

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

OMB No. 1545-0047  
**2021**  
Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the 2021 calendar year, or tax year beginning **07/01/21**, and ending **06/30/22**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>SOUTHWEST FLORIDA COMMUNITY FOUNDATION INC</b>		<b>D</b> Employer identification number <b>59-6580974</b>
	Doing business as <b>COLLABORATORY</b>		<b>E</b> Telephone number <b>239-274-5900</b>
	Number and street (or P.O. box if mail is not delivered to street address) <b>2031 JACKSON STREET, SUITE 100</b>		Room/suite
	City or town, state or province, country, and ZIP or foreign postal code <b>FORT MYERS FL 33901</b>		<b>G</b> Gross receipts\$ <b>35,513,940</b>
<b>F</b> Name and address of principal officer: <b>SARAH OWEN 2031 JACKSON STREET, SUITE 100 FORT MYERS FL 33901</b>			<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: <b>WWW.COLLABORATORY.ORG</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			<b>L</b> Year of formation: <b>1976</b>
			<b>M</b> State of legal domicile: <b>FL</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>SEE SCHEDULE O</b>	
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>18</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>18</b>
	<b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>29</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>273</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>-36,319</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>0</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year: <b>7,891,415</b> Current Year: <b>6,089,215</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>0</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>9,888,711</b> <b>10,108,978</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>18,939</b> <b>360,731</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>17,799,065</b> <b>16,558,924</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>6,682,943</b> <b>6,454,652</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>1,450,003</b> <b>2,181,900</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>0</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>774,568</b>	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>3,095,904</b> <b>2,773,051</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>11,228,850</b> <b>11,409,603</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>6,570,215</b> <b>5,149,321</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year: <b>181,291,713</b> End of Year: <b>150,939,743</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>23,869,254</b> <b>22,233,148</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>157,422,459</b> <b>128,706,595</b>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer		Date
	<b>SARAH OWEN</b> Type or print name and title		<b>PRESIDENT / CEO</b>

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Date	Check <input type="checkbox"/> if self-employed	PTIN
	<b>PATTI R HARDIN</b>	<b>12/21/22</b>		<b>P00371840</b>
	Firm's name <b>HUGHES, SNELL &amp; CO., P.A.</b>	Firm's EIN <b>59-2309183</b>		
Firm's address <b>1470 ROYAL PALM SQUARE BLVD FORT MYERS, FL 33919-1082</b>		Phone no. <b>239-939-2233</b>		

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 \$ **6,851,292** including grants of \$ **4,708,209** ) (Revenue \$ **2,686,329** )  
**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 \$ **1,639,706** including grants of \$ **1,129,232** ) (Revenue \$ **1,315,230** )  
**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 \$ **365,469** including grants of \$ **251,691** ) (Revenue \$ **557,413** )  
**COMPETITIVE GRANTS ARE FUNDED BY FIELD OF INTEREST AND UNRESTRICTED FUNDS. ALIGNED WITH THE GOALS OF COLLABORATORY, COMPETITIVE GRANTS ARE USED TO FUND THE BANDWIDTH REQUIRED FOR COALITIONS TO START AND SUSTAIN. PRIORITIES ARE DETERMINED BY A CALL FOR INFORMATION FROM INTERESTED ORGANIZATIONS. GRANTS ARE TO BE AWARDED TO NONPROFITS THAT SERVE AS THE BACKBONE FOR A COALITION THAT ADDRESSES THE WHOLE SYSTEM, SUCH AS HOUSING OR HEALTH AND WELLNESS. FUNDING IS FOR THREE YEARS, CONTINGENT ON SUCCESSFUL PERFORMANCE EACH YEAR**

4d Other program services (Describe on Schedule O.)  
(Expenses \$ **530,754** including grants of \$ **365,520** ) (Revenue \$ **1,525,244** )

4e Total program service expenses **9,387,221**

**Part IV Checklist of Required Schedules**

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

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

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

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

<b>Part V Statements Regarding Other IRS Filings and Tax Compliance</b> <i>(continued)</i>		Yes	No		
<b>2a</b>	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	<b>2a</b>	<b>29</b>		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	<b>2b</b>		<b>X</b>	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>		<b>X</b>	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	<b>3b</b>		<b>X</b>	
<b>4a</b>	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)?	<b>4a</b>			<b>X</b>
<b>b</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).				
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>			<b>X</b>
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>			<b>X</b>
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>			
<b>6a</b>	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?	<b>6a</b>			<b>X</b>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b>	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?	<b>7a</b>		<b>X</b>	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>		<b>X</b>	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>			<b>X</b>
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>			
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>			<b>X</b>
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>			<b>X</b>
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>			
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>			
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>			<b>X</b>
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>				
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>			<b>X</b>
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>			<b>X</b>
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:				
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>			
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>			
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:				
<b>a</b>	Gross income from members or shareholders	<b>11a</b>			
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>			
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>			
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>			
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>			
<b>b</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	<b>13b</b>			
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>			
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>			<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	<b>14b</b>			
<b>15</b>	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.	<b>15</b>			<b>X</b>
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>			<b>X</b>
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	<b>17</b>			

**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
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	<b>18</b>	
<b>1b</b>	Enter the number of voting members included on line 1a, above, who are independent	<b>18</b>	
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		<b>X</b>
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		<b>X</b>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<b>X</b>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		<b>X</b>
<b>6</b>	Did the organization have members or stockholders?		<b>X</b>
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		<b>X</b>
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<b>X</b>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body?	<b>X</b>	
<b>8b</b>	Each committee with authority to act on behalf of the governing body?	<b>X</b>	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.		<b>X</b>

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

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

**SARAH OWEN** **2031 JACKSON STREET, SUITE 100**  
**FORT MYERS** **FL 33901** **239-274-5900**

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DENNIE HAMILTON CHAIR	3.00 0.00	X		X				0	0	0
(2) AYSEGUL TIMUR VICE CHAIR	3.00 0.00	X		X				0	0	0
(3) GAIL MARKHAM SEC / TREAS	3.00 0.00	X		X				0	0	0
(4) ROBBIE ROEPSTORFF IMMEDIATE PAST CHAIR	3.00 0.00	X		X				0	0	0
(5) MALIKE ADIGUN TRUSTEE	3.00 0.00	X						0	0	0
(6) ANDREW COUSE TRUSTEE	3.00 0.00	X						0	0	0
(7) CAROLYN CONANT TRUSTEE	3.00 0.00	X						0	0	0
(8) CHAUNCEY GOSS TRUSTEE	3.00 0.00	X						0	0	0
(9) DALE REISS TRUSTEE	3.00 0.00	X						0	0	0
(10) FRED MOON TRUSTEE	3.00 0.00	X						0	0	0
(11) GARY GRIFFIN TRUSTEE	3.00 0.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) <b>HARRISON S KNIGHT</b>	3.00									
TRUSTEE	0.00	X						0	0	0
(13) <b>HUGH KINSEY, JR</b>	3.00									
TRUSTEE	0.00	X						0	0	0
(14) <b>INDERA DEMINE</b>	3.00									
TRUSTEE	0.00	X						0	0	0
(15) <b>JUAN BENDECK</b>	3.00									
TRUSTEE	0.00	X						0	0	0
(16) <b>JULIE BEN-SUSAN</b>	3.00									
TRUSTEE	0.00	X						0	0	0
(17) <b>MARY BETH CRAWFORD</b>	3.00									
TRUSTEE	0.00	X						0	0	0
(18) <b>SALLY JACKSON</b>	3.00									
TRUSTEE	0.00	X						0	0	0
(19) <b>SARAH OWEN</b>	55.00									
PRESIDENT / CEO	6.00	X		X				312,273	0	41,808
<b>1b Subtotal</b>								312,273		41,808
<b>c Total from continuation sheets to Part VII, Section A</b>								111,301		6,119
<b>d Total (add lines 1b and 1c)</b>								423,574		47,927

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

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
<b>ADVERTISING FOR HUMANITY TOPSFIELD MA 01983</b>	<b>7 CENTRAL STREET CONSULTING/MKTG</b>	667,568
<b>STELLAR TECHNOLOGY SOLUTIONS, LLC PHILADELPHIA PA 19182</b>	<b>PO BOX 825441 TECHNOLOGY SVCS</b>	110,707

**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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>				
	<b>b</b> Membership dues	<b>1b</b>				
	<b>c</b> Fundraising events	<b>1c</b>				
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b>	200,255			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	5,888,960			
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 817,894			
	<b>h Total.</b> Add lines 1a-1f		6,089,215			
<b>Program Service Revenue</b>	<b>2a</b>	Business Code				
	<b>b</b>					
	<b>c</b>					
	<b>d</b>					
	<b>e</b>					
	<b>f</b> All other program service revenue					
	<b>g Total.</b> Add lines 2a-2f					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		2,301,800		2,301,800	
	<b>4</b> Income from investment of tax-exempt bond proceeds					
	<b>5</b> Royalties					
	<b>6a</b> Gross rents		(i) Real	(ii) Personal		
		<b>6a</b>	71,894			
		<b>b</b> Less: rental expenses	<b>6b</b>	98,944		
	<b>c</b> Rental inc. or (loss)	<b>6c</b>	-27,050			
	<b>d</b> Net rental income or (loss)		-27,050		-36,319	9,269
	<b>7a</b> Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other		
		<b>7a</b>	19,668,162	6,995,088		
		<b>b</b> Less: cost or other basis and sales exps.	<b>7b</b>	18,856,072		
	<b>c</b> Gain or (loss)	<b>7c</b>	812,090	6,995,088		
	<b>d</b> Net gain or (loss)		7,807,178			7,807,178
	<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>				
<b>b</b> Less: direct expenses		<b>8b</b>				
<b>c</b> Net income or (loss) from fundraising events						
<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>					
	<b>b</b> Less: direct expenses	<b>9b</b>				
<b>c</b> Net income or (loss) from gaming activities						
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>					
	<b>b</b> Less: cost of goods sold	<b>10b</b>				
<b>c</b> Net income or (loss) from sales of inventory						
<b>Miscellaneous Revenue</b>	<b>11a</b> MISCELLANEOUS INCOME	Business Code	387,781	387,781		
	<b>b</b>					
	<b>c</b>					
	<b>d</b> All other revenue					
	<b>e Total.</b> Add lines 11a-11d		387,781			
<b>12 Total revenue.</b> See instructions		16,558,924	387,781	-36,319	10,118,247	

**Part IX Statement of Functional Expenses**

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

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	5,294,320	5,294,320		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	1,160,332	1,160,332		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	485,085	257,095	140,674	87,316
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	1,382,445	732,696	400,909	248,840
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	26,565	14,079	7,704	4,782
<b>9</b> Other employee benefits	160,827	85,239	46,640	28,948
<b>10</b> Payroll taxes	126,978	67,298	36,824	22,856
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	2,690	1,426	780	484
<b>c</b> Accounting	55,325	29,322	16,044	9,959
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 7				
<b>f</b> Investment management fees	321,444	170,365	93,219	57,860
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	302,707	160,435	87,785	54,487
<b>12</b> Advertising and promotion				
<b>13</b> Office expenses	125,285	66,401	36,333	22,551
<b>14</b> Information technology	264,311	126,431	85,075	52,805
<b>15</b> Royalties				
<b>16</b> Occupancy	355,800	178,305	109,518	67,977
<b>17</b> Travel	14,872	7,882	4,313	2,677
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	31,898	16,906	9,250	5,742
<b>20</b> Interest	290,032	138,734	93,354	57,944
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	50,724	24,264	16,326	10,134
<b>23</b> Insurance	96,348	46,087	31,012	19,249
<b>24</b> 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.)				
<b>a</b> <b>PROJECTS</b>	750,845	750,845		
<b>b</b> <b>MISCELLANEOUS</b>	41,361	21,973	11,925	7,463
<b>c</b> <b>DUES &amp; SUBSCRIPTIONS</b>	37,165	19,697	10,778	6,690
<b>d</b> <b>RELATIONSHIPS</b>	32,244	17,089	9,351	5,804
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	11,409,603	9,387,221	1,247,814	774,568
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1	Cash—non-interest-bearing		1
	2	Savings and temporary cash investments	3,412,790	2 3,057,448
	3	Pledges and grants receivable, net		3
	4	Accounts receivable, net	16,537	4 227,985
	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	6,891,392	7 7,189,223
	8	Inventories for sale or use		8
	9	Prepaid expenses and deferred charges	57,823	9 66,391
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 11,868,323	
	b	Less: accumulated depreciation	10b 1,510,347	10c 10,357,976
	11	Investments—publicly traded securities	125,441,783	11 102,443,270
	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	34,666,028	15 27,597,450
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	181,291,713	16 150,939,743	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	472,999	17 270,332
	18	Grants payable	2,500,200	18 1,892,900
	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	16,800,000	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	4,096,055	25 3,269,916
	26	<b>Total liabilities.</b> Add lines 17 through 25	23,869,254	26 22,233,148
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	27	Net assets without donor restrictions	122,405,601	27 100,269,842
	28	Net assets with donor restrictions	35,016,858	28 28,436,753
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	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	<b>Total net assets or fund balances</b>	157,422,459	32 128,706,595
33	<b>Total liabilities and net assets/fund balances</b>	181,291,713	33 150,939,743	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>16,558,924</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>11,409,603</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>5,149,321</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	<b>157,422,459</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	<b>-26,360,500</b>
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	<b>-7,504,685</b>
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	<b>128,706,595</b>

**Part XII Financial Statements and Reporting**

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

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes entry for RONALD E PENN, CFO.

Summary rows: 1b Subtotal, 1c Total from continuation sheets, 1d 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

Table with 3 columns: Question number, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

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.

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Includes a total row at the bottom.

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)

Public Charity Status and Public Support

OMB No. 1545-0047

2021

Open to Public Inspection

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

Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury Internal Revenue Service

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).
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).
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).
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).
8 X A community trust described in section 170(b)(1)(A)(vi).
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.
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...
11 An organization organized and operated exclusively to test for public safety.
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...
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s)...
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s)...
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s)...
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated...
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).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Rows (A) through (E) and Total.

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	8,960,544	5,450,502	7,932,816	5,726,649	6,089,215	34,159,726
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	8,960,544	5,450,502	7,932,816	5,726,649	6,089,215	34,159,726
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						4,795,795
<b>6 Public support.</b> Subtract line 5 from line 4.						29,363,931

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4	8,960,544	5,450,502	7,932,816	5,726,649	6,089,215	34,159,726
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,854,332	1,808,711	2,449,564	1,875,842	2,356,988	10,345,437
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>11 Total support.</b> Add lines 7 through 10						44,505,163
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	5,067,901

**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**

<b>14</b> Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	65.98 %
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14	<b>15</b>	65.21 %

**16a 33 1/3% support test—2021.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**b 33 1/3% support test—2020.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**17a 10%-facts-and-circumstances test—2021.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

**b 10%-facts-and-circumstances test—2020.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

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

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

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

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support; 14 First 5 years.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Value, Percentage. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) = 15 %; Row 16: Public support percentage from 2020 Schedule A, Part III, line 15 = 16 %

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Value, Percentage. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) = 17 %; Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17 = 18 %

- 19a 33 1/3% support tests—2021. 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—2020. 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
<b>1</b> 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>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <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>		
<b>3a</b> 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>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> 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>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</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>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <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>		
<b>5a</b> 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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

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

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

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

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	
Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D – Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required— <i>provide details in Part VI</i> )	
<b>6</b> Other distributions ( <i>describe in Part VI</i> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	
<b>9</b> Distributable amount for 2021 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
<b>1</b> Distributable amount for 2021 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2021 (reasonable cause required— <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2021			
<b>a</b> From 2016 .....			
<b>b</b> From 2017 .....			
<b>c</b> From 2018 .....			
<b>d</b> From 2019 .....			
<b>e</b> From 2020 .....			
<b>f Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2021 distributable amount			
<b>i</b> Carryover from 2016 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2021 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2021 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2021 Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7 Excess distributions carryover to 2022.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2017 .....			
<b>b</b> Excess from 2018 .....			
<b>c</b> Excess from 2019 .....			
<b>d</b> Excess from 2020 .....			
<b>e</b> Excess from 2021 .....			



**Schedule B  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**

OMB No. 1545-0047

**2021**▶ **Attach to Form 990 or Form 990-PF.**  
▶ **Go to [www.irs.gov/Form990](http://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<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ .....

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

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

Schedule B (Form 990) (2021)

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

2021

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. Includes rows for total number of funds, aggregate values, and compliance questions.

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

Form for Part II with multiple questions (1-9) regarding conservation easements, including checkboxes for various purposes and a table for held easements at the end of the tax year.

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

Form for Part III with questions (1a, 1b, 2) regarding collections of art and historical treasures, including fields for revenue and asset values.

**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	105,685,518	83,243,086	85,437,134	74,684,227	68,804,966
b Contributions	4,717,097	4,445,960	5,089,339	13,434,585	7,039,696
c Net investment earnings, gains, and losses	-14,741,961	24,315,206	55,320	2,934,966	4,478,462
d Grants or scholarships	6,603,438	4,799,644	5,573,311	4,461,907	4,443,436
e Other expenditures for facilities and programs					
f Administrative expenses	1,723,921	1,519,090	1,765,396	1,154,737	1,195,461
g End of year balance	87,333,295	105,685,518	83,243,086	85,437,134	74,684,227

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
  - a Board designated or quasi-endowment ▶ **98.47 %**
  - b Permanent endowment ▶ **1.53 %**
  - 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 checked="" type="checkbox"/>
(ii) Related organizations		<input checked="" type="checkbox"/>
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		10,901,234	984,287	9,916,947
d Equipment		799,682	526,060	273,622
e Other		167,407		167,407
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				<b>10,357,976</b>



**Part VII Investments – Other Securities.**

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

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

**Part VIII Investments – Program Related.**

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

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) <b>DEFERRED GIFTS REC - CRTS / CLTS</b>	<b>24,217,997</b>
(2) <b>CONTRIBUTIONS RECEIVABLE</b>	<b>2,421,880</b>
(3) <b>DEFERRED GIFTS REC - CGAS</b>	<b>549,139</b>
(4) <b>LIFE INSURANCE - REMAINDER INTEREST</b>	<b>256,691</b>
(5) <b>OTHER ASSETS</b>	<b>151,743</b>
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	<b>27,597,450</b>

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>FUNDS HELD AS AGENCY ACCOUNTS</b>	<b>2,420,807</b>
(3) <b>CHARITABLE REMAINDER TR OBLIGATIONS</b>	<b>544,521</b>
(4) <b>ANNUITY OBLIGATIONS</b>	<b>304,588</b>
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<b>3,269,916</b>

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under 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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	<b>-17,224,534</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	<b>-26,360,500</b>	
<b>b</b>	Donated services and use of facilities	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	<b>-6,738,939</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	<b>-33,099,439</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	<b>15,874,905</b>
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	<b>311,843</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	<b>372,176</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	<b>684,019</b>
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	<b>16,558,924</b>

**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.

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	<b>11,491,330</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>		
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	<b>658,916</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	<b>658,916</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	<b>10,832,414</b>
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	<b>311,843</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	<b>265,346</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	<b>577,189</b>
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	<b>11,409,603</b>

**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 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 UPHOLD UNDER AN EXAMINATION.****THEREFORE, NO PROVISION FOR THE EFFECTS OF UNCERTAIN TAX POSITIONS HAS BEEN RECORDED.****PART XI, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER****EXPENSES ALLOCATED TO RENTAL REVENUE** \$ **98,944****INVESTMENT RETURN TO CUBAN PETE** \$ **-161,385**

**Part XIII Supplemental Information** *(continued)*

<b>AGENCY ADMIN FEES</b>	<b>\$ 63,791</b>
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<b>AGENCY CONTRIBUTIONS, NET</b>	<b>\$ 34,236</b>
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<b>PYMT/CHG SPLIT INT AGMT &amp; REMAIN/LEAD TRUSTS</b>	<b>\$ -6,779,525</b>
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<b>CONTRIBUTION FOR CUBAN PETE</b>	<b>\$ 5,000</b>
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**PART XI, LINE 4B - REVENUE AMOUNTS INCLUDED ON RETURN - OTHER**

<b>FEES FOR SERVICES FROM CUBAN PETE</b>	<b>\$ 30,000</b>
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<b>FEES FOR SERVICES FROM SUPPORT ORG</b>	<b>\$ 17,372</b>
---	------------------

<b>AGENCY FUND INVESTMENT INCOME</b>	<b>\$ 324,804</b>
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**PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER**

<b>EXPENSES ALLOCATED TO RENTAL REVENUE</b>	<b>\$ 98,944</b>
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<b>EXPENSES ALLOCATED TO CUBAN PETE</b>	<b>\$ 32,557</b>
---	------------------

<b>EXPENSES ALLOCATED TO SUPPORT ORG</b>	<b>\$ 527,415</b>
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**PART XII, LINE 4B - EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER**

<b>INVESTMENT FEES ALLOCATED TO AGENCY FD</b>	<b>\$ 9,601</b>
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<b>AGENCY FUND GRANTS</b>	<b>\$ 91,745</b>
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<b>RENT EXPENSE TO SUPPORT ORG</b>	<b>\$ 164,000</b>
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SCHEDULE I (Form 990)

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

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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...
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.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of noncash assistance, (f) Method of valuation, (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows include organizations like ALPHA & OMEGA FREEDOM MINISTRIES, AMERICAN FOUNDATION FOR SUICIDE PRE, etc.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table: 192
3 Enter total number of other organizations listed in the line 1 table: 0

SCHEDULE I (Form 990)

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2021 Open to Public Inspection

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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?
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.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of noncash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows include BAY CHAMBER CONCERTS, INC; BIDEAWEE INC; BLESSING IN A BACKPACK, INC; BOBBY HOLLOWAY MEMORIAL CORP; BOBBY NICHOLS FOUNDATION INC; BONITA BAY VETERANS COUNCIL; BONITA SPRINGS ASSISTANCE OFFICE; BOYS AND GIRLS CLUBS OF POLK COUNTY; BOYS HOPE GIRLS HOPE.

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

SCHEDULE I (Form 990)

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

OMB No. 1545-0047

2021

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Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.

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

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
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.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of noncash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows include BRIDGE TO A CURE FOUNDATION, CALOOSA HUMANE SOCIETY, CAPE CORAL TECHNICAL COLLEGE, CAPTAINS FOR CLEAN WATER, INC, CAPTIVA CHAPEL BY THE SEA, CGRS MISSION INC, CHALLENGER MIRACLE FIELD OF WNY, CHARLOTTE HARBOR ENVIRO CENTER, CHARLOTTE TECHNICAL COLLEGE.

- 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) (2021)

SCHEDULE I (Form 990)

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

OMB No. 1545-0047

2021 Open to Public Inspection

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...
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.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of noncash assistance, (f) Method of valuation, (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows include CHILDREN'S ADVOCACY CENTER OF SW, CHRIST LUTHERAN CHURCH, CLINIC FOR THE REHAB OF WILDLIFE, COMMONWEAL, COMMUNITIES REACHING OUT INC, COMMUNITY COOPERATIVE INC, COMMUNITY FOUNDATION OF WESTERN NC, COOPERATIVE FOR ASSIST. AND RELIEF, COUNCIL ON FOUNDATIONS.

- 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)

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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?
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.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of noncash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows include DAVID LAWRENCE MENTAL HEALTH CENTER, COVENANT PRESBYTERIAN CHURCH, DIOCESE OF VENICE CATHOLIC FAITH, DOCTORS WITHOUT BORDERS USA, INC, DR CARRIE D ROBINSON LITTLETON ELEM, EARTH SHINE INSTITUTE, INC, EDISON SAILING CENTER, ESTERO COUNCIL OF COMMUNITY LEADERS, FEEDING AMERICA.

- 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)

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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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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.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of noncash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows include FINDING HOPE FARM, FIRST PREBYTERIAN CHURCH OF BONITA, FIRST PRESBYTERIAN CHURCH, FLORIDA GULF COAST UNIVERSITY FOUND, FLORIDA LIONS CONKLIN CENTER FOR TH, FLORIDA SOUTHWESTERN ST COLLEGE FD, FLORIDA STATE UNIVERSITY FOUNDATION, FORT MYERS COMMUNITY CONCERT ASSOC, FORT MYRES TECHNICAL COLLEGE.

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

SCHEDULE I (Form 990)

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

OMB No. 1545-0047

2021

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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?
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.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of noncash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows include: (1) FOUNDATION PENNSYLVANIA MEDICAL SOC, (2) FRIENDS OF LOVERS KEY, (3) GLADIOLUS LEARNING & DEVEL CNTR, (4) GLOBAL SCHOLARS, (5) GOODWILL INDUSTRIES OF SOUTHWEST FL, (6) GRACE LUTHERAN CHURCH, (7) GUADALUPE CENTER INC, (8) GULF COAST HUMANE SOCIETY INC, (9) HABITAT FOR HUMANITY LEE & HENDRY.

- 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

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- 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?
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.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of noncash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows include HARRY CHAPIN FOOD BANK OF SWFL, HENDRY COUNTY SCHOOL DISTRICT, HISPANIC AMERICAN CITIZEN COUNCIL, HOLY TRINITY HIGH SCHOOL, HOPE CLUBHOUSE OF SW FL, INC, HOPE HOSPICE & COMMITY SERV. INC, IMMOKALEE TECHNICAL COLLAGE, IRON GAIT PERCHERONS IN, JUNIOR ACHIEVEMENT OF SWFL INC.

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

SCHEDULE I (Form 990)

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

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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...
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.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of noncash assistance, (f) Method of valuation, (g) Description of noncash assistance, (h) Purpose of grant or assistance. Contains 9 rows of data for various organizations like LABELLE FREE PUBLIC LIBRARY, LARC INC, etc.

- 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.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**  
**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	LEHIGH COMMUNITY SERVICES INC 201 PLAZA DR, SUITE 103 LEHIGH ACRES FL 33936	59-1773738	501 (C)	60,216				GEN OP SUPPORT
(2)	LIBERTY YOUTH RANCH INC PO BOX 366206 BONITA SPRINGS FL 34136	38-3674666	501 (C)	10,000				GEN OP SUPPORT
(3)	LORENZO WALKER TECHNICAL COLLEGE 3702 ESTEY AVENUE NAPLES FL 34104		501 (C)	19,140				SPECIFIC PROGRAM
(4)	MAKE-A-WISH FOUNDF OF SOUTHERN FL 3655 BONITA BEACH ROAD, SUITE 3 BONITA SPRINGS FL 34134	59-2620322	501 (C)	17,000				GEN OP SUPPORT
(5)	MAQUOKETA VALLEY DOLLARS FOR SCHOLA P.O.BOX 62 DELHI IA 52223	46-5193481	501 (C)	18,000				SPECIFIC PROGRAM
(6)	MARANTHA BIBLE AND MISSIONARY CONF 4759 LAKE HARBOR ROAD NORTON SHORES MI 49441	38-1558540	501 (C)	18,000				GEN OP SUPPORT
(7)	MASSACHUSETTS GENERAL HOSPITAL 125 NASHUA STREET SUITE 540 BOSTON MA 02114	04-1564655	501 (C)	13,608				GEN OP SUPPORT
(8)	MED CENTER HEALTH FOUNDATION 8000 PARK STREET BOWLING GREEN MA 02114	61-1362000	501 (C)	10,000				GEN OP SUPPORT
(9)	MISC GRANTS \$5,000 AND UNDER 2031 JACKSON STREET, SUITE 100 FORT MYERS FL 33901		501 (C)	563,786				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

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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?
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.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of noncash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows include MISSION EURASIA, MUSEUM OF NJ MARITIME HISTORY INC, NEW HORIZONS OF SWFL, INC, NORTH NAPLES UNITED METHODIST CHURCH, OBLATES OF ST. FRANCIS DESALES, OCTAGON WILDLIFE SANCTUARY, ORGAN TRANSPLANT RECIPIENTS, OUR MOTHER'S HOME OF SWFL, INC, and PACE CENTER FOR GIRLS OF LEE COUNTY.

- 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.  
▶ Attach to Form 990.

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Go to [www.irs.gov/Form990](http://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 noncash 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)	32,793				GEN OP SUPPORT
(2)	PEOPLE FOR ETHICAL TREATMENT ANIMA 501 FRONT STREET NORFOLK VA 23510-1009	52-1394893	501 (C)	5,800				GEN OP SUPPORT
(3)	PHYSICIANS' COMMIT FOR RESPON.MEDIC 5100 WISCONSIN AVE NW, SUITE 400 WASHINGTON DC 20016-4131	52-1394893	501 (C)	5,800				GE OP SUPPORT
(4)	PROTECTED HARBOR, INC P.O.BOX 771441 NAPLES FL 34107-1441	04-3612539	501 (C)	45,164				GEN OP SUP/SPE PGRAM
(5)	PURDUE FOUNDATION P.O.BOX 772401 DETROIT MI 48277-2401	35-1052049	501 (C)	117,614				SPECIFIC PROGRAM
(6)	QUALITY LIFE CENTER OF SW FL INC PO BOX 1290 FORT MYERS FL 33901	65-0321309	501 (C)	17,140				GEN OP SUPPORT
(7)	RED CROSS AMERICA P.O.BOX 1290 BOONE IA 50037-0839	53-0196605	501 (C)	7,000				SPECIFIC PROGRAM
(8)	RELAY FOR LIFE P.O BOX 2688 LABELLE FL 33975	13-1788491	501 (C)	15,000				GEN OP SUPPORT
(9)	RONALD MCDONALD HOUSE CHAR OF SW FL 16100 ROSERUSH COURT FORT MYERS FL 33908	11-3704163	501 (C)	17,000				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 ▶

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

Schedule I (Form 990) (2021)

SCHEDULE I (Form 990)

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

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.

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

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
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.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of noncash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows include ROYAL PALM SAILING CLUB, INC; SALUSCARE INC; SALVATION ARMY OF LEE, HENDRY & GLA; SALVATION ARMY OF PORT CHARLOTTE; SAVE THE CHIMPS; SCHOOL DISTRICT OF LEE COUNTY; SEND INTERNATIONAL; SENIOR HOUNDSABOUT; SHRINERS HOSPITALS FOR CHILDREN.

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



SCHEDULE I (Form 990)

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

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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?
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.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of noncash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows include South Fort Myres High School, SWFL Community Prayer Breakfast, Southwest Florida Symphony, St. Martin de Porres Outreach Minis, St Hilary's Episcopal Church, St Luke's Episcopal Church, St Vincent de Paul Catholic Church, Steve Rummeler Hope Network, and SWFL Children's Charities Inc.

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

SCHEDULE I (Form 990)

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

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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?
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.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of noncash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Contains 9 rows of data.

- 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

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 <b>ACADEMIC SCHOLARSHIPS</b>	153	1,160,332			
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

## Supplemental Information

SCHEDULE I  
(Form 990)

For calendar year 2021, or tax year beginning 07/01/21, and ending 06/30/22

2021

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

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

**SOUTHWEST FLORIDA COMMUNITY  
FOUNDATION INC**

Employer identification number

**59-6580974**

**Part I Questions Regarding Compensation**

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

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

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

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

- Compensation committee
- Independent compensation consultant
- Form 990 of other organizations
- Written employment contract
- Compensation survey or study
- Approval by the board or compensation committee

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

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

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

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

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

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

- a** The organization?
  - b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		<b>X</b>
<b>4b</b>		<b>X</b>
<b>4c</b>		<b>X</b>
<b>5a</b>		<b>X</b>
<b>5b</b>		<b>X</b>
<b>6a</b>		<b>X</b>
<b>6b</b>		<b>X</b>
<b>7</b>		<b>X</b>
<b>8</b>		<b>X</b>
<b>9</b>		

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 SARAH OWEN PRESIDENT / CEO	(i)	305,000	0	7,273	25,863	15,945	354,081	0
	(ii)	0	0	0	0	0	0	0
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							



SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0074

2021

Open To Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

FOUNDATION INC

Employer identification number

59-6580974

Part I Types of Property

Table with 4 columns: (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. Row 9 is highlighted with 'X', '19', '817,894', and 'FMV ON DATE OF TRANSFER'.

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

29

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?

Table with 3 columns: Question ID, Yes, No. Row 30a: Yes, No, X. Row 31: X, Yes, No. Row 32a: X, Yes, No.

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?

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

b If "Yes," describe in Part II.

33 If the organization 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 COLLABORATORY'S PROFESSIONAL**  
**INVESTMENT ADVISORS, WHO SELL THE SECURITIES AND PLACE THE**  
**PROCEEDS IN THE COLLABORATORY'S INVESTMENT PORTFOLIO.**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021****Open to Public  
Inspection**

Name of the organization <b>SOUTHWEST FLORIDA COMMUNITY FOUNDATION INC</b>	Employer identification number <b>59-6580974</b>
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**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 IMPLEMENTED 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. SERVING THE FIVE COUNTIES OF SOUTHWEST FLORIDA THAT RANGE FROM RURAL TO URBAN, FARM TO COAST, THE FOUNDATION BUILDS ON A DECADE OF TRUSTED RELATIONSHIPS WITH COMMUNITY PARTNERS ACROSS DIVERSE COMMUNITIES AND CAUSES. UNDER THE BANNER OF COLLABORATORY THE FOUNDATION IS COORDINATING THE SOLVING OF OUR REGION'S SOCIAL ISSUES TO CREATE CREATING A NEW MORE RESILIENT CIVIL SOCIETY AND VIBRANT COMMUNITY WITH PROSPERITY BROADLY SHARED. 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 THE COVID PANDEMIC - THROUGHOUT 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.

Name of the organization

Employer identification number

SOUTHWEST FLORIDA COMMUNITY

59-6580974

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.

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 - A TARGET BASED ON THE NEEDS OF A THRIVING ECONOMY IN SOUTHWEST FLORIDA. DURING ITS NOW 8-YEAR EVOLUTION, NEW PROJECTS ARE CONTINUOUSLY INCUBATED BY FUTUREMAKERS PARTNERS WORKING ACROSS COUNTIES AND SECTORS TO REMOVE BARRIERS FOR RESIDENTS SEEKING EMPLOYMENT, AND A BETTER LIFE. WITH A DEDICATED FOCUS ON RETURNING ADULTS AND THOSE WITHOUT ANY CREDITS TOWARD A POST-SECONDARY CREDENTIAL, WHAT BEGAN AS AN EDUCATION INITIATIVE HAS EXPANDED TO ENCOMPASS ECONOMIC DEVELOPMENT. THE COALITION WORKS TO TRAIN FUTURE WORKFORCE TO FILL EMPLOYMENT GAPS AS WELL AS CREATE SOCIAL MOBILITY AND HELPING RESIDENTS FIND SATISFYING CAREERS.

INCREASING SERVICES FOR DONORS - REFLECTING A BROADER 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

Name of the organization

SOUTHWEST FLORIDA COMMUNITY

Employer identification number

59-6580974

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. ALIGNED WITH ITS APPROACH TO COALITION BUILDING, COLLABORATORY IS EXPLORING WAYS TO INFORM AND ENGAGE DONORS SEEKING GREATER IMPACT THROUGH STRATEGIC PHILANTHROPY.

BUILDING A STRONGER NETWORK FOR COLLABORATIVE LEADERSHIP - COLLABORATORY IS ENGAGING LEADERS ACROSS SECTORS TO DEVELOP NEW APPROACHES TO LEADERSHIP BASED ON THE PRINCIPLES AND PRACTICES OF COLLABORATION. THIS INCLUDES WORKING 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 LEADERS 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

Name of the organization

Employer identification number

SOUTHWEST FLORIDA COMMUNITY

59-6580974

## INTEREST POLICY STATEMENT DEPENDING ON THE SERVICES RECEIVED.

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

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS  
 THE COMPENSATION PROCESS FOR OTHER OFFICERS AND KEY EMPLOYEES IS DETERMINED  
 AS FOLLOWS. COMPARABLE DATA IS GATHERED USING THE COUNCIL ON FOUNDATIONS  
 SALARY SURVEY AND SALARY INFORMATION FROM LOCAL SALARY SURVEYS. ALL STAFF  
 RELATED SALARY DETERMINATIONS ARE MADE BY THE PRESIDENT AND CHIEF EXECUTIVE  
 OFFICER BASED ON LOCAL DEMOGRAPHICS IN ACCORDANCE WITH THE EMPLOYMENT  
 POSITION.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION  
 THE FOUNDATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND  
 FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST. IN  
 ADDITION, THE FOUNDATION'S FINANCIAL STATEMENTS ARE MADE AVAILABLE THROUGH  
 THE FOUNDATION'S WEBSITE AT WWW.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	\$	98,944
INVESTMENT RETURN TO CUBAN PETE	\$	-161,385

Name of the organization

Employer identification number

**SOUTHWEST FLORIDA COMMUNITY****59-6580974**

<b>AGENCY ADMIN FEES</b>	<b>\$</b>	<b>63,791</b>
<b>AGENCY CONTRIBUTIONS, NET</b>	<b>\$</b>	<b>34,236</b>
<b>PYMT/CHG SPLIT INT AGMT &amp; REMAIN/LEAD TRUSTS</b>	<b>\$</b>	<b>-6,779,525</b>
<b>CONTRIBUTION FOR CUBAN PETE</b>	<b>\$</b>	<b>5,000</b>
<b>FEES FOR SERVICES FROM CUBAN PETE</b>	<b>\$</b>	<b>-30,000</b>
<b>FEES FOR SERVICES FROM SUPPORT ORG</b>	<b>\$</b>	<b>-17,372</b>
<b>AGENCY FUND INVESTMENT INCOME</b>	<b>\$</b>	<b>-324,804</b>
<b>EXPENSES ALLOCATED TO RENTAL REVENUE</b>	<b>\$</b>	<b>-98,944</b>
<b>EXPENSES ALLOCATED TO CUBAN PETE</b>	<b>\$</b>	<b>-32,557</b>
<b>EXPENSES ALLOCATED TO SUPPORT ORG</b>	<b>\$</b>	<b>-527,415</b>
<b>INVESTMENT FEES ALLOCATED TO AGENCY FD</b>	<b>\$</b>	<b>9,601</b>
<b>AGENCY FUND GRANTS</b>	<b>\$</b>	<b>91,745</b>
<b>RENT EXPENSE TO SUPPORT ORG</b>	<b>\$</b>	<b>164,000</b>
<b>TOTAL</b>	<b>\$</b>	<b>-7,504,685</b>

**SCHEDULE R  
(Form 990)**

 Department of the Treasury  
Internal Revenue Service

Name of the organization

**Related Organizations and Unrelated Partnerships**

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

▶ Attach to Form 990.

 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**
**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
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
<b>b</b> Gift, grant, or capital contribution to related organization(s)		X
<b>c</b> Gift, grant, or capital contribution from related organization(s)		X
<b>d</b> Loans or loan guarantees to or for related organization(s)		X
<b>e</b> Loans or loan guarantees by related organization(s)		X
<b>f</b> Dividends from related organization(s)		X
<b>g</b> Sale of assets to related organization(s)		X
<b>h</b> Purchase of assets from related organization(s)		X
<b>i</b> Exchange of assets with related organization(s)		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s)		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)	X	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s)	X	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
<b>o</b> Sharing of paid employees with related organization(s)		X
<b>p</b> Reimbursement paid to related organization(s) for expenses		X
<b>q</b> Reimbursement paid by related organization(s) for expenses		X
<b>r</b> Other transfer of cash or property to related organization(s)		X
<b>s</b> Other transfer of cash or property from related organization(s)		X

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) SWFLCF SUPPORT ORGANIZATION INC	L	17,372	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

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

Form **SchA**(990T)**Two Year Comparison for Unrelated Business Activity****2020 & 2021**For calendar year 2021, or tax year beginning **07/01/21**, ending **06/30/22**

Organization Name

**SOUTHWEST FLORIDA COMMUNITY**

Taxpayer Identification Number

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

		2020	2021	Differences	
<b>Revenue</b>	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.	<b>-64,871</b>	<b>-36,319</b>	<b>28,552</b>
	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.			
	<b>11. Total trade or business income.</b> Combine lines 1 through 10	<b>11.</b>	<b>-64,871</b>	<b>-36,319</b>	<b>28,552</b>
<b>Expenses</b>	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.			
	<b>22. Total deductions.</b> Add lines 12 through 22	<b>22.</b>			
	<b>23. Taxable income before deductions.</b> Subtract line 23 from 11	<b>23.</b>	<b>-64,871</b>	<b>-36,319</b>	<b>28,552</b>
	24. Deductible losses	24.		<b>206,491</b>	<b>206,491</b>
	<b>25. Unrelated business taxable income (loss)</b>	<b>25.</b>	<b>-64,871</b>	<b>-242,810</b>	<b>-177,939</b>

Form <b>990/990PF</b>	<b>Rent Income and Deduction Worksheet</b>	<b>2021</b>
Description <b>RENTAL - NONPROFIT ORG</b>		

Name <b>SOUTHWEST FLORIDA COMMUNITY</b>	Taxpayer Identification Number <b>59-6580974</b>
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Use this summary worksheet to verify data entered for a specific activity for your rental information

1. Gross rents .....	1.	<b>55,188</b>
<b>Expenses (see details on worksheets below):</b>		
2. Fees for services .....	2.	
3. Depreciation Expense .....	3.	<b>2,587</b>
4. Direct Expense .....	4.	<b>43,332</b>
5. <b>Total expenses.</b> Add lines 8 through 12 .....	5.	<b>45,919</b>
6. <b>Net Income/Loss.</b> Line 7 minus Line 13 .....	6.	<b>9,269</b>

**Expense Details - Fees for Services:**

Accounting .....	
Legal .....	
Commissions .....	
Management .....	
Other Professional Fees .....	
<b>Total Fees for Services</b> .....	

**Expense Details - Depreciation Expense:**

On non-investment property .....	
On investment property .....	<b>2,587</b>
Amortization .....	
Depletion .....	
<b>Total Depreciation Expense</b> .....	<b>2,587</b>

**Expense Details - Direct Expense:**

Interest .....	<b>14,794</b>
Taxes/licenses .....	
Occupancy Expenses .....	
Repairs & Maintenance .....	
Travel/conferences/meetings .....	
Printing & Publication .....	
Advertising .....	
Insurance .....	<b>4,916</b>
Utilities .....	
Supplies .....	
Other expenses .....	<b>23,622</b>
<b>Total Direct Expense</b> .....	<b>43,332</b>

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

Schedule A, UBIT Activity Code \_\_\_\_\_ Seq # \_\_\_\_\_

- 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 990/990E**

First .....	
Second .....	
Third .....	
All other .....	

Form <b>990/990PF</b>	<b>Rent Income and Deduction Worksheet</b>	<b>2021</b>
Name <b>SOUTHWEST FLORIDA COMMUNITY</b>		Taxpayer Identification Number <b>59-6580974</b>
Description <b>RENTAL - FOR PROFIT ORG</b>		

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

1. Gross rents .....	1.	<b>16,706</b>
<b>Expenses (see details on worksheets below):</b>		
2. Fees for services .....	2.	
3. Depreciation Expense .....	3.	<b>2,988</b>
4. Direct Expense .....	4.	<b>50,037</b>
5. <b>Total expenses.</b> Add lines 8 through 12 .....	5.	<b>53,025</b>
6. <b>Net Income/Loss.</b> Line 7 minus Line 13 .....	6.	<b>-36,319</b>

**Expense Details - Fees for Services:**

Accounting .....	
Legal .....	
Commissions .....	
Management .....	
Other Professional Fees .....	
<b>Total Fees for Services</b> .....	

**Expense Details - Depreciation Expense:**

On non-investment property .....	
On investment property .....	<b>2,988</b>
Amortization .....	
Depletion .....	
<b>Total Depreciation Expense</b> .....	<b>2,988</b>

**Expense Details - Direct Expense:**

Interest .....	<b>17,084</b>
Taxes/licenses .....	
Occupancy Expenses .....	
Repairs & Maintenance .....	
Travel/conferences/meetings .....	
Printing & Publication .....	
Advertising .....	
Insurance .....	
Utilities .....	
Supplies .....	
Other expenses .....	<b>32,953</b>
<b>Total Direct Expense</b> .....	<b>50,037</b>

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

Schedule A, UBIT Activity Code 531120 Seq # 1

- 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 990/990E**

First .....	
Second .....	
Third .....	
All other .....	



Form **8453-TE**

# Tax Exempt Entity Declaration and Signature for Electronic Filing

OMB No. 1545-0047

For calendar year 2021, or tax year beginning 07/01/21, and ending 06/30/22

## 2021

Department of the Treasury  
Internal Revenue Service

For use with Forms 990, 990-EZ, 990-PF, 990-T, 1120-POL, 4720, 8868, 5227, 5330, and 8038-CP  
▶ Go to [www.irs.gov/Form8453TE](http://www.irs.gov/Form8453TE) for the latest information.

Name of filer <b>SOUTHWEST FLORIDA COMMUNITY FOUNDATION INC</b>	EIN or SSN <b>59-6580974</b>
--	---------------------------------

### Part I Type of Return and Return Information

Check the box for the type of return being filed with Form 8453-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a 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, 7b, 8b, 9b, or 10b, 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 V, 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
8a Form 5227 check here ▶ <input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b
9a Form 5330 check here ▶ <input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b
10a Form 8038-CP check here ▶ <input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b

### Part II Declaration of Officer or Person Subject to Tax

8  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 entity or  I am the person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_, and that I have examined a copy of the 2021 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 (c) a refund.

Sign Here	<b>TAXPAYERS COPY</b> <b>Hughes, Snell &amp; Co., P.A.</b> <b>Fort Myers, FL</b>	Date <b>12/15/22</b>	Title, if applicable <b>PRESIDENT / CEO</b>
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### 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-TE 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 entity 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 <b>PATTI R HARDIN</b>	Date <b>12/15/22</b>	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN <b>P00371840</b>
	Firm's name (or yours if self-employed), address, and ZIP code <b>HUGHES, SNELL &amp; CO., P.A.</b> <b>1470 ROYAL PALM SQ FORT MY FL 33919</b>	EIN <b>59-2309183</b>	Phone no. <b>239-939-2233</b>		

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

## 2021

Department of the Treasury  
Internal Revenue Service

For calendar year 2021 or other tax year beginning **07/01/21**, and ending **06/30/22**

Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

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

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

<b>A</b> <input type="checkbox"/> Check box if address changed.  <b>B</b> Exempt under section <input checked="" type="checkbox"/> 501( <b>C</b> ) ( <b>3</b> ) <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	<b>Print or Type</b>	Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.) <b>SOUTHWEST FLORIDA COMMUNITY FOUNDATION INC</b>	<b>D</b> Employer identification number <b>59-6580974</b>
		Number, street, and room or suite no. If a P.O. box, see instructions. <b>2031 JACKSON STREET, SUITE 100</b>	<b>E</b> Group exemption number (see instructions)
		City or town, state or province, country, and ZIP or foreign postal code <b>FORT MYERS FL 33901</b>	<b>F</b> <input type="checkbox"/> Check box if an amended return.
<b>C</b> Book value of all assets at end of year ..... <b>▶ 150,939,743</b>			

**G** Check organization type  501(c) corporation     501(c) trust     401(a) trust     Other trust

**H** Check if filing only to  Claim credit from Form 8941     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 .....

**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? .....  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation

**L** The books are in care of **▶ SARAH OWEN** Telephone number **▶ 239-274-5900**

### Part I Total Unrelated Business Taxable income

<b>1</b>	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) .....	<b>1</b>	<b>-36,319</b>
<b>2</b>	Reserved .....	<b>2</b>	
<b>3</b>	Add lines 1 and 2 .....	<b>3</b>	<b>-36,319</b>
<b>4</b>	Charitable contributions (see instructions for limitation rules) .....	<b>4</b>	
<b>5</b>	Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 .....	<b>5</b>	<b>-36,319</b>
<b>6</b>	Deduction for net operating loss. See instructions .....	<b>6</b>	<b>0</b>
<b>7</b>	Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5 .....	<b>7</b>	<b>-36,319</b>
<b>8</b>	Specific deduction (generally \$1,000, but see instructions for exceptions) .....	<b>8</b>	<b>1,000</b>
<b>9</b>	<b>Trusts.</b> Section 199A deduction. See instructions .....	<b>9</b>	
<b>10</b>	<b>Total deductions.</b> Add lines 8 and 9 .....	<b>10</b>	<b>1,000</b>
<b>11</b>	<b>Unrelated business taxable income.</b> Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero .....	<b>11</b>	<b>0</b>

### Part II Tax Computation

<b>1</b>	<b>Organizations taxable as corporations.</b> Multiply Part I, line 11 by 21% (0.21) .....	<b>1</b>	<b>0</b>
<b>2</b>	<b>Trusts taxable at trust rates.</b> 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) .....	<b>2</b>	<b>0</b>
<b>3</b>	<b>Proxy tax.</b> See instructions .....	<b>3</b>	
<b>4</b>	Other tax amounts. See instructions .....	<b>4</b>	
<b>5</b>	Alternative minimum tax (trusts only) .....	<b>5</b>	
<b>6</b>	<b>Tax on noncompliant facility income.</b> See instructions .....	<b>6</b>	
<b>7</b>	<b>Total.</b> Add lines 3 through 6 to line 1 or 2, whichever applies .....	<b>7</b>	<b>0</b>

For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2021)

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

**Part III Tax and Payments**

<b>1a</b> Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	<b>1a</b>		
<b>b</b> Other credits (see instructions)	<b>1b</b>		
<b>c</b> General business credit. Attach Form 3800 (see instructions)	<b>1c</b>		
<b>d</b> Credit for prior year minimum tax (attach Form 8801 or 8827)	<b>1d</b>		
<b>e Total credits.</b> Add lines 1a through 1d	<b>1e</b>		
<b>2</b> Subtract line 1e from Part II, line 7	<b>2</b>		
<b>3</b> Other amounts due. Check if from <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement)	<b>3</b>		
<b>4 Total tax.</b> Add lines 2 and 3 (see instructions) <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	<b>4</b>		<b>0</b>
<b>5</b> Current net 965 tax liability paid from Form 965-A, Part II, column (k)	<b>5</b>		
<b>6a</b> Payments: A 2020 overpayment credited to 2021	<b>6a</b>		
<b>b</b> 2021 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	<b>6b</b>		
<b>c</b> Tax deposited with Form 8868	<b>6c</b>		
<b>d</b> Foreign organizations: Tax paid or withheld at source (see instructions)	<b>6d</b>		
<b>e</b> Backup withholding (see instructions)	<b>6e</b>		
<b>f</b> Credit for small employer health insurance premiums (attach Form 8941)	<b>6f</b>		
<b>g</b> Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	<b>6g</b>		
<b>7 Total payments.</b> Add lines 6a through 6g	<b>7</b>		
<b>8</b> Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	<b>8</b>		
<b>9 Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	<b>9</b>		<b>0</b>
<b>10 Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	<b>10</b>		
<b>11</b> Enter the amount of line 10 you want: <b>Credited to 2022 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/>	<b>11</b>		

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

	Yes	No
<b>1</b> At any time during the 2021 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		<b>X</b>
<b>2</b> 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.		<b>X</b>
<b>3</b> Enter the amount of tax-exempt interest received or accrued during the tax year \$		
<b>4</b> Enter available pre-2018 NOL carryovers here \$ Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
<b>5</b> Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
Business Activity Code <b>531120</b>		
Available post-2017 NOL carryover <b>206,491</b>		
<b>6a</b> Did the organization change its method of accounting? (see instructions)		<b>X</b>
<b>b</b> If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V		

**Part V Supplemental Information**

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

<b>Sign Here</b>	Under penalty of perjury, I declare that I have prepared this return including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. My preparation is based on all information of which preparer has any knowledge.	<div style="border: 2px solid red; padding: 5px; display: inline-block;"> <b>TAXPAYERS COPY</b>  <b>Hughes, Snell &amp; Co., P.A.</b>  <b>Fort Myers, FL</b> </div>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No May the IRS discuss this return with the preparer shown below (see instructions)?
	Signature of <b>PATTI R HARDIN</b>	Title <b>PRESIDENT / CEO</b>	Date <b>12/21/22</b>	Check <input type="checkbox"/> if self-employed <input type="checkbox"/> if PTIN
<b>Paid Preparer Use Only</b>	Firm's name <b>HUGHES, SNELL &amp; CO., P.A.</b>	Firm's EIN <b>59-2309183</b>		
	Firm's address <b>1470 ROYAL PALM SQUARE BLVD FORT MYERS, FL 33919-1082</b>	Phone no. <b>239-939-2233</b>		

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

OMB No. 1545-0047

**2021**
Department of the Treasury  
Internal Revenue Service▶ Go to [www.irs.gov/Form990T](http://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**

<b>Part I Unrelated Trade or Business Income</b>		(A) Income	(B) Expenses	(C) Net
<b>1a</b>	Gross receipts or sales			
<b>b</b>	Less returns and allowances			
	<b>c</b> Balance			
<b>2</b>	Cost of goods sold (Part III, line 8)			
<b>3</b>	Gross profit. Subtract line 2 from line 1c			
<b>4a</b>	Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions			
<b>b</b>	Net gain (loss) (Form 4797) (attach Form 4797). See instructions			
<b>c</b>	Capital loss deduction for trusts			
<b>5</b>	Income (loss) from a partnership or an S corporation (attach statement)			
<b>6</b>	Rent income (Part IV)			
<b>7</b>	Unrelated debt-financed income (Part V)	16,706	53,025	-36,319
<b>8</b>	Interest, annuities, royalties, and rents from a controlled organization (Part VI)			
<b>9</b>	Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)			
<b>10</b>	Exploited exempt activity income (Part VIII)			
<b>11</b>	Advertising income (Part IX)			
<b>12</b>	Other income (see instructions; attach statement)			
<b>13</b>	<b>Total.</b> Combine lines 3 through 12	16,706	53,025	-36,319

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

<b>1</b>	Compensation of officers, directors, and trustees (Part X)			
<b>2</b>	Salaries and wages			
<b>3</b>	Repairs and maintenance			
<b>4</b>	Bad debts			
<b>5</b>	Interest (attach statement). See instructions			
<b>6</b>	Taxes and licenses			
<b>7</b>	Depreciation (attach Form 4562). See instructions	7	2,988	
<b>8</b>	Less depreciation claimed in Part III and elsewhere on return	8a	2,988	8b 0
<b>9</b>	Depletion			
<b>10</b>	Contributions to deferred compensation plans			
<b>11</b>	Employee benefit programs			
<b>12</b>	Excess exempt expenses (Part VIII)			
<b>13</b>	Excess readership costs (Part IX)			
<b>14</b>	Other deductions (attach statement)			
<b>15</b>	<b>Total deductions.</b> Add lines 1 through 14			
<b>16</b>	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)			-36,319
<b>17</b>	Deduction for net operating loss. See instructions			
<b>18</b>	<b>Unrelated business taxable income.</b> Subtract line 17 from line 16			-36,319

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2021

**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	<b>Total.</b> Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	<b>Cost of goods sold.</b> 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  \_\_\_\_\_

B  \_\_\_\_\_

C  \_\_\_\_\_

D  \_\_\_\_\_

	A	B	C	D
2 Rent received or accrued				
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  **2031 JACKSON STREET** **FORT MYERS** **FL 33901**

B  \_\_\_\_\_

C  \_\_\_\_\_

D  \_\_\_\_\_

	STMT 1	A	B	C	D
2 Gross income from or allocable to debt-financed property		16,706			
3 Deductions directly connected with or allocable to debt-financed property					
a Straight line depreciation (attach statement)		2,988			
b Other deductions (attach statement)		50,037			
c Total deductions (add lines 3a and 3b, columns A through D)		53,025			
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		16,706			

8 **Total gross income** (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) ▶ **16,706**

9 Allocable deductions. Multiply line 3c by line 6	<b>53,025</b>			
--	---------------	--	--	--

10 **Total allocable deductions.** Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) ▶ **53,025**

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 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) 2021



Form <b>990-T</b>	<b>Schedule A Loss Carryover Calculation</b>	<b>2021</b>
Description <b>UNRELATED BUSINESS ACTIVITY</b>		
Name <b>SOUTHWEST FLORIDA COMMUNITY</b>		Taxpayer Identification Number <b>59-6580974</b>
Unincorporated Business Income Tax Code: <b>531120</b> Activity: <b>LESSORS OF NONRESIDENTIAL BUILDI</b>		

Each activity may carryforward losses after 2018

1 Activity income .....	1	-36,319
2 Activity deductions .....	2	
3 Activities income or loss, after deductions .....	3	-36,319
4 Enter losses carried over to this year (no amounts prior to 2018) plus any carried-back amounts .....	4	206,491
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. <b>Enter here and on Line 17 of Form 990-T, Sch A, Part II</b> .....	6	
7 Remaining losses to be carried forward to 2022 (Subtract Line 6 from line 4) .....	7	206,491
8 If line 3 is less than zero, enter that amount here as a positive number .....	8	36,319
9 Total loss carried forward to 2022 (Add lines 7 and 8) .....	9	242,810

Electronic Filing includes the report of additional amounts for this activity

E1 Post-2017 loss amounts from 2020, indefinite carryover (Reported with Form 990-T, Pt IV, with above UBIT code) .....	E1	206,491
E2 Prior year activity losses included on Schedule A, Line 17 .....	E2	



# Federal Statements

## Form 990-T, Part IV, Line 5 - Post 2017 NOL Carryover Amounts

<u>Activity Description</u>	<u>UBIT Num</u>	<u>Available Carryover</u>
UNRELATED BUSINESS ACTIVITY	531120	\$ 206,491
TOTAL		\$ 206,491

**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	17,084
TECHNOLOGY	15,569
INSURANCE	5,674
OCCUPANCY	11,710
TOTAL	\$ <u><u>50,037</u></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><u>16,800,000</u></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><u>16,616,404</u></u>