

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

A For the 2020 calendar year, or tax year beginning **07/01/20**, and ending **06/30/21**

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

C Name of organization: **SOUTHWEST FLORIDA COMMUNITY FOUNDATION INC**

Doing business as: **COLLABORATORY**

Number and street (or P.O. box if mail is not delivered to street address): **2031 JACKSON STREET, SUITE 100**

City or town, state or province, country, and ZIP or foreign postal code: **FORT MYERS FL 33901**

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

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

G Gross receipts \$: **76,364,900**

F Name and address of principal officer:
SARAH OWEN
2031 JACKSON STREET, SUITE 100
FORT MYERS FL 33901

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
If "No," attach a list. See instructions

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

J Website: **WWW.COLLABORATORY.ORG**

K Form of organization: Corporation Trust Association Other

L Year of formation: **1976**

M State of legal domicile: **FL**

H(c) Group exemption number

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	20
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	20
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	26
	6 Total number of volunteers (estimate if necessary)	6	171
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	-64,871
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)	14,052,567	7,891,415
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-659,444	9,888,711
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	329,029	18,939
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	13,722,152	17,799,065
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6,877,499	6,682,943
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,711,787	1,450,003
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 299,895		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,278,916	3,095,904
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	10,868,202	11,228,850	
19 Revenue less expenses. Subtract line 18 from line 12	2,853,950	6,570,215	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	146,689,909	181,291,713
	22 Net assets or fund balances. Subtract line 21 from line 20	21,580,313	23,869,254
		125,109,596	157,422,459

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 the taxpayer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: **RONALD E PENN**

Type or print name and title: **CFO**

Date: _____

Paid Preparer Use Only

Print/Type preparer's name: **PATTI R HARDIN**

Date: **11/12/21**

Check if self-employed if PTIN **P00371840**

Firm's name: **HUGHES, SNELL & CO., P.A.**

Firm's EIN: **59-2309183**

Firm's address: **1470 ROYAL PALM SQUARE BLVD FORT MYERS, FL 33919-1082**

Phone no.: **239-939-2233**



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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

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

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

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

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

4a (Code:) (Expenses \$ **5,901,485** including grants of \$ **4,612,176**) (Revenue \$ **4,182,450**)

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 \$ **1,430,666** including grants of \$ **866,387**) (Revenue \$ **1,183,712**)

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 \$ **1,261,766** including grants of \$ **780,299**) (Revenue \$ **2,367,425**)

COMPETITIVE GRANTS ARE FUNDED BY FIELD OF INTEREST AND UNRESTRICTED FUNDS. THE COMPETITIVE GRANT APPLICATION AND MONITORING PROCESS FOR PROGRAMS SUCH AS COMMUNITY IMPACT GRANTS HAVE BEEN SIMPLIFIED TO HELP THE NONPROFITS SEEK FUNDING BY SUBMITTING THEIR BEST IDEAS TO SOLVE ISSUES AFFECTING OUR REGION. THE FOUNDATION HAS BEGUN OFFERING MULTI-YEAR RENEWABLE GRANTS WITH THE INTENT OF SOLVING A SPECIFIC IDENTIFIED NEED AND TO BUILD RESILIENCY IN RESPONSE TO THE IMPACT OF THE COVID-19 PANDEMIC.

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

(Expenses \$ **1,192,665** including grants of \$ **424,082**) (Revenue \$ **157,828**)

4e Total program service expenses **9,786,582**

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	X	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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 in 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	26		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	X		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	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)?	4a			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?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
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?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
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?	7a	X		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			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?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
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?	8			X
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			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?	12a			
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.	13a			
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?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b			
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 instructions and file Form 4720, Schedule N.	15			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.	16			X

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.		
b	Enter the number of voting members included on line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		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 in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	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 in 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 If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	X	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		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 ►

RONALD E PENN
FORT MYERS

2031 JACKSON STREET, SUITE 100

FL 33901

239-274-5900

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See 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 per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ROBBIE ROEPSTORFF	3.00									
CHAIR	0.00	X		X			0	0	0	
(2) DENNIE HAMILTON	3.00									
VICE CHAIR	0.00	X		X			0	0	0	
(3) GAIL MARKHAM	3.00									
SEC / TREAS	0.00	X		X			0	0	0	
(4) DR. LARRY A. HOBBS	3.00									
IMMEDIATE PAST CHAIR	0.00	X		X			0	0	0	
(5) MALIKE ADIGUN	3.00									
TRUSTEE	0.00	X					0	0	0	
(6) JUAN BENDECK	3.00									
TRUSTEE	0.00	X					0	0	0	
(7) JULIE BEN-SUSAN	3.00									
TRUSTEE	0.00	X					0	0	0	
(8) CAROLYN CONANT	3.00									
TRUSTEE	0.00	X					0	0	0	
(9) ANDREW COUSE	3.00									
TRUSTEE	0.00	X					0	0	0	
(10) INDER A DEMINE	3.00									
TRUSTEE	0.00	X					0	0	0	
(11) MARY BETH CRAWFORD	3.00									
TRUSTEE	0.00	X					0	0	0	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) CRAIG FOLK	3.00									
TRUSTEE	0.00	X						0	0	0
(13) CHAUNCEY GOSS	3.00									
TRUSTEE	0.00	X						0	0	0
(14) GARY GRIFFIN	3.00									
TRUSTEE	0.00	X						0	0	0
(15) HUGH KINSEY, JR	3.00									
TRUSTEE	0.00	X						0	0	0
(16) HARRISON S KNIGHT	3.00									
TRUSTEE	0.00	X						0	0	0
(17) ALAN MANDEL	3.00									
TRUSTEE	0.00	X						0	0	0
(18) FRED MOON	3.00									
TRUSTEE	0.00	X						0	0	0
(19) DALE REISS	3.00									
TRUSTEE	0.00	X						0	0	0
1b Subtotal										
c Total from continuation sheets to Part VII, Section A								516,208		59,999
d Total (add lines 1b and 1c)								516,208		59,999

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

	Yes	No
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 TOPSFIELD MA 01983	7 CENTRAL STREET CONSULTING/MKTG	394,575
ISAACSON, MILLER BOSTON MA 02210	263 SUMMER STREET 7TH FLOOR EXEC SEARCH	126,324

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 **2**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	477,083			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	7,414,332			
	g Noncash contributions included in lines 1a-1f	1g	\$ 2,055,003			
	h Total. Add lines 1a-1f			7,891,415		
Program Service Revenue	2a	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)		1,846,504			1,846,504
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real (ii) Personal	34,650			
	b Less: rental expenses		130,960			
	c Rental inc. or (loss)		-96,310			
	d Net rental income or (loss)			-96,310	-64,871	-31,439
	7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other	65,149,586	1,327,496		
	b Less: cost or other basis and sales exps.		58,434,875			
	c Gain or (loss)		6,714,711	1,327,496		
	d Net gain or (loss)			8,042,207		8,042,207
	8a 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					
	9a Gross income from gaming activities. See Part IV, line 19	9a				
b Less: direct expenses	9b					
c Net income or (loss) from gaming activities						
10a 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	11a MISCELLANEOUS INCOME	Business Code	115,249	115,249		
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d			115,249		
12 Total revenue. See instructions			17,799,065	115,249	-64,871	9,857,272

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	5,816,556	5,816,556		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	866,387	866,387		
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	529,025	280,383	158,707	89,935
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	701,924	372,020	210,577	119,327
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	22,353	11,847	6,706	3,800
9 Other employee benefits	116,641	61,819	34,993	19,829
10 Payroll taxes	80,060	42,432	24,018	13,610
11 Fees for services (nonemployees):				
a Management				
b Legal	680	560	111	9
c Accounting	47,500	39,121	7,757	622
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	306,610	252,524	50,069	4,017
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	237,058	177,601	55,039	4,418
12 Advertising and promotion				
13 Office expenses	88,212	20,862	63,901	3,449
14 Information technology	211,948	84,891	115,506	11,551
15 Royalties				
16 Occupancy	383,834	207,705	171,387	4,742
17 Travel	9,418	2,702	6,039	677
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	14,994	5,355	8,411	1,228
20 Interest	259,963	130,934	129,029	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	44,333	23,000	20,785	548
23 Insurance	62,504	31,813	29,866	825
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 PROJECTS	1,321,753	1,321,753		
b RELATIONSHIPS	51,668	30,675	4,084	16,909
c DUES & SUBSCRIPTIONS	37,117	2,279	31,385	3,453
d MISCELLANEOUS	18,312	3,363	14,003	946
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	11,228,850	9,786,582	1,142,373	299,895
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing	1		
	2	Savings and temporary cash investments	2	3,412,790	
	3	Pledges and grants receivable, net	3		
	4	Accounts receivable, net	4	16,537	
	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	6,891,392	
	8	Inventories for sale or use	8		
	9	Prepaid expenses and deferred charges	9	57,823	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	11,868,323	
	b	Less: accumulated depreciation	10b	1,062,963	10c
	11	Investments—publicly traded securities	11	125,441,783	
	12	Investments—other securities. See Part IV, line 11	12		
	13	Investments—program-related. See Part IV, line 11	13		
	14	Intangible assets	14		
	15	Other assets. See Part IV, line 11	15	34,666,028	
16	Total assets. Add lines 1 through 15 (must equal line 33)	16	181,291,713		
Liabilities	17	Accounts payable and accrued expenses	17	472,999	
	18	Grants payable	18	2,500,200	
	19	Deferred revenue	19		
	20	Tax-exempt bond liabilities	20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	21		
	22	Loans and other payables to 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	23	16,800,000	
	24	Unsecured notes and loans payable to unrelated third parties	24		
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	25	4,096,055	
	26	Total liabilities. Add lines 17 through 25	26	23,869,254	
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	27	122,405,601	
	28	Net assets with donor restrictions	28	35,016,858	
	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	32	157,422,459	
33	Total liabilities and net assets/fund balances	33	181,291,713		

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	17,799,065
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,228,850
3	Revenue less expenses. Subtract line 2 from line 1	3	6,570,215
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	125,109,596
5	Net unrealized gains (losses) on investments	5	18,913,266
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	6,829,382
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	157,422,459

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	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	
2c	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 Single Audit Act and OMB Circular A-133?		X
3b	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		

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(20) AYSEGUL TIMUR TRUSTEE	3.00 0.00	X						0	0	0
(21) SARAH OWEN PRESIDENT / CEO	50.00 5.00	X		X				380,400	0	45,682
(22) RONALD E PENN CFO	50.00 5.00			X				16,385	0	491
(23) PETER OCSODY CHIEF STRATEGY & OP	40.00 1.00			X				119,423	0	13,826
1b Subtotal								516,208		59,999
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

SCHEDULE A
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Public Charity Status and Public Support**

OMB No. 1545-0047

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

▶ **Attach to Form 990 or Form 990-EZ.****2020****Open to Public
Inspection**▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization

**SOUTHWEST FLORIDA COMMUNITY
FOUNDATION INC**

Employer identification number

59-6580974**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990 or 990-EZ) 2020

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5,973,380	8,960,544	5,450,502	7,932,816	5,726,649	34,043,891
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	5,973,380	8,960,544	5,450,502	7,932,816	5,726,649	34,043,891
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)						5,719,819
6 Public support. Subtract line 5 from line 4						28,324,072

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	5,973,380	8,960,544	5,450,502	7,932,816	5,726,649	34,043,891
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,404,640	1,854,332	1,808,711	2,449,564	1,875,842	9,393,089
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						43,436,980
12 Gross receipts from related activities, etc. (see instructions)					12	4,680,120

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**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f))	14	65.21%
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	65.96%
16a 33 1/3% support test—2020. 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—2019. 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—2020. 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—2019. 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 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

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests—2020.** 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—2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 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 12a or 12b in Part I, answer (b) and (c) below.</i>		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer 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 or 990-EZ).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 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)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 3: By reason of the relationship described in 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?

Section E. Type III Functionally-Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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

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

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 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).		

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

Section D – Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required— <i>provide details in Part VI</i>)	
6 Other distributions (<i>describe in Part VI</i>). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	
9 Distributable amount for 2020 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required— <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020 Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule B**(Form 990, 990-EZ,
or 990-PF)**Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

OMB No. 1545-0047

2020▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**
▶ **Go to www.irs.gov/Form990 for the latest information.**

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 foundationCheck 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 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of
- (1)**
- \$5,000; or
- (2)**
- 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
-
-
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000
- exclusively*
- for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (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, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

SOUTHWEST FLORIDA COMMUNITY FOUNDATION INC

Employer identification number

59-6580974

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

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

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

Part II Conservation Easements.

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

Table with 2 columns: Question, Held at the End of the Tax Year. Rows include purpose of easements, total number, acreage, and monitoring details.

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.

Table with 2 columns: Question, Amount. Rows include reporting requirements for art and historical treasures, revenue, and assets.

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that 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 PROG**
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	83,243,086	85,437,134	74,684,227	68,804,966	58,351,450
b Contributions	4,445,960	5,089,339	13,434,585	7,039,696	7,981,840
c Net investment earnings, gains, and losses	24,315,206	55,320	2,934,966	4,478,462	7,171,922
d Grants or scholarships	4,799,644	5,573,311	4,461,907	4,443,436	3,548,078
e Other expenditures for facilities and programs					
f Administrative expenses	1,519,090	1,765,396	1,154,737	1,195,461	1,152,168
g End of year balance	105,685,518	83,243,086	85,437,134	74,684,227	68,804,966

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ **98.72 %**
 - b** Permanent endowment ▶ **1.28 %**
 - 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:
- | | Yes | No |
|------------------------------------|--------------------------|-------------------------------------|
| (i) Unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		10,901,234	696,839	10,204,395
d Equipment		799,682	366,124	433,558
e Other		167,407		167,407
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				10,805,360

Part VII Investments – Other Securities.

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

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

Part VIII Investments – Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) DEFERRED GIFTS REC - CRTS / CLTS	30,820,876
(2) CONTRIBUTIONS RECEIVABLE	2,623,828
(3) DEFERRED GIFTS REC - CGAS	798,887
(4) LIFE INSURANCE - REMAINDER INTEREST	266,959
(5) OTHER ASSETS	155,478
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	34,666,028

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) FUNDS HELD AS AGENCY ACCOUNTS	3,043,870
(3) CHARITABLE REMAINDER TR OBLIGATIONS	674,742
(4) ANNUITY OBLIGATIONS	377,443
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	4,096,055

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.

1	Total revenue, gains, and other support per audited financial statements		1	43,667,333
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	18,913,266	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	7,567,824	
e	Add lines 2a through 2d		2e	26,481,090
3	Subtract line 2e from line 1		3	17,186,243
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	298,637	
b	Other (Describe in Part XIII.)	4b	314,185	
c	Add lines 4a and 4b		4c	612,822
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	17,799,065

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

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

1	Total expenses and losses per audited financial statements		1	11,354,470
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	698,361	
e	Add lines 2a through 2d		2e	698,361
3	Subtract line 2e from line 1		3	10,656,109
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	298,637	
b	Other (Describe in Part XIII.)	4b	274,104	
c	Add lines 4a and 4b		4c	572,741
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	11,228,850

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

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

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

PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS

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

PART X - FIN 48 FOOTNOTE

BASED ON AN EVALUATION OF COLLABORATORY'S TAX POSITIONS, MANAGEMENT BELIEVES ALL POSITIONS TAKEN WOULD BE UPHELD UNDER AN EXAMINATION.

THEREFORE, NO PROVISION FOR THE EFFECTS OF UNCERTAIN TAX POSITIONS HAS BEEN RECORDED.

Part XIII Supplemental Information (continued)

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

EXPENSES ALLOCATED TO RENTAL REVENUE	\$	130,960
INVESTMENT INCOME TO CUBAN PETE	\$	87,971
AGENCY ADMIN FEES	\$	58,310
AGENCY CONTRIBUTIONS, NET	\$	8,114
PYMT/CHG SPLIT INT AGMT & REMAIN/LEAD TRUSTS	\$	7,282,469

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

FEES FOR SERVICES FROM CUBAN PETE	\$	30,000
FEES FOR SERVICES FROM SUPPORT ORG	\$	7,534
AGENCY FUND INVESTMENT INCOME	\$	276,651

PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER

EXPENSES ALLOCATED TO RENTAL REVENUE	\$	130,960
EXPENSES ALLOCATED TO CUBAN PETE	\$	40,000
EXPENSES ALLOCATED TO SUPPORT ORG	\$	527,401

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

INVESTMENT FEES ALLOCATED TO AGENCY FD	\$	7,973
AGENCY FUND GRANTS	\$	102,131
RENT EXPENSE TO SUPPORT ORG	\$	164,000

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020**Open to Public
Inspection**

Name of the organization

**SOUTHWEST FLORIDA COMMUNITY
FOUNDATION INC**

Employer identification number

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

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	ALL FAITH UNITARIAN CONGREGATION 2756 MCGREGOR BLVD FORT MYERS FL 33901	65-1114131	501 (C)	10,192				GEN OP/SPEC PRGM
(2)	AMERICANS FOR IMMIGRANT JUSTICE 6355 NW 36TH ST SUITE 2201 MIAMI FL 33166	65-0610872	501 (C)	33,000				SPECIFIC PROGRAM
(3)	ANIMAL REFUGE CENTER, INC 18011 OLD BAYSHORE ROAD NORTH FORT MYERS FL 33917	65-0057419	501 (C)	282,435				GEN OP/ SPEC PRGM
(4)	BAILEY-MATTHEWS SHELL MUSEUM 3075 SANIBEL-CAPTIVA RD SANIBEL FL 33957	59-2775992	501 (C)	9,755				GEN OP / SPEC PRGM
(5)	BASCOM CORPORATION 323 FRANKLIN ROAD HIGHLANDS NC 28741	56-2093546	501 (C)	10,000				GEN OP SUPPORT
(6)	BASSET HOUND RES OF GA INC PO BOX 1834 FAYETTEVILLE GA 30214	58-2187876	501 (C)	10,000				GEN OP SUPPORT
(7)	BATTLE CREEK COMMUNITY FOUNDATION 32 W MICHIGAN AVENUE, SUITE 1 BATTLE CREEK MI 49017	38-2045459	501 (C)	16,425				SPECIFIC PROGRAM
(8)	BIDEAWEE INC 410 E 38TH ST NEW YORK NY 10016	13-1655210	501 (C)	9,420				GEN OP SUPPORT
(9)	BOBBY NICHOLS FOUNDATION INC 15391 CANONGATE DRIVE FORT MYERS FL 33912	04-3649766	501 (C)	8,951				GEN OP SUPPORT

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 133
- 3 Enter total number of other organizations listed in the line 1 table ▶ 0

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

Schedule I (Form 990) (2020)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
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OMB No. 1545-0047
2020
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
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(1)	BONITA BAY VETERANS COUNCIL 3330 RIVERPARK COURT BONITA SPRINGS FL 34134	47-3563908	501 (C)	35,000				GEN OP SUPPORT
(2)	BONITA SPRINGS ASSISTANCE OFFICE PO BOX 16 BONITA SPRINGS FL 34133	59-2337909	501 (C)	15,000				GEN OP SUPPORT
(3)	BONITA WONDER GARDENS INC 27180 OLD 41 ROAD BONITA SPRINGS FL 34135	46-4168846	501 (C)	10,000				GEN OP/SPEC PRGM
(4)	BOYS & GIRLS CLUBS OF POLK COUNTY PO BOX 763 LAKE LAND FL 33802	59-0171815	501 (C)	6,301				GEN OP SUPPORT
(5)	BRIDGE A LIFE IN 1680 FRUITVILLE ROAD, SUITE 312B SARASOTA FL 34236	46-2391027	501 (C)	10,000				GEN OP SUPPORT
(6)	BRIDGE TO A CURE FOUNDATION 2031 JACKSON STREET SUITE 160 FORT MYERS FL 33901	84-3024608	501 (C)	33,500				GEN OP SUPPORT
(7)	BRIGHTER BITES PO BOX 25456 HOUSTON TX 77265	47-4070026	501 (C)	20,000				GEN OP SUPPORT
(8)	CALOOSA HUMANE SOCIETY PO BOX 2337 LABELLE FL 33975	65-0759567	501 (C)	35,727				GEN OP SUPPORT
(9)	CALUSA WATERKEEPER PO BOX 1165 FORT MYERS FL 33902	65-0565226	501 (C)	36,506				GEN OP SUPPORT

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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**SCHEDULE I
(Form 990)**Department of the Treasury
Internal Revenue Service**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

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OMB No. 1545-0047

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Name of the organization

**SOUTHWEST FLORIDA COMMUNITY
FOUNDATION INC**

Employer identification number

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

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(1)	CANTERBURY SCHOOL CORPORATION 8141 COLLEGE PARKWAY FORT MYERS FL 33919	59-1058089	501 (C)	175,000				GEN OP/SPEC PRGM
(2)	CAPE CORAL ANIMAL SHELTER 325 SOUTHWEST 2ND AVENUE CAPE CORAL FL 33991	81-3632884	501 (C)	16,000				SPECIFIC PROGRAM
(3)	CAPTAINS FOR CLEAN WATER INC 2031 JACKSON STREET FORT MYERS FL 33901	81-1789969	501 (C)	20,000				SPECIFIC PROGRAM
(4)	CAPTIVA CHAPEL BY THE SEA PO BOX 188 CAPTIVA FL 33924	59-6143042	501 (C)	11,153				GEN OP SUPPORT
(5)	CENTER FOR THE ARTS OF BONITA SPR 26100 OLD 41 ROAD BONITA SPRINGS FL 34135	65-0295085	501 (C)	12,540				GEN OP/SPEC PRGM
(6)	CGRS MISSION INC 18481 N TAMIAMI TRAIL NORTH FORT MYERS FL 33903	81-3236064	501 (C)	10,000				GEN OP SUPPORT
(7)	CHARITY FOR CHANGE INC 10681 AIRPORT PULLING ROAD SUITE 23 NAPLES FL 34109	26-2139488	501 (C)	15,000				GEN OP SUPPORT
(8)	CHARLOTTE HARBOR ENVIRO CENTER PO BOX 512876 PUNTA GORDA FL 33951	59-2853001	501 (C)	30,730				SPECIFIC PROGRAM
(9)	CHILD EVANGELISM FELLOWSHIP OF FL PO BOX 100981 CAPE CORAL FL 33910	59-0837546	501 (C)	5,901				GEN OP SUPPORT

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Schedule I (Form 990) (2020)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2020

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Department of the Treasury
Internal Revenue Service

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

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
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1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	CHILDREN'S ADVOCACY CENTER OF SW FL 3830 EVANS AVE FORT MYERS FL 33901	65-0007620	501 (C)	41,500				GEN OP SUPPORT
(2)	CHRIST LUTHERAN CHURCH 3816 SOUTH 12TH ST SHEBOYGAN WI 53081	39-1214138	501 (C)	7,000				GEN OP SUPPORT
(3)	CITY OF FORT MYERS PO BOX 340 FORT MYERS FL 33902		GOV	80,778				SPECIFIC PROGRAM
(4)	CLINIC FOR THE REHAB OF WILDLIFE PO BOX 150 SANIBEL FL 33957	23-7271040	501 (C)	41,857				GEN OP SUPPORT
(5)	COMMUNITIES REACHING OUT INC 908 NORTH GOLF DR HOLLYWOOD FL 33021	65-1242772	501 (C)	10,081				GEN OP SUPPORT
(6)	COMMUNITY COOPERATIVE INC PO BOX 2143 FORT MYERS FL 33902	59-2602772	501 (C)	23,750				GEN OP SUPPORT
(7)	COMMUNITY FOUNDATION OF WESTERN NC 4 VANDERBILT PARK DRIVE, SUITE 300 ASHEVILLE NC 28803	56-1223384	501 (C)	15,000				SPECIFIC PROGRAM
(8)	COMMUNITY HAVEN FOR ADULTS & CHILD 4405 DESOTO ROAD SARASOTA FL 34235	59-1305522	501 (C)	80,000				SPECIFIC PROGRAM
(9)	CONSERVANCY OF SOUTHWEST FLORIDA 1495 SMITH PRESERVE WAY NAPLES FL 34102	59-1157084	501 (C)	50,000				GEN OP SUPPORT

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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Schedule I (Form 990) (2020)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
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OMB No. 1545-0047

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

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
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(1) COUNCIL ON FOUNDATIONS PO BOX 75661 BALTIMORE MD 21275	13-6068327	501 (C)	9,000				GEN OP SUPPORT
(2) COVENANT PRESBYTERIAN CHURCH 2439 MCGREGOR BLVD FORT MYERS FL 33901	59-1150677	501 (C)	11,784				GEN OP SUPPORT
(3) DIOCESE OF VENICE CATHOLIC FAITH AP PO BOX 60759 FORT MYERS FL 33906	27-1988145	501 (C)	15,000				GEN OP SUPPORT
(4) DR CARRIE D ROBINSON LITTLETON ELE 700 HUTTO RD NORTH FORT MYERS FL 33903		GOV	6,000				SPECIFIC PROGRAM
(5) EARTH SHINE INSTITUE INC 5249 SUMMERLIN COMMONS BOULEVARD FORT MYERS FL 33907	32-0042299	501 (C)	6,000				SPECIFIC PROGRAM
(6) EDISON SAILING CENTER 1420 DEL RIO DRIVE FORT MYERS FL 33901	59-2635134	501 (C)	7,271				GEN OP/SPEC PRGM
(7) EQUALITY FLORIDA INSTITUTE PO BOX 13184 ST. PETERSBURG FL 33733	59-3435235	501 (C)	21,828				GEN OP SUPPORT
(8) EVERGLADES WONDER GARDEN PO BOX 822 BONITA SPRINGS FL 34133	46-4168845	501 (C)	5,600				GEN OP SUPPORT
(9) FAMILY INITIATIVE INCORPORATED 1242 SW PINE ISLAND RD SUITE 42-302 CAPE CORAL FL 33991	46-1528487	501 (C)	50,000				GEN OP SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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Schedule I (Form 990) (2020)

**SCHEDULE I
(Form 990)**

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

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(1) FELLOWSHIP OF CHRISTIAN ATHLETES 3000 ORANGE BLOSSOM DRIVE NAPLES FL 34109	44-0610626	501 (C)	10,000				GEN OP SUPPORT
(2) FIDELITY CHARITABLE PO BOX 77001 CINCINNATI OH 45277	11-0303001	501 (C)	5,716				SPECIFIC PROGRAM
(3) FIRST PREBYTERIAN CHURCH OF BONITA 9751 BONITA BEACH BLVD BONITA SPRINGS FL 34135	59-1622501	501 (C)	30,000				SPECIFIC PROGRAM
(4) FIRST PRESBYTERIAN CHURCH 2438 SECOND ST FORT MYERS FL 33901	59-0823943	501 (C)	8,157				GEN OP SUPPORT
(5) FLORIDA BAPTIST CHILDREN'S HOMES 1015 SIKES BLVD LAKE LAND FL 33815	59-0657326	501 (C)	40,734				GEN OP SUPPORT
(6) FLORIDA DEPT HEALTH CHARLOTTE CTY 1100 LOVELAND BLVD PORT CHARLOTTE FL 33980	59-3502843	GOV	21,214				GEN OP SUPPORT
(7) FLORIDA GULF COAST UNIVERSITY 10501 FGCU BLVD S FORT MYERS FL 33965	65-0753801	501 (C)	184,623				GEN OP / SPEC PRGM
(8) FLORIDA GULF COAST UNIVERSITY FD 10501 FGCU BLVD S FORT MYERS FL 33965	65-0403969	501 (C)	100,255				GEN OP / SPEC PRGM
(9) FLORIDA LIONS CONKLIN CENTER FOR TH 405 WHITE ST DAYTONA BEACH FL 32114	23-7377066	501 (C)	5,745				GEN OP SUPPORT

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

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

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FOUNDATION INC** Employer identification number
59-6580974

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(1)	FLORIDA LIONS EYE CLINIC 10322 PENNSYLVANIA AVENUE BONITA SPRINGS FL 34135	45-0560906	501 (C)	10,000				GEN OP SUPPORT
(2)	FLORIDA SOUTHWESTERN ST COLLEGE 8099 COLLEGE PARKWAY FORT MYERS FL 33919		501 (C)	45,000				SPECIFIC PROGRAM
(3)	FLORIDA SOUTHWESTERN ST COLLEGE FD 8099 COLLEGE PARKWAY FORT MYERS FL 33919	59-6173638	501 (C)	5,500				GEN OP/SPEC PRGM
(4)	FORT MYERS COMMUNITY CONCERT ASSOC PO BOX 606 FORT MYERS FL 33902	59-1739068	501 (C)	11,848				GEN OP SUPPORT
(5)	FOUND FOR LEE COUNTY PUBLIC SCHOOLS PO BOX 1608 FORT MYERS FL 33902	59-2637849	501 (C)	13,955				GEN OP/SPEC PRGM
(6)	GLADIOLUS FOOD PANTRY 15011 GLADIOLUS DR FORT MYERS FL 33908	47-1788033	501 (C)	16,365				GEN OP SUPPORT
(7)	GLADIOLUS LEARNING & DEVEL CNTR 10320 GLADIOLUS DR FORT MYERS FL 33908	23-7378076	501 (C)	14,678				GEN OP SUPPORT
(8)	GLOBAL SCHOLARS PO BOX 12147 OVERLAND PARK KS 66282	56-1627401	501 (C)	10,000				GEN OP SUPPORT
(9)	GOODWILL INDUSTRIES OF SOUTHWEST FL 5100 TICE STREET FORT MYERS FL 33905	59-6196141	501 (C)	30,614				GEN OP / SPEC PRGM

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**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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59-6580974

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(1)	GUADALUPE CENTER INC 509 HOPE CIRCLE IMMOKALEE FL 34142	59-2617151	501 (C)	13,988				GEN OP SUPPORT
(2)	GULF COAST HUMANE SOCIETY INC 2010 ARCADIA ST. FORT MYERS FL 33916	59-0806978	501 (C)	45,721				GEN OP SUPPORT
(3)	HABITAT FOR HUMANITY OF LEE COUNTY 1288 NORTH TAMiami TRAIL NORTH FORT MYERS FL 33903	59-2236174	501 (C)	103,628				GEN OP / SPEC PRGM
(4)	HARRY CHAPIN FOOD BANK OF SWFL 3760 FOWLER STREET FORT MYERS FL 33901	59-2332120	501 (C)	82,405				GEN OP / SPEC PRGM
(5)	HEALTHY START COALITION OF SWFL INC 1921 JEFFERSON AVENUE FORT MYERS FL 33901	65-0378720	501 (C)	50,000				GEN OP SUPPORT
(6)	HEART AND MIND FOUNDATION 1443 WEST DIVISION STREET CHICAGO IL 60642	36-4404961	501 (C)	800,000				GEN OP/SPEC PRGM
(7)	HOPE CLUBHOUSE OF SW FL 3602 BROADWAY AVE FORT MYERS FL 33901	30-0437443	501 (C)	88,827				GEN OP / SPEC PRGM
(8)	HOPE EQUINE RESCUE INC 3820 HIGH STREET WINTER HAVEN FL 33881	26-2647977	501 (C)	25,000				GEN OP SUPPORT
(9)	HOPE HOSPICE 9470 HEALTHPARK CIRCLE FORT MYERS FL 33908	59-2128697	501 (C)	52,368				GEN OP SUPPORT

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

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

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(1)	IRON GAIT PERCHERONS IN 114 HANCOCK MOUNTAIN TRAIL WALESKA GA 30183	45-1733782	501 (C)	45,000				GEN OP SUPPORT
(2)	JUDICAL WATCH INC 425 THIRD STREET SW, SUITE 800 WASHINGTON DC 20024	52-1885088	501 (C)	25,000				GEN OP SUPPORT
(3)	JUNIOR ACHIEVEMENT OF SWFL INC 13241 UNIVERSITY DRIVE, SUITE 102 FORT MYERS FL 33907	65-0503084	501 (C)	5,800				GEN OP SUPPORT
(4)	LABELLE DOWNTOWN REVITALIZATION COR PO BOX 1844 LABELLE FL 33975	46-5655554	GOV	20,000				GEN OP SUPPORT
(5)	LABELLE FAMILY LIVESTOCK CLUB INC 750 EVANS ROAD LABELLE FL 33935	65-0370510	501 (C)	10,000				GEN OP SUPPORT
(6)	LARC INC 2570 HANSON STREET FORT MYERS FL 33901	59-0968911	501 (C)	20,500				GEN OP/SPEC PRGM
(7)	LEADERSHIP INSTITUTE 1101 N HIGHLAND STREET ARLINGTON VA 22201	51-0235174	501 (C)	25,000				GEN OP SUPPORT
(8)	LEE BLDG IND ASSOC BUILDER CARE 10501 SIX MILE CYPRESS PKWY FORT MYERS FL 33916	20-2640022	501 (C)	12,600				GEN OP SUPPORT
(9)	LEE COUNTY ALLIANCE FOR THE ARTS 10091 MCGREGOR BLVD FORT MYERS FL 33919	51-0182649	501 (C)	55,075				GEN OP / SPEC PRGM

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

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

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990.**

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

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

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	LEE COUNTY DOMESTIC ANIMAL SVCS 5600 BANNER DRIVE FORT MYERS FL 33912		GOV	18,841				GEN OP SUPPORT
(2)	LEE COUNTY JEWISH FEDERATION INC 9701 COMMERCE CENTER COURT FORT MYERS FL 33908	59-2668992	501 (C)	7,833				GEN OP / SPEC PRGM
(3)	LEE MEMORIAL HEALTH SYSTEM FD PO BOX 2218 FORT MYERS FL 33902	65-0645343	501 (C)	54,455				GEN OP / SPEC PRGM
(4)	LEGACY FOUNDATION AT SHELL POINT 15010 SHELL POINT BOULEVARD FORT MYERS FL 33908	80-0002415	501 (C)	20,771				GEN OP SUPPORT
(5)	LEGAL AID SERVICE OF COLLIER COUNTY 4436 TAMIAMI TRAIL E NAPLES FL 34112	59-1547191	501 (C)	200,000				SPECIFIC PROGRAM
(6)	LEHIGH COMMUNITY SERVICES INC 201 PLAZA DR, SUITE 103 LEHIGH ACRES FL 33936	59-1773738	501 (C)	59,210				GEN OP SUPPORT
(7)	LIBERTY YOUTH RANCH INC PO BOX 366206 BONITA SPRINGS FL 34136	38-3674666	501 (C)	18,000				GEN OP SUPPORT
(8)	MAKE-A-WISH FOUND OF SOUTHERN FL 3655 BONITA BEACH ROAD, SUITE 3 BONITA SPRINGS FL 34134	59-2620322	501 (C)	12,600				GEN OP SUPPORT
(9)	MARANTHA BIBLE AND MISSIONARY CONF 4759 LAKE HARBOR ROAD NORTON SHORES MI 49441	38-1558540	501 (C)	20,000				GEN OP SUPPORT

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

**SCHEDULE I
(Form 990)**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.

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OMB No. 1545-0047

2020**Open to Public
Inspection**

Name of the organization

**SOUTHWEST FLORIDA COMMUNITY
FOUNDATION INC**

Employer identification number

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

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	MASSACHUSETTS GENERAL HOSPITAL 125 NASHUA STREET SUITE 540 BOSTON MA 02114	04-1564655	501 (C)	13,938				GEN OP SUPPORT
(2)	MISC GRANTS \$5,000 AND UNDER 2031 JACKSON STREET, SUITE 100 FORT MYERS FL 33901		501 (C)	337,627				GEN OP / SPEC PRGM
(3)	MISION PENIEL PO BOX 1204 IMMOKALEE FL 34143	47-3118063	501 (C)	34,149				GEN OP/SPEC PRGM
(4)	MR LUCKY DOG'S SANCTUARY INC 21591 CLAYTOR ROAD ALVA FL 33920	83-2120940	501 (C)	15,000				GEN OP SUPPORT
(5)	MUSEUM OF NJ MARITIME HISTORY INC 528 DOCK ROAD BEACH HAVEN NJ 08008	76-0730192	501 (C)	11,000				GEN OP SUPPORT
(6)	NAPLES SENIOR CENTER AT JFCS 5025 CASTELLO DRIVE NAPLES FL 34103	45-3980909	501 (C)	41,848				GEN OP SUPPORT
(7)	NYKOL'S RESCUES INC 5780 SABAL PALM LANE PUNTA GORDA FL 33982	81-1240249	501 (C)	10,000				GEN OP SUPPORT
(8)	OCTAGON WILDLIFE SANCTUARY 41660 HORSESHOE ROAD PUNTA GORDA FL 33982	59-2298305	501 (C)	19,747				GEN OP SUPPORT
(9)	PACHAMAMA ALLIANCE THE PRESIDIO BUILDING 1009 SAN FRANCISCO CA 94129	94-3249793	501 (C)	100,000				SPECIFIC PROGRAM

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

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

Schedule I (Form 990) (2020)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
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OMB No. 1545-0047
2020
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	PARKINSON'S FOUNDATION INC 200 SE 1ST STREET, SUITE 800 MIAMI FL 33131	13-1866796	501 (C)	32,242				GEN OP SUPPORT
(2)	PAWS LEE COUNTY INC 965 PONDELLA ROAD NORTH FORT MYERS FL 33903	94-3467822	501 (C)	30,059				GEN OP SUPPORT
(3)	PERFORMING ARTS CENTER PO BOX 296 HIGHLANDS NC 28741	56-2155282	501 (C)	10,000				GEN OP SUPPORT
(4)	PROJECT DENTIST CARE INC PO BOX 60424 FORT MYERS FL 33906	65-0822909	501 (C)	10,000				GEN OP SUPPORT
(5)	QUALITY LIFE CENTER OF SW FL INC PO BOX 1290 FORT MYERS FL 33901	65-0321309	501 (C)	16,193				GEN OP SUPPORT
(6)	RESIDENTIAL OPTIONS OF FLORIDA INC 3050 HORSESHOE DR N STE 285 NAPLES FL 34104	47-1232139	501 (C)	47,683				GEN OP SUPPORT
(7)	RONALD MCDONALD HOUSE CHAR OF SW FL 16100 ROSERUSH COURT FORT MYERS FL 33908	11-3704163	501 (C)	12,600				GEN OP SUPPORT
(8)	RVR HOUSE RESCUE INC 1710 W STATE ROAD 60 PLANT CITY FL 33567	45-1536701	501 (C)	20,000				GEN OP SUPPORT
(9)	SALUSCARE INC 3763 EVANS AVENUE FORT MYERS FL 33901	59-1287693	501 (C)	8,394				GEN OP SUPPORT

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

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

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2020

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Department of the Treasury
Internal Revenue Service

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

Employer identification number
59-6580974

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	SALVATION ARMY OF LEE, HENDRY & GLA 10291 MCGREGOR BLVD FORT MYERS FL 33919	58-0660607	501 (C)	77,620				GEN OP SUPPORT
(2)	SALVATION ARMY OF PORT CHARLOTTE 2120 LOVELAND BOULEVARD PORT CHARLOTTE FL 33980	58-0660607	501 (C)	7,280				GEN OP SUPPORT
(3)	SIOUX FALLS AREA COMMUNITY FOUND 200 N. CHERAPA PLACE SIOUX FALLS SD 57103	31-1748533	501 (C)	13,333				SPECIFIC PROGRAM
(4)	SANIBEL-CAPTIVA CONSERVATION FOUND PO BOX 839 SANIBEL FL 33957	59-1205087	501 (C)	18,399				GEN OP SUPPORT
(5)	SEMINOLE BOOSTERS INC PO BOX 1353 TALLAHASSEE FL 32302	59-1561180	501 (C)	20,000				GEN OP SUPPORT
(6)	SHRINERS HOSPITAL FOR CHILDREN 12502 PINE DRIVE TAMPA FL 33612	36-2193608	501 (C)	5,958				GEN OP SUPPORT
(7)	SJC BOXING CLUB INC 3833 MAXINE STREET FORT MYERS FL 33901	65-0373379	501 (C)	51,250				GEN OP SUPPORT
(8)	SOUTH WEST FLORIDA HORSE RESCUE INC 14811 STATE ROAD 31 PUNTA GORDA FL 33982	46-2031584	501 (C)	25,000				GEN OP SUPPORT
(9)	SOUTHWEST FLORIDA SYMPHONY 7500 COLLEGE PARKWAY, SUITE 200 FORT MYERS FL 33919	59-1350404	501 (C)	12,012				GEN OP/ SPEC PRGM

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

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
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OMB No. 1545-0047
2020
**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	ST HILARY'S EPISCOPAL CHURCH 5011 MCGREGOR BLVD FORT MYERS FL 33901	59-0973728	501 (C)	22,000				GEN OP / SPEC PRGM
(2)	ST LUKE'S EPISCOPAL CHURCH 2635 CLEVELAND AVENUE FORT MYERS FL 33901	59-0774200	501 (C)	9,755				GEN OP SUPPORT
(3)	ST VINCENT DE PAUL CATHOLIC CHURCH 13031 PALM BEACH BOULEVARD FORT MYERS FL 33905	59-2824352	501 (C)	10,000				SPECIFIC PROGRAM
(4)	STEVE RUMMLER HOPE NETWORK 2233 UNIVERSITY AVE W STE 325 ST. PAUL MN 55114	45-2903444	501 (C)	26,000				GEN OP SUPPORT
(5)	SUNCOAST BASSET RESCUE INC 4142 MARINER BOULEVARD SPRING HILL FL 34609	59-3622646	501 (C)	15,000				GEN OP SUPPORT
(6)	SWFL CHILDREN'S CHARITIES INC 2031 JACKSON STREET, SUITE 110 FORT MYERS FL 33901	26-2302491	501 (C)	30,000				SPECIFIC PROGRAM
(7)	SWFL COUNCIL, INC., BOY SCOUTS OF A 1801 BOY SCOUT DR. FORT MYERS FL 33907	59-1150488	501 (C)	34,664				GEN OP SUPPORT
(8)	TIDEWELL HOSPICE INC 5955 RAND BOULEVARD SARASOTA FL 34238	59-1911861	501 (C)	7,280				GEN OP SUPPORT
(9)	THE UNCOMMON FRIENDS FOUNDATION P.O. BOX 811 FORT MYERS FL 33902	65-0490124	501 (C)	9,737				GEN OP / SPEC PRGM

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

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

**SCHEDULE I
(Form 990)**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.

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OMB No. 1545-0047

2020**Open to Public
Inspection**

Name of the organization

**SOUTHWEST FLORIDA COMMUNITY
FOUNDATION INC**

Employer identification number

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

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	UNITED WAY OF LEE, HENDRY & GLA 7273 CONCOURSE DR FORT MYERS FL 33908	59-1005169	501 (C)	555,777				GEN OP / SPEC PRGM
(2)	UNIVERSITY OF NOTRE DAME 115 MAIN BUILDING NOTRE DAME IN 46556	35-0868188	501 (C)	25,000				SPECIFIC PROGRAM
(3)	UNIVERSITY OF PROVIDENCE 1301 20TH STREET SOUTH GREAT FALLS MT 59405	81-0231777	501 (C)	25,000				SPECIFIC PROGRAM
(4)	UNIVERSITY OF WYOMING FOUNDATION 222 S 22ND STREET SOUTH LARAMIE WY 82070	83-0201971	501 (C)	30,000				SPECIFIC PROGRAM
(5)	UPAYA ZEN CENTER 1404 CERRO GORDO RD SANTA FE NM 87501	85-0402649	501 (C)	75,000				GEN OP SUPPORT
(6)	VALERIES HOUSE INC PO BOX 1955 FORT MYERS FL 33902	47-3701240	501 (C)	82,000				GEN OP / SPEC PRGM
(7)	VANGUARD CHARITABLE ENDOWMENT PROG PO BOX 9509 WARMICK RI 02889	23-2888152	501 (C)	15,000				SPECIFIC PROGRAM
(8)	ZION LUTHERAN CHURCH 7401 WINKLER RD FORT MYERS FL 33919	59-6473920	501 (C)	15,000				GEN OP SUPPORT
(9)								

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

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

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

Schedule I (Form 990) (2020)

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 ACADEMIC SCHOLARSHIPS	146	866,387			
2					
3					
4					
5					
6					
7					

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

SEE SCHEDULE I SUPPLEMENTAL INFORMATION WORKSHEET

**SCHEDULE I
(Form 990)**

Supplemental Information

2020

For calendar year 2020, or tax year beginning **07/01/20**, and ending **06/30/21**

Name of the organization

**SOUTHWEST FLORIDA COMMUNITY
FOUNDATION INC**

Employer identification number

59-6580974

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

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

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

**SOUTHWEST FLORIDA COMMUNITY
FOUNDATION INC**

Compensation Information

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

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

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Employer identification number
59-6580974

Part I Questions Regarding Compensation

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

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

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.

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

- a** The organization? **5a**
- b** Any related organization? **5b**
- If "Yes" on line 5a or 5b, describe in Part III.

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

- a** The organization? **6a**
- b** Any related organization? **6b**
- 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
1a		
1b		
2		
3		
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 SARAH OWEN PRESIDENT / CEO	(i)	300,480	51,516	28,404	37,845	7,837	426,082	28,404
	(ii)	0	0	0	0	0	0	0
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 4 - SEVERANCE, NONQUALIFIED, AND EQUITY-BASED PAYMENTS

	SEVERANCE	NONQUALIFIED	EQUITY-BASED
SARAH OWEN	0	10,871	0

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

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Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

**SOUTHWEST FLORIDA COMMUNITY
FOUNDATION INC**

Employer identification number

59-6580974

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded	X	33	2,055,003	FMV ON DATE OF TRANSFER
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ()				
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

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

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

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

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

DONATED SECURITIES ARE FORWARDED TO THE FOUNDATION'S PROFESSIONAL

INVESTMENT ADVISORS, WHO SELL THE SECURITIES AND PLACE THE

PROCEEDS IN THE FOUNDATION'S INVESTMENT PORTFOLIO.

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020**Open to Public
Inspection**

Name of the organization

**SOUTHWEST FLORIDA COMMUNITY
FOUNDATION INC**

Employer identification number

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

THE SOUTHWEST FLORIDA COMMUNITY FOUNDATION'S MISSION IS TO CULTIVATE 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 III, LINE 4D - ALL OTHER ACCOMPLISHMENTS

OVER THE PAST SEVERAL YEARS THE FOUNDATION HAS EMBARKED ON NEW, INNOVATIVE

Name of the organization

Employer identification number

SOUTHWEST FLORIDA COMMUNITY

59-6580974

APPROACHES TO ACHIEVE ITS MISSION, SUCH AS:

CREATING COLLABORATORY - THE FOUNDATION CHANGED ITS NAME AND IDENTITY TO COLLABORATORY, BUILDING ON A DECADE LONG PURSUIT OF CREATING MEANINGFUL CHANGE IN SOUTHWEST FLORIDA. DEFINED REGIONALLY AS 5 DIVERSE COUNTIES FROM RURAL TO URBAN, FARM TO COAST, THE FOUNDATION SPENT THE LAST 10 YEARS BUILDING TRUSTED RELATIONSHIPS WITH COMMUNITY PARTNERS ACROSS ISSUES AND SILOS. NOW UNDER THE BANNER OF COLLABORATORY THE FOUNDATION WILL EXPAND TO DRIVE COORDINATION AND INNOVATION CREATING A NEW MORE RESILIENT CIVIL SOCIETY AND COMMUNITY DEVELOPMENT MODEL. THIS WORK IS HEADQUARTERED IN THE ICONIC SETTING OF THE LEED RATED RENOVATION OF THE HISTORIC TRAIN DEPOT CREATED THROUGH A PUBLIC PRIVATE PARTNERSHIP.

SUPPORTING THE REGION'S NON-PROFITS THROUGH COVID - AT THE ONSET OF THE PANDEMIC COLLABORATORY DEDICATED TIME AND RESOURCES TO SUPPORTING THE NONPROFIT COMMUNITY AS IT RESPONDED TO THE IMPACT OF COVID ON THEIR ORGANIZATIONS AND THOSE THEY SERVE. COLLABORATORY FOLLOWED THE COUNCIL ON FOUNDATIONS PLEDGE TO LIFT GRANT RESTRICTIONS ON GRANT RECIPIENTS TO ALLOW ORGANIZATIONS TO DIRECT FUNDING TO THE GREATEST NEED, LED FUNDRAISING EFFORTS TO GENERATE ADDITIONAL FUNDING, CREATED SURVEYS TO IDENTIFY NONPROFITS GREATEST ORGANIZATIONAL NEEDS DURING THE PANDEMIC AND CREATED PROGRAMS AND SUPPORT SYSTEMS TO ASSIST IN BUILDING RESILIENCE.

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

PAGE 1 OF 5

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization

Employer identification number

SOUTHWEST FLORIDA COMMUNITY

59-6580974

PROVIDING BACKBONE SUPPORT TO THE FUTUREMAKERS COALITION - COLLABORATORY HAS SUPPORTED THIS COLLECTIVE IMPACT INITIATIVE TO DEVELOP AND MEASURE THE WORK OF REGIONAL ACTION TEAMS. THE GOAL OF THE COALITION IS TO TRANSFORM THE WORKFORCE BY INCREASING THE NUMBER OF DEGREES, CERTIFICATIONS, AND OTHER HIGH-QUALITY CREDENTIALS TO 55% OF WORKING AGE ADULTS. DURING ITS NOW 6-YEAR EVOLUTION, SEVERAL NEW PROJECTS HAVE BEEN BORN FROM FUTUREMAKERS PARTNERS WORKING ACROSS COUNTIES AND SECTORS TO REMOVE BARRIERS FOR RESIDENTS SEEKING EMPLOYMENT, AND A BETTER LIFE. WITH AN EQUITABLE FOCUS ON RETURNING ADULTS AND THOSE WITHOUT ANY CREDITS TOWARD A POST-SECONDARY CREDENTIAL, WHAT BEGAN AS AN EDUCATION FOCUS HAS EXPANDED TO INCLUDE ELEMENTS OF ECONOMIC DEVELOPMENT. THE COALITION WORKS TO TRAIN FUTURE WORKFORCE TO FILL EMPLOYMENT GAPS AS WELL AS CREATING SOCIAL MOBILITY AND HELPING RESIDENTS FIND SATISFYING CAREERS.

INCREASING SERVICES FOR DONORS - WITH A SHIFT IN PHILANTHROPY FROM LEGACY GIVING TO "RIGHT NOW" GIVING INSPIRED BY PHILANTHROPIC LEADERS SUCH AS THE GATES FOUNDATION AND THE HUNDREDS WHO SIGNED THE GIVING PLEDGE OVER THE PAST 10 YEARS, COLLABORATORY HAS ADAPTED BY WORKING WITH DONORS ON STRATEGIC PHILANTHROPIC PLANNING SO THAT DONORS CAN SEE THE EFFECTS OF THEIR PHILANTHROPY DURING THEIR AND THEIR FAMILY'S LIFETIMES, AS WELL AS THE IMPORTANT PLANNING FOR ENDOWED LEGACY GIFTS. BY HELPING DONORS EXPLORE PHILANTHROPIC DESIRES AND GREATEST COMMUNITY NEEDS ALONG WITH TAX-WISE GIVING, THE COLLABORATORY OFFERS CONCIERGE SERVICES TO DONORS GUIDING HOW TO INVEST IN NONPROFIT WORK IN THE REGION AND BEYOND TO REACH THE DONORS' DESIRED OUTCOMES. WHILE OFFERING FAMILY SERVICES AND A VARIETY OF CHARITABLE FUND TYPES, THE COLLABORATORY HAS EXPANDED ITS PHILANTHROPIC OPTIONS BASED ON DONOR WISHES.

BUILDING A STRONGER NETWORK OF NONPROFITS AND NONPROFIT LEADERS -

PAGE 2 OF 5

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization

SOUTHWEST FLORIDA COMMUNITY

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59-6580974

COLLABORATORY HAS BEEN WORKING WITH ITS NONPROFIT GRANT RECIPIENTS IN A UNIQUE LEARNING NETWORK THAT SUPPORTS NONPROFIT GRANT RECIPIENTS WITH MORE THAN FUNDING FOR THEIR PROGRAMS, BUT ALSO WITH CAPACITY-BUILDING AND ACCESS TO GROUP SESSIONS LED BY EXPERTS IN A VARIETY OF FIELDS. COLLABORATORY HAS FOUND THAT THESE NONPROFIT NETWORKS LEARN TOGETHER TO ACHIEVE TOGETHER. COLLABORATORY FORTIFIES THESE ORGANIZATIONS WITH SKILLS AND TRAINING TO CREATE HEALTHIER ORGANIZATIONS AND COLLABORATIVE OPPORTUNITIES TO BENEFIT THEIR MISSIONS AND THE COMMUNITY AS A WHOLE. NUMEROUS COLLABORATIVE PROJECTS HAVE RESULTED FROM NONPROFIT MEMBERS WORKING TOGETHER COMBINING NEEDS AND ASSETS TO DEVELOP PROGRAMS TO BENEFIT THOSE WHO RELY ON THE NONPROFITS FOR SERVICES.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
AN INDEPENDENT CERTIFIED PUBLIC ACCOUNTANT REVIEWS THE FORM WITH THE BOARD OF TRUSTEES' AUDIT COMMITTEE PRIOR TO FILING.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
ALL TRUSTEES, OFFICERS, AND EMPLOYEES ARE REQUIRED TO REVIEW AND EXECUTE A NEW CONFLICT OF INTEREST POLICY ON AN ANNUAL BASIS. CERTAIN VOLUNTEERS AND CONSULTANTS ARE ALSO REQUIRED TO REVIEW AND EXECUTE A CONFLICT OF INTEREST POLICY STATEMENT DEPENDING ON THE SERVICES RECEIVED.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL
THE EXECUTIVE COMPENSATION COMMITTEE, COMPRISED OF THE OFFICERS OF THE BOARD OF TRUSTEES, MEETS ANNUALLY TO REVIEW COMPENSATION FOR REASONABLENESS AND DETERMINE THE COMPENSATION FOR THE PRESIDENT AND CHIEF EXECUTIVE OFFICER. COMPARABLE DATA IS GATHERED USING THE COUNCIL ON FOUNDATIONS

Name of the organization

Employer identification number

SOUTHWEST FLORIDA COMMUNITY

59-6580974

SALARY SURVEY AND SALARY INFORMATION FROM SIMILAR ORGANIZATIONS IN FLORIDA.

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

THE COMPENSATION PROCESS FOR OTHER OFFICERS AND KEY EMPLOYEES IS DETERMINED AS FOLLOWS. COMPARABLE DATA IS GATHERED USING THE COUNCIL ON FOUNDATIONS SALARY SURVEY AND SALARY INFORMATION FROM LOCAL SALARY SURVEYS. ALL STAFF RELATED SALARY DETERMINATIONS ARE MADE BY THE PRESIDENT AND CHIEF EXECUTIVE OFFICER BASED ON LOCAL DEMOGRAPHICS IN ACCORDANCE WITH THE EMPLOYMENT POSITION.

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

THE FOUNDATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST. IN ADDITION, THE FOUNDATION'S FINANCIAL STATEMENTS ARE MADE AVAILABLE THROUGH THE FOUNDATION'S WEBSITE AT WWW.COLLABORATORY.ORG AND THROUGH AN ELECTRONIC DATABASE KNOWN AS GUIDESTAR/CANDID.

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

EXPENSES ALLOCATED TO RENTAL REVENUE	\$	130,960
INVESTMENT INCOME TO CUBAN PETE	\$	87,971
AGENCY ADMIN FEES	\$	58,310
AGENCY CONTRIBUTIONS, NET	\$	8,114
PYMT/CHG SPLIT INT AGMT & REMAIN/LEAD TRUSTS	\$	7,282,469
FEES FOR SERVICES FROM CUBAN PETE	\$	-30,000
FEES FOR SERVICES FROM SUPPORT ORG	\$	-7,534
AGENCY FUND INVESTMENT INCOME	\$	-276,651
EXPENSES ALLOCATED TO RENTAL REVENUE	\$	-130,960

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Schedule O (Form 990 or 990-EZ) 2020

Name of the organization

Employer identification number

SOUTHWEST FLORIDA COMMUNITY

59-6580974

EXPENSES ALLOCATED TO CUBAN PETE \$ -40,000

EXPENSES ALLOCATED TO SUPPORT ORG \$ -527,401

INVESTMENT FEES ALLOCATED TO AGENCY FD \$ 7,973

AGENCY FUND GRANTS \$ 102,131

RENT EXPENSE TO SUPPORT ORG \$ 164,000

TOTAL \$ 6,829,382

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

2020

**Open to Public
Inspection**

**SOUTHWEST FLORIDA COMMUNITY
FOUNDATION INC**

Employer identification number

59-6580974

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) SWFLCF SUPPORT ORGANIZATION INC 2031 JACKSON STREET, SUITE 100 30-0958830 FORT MYERS FL 33901	SUP ORG	FL	501C3	12A	N/A		X
(2) PEDRO "CUBAN PETE" ENDOWMENT INC 2031 JACKSON STREET, SUITE 100 84-3583084 FORT MYERS FL 33901	SUP ORG	FL	501C3	12A	N/A		X
(3)							
(4)							
(5)							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate alloc.?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												

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

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

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		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) SWFLCF SUPPORT ORGANIZATION INC	L	7,534	ACTUAL COST
(2) SWFLCF SUPPORT ORGANIZATION INC	K	164,000	RENT - COMPARABLE VALUE
(3) PEDRO ("CUBAN PETE") ENDOWMENT INC	L	30,000	ACTUAL COST
(4)			
(5)			
(6)			

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

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

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

Federal Statements

Form 990 - Federal General Footnote

Description

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

Depreciation and Amortization
(Including Information on Listed Property)
▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

Name(s) shown on return **SOUTHWEST FLORIDA COMMUNITY FOUNDATION INC** Identifying number **59-6580974**

Business or activity to which this form relates
RENTAL - FOR PROFIT ORG

Part I Election To Expense Certain Property Under Section 179
Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	2,590,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	1,040,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2019 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12	▶ 13	

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

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

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	3,704

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

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2020	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	▶ <input type="checkbox"/>	

Section B—Assets Placed in Service During 2020 Tax Year Using the General Depreciation System

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

Section C—Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	30-year		30 yrs.	MM	S/L	
d	40-year		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	3,704
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.
DAA

Year Ending: June 30, 2021

Southwest Florida Community
2031 Jackson Street, Suite 100
Fort Myers, FL 33901

NOL Carryback Election

Under IRC Section 172(b)(3), the taxpayer elects to relinquish the entire five year carryback period with respect to any net operating loss incurred during the current tax year.

Form **SchM****Two Year Comparison for Unrelated Business Activity****2019 & 2020**For calendar year 2020, or tax year beginning **07/01/20**, ending **06/30/21**

Organization Name

SOUTHWEST FLORIDA COMMUNITY

Taxpayer Identification Number

59-6580974Unincorporated Business Income Tax Code: **531120**Activity: **UNRELATED BUSINESS ACTIVITY**

		2019	2020	Differences	
Revenue	1. Gross profit/loss on business activities	1.			
	2. Capital gains/losses	2.			
	3. Income/loss from partnerships and S corporations	3.			
	4. Rental income (net of expense)	4.			
	5. Unrelated debt-financed income (net of expense)	5.	-54,773	-64,871	-10,098
	6. Interest, and other income from controlled organizations (net of expense)	6.			
	7. Investment income of specific organizations (net of expense)	7.			
	8. Exploited exempt activity income (net of expense)	8.			
	9. Advertising income (net of expense)	9.			
	10. Other income	10.			
	11. Total trade or business income. Combine lines 1 through 10	11.	-54,773	-64,871	-10,098
Expenses	12. Compensation of officers, directors, and trustees	12.			
	13. Other salaries and wages	13.			
	14. Repairs and maintenance	14.			
	15. Bad debts	15.			
	16. Interest	16.			
	17. Taxes and licenses	17.			
	18. Depreciation and Depletion	18.			
	19. Contributions to deferred compensation plans	19.			
	20. Employee benefit programs	20.			
	21. Other deductions	21.			
	22. Total deductions. Add lines 12 through 22	22.			
	23. Taxable income before deductions. Subtract line 23 from 11	23.	-54,773	-64,871	-10,098
	24. Deductible losses	24.		141,620	141,620
	25. Unrelated business taxable income (loss)	25.	-54,773	-206,491	-151,718

Form **990/990PF****Rent Income and Deduction Worksheet****2020**Description **RENTAL - NONPROFIT ORG**

Name

SOUTHWEST FLORIDA COMMUNITY

Taxpayer Identification Number

59-6580974

Use this summary worksheet to verify data entered for a specific activity for your rental information

1. Gross rents	1. <u>29,338</u>
Expenses (see details on worksheets below):	
2. Fees for services	2. _____
3. Depreciation Expense	3. <u>3,208</u>
4. Direct Expense	4. <u>57,569</u>
5. Total expenses. Add lines 8 through 12	5. <u>60,777</u>
6. Net Income/Loss. Line 7 minus Line 13	6. <u>-31,439</u>

Expense Details - Fees for Services:

Accounting	_____
Legal	_____
Commissions	_____
Management	_____
Other Professional Fees	_____
Total Fees for Services	_____

Expense Details - Depreciation Expense:

On non-investment property	_____
On investment property	<u>3,208</u>
Amortization	_____
Depletion	_____
Total Depreciation Expense	<u>3,208</u>

Expense Details - Direct Expense:

Interest	<u>23,057</u>
Taxes/licenses	_____
Occupancy Expenses	_____
Repairs & Maintenance	_____
Travel/conferences/meetings	_____
Printing & Publication	_____
Advertising	_____
Insurance	<u>5,545</u>
Utilities	_____
Supplies	_____
Other expenses	<u>28,967</u>
Total Direct Expense	<u>57,569</u>

Information is indicated for use on Form 990-T, Schedule A:

- Part IV, Rent Income
 Part V, Debt Financing
 Part VI, Controlled Org Income
 Part VII, Investments for C(7)(9)(17)

Expense Allocation to Program Service Accomplishments for 990/990EZ:

First

Second

Third

All other

Form **990/990PF****Rent Income and Deduction Worksheet****2020**Description **RENTAL - FOR PROFIT ORG**

Name

SOUTHWEST FLORIDA COMMUNITY

Taxpayer Identification Number

59-6580974

Use this summary worksheet to verify data entered for a specific activity for your rental information

1. Gross rents	1. <u>5,312</u>
Expenses (see details on worksheets below):	
2. Fees for services	2. _____
3. Depreciation Expense	3. <u>3,704</u>
4. Direct Expense	4. <u>66,479</u>
5. Total expenses. Add lines 8 through 12	5. <u>70,183</u>
6. Net Income/Loss. Line 7 minus Line 13	6. <u>-64,871</u>

Expense Details - Fees for Services:

Accounting	_____
Legal	_____
Commissions	_____
Management	_____
Other Professional Fees	_____
Total Fees for Services	_____

Expense Details - Depreciation Expense:

On non-investment property	_____
On investment property	<u>3,704</u>
Amortization	_____
Depletion	_____
Total Depreciation Expense	<u>3,704</u>

Expense Details - Direct Expense:

Interest	<u>26,626</u>
Taxes/licenses	_____
Occupancy Expenses	_____
Repairs & Maintenance	_____
Travel/conferences/meetings	_____
Printing & Publication	_____
Advertising	_____
Insurance	_____
Utilities	_____
Supplies	_____
Other expenses	<u>39,853</u>
Total Direct Expense	<u>66,479</u>

Information is indicated for use on Form 990-T, Schedule A:

- Part IV, Rent Income
 Part V, Debt Financing
 Part VI, Controlled Org Income
 Part VII, Investments for C(7)(9)(17)

Expense Allocation to Program Service Accomplishments for 990/990EZ:

First

Second

Third

All other

Form **8453-EO**

Exempt Organization Declaration and Signature for Electronic Filing

OMB No. 1545-0047

For calendar year 2020, or tax year beginning 07/01/20, and ending 06/30/21

2020

For use with Forms 990, 990-EZ, 990-PF, 990-T, 1120-POL, 4720, and 8868

▶ Go to www.irs.gov/Form8453EO for the latest information.

Department of the Treasury
Internal Revenue Service

Name of exempt organization or person subject to tax SOUTHWEST FLORIDA COMMUNITY FOUNDATION INC	Taxpayer identification number 59-6580974
---	---

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the type of return being filed with Form 8453-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b _____
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here ▶ <input checked="" type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here ▶ <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____

Part II Declaration of Officer or Person Subject to Tax

I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization or I am the person subject to tax with respect to _____, (EIN) _____,

and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

Sign Here ▶	Hughes, Snell & Co., P.A.	11/19/21	CFO
	Signature of officer or person subject to tax	Date	Title, if applicable

TAXPAYERS COPY
Hughes, Snell & Co., P.A.
Fort Myers, FL

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer or person subject to tax will have signed this form before I submit the return. I will give a copy of all forms and information to be filed with the IRS to the officer or person subject to tax, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only	ERO's signature PATTI R HARDIN	Date 11/15/21	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN P00371840
	Firm's name (or yours if self-employed), address, and ZIP code HUGHES, SNELL & CO., P.A. 1470 ROYAL PALM SQ FORT MY FL 33919				EIN 59-2309183 Phone no. 239-939-2233

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name ▶				Firm's EIN ▶
	Firm's address ▶				Phone no.

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Form **990-T**

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

OMB No. 1545-0047

2020

Department of the Treasury
Internal Revenue Service

For calendar year 2020 or other tax year beginning **07/01/20**, and ending **06/30/21**

▶ 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 <input type="checkbox"/> Check box if address changed. 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	Print or Type	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) SOUTHWEST FLORIDA COMMUNITY FOUNDATION INC Number, street, and room or suite no. If a P.O. box, see instructions. 2031 JACKSON STREET, SUITE 100 City or town, state or province, country, and ZIP or foreign postal code FORT MYERS FL 33901	D Employer identification number 59-6580974 E Group exemption number (see instructions) F <input type="checkbox"/> Check box if an amended return.
C Book value of all assets at end of year ▶ 181,291,713		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"/> Applicable reinsurance entity	
H Check if filing only to ▶ <input type="checkbox"/> Claim credit from Form 8941 <input type="checkbox"/> Claim a refund shown on Form 2439		I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ▶ <input type="checkbox"/>	
J Enter the number of attached Schedules A (Form 990-T) ▶ 1		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 ▶	
L The books are in care of ▶ RONALD E PENN		Telephone number ▶ 239-274-5900	

Part I Total Unrelated Business Taxable income

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	- 64,871
2 Reserved	2	
3 Add lines 1 and 2	3	- 64,871
4 Charitable contributions (see instructions for limitation rules)	4	
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	- 64,871
6 Deduction for net operating loss. See instructions	6	0
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	- 64,871
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	0
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

For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2020)

TAXPAYERS COPY

Hughes, Snell & Co., P.A.

Fort Myers, FL

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	
3 Other taxes. 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 2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4	5	
6a Payments: A 2019 overpayment credited to 2020	6a	
b 2020 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	0
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 2021 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	11	

Part IV Statements Regarding Certain Activities and Other Information (see instructions)

	Yes	No
1 At any time during the 2020 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		X
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
3 Enter the amount of tax-exempt interest received or accrued during the tax year		
4a Did the organization change its method of accounting? (see instructions)		X
b If 4a 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 4b. 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.

Hughes, Snell & Co., P.A.
Signature of officer **PATTI R HARDIN** Date **11/12/21** Title **CFO**

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

Paid Print/Type preparer's name **PATTI R HARDIN** Preparer's signature **PATTI R HARDIN** Date **11/12/21** Check if self-employed if PTIN **P00371840**

Preparer Use Only Firm's name **HUGHES, SNELL & CO., P.A.** Firm's EIN **59-2309183**
Firm's address **1470 ROYAL PALM SQUARE BLVD FORT MYERS, FL 33919-1082** Phone no. **239-939-2233**

**SCHEDULE A
(Form 990-T)****Unrelated Business Taxable Income
From an Unrelated Trade or Business**

OMB No. 1545-0047

2020Department 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	B Employer identification number 59-6580974
C Unrelated Business Activity Code (see instructions) ▶ 531120	D Sequence: 1 of 1

E Describe the unrelated trade or business ▶ UNRELATED BUSINESS ACTIVITY

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales			
b Less returns and allowances c Balance ▶	1c		
2 Cost of goods sold (Part III, line 8)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4a Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions)	4a		
b Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from partnership and S corporation (attach statement)	5		
6 Rent income (Part IV)	6		
7 Unrelated debt-financed income (Part V)	7 5,312	70,183	-64,871
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8		
9 Investment income of section 501(c)(7), (9), or (17) organization (Part VII)	9		
10 Exploited exempt activity income (Part VIII)	10		
11 Advertising income (Part IX)	11		
12 Other income (see instructions; attach statement)	12		
13 Total. Combine lines 3 through 12	13 5,312	70,183	-64,871

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income				
1 Compensation of officers, directors, and trustees (Part X)	1			
2 Salaries and wages	2			
3 Repairs and maintenance	3			
4 Bad debts	4			
5 Interest (attach statement) (see instructions)	5			
6 Taxes and licenses	6			
7 Depreciation (attach Form 4562) (see instructions)	7 3,704			
8 Less depreciation claimed in Part III and elsewhere on return	8a 3,704	8b		0
9 Depletion	9			
10 Contributions to deferred compensation plans	10			
11 Employee benefit programs	11			
12 Excess exempt expenses (Part VIII)	12			
13 Excess readership costs (Part IX)	13			
14 Other deductions (attach statement)	14			
15 Total deductions. Add lines 1 through 14	15			
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16			-64,871
17 Deduction for net operating loss (see instructions)	17			
18 Unrelated business taxable income. Subtract line 17 from line 16	18			-64,871

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2020

Part III Cost of Goods Sold

Enter method of inventory valuation ►

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	Total. Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1	Description of property (property street address, city, state, ZIP code). Check if a dual-use (see instructions)				
A	<input type="checkbox"/>				
B	<input type="checkbox"/>				
C	<input type="checkbox"/>				
D	<input type="checkbox"/>				
2	Rent received or accrued	A	B	C	D
a	From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b	From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)	►			
4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
5	Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)	►			

Part V Unrelated Debt-Financed Income (see instructions)

1	Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use (see instructions)				
A	<input type="checkbox"/>				
B	<input type="checkbox"/>				
C	<input type="checkbox"/>				1
D	<input type="checkbox"/>				
	STMT 1	A	B	C	D
2	Gross income from or allocable to debt-financed property	5,312			
3	Deductions directly connected with or allocable to debt-financed property				
a	Straight line depreciation (attach statement)	3,704			
b	Other deductions (attach statement)	66,479			
c	Total deductions (add lines 3a and 3b, columns A through D)	70,183			
4	Amount of average acquisition debt on or allocable to debt-financed property (attach statement)	SEE STATEMENT 2 16,800,000			
5	Average adjusted basis of or allocable to debt-financed property (attach statement)	SEE STATEMENT 3 16,616,404			
6	Divide line 4 by line 5	100.00%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6	5,312			
8	Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)	► 5,312			
9	Allocable deductions. Multiply line 3c by line 6	70,183			
10	Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)	► 70,183			
11	Total dividends-received deductions included in line 10	►			

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

1. Name of controlled organization	2. Employer identification number	Exempt/Nonexempt Controlled Organization			
		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**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 columns 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**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

Schedule A (Form 990-T) 2020

Form **990-T****Schedule A Loss Carryover Calculation****2020**Description **UNRELATED BUSINESS ACTIVITY**

Name

SOUTHWEST FLORIDA COMMUNITY

Taxpayer Identification Number

59-6580974Unincorporated Business Income Tax Code: **531120** Activity: **LESSORS OF NONRESIDENTIAL BUILDI**

Each activity may carryforward losses after 2018

1	Activity income	1	-64,871
2	Activity deductions	2	
3	Activities income or loss, after deductions	3	-64,871
4	Losses carried over to this year (do not include amounts prior to 2018)	4	141,620
5	Enter 100% of the amount on Line 3, if both lines 3 and 4 are positive.	5	
6	Take the lesser of Line 4 or Line 5. Enter here and on Line 17 of Form 990-T, Sch A, Part II	6	
7	Remaining losses to be carried forward to 2021 (Subtract Line 6 from line 4)	7	141,620
8	If line 3 is less than zero, enter that amount here as a positive number	8	64,871
9	Total loss carried forward to 2021 (Add lines 7 and 8)	9	206,491

Electronic Filing includes the report of additional amounts for this activity

E1	Activity loss amounts from 2019	E1	141,620
E2	Prior year activity losses included on Schedule A, Line 17	E2	

Federal Statements

Form 990-T - General Footnote

Description

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

Federal Statements**Unrelated Business Activity****Statement 1 - Schedule A (990T), Part V, Line 3b - Other Debt Finance Expense Information**

<u>Description</u>	<u>Deduction</u>
RENTAL - FOR PROFIT ORG	\$
INTEREST	26,626
TECHNOLOGY	10,217
INSURANCE	6,402
OCCUPANCY	23,234
TOTAL	\$ <u>66,479</u>

Unrelated Business Activity**Statement 2 - Schedule A (990T), Part V, Line 4 - Amount of Average Acquisition debt on or Allocable to Debt Financed Property**

<u>Description</u>	<u>Deduction</u>
RENTAL - FOR PROFIT ORG	
SUM OF DEBT OUTSTANDING AT FIRST OF EACH MONTH	201,600,000
DIVIDED BY TOTAL NUMBER OF MONTHS PROPERTY HELD	<u>12</u>
AVERAGE ACQUISITION DEBT	<u>16,800,000</u>
UNRELATED ACTIVITY PERCENTAGE	<u>100</u>
ALLOCATED ACQUISITION DEBT	<u>16,800,000</u>

Unrelated Business Activity**Statement 3 - Schedule A (990T), Part V, Line 5 - Average Adjusted Basis of or Allocable to Debt Financed Property**

<u>Description</u>	<u>Deduction</u>
RENTAL - FOR PROFIT ORG	
ADJUSTED BASIS ON FIRST DAY PROPERTY WAS HELD	16,616,404
ADJUSTED BASIS ON LAST DAY PROPERTY WAS HELD	<u>16,616,404</u>
TOTAL	33,232,808
DIVIDED BY 2	<u>2</u>
AVERAGE ADJUSTED BASIS	<u>16,616,404</u>
UNRELATED ACTIVITY PERCENTAGE	<u>100</u>
ALLOCATED ADJUSTED BASIS	<u>16,616,404</u>