNDATION OF SANIBEL-CAPTIVA, LLC - 27-4343844, 2031 JACKSON ST, STE 100, FORT MYERS, FL 33901	INACTIVE	FLORIDA			COLLABORATORY
WOMEN'S LEGACY FUND, LLC - 27-4967919 2031 JACKSON ST, STE 100 FORT MYERS, FL 33901	INACTIVE	FLORIDA			COLLABORATORY
WOMEN'S LEGACY FUND OF SOUTHWEST FLORIDA, LLC - 27-4968412, 2031 JACKSON ST, STE 100, FORT MYERS, FL 33901	INACTIVE	FLORIDA			COLLABORATORY

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
SWFLCF SUPPORT ORGANIZATION INC - 30-0958830 2031 JACKSON ST, STE 100 FORT MYERS, FL 33901	SUPPORT ORGANIZATION	FLORIDA	501(C)(3)	LINE 12A, I	N/A		X
PEDRO ("CUBAN PETE") AGUILAR AND BARBARA CRADDOCK ENDOWMENT, INC - 84-358308, 2031 JACKSON ST, STE 100, FORT MYERS, FL 33901	SUPPORT ORGANIZATION	FLORIDA	501(C)(3)	LINE 12A, I	N/A		X

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

Schedule R (Form 990) 2022

Part I Continuation of Identification of Disregarded Entities

(a) Name, address, and EIN 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
GOOD NEIGHBOR COMMUNITY FOUNDATION OF SANIBEL-CAPTIVA, LLC - 27-4343158, 2031 JACKSON ST, STE 100, FORT MYERS, FL 33901	INACTIVE	FLORIDA			COLLABORATORY

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 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	

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

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) <small>Are all partners sec. 501(c)(3) orgs.?</small>		(f) Share of total income	(g) Share of end-of-year assets	(h) <small>Dispropor- tionate allocations?</small>		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) <small>General or managing partner?</small>		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Multiple horizontal lines for providing supplemental information.

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

For calendar year 2022 or other tax year beginning JUL 1, 2022, and ending JUN 30, 2023

2022

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information.
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for
501(c)(3) Organizations Only

<p>A <input type="checkbox"/> Check box if address changed.</p> <p>B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A</p>	<p>Print or Type</p>	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) SOUTHWEST FLORIDA COMMUNITY FOUNDATION INC</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. 2031 JACKSON ST, 100</p> <p>City or town, state or province, country, and ZIP or foreign postal code FORT MYERS, FL 33901</p>	<p>D Employer identification number 59-6580974</p> <p>E Group exemption number (see instructions)</p> <p>F <input type="checkbox"/> Check box if an amended return.</p>
<p>C Book value of all assets at end of year 159,037,731.</p>		<p>G Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust <input type="checkbox"/> State college/university</p> <p>H Check if filing only to <input type="checkbox"/> Claim credit from Form 8941 <input type="checkbox"/> Claim a refund shown on Form 2439</p> <p>I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation <input type="checkbox"/></p> <p>J Enter the number of attached Schedules A (Form 990-T) 1</p> <p>K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the name and identifying number of the parent corporation.</p> <p>L The books are in care of <u>MARINA NASSIF</u> Telephone number <u>239-274-5900</u></p>	

Part I Total Unrelated Business Taxable Income

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	0.
2 Reserved	2	
3 Add lines 1 and 2	3	
4 Charitable contributions (see instructions for limitation rules)	4	0.
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	
6 Deduction for net operating loss. See instructions	6	
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	
8 Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000.
9 Trusts. Section 199A deduction. See instructions	9	
10 Total deductions. Add lines 8 and 9	10	1,000.
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	0.

Part II Tax Computation

1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	0.
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	2	
3 Proxy tax. See instructions	3	
4 Other tax amounts. See instructions	4	
5 Alternative minimum tax (trusts only)	5	
6 Tax on noncompliant facility income. See instructions	6	
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	0.

LHA For Paperwork Reduction Act Notice, see instructions.

Part III Tax and Payments			
1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a		
b Other credits (see instructions)	1b		
c General business credit. Attach Form 3800 (see instructions)	1c		
d Credit for prior year minimum tax (attach Form 8801 or 8827)	1d		
e Total credits. Add lines 1a through 1d		1e	
2 Subtract line 1e from Part II, line 7		2	0.
3 Other amounts due. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement)		3	
4 Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here		4	0.
5 Current net 965 tax liability paid from Form 965-A, Part II, column (k)		5	0.
6a Payments: A 2021 overpayment credited to 2022	6a		
b 2022 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b		
c Tax deposited with Form 8868	6c		
d Foreign organizations: Tax paid or withheld at source (see instructions)	6d		
e Backup withholding (see instructions)	6e		
f Credit for small employer health insurance premiums (attach Form 8941)	6f		
g Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total	6g		
7 Total payments. Add lines 6a through 6g		7	
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>		8	
9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed		9	
10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid		10	
11 Enter the amount of line 10 you want: Credited to 2023 estimated tax Refunded		11	

Part IV Statements Regarding Certain Activities and Other Information (see instructions)			
1 At any time during the 2022 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here		Yes	No
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?			X
3 Enter the amount of tax-exempt interest received or accrued during the tax year \$			
4 Enter available pre-2018 NOL carryovers here \$ Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.			
5 Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.			
Business Activity Code	Available post-2017 NOL carryover		
530000	\$ 242,810.		
	\$		
6a Did the organization change its method of accounting? (see instructions)			X
b If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V			

Part V Supplemental Information

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

Sign Here	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 taxpayer) is based on all information of which preparer has any knowledge.				
	Signature of officer	Date	PRESIDENT & CEO Title	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	WENDY CAMPOS	WENDY CAMPOS	11/02/23		P00448102
	Firm's name	Firm's EIN		Firm's address	
MOSS ADAMS LLP	91-0189318		805 SW BROADWAY STE 1400		
Firm's address	Phone no.		503-242-1447		
PORTLAND, OR 97205					

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

2022

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

A Name of the organization SOUTHWEST FLORIDA COMMUNITY FOUNDATION INC
B Employer identification number 59-6580974
C Unrelated business activity code (see instructions) 530000
D Sequence: 1 of 1

E Describe the unrelated trade or business UNRELATED BUSINESS ACTIVITY

Table with 4 columns: Part I Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows include 1a Gross receipts or sales, 2 Cost of goods sold, 3 Gross profit, 4a Capital gain net income, 5 Income (loss) from a partnership, 7 Unrelated debt-financed income, 13 Total.

Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

Table with 3 columns: Line number, Description, Amount. Rows include 1 Compensation of officers, 2 Salaries and wages, 7 Depreciation, 15 Total deductions, 16 Unrelated business income before net operating loss deduction, 18 Unrelated business taxable income.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2022

Part III Cost of Goods Sold

Enter method of inventory valuation

Table with 8 rows for Cost of Goods Sold. Rows include: 1 Inventory at beginning of year, 2 Purchases, 3 Cost of labor, 4 Additional section 263A costs, 5 Other costs, 6 Total, 7 Inventory at end of year, 8 Cost of goods sold. Row 9 is a checkbox question about section 263A rules.

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

Table for Rent Income. Row 1: Description of property. Rows 2-4: Rent received or accrued from personal and real property. Row 5: Total rents received or accrued. Row 6: Total deductions. Row 7: Total deductions.

Part V Unrelated Debt-Financed Income (see instructions)

Table for Unrelated Debt-Financed Income. Row 1: Description of debt-financed property. Rows 2-8: Gross income from or allocable to debt-financed property, deductions, and total gross income. Rows 9-11: Allocable deductions and total dividends-received deductions.

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

		Exempt Controlled Organizations			
1. Name of controlled organization	2. Employer identification number	3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)	
Totals			0.	0.	

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals		0.		0.

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity: _____	
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4
5	Gross income from activity that is not unrelated business income	5
6	Expenses attributable to income entered on line 5	6
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

- A
- B
- C
- D

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
2 Gross advertising income				
Add columns A through D. Enter here and on Part I, line 11, column (A)	0.			
a				
3 Direct advertising costs by periodical				
a Add columns A through D. Enter here and on Part I, line 11, column (B)	0.			
4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8				
5 Readership costs				
6 Circulation income				
7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero				
8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				
a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13	0.			

Part X Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on Part II, line 1			0.

Part XI Supplemental Information (see instructions)

990-T SCH A POST-2017 NET OPERATING LOSS DEDUCTION STATEMENT 1

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/19	88,365.	0.	88,365.	88,365.
06/30/20	53,255.	0.	53,255.	53,255.
06/30/21	64,871.	0.	64,871.	64,871.
06/30/22	36,319.	0.	36,319.	36,319.
NOL CARRYOVER AVAILABLE THIS YEAR			242,810.	242,810.

FORM 990-T (A) PART V - UNRELATED DEBT-FINANCED INCOME STATEMENT 2
AVERAGE ADJUSTED BASIS

DESCRIPTION OF DEBT-FINANCED PROPERTY	ACTIVITY NUMBER	AMOUNT
	1	
AVERAGE ADJUSTED BASIS OF PROPERTY HELD ON FIRST DAY OF YEAR		1,016,987.
AVERAGE ADJUSTED BASIS OF PROPERTY HELD ON LAST DAY OF YEAR		1,016,987.
AVERAGE ADJUSTED BASIS OF PROPERTY FOR THE YEAR		1,016,987.
TOTAL TO FORM 990-T, SCHEDULE A, PART V, LINE 5		

FORM 990-T (A) PART V - DEPRECIATION DEDUCTION STATEMENT 3

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
DEPRECIATION		30,161.	
- SUBTOTAL -	1		30,161.
TOTAL OF FORM 990-T, SCHEDULE A, PART V, LINE 3(A)			30,161.

FORM 990-T (A) PART V - OTHER DEDUCTIONS STATEMENT 4

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	PERCENT ALLOCABLE	ALLOCABLE TOTAL
OTHER EXPENSES		330,808.		
INSURANCE		23,225.		
INTEREST		176,395.		
- SUBTOTAL -	1	530,428.	1.00	530,428.
TOTAL OF FORM 990-T, SCHEDULE A, PART V, LINE 3(B)				530,428.

FORM 990-T (A) AVERAGE ACQUISITION DEBT ON OR ALLOCABLE TO DEBT-FINANCED PROPERTY STATEMENT 5

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
DEBT FINANCED EXPENSE		7,300,000.	
- SUBTOTAL -	1		7,300,000.
TOTAL OF FORM 990-T, SCHEDULE A, PART V, LINE 4			7,300,000.