

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

Paid

Preparer

Use Only

Firm's name

Firm's address

Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2022 calendar year, or tax year beginning JUL 1 and ending JUN 30 C Name of organization Check if applicable: D Employer identification number Address change SWFLCF SUPPORT ORGANIZATION INC Name change 30-0958830 Initial return E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite Final return/ termin-ated 2031 JACKSON ST 100 239-274-5900 164,000. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return FORT MYERS, FL 33901 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: DAWN BELAMARICH Yes X No for subordinates? SAME AS C ABOVE **H(b)** Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions WWW.COLLABORATORY.ORG H(c) Group exemption number K Form of organization: X Corporation Trust Association Other Year of formation: 2016 M State of legal domicile: FL Part I Summary Briefly describe the organization's mission or most significant activities: TO OPERATE EXCLUSIVELY FOR THE Governance BENEFIT OF, OR TO PERFORM THE FUNCTIONS, OR TO CARRY OUT THE if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 2 Number of independent voting members of the governing body (Part VI, line 1b) 4 Activities & 0 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 6 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h Prior Year Current Year 0. 0. Contributions and grants (Part VIII, line 1h) 8 0 Program service revenue (Part VIII, line 2g) 0. 0. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -380 787 -363 562. 11 -380 787 -363 562. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 0. 0. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 0. 0. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -380,787. -363,562**.** Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 9,253,437 8,889,875. Total assets (Part X, line 16) 9,500,000, 9,500,000. 21 Total liabilities (Part X, line 26) 三年 -246,563, -610,125. Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign MARINA NASSIF, TREASURER Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature WENDY CAMPOS WENDY CAMPOS

No

P00448102

X Yes

91-0189318

Phone no.503-242-1447

11/03/23

Firm's EIN

MOSS ADAMS LLP

805 SW BROADWAY

PORTLAND, OR 97205

May the IRS discuss this return with the preparer shown above? See instructions

STE 1400

Pa	Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	TO OPERATE EXCLUSIVELY FOR THE BENEFIT OF, OR TO PERFORM THE	
	FUNCTIONS, OR TO CARRY OUT THE PURPOSES AND/OR ACTIVITIES OF SOUTHWEST	
	FLORIDA COMMUNITY FOUNDATION, INC., A FLORIDA NOT-FOR-PROFIT	
	CORPORATION, SO LONG AS THOSE PURPOSES AND/OR ACTIVITIES ARE WITHIN	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	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 X 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	•
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total	l expenses, and
	revenue, if any, for each program service reported.	78,500.)
4a	(Code:) (Expenses \$ 527,562. including grants of \$ 0.) (Revenue \$ TO ACQUIRE AND OPERATE BY PURCHASE, LEASE, OR GIFT REAL OR PERSONAL	78,500.
	PROPERTY INTERESTS IN THE FORMER ATLANTIC COAST TRAIN STATION AND	
	SURROUNDING PROPERTY IN THE CITY OF FORT MYERS; REHABILITATE THE	
	PROPERTY; AND CONSTRUCT A 13,160 SQUARE FOOT BUILDING ADJACENT TO THE	
	TRAIN STATION TO HOUSE THE FOUNDATION'S OFFICES AND A COLLABORATORY, A	
	SPACE WHERE COLLABORATIONS ARE CONDUCTED BETWEEN THE FOUNDATION,	
	NONPROFIT ORGANIZATIONS, GOVERNMENT AGENCIES, AND BUSINESSES TO IMPROVE	
	THE LIVES IN SOUTHWEST FLORIDA.	
	THE BIVE IN BOOTHHEBT LEGIZEM.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	/ (Livering grand of a	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 527,562.	_ 000
		Form 990 (2022)

Form 990 (2022) SWFLCF SUPPORT ORGANIZATION INC Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
•	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
Ŭ	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	٣		
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	\cdot	-		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
~	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the constitution maintain on office constitution and the Light of the Light of Obtain	14a		x
b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		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	שדו		
13		15		x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		
16		46		x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			x
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			_v
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			,,
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		Х

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Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L. Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
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% controlle	ed		
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	- 1		х
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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M			х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V. line 1	34	х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	···		х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
_	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization			
	If "Yes," complete Schedule R, Part V, line 2	- 1		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
٥.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	····· ••		
55		38	х	
Pa		50	1	
	Check if Schedule O contains a response or note to any line in this Part V			
		<u></u>	Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	0	1.55	

(gambling) winnings to prize winners?

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

			Yes	No								
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,											
	filed for the calendar year ending with or within the year covered by this return											
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b										
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х								
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b										
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a											
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х								
b	If "Yes," enter the name of the foreign country											
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).											
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X								
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х								
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c										
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit											
	any contributions that were not tax deductible as charitable contributions?	6a		Х								
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	~ 1.										
_	were not tax deductible?	6b										
7	Organizations that may receive deductible contributions under section 170(c).	7-		Х								
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Α								
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b										
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	70		x								
٨		7c										
d e		7e		х								
_		7f		x								
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?											
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h										
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the											
	sponsoring organization have excess business holdings at any time during the year?	8										
9	Sponsoring organizations maintaining donor advised funds.											
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a										
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b										
10	Section 501(c)(7) organizations. Enter:											
а	Initiation fees and capital contributions included on Part VIII, line 12											
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities											
11	Section 501(c)(12) organizations. Enter:											
а	Gross income from members or shareholders 11a											
b	Gross income from other sources. (Do not net amounts due or paid to other sources against											
	amounts due or received from them.)											
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a										
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year											
13	Section 501(c)(29) qualified nonprofit health insurance issuers.											
а	Is the organization licensed to issue qualified health plans in more than one state?	13a										
	Note: See the instructions for additional information the organization must report on Schedule O.											
b	Enter the amount of reserves the organization is required to maintain by the states in which the											
	organization is licensed to issue qualified health plans Then the ground of recovery as head.											
	Enter the amount of reserves on hand Did the exemplation receive any payments for indeed template any payments for indeed template any payments.	110		Х								
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a										
15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	14b										
IJ		15		x								
	excess parachute payment(s) during the year?	13										
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х								
	If "Yes," complete Form 4720, Schedule O.	10										
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities											
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17										
	If "Yes," complete Form 6069.											

Form **990** (2022)

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			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	3		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent	2		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	F-		
·	of officers, directors, trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			х
6		6		x
	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	٠,		
7a				x
	more members of the governing body?	7a		Α
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			x
_	persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		77	
а	The governing body?	<u>8a</u>	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		ı	
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		х
	Other officers or key employees of the organization	15b		х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	1 102	Į.	
17	List the states with which a copy of this Form 990 is required to be filedFL			
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)s only)	availal	ble
.0	for public inspection. Indicate how you made these available. Check all that apply.	, o or iiy)	arundi	
10	(=	ad fina:-	oial	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, at	iu iinan	uai	
00	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	MARINA NASSIF - 239-274-5900			
	2031 JACKSON ST, STE 100, FORT MYERS, FL 33901			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEĆ) 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 (A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	١,,	Position (do not check more					Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	is bot	h an	compensation	compensation	amount of
	week		cer ar	nd a d	lirecto	or/trus	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	e e			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		ee	Suadu		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	dual tr	tional	١.	nploy	st con		1033-1120)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizationio
(1) SARAH OWEN	5.00		┞	Ť			<u> </u>			
CEO (THROUGH 5/23/23)	56.00	х		х				0.	350,413.	38,639.
(2) TERRY MAZANY	1.00									
DIRECTOR (AS OF 5/23/23)	51.00	Х						0.	231,750.	8,262.
(3) MARINA NASSIF	5.00									
TREASURER (AS OF 7/1/22)	52.00			Х				0.	104,657.	15,373.
(4) RONALD E PENN	5.00	1								
TREASURER (THROUGH 7/1/22)	51.00	<u> </u>	<u> </u>	х	_	_	<u> </u>	0.	68,164.	4,217.
(5) JOHN M POLLOCK	1.00	_								
DIRECTOR		Х	_			_	<u> </u>	0.	0.	0.
(6) JOHN T GAMBA	1.00	1								
DIRECTOR		Х						0.	0.	0.
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Form 990 (2022)

Section A. Officers, Directors		Ploye	ees,			ghes	t C		s (continued)	—			
(A)	(B)			_ (0				(D)	(E)		((F)	
Name and title	Average	Position (do not check more than one					ne	Reportable	Reportable		Esti	mate	ed
	hours per	box,	, unles	ss per	rson i	is both	n an	compensation	compensation		amo	ount	of
	week		cer an	id a d	irecto	or/trus	tee)	from	from related		O	ther	
	(list any	ector						the	organizations	- 1	compe	ensa	ation
	hours for	Individual trustee or director	a.			ted		organization	(W-2/1099-MISC	/	fro	m th	ie
	related	ste c	ruste			eusa		(W-2/1099-MISC/	1099-NEC)		orgar		
	organizations	l trus	nal tı		oyee	lmo.		1099-NEC)			and	relat	ted
	below	vidu	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			(organ	izati	ions
	line)	ib I	Inst	0#i	Key	e High	윤						
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4. 6.1		ш		<u> </u>				0.	754 00			66	101
1b Subtotal									754,98			00,	491.
c Total from continuation sheets to I								0.		0.			0.
d Total (add lines 1b and 1c)								0.	754,98	4.		66,	,491.
2 Total number of individuals (including	g but not limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable				
compensation from the organization													. 0
										_)	es_	No
3 Did the organization list any former	officer, director, trust	ee, k	еу е	empl	loye	e, or	hig	hest compensated emp	oyee on				
line 1a? If "Yes," complete Schedule	J for such individual										3		х
4 For any individual listed on line 1a, is													
and related organizations greater that											4	Х	
5 Did any person listed on line 1a rece													
3 .					,			•			5		х
rendered to the organization? If "Yes Section B. Independent Contractors	s." complete Schedule	<u> </u>	or su	ıch <u>i</u>	oers	on .				<u></u>	5		
1 Complete this table for your five high										nsation	n tron	1	
the organization. Report compensati		<u>ear e</u>	ndir	ng w	ith c	or wi	thin T	the organization's tax y	ear.				
	(A)							(B)		_	(C)		
Name and bu	siness address	NOI	NE				_	Description of s	ervices	Con	npens	satio	'n
											_		
						_	\Box				_		
							寸						
							J						
		—					\dashv						
2 Total number of independent contract		ot lin	nited	to t			ted	above) who received mo	ore than				
\$100,000 of compensation from the	organization				(0							
										Fc	orm 9 9	90 ((2022)

232008 12-13-22

30-0958830

Form 990 (2022) SWFLCF SUPPORT VIII Statement of Revenue

			Check if Schedule O con	tains a	response o	or note to any lin	e in this Part VIII			
							(A)	(B)	(C)	(D)
							Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
								function revenue	business revenue	sections 512 - 514
SS	1	_	Federated campaigns		1a					
anta	•				1b					
ij g			Membership dues		1c					
fts, Ar			Fundraising events		1d					
ig ig			Related organizations							
ns, Sim			Government grants (contribut		1e					
Contributions, Gifts, Grants and Other Similar Amounts		Ť	All other contributions, gifts, gran		1 1					
			similar amounts not included abo		1f					
ont od (_	Noncash contributions included in lines	1a-1f	1g \$					
<u>0 g</u>		h	Total. Add lines 1a-1f							
						Business Code				
e	2	а								
e Ķ		b								
S		С								
Program Service Revenue		d								
og B		е								
P		f	All other program service reve	enue						
		g	Total. Add lines 2a-2f							
	3		Investment income (including							
			other similar amounts)							
	4		Income from investment of ta							
	5		Royalties		-					
				(i) Real	(ii) Personal				
	6	а	Gross rents 6a	1	64,000.					
	_		Less: rental expenses 6k	1 -	527,562.					
			Rental income or (loss) 60		363,562.					
			Net rental income or (loss)	- 1	•		-363,562.			-363,562.
	7		Gross amount from sales of		ecurities	(ii) Other				
	•	а	assets other than inventory 7 a	<u> </u>		(.,, 0				
		h	Less: cost or other basis	1						
Φ		D								
Ď.		_	and sales expenses 7t							
eve			Gain or (loss) 70							
her Revenue	_		Net gain or (loss)							
	8	а	Gross income from fundraising e							
Ò			including \$		-					
			contributions reported on line	•	I					
			Part IV, line 18							
			Less: direct expenses							
	_		Net income or (loss) from fund							
	9	а	Gross income from gaming a		I					
			Part IV, line 19							
			Less: direct expenses							
			Net income or (loss) from gan			I				
	10	а	Gross sales of inventory, less		- 1					
			and allowances							
		b	Less: cost of goods sold		10b					
		С	Net income or (loss) from sale	es of inv	ventory					
S						Business Code				
on e	11	а								
Miscellaneous Revenue		b								
Sell		С								
Ais.		d	All other revenue							
			Total. Add lines 11a-11d							
	12		Total revenue. See instructions				-363,562.	0.	0.	-363,562.

232009 12-13-22

Form **990** (2022)

SWFLCF SUPPORT ORGANIZATION INC 30-0958830 Page 10 Form 990 (2022) 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 (D) Do not include amounts reported on lines 6b. Program service expenses Total expenses Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes Fees for services (nonemployees): Management а Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) 12 Advertising and promotion 13 Office expenses Information technology 14 Royalties 15 16 Occupancy 17 18 Payments of travel or entertainment expenses

Form 990 (2022)

0.

19 20

21 22

23

24

b

d

25

0.

Check here

All other expenses

for any federal, state, or local public officials Conferences, conventions, and meetings

Payments to affiliates _____

Depreciation, depletion, and amortization

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.)

Total functional expenses. Add lines 1 through 24e

Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

if following SOP 98-2 (ASC 958-720)

0

0

Form 990 (2022) Part X Balance Sheet

		Check if Schedule O contains a response or not	e to any	/ line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			70,203.	1	12,226.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			0.	4	85,500.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial c	ontributor, or 35%			
		controlled entity or family member of any of thes	se perso	ons		5	
	6	Loans and other receivables from other disqualif					
		under section 4958(f)(1)), and persons described	l in sect	tion 4958(c)(3)(B)		6	
Ø	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use				8	
As	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	10,537,157.			
	b	Less: accumulated depreciation		1,745,008.	9,183,234.	10c	8,792,149.
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, line 1			12		
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must equa			9,253,437.	16	8,889,875.
	17	Accounts payable and accrued expenses				17	
	18	Grants payable			18		
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete F				21	
ဟ္	22	Loans and other payables to any current or form	er offic	er, director,			
Liabilities		trustee, key employee, creator or founder, subst	antial c	ontributor, or 35%			
abil		controlled entity or family member of any of thes	se perso	ons		22	
=	23	Secured mortgages and notes payable to unrela	ted thir	d parties	9,500,000.	23	9,500,000.
	24	Unsecured notes and loans payable to unrelated	d third p	oarties		24	
	25	Other liabilities (including federal income tax, page	yables t	to related third			
		parties, and other liabilities not included on lines	17-24)	. Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			9,500,000.	26	9,500,000.
		Organizations that follow FASB ASC 958, che	ck here	e X			
Fund Balances		and complete lines 27, 28, 32, and 33.					
<u>a</u>	27	Net assets without donor restrictions			-246,563.	27	-610,125.
Ba	28	Net assets with donor restrictions		<u></u>		28	
pur		Organizations that do not follow FASB ASC 9	58, che	ck here			
		and complete lines 29 through 33.					
Net Assets or	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or eq				30	
t As	31	Retained earnings, endowment, accumulated in				31	
Š	32	Total net assets or fund balances			-246,563.	32	-610,125.
	33	Total liabilities and net assets/fund balances			9,253,437.	33	8,889,875.

Form **990** (2022)

Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	-	-363,	562.		
2	Total expenses (must equal Part IX, column (A), line 25)	2			0.		
3	Revenue less expenses. Subtract line 2 from line 1	3		-363,			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-	-246,	563.		
5	Net unrealized gains (losses) on investments	5					
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8							
9	9 Other changes in net assets or fund balances (explain on Schedule O) 9						
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
_	column (B))	10	-	-610,	125.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				<u>Ш</u>		
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х		
	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:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	Х			
	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:						
	Separate basis						
С	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?		2c	Х			
	If the organization changed either its oversight process or selection process during the tax year, explain on School	edule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the						
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				1		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b				
			Form	990	(2022)		

232012 12-13-22

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

Employer identification number

SWFLCF SUPPORT ORGANIZATION INC 30-0958830 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)

or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)

An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college

11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).

A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)

X An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.

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.

Enter the number of supported organizations

Provide the following information about the supported organization(s). (iv) Is the organization listed in your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) No Yes above (see instructions)) SOUTHWEST FLORIDA COMMUNITY 59-6580974 8 Х 0

0.

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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	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)						
_	Public support. Subtract line 5 from line 4.						
Se	ction B. Total Support	.	<u> </u>	T			T
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	
0 -	organization, check this box and stor						
	ction C. Computation of Publi			. (2)		T I	
	Public support percentage for 2022 (I					14	%
	Public support percentage from 2021					15	. %
168	33 1/3% support test - 2022. If the o						
	stop here. The organization qualifies		•				
K	33 1/3% support test - 2021. If the c				line 15 is 33 1/3%	or more, check tr	nis dox
47.	and stop here. The organization qual	•	• •				
1/8	10% -facts-and-circumstances test						
	and if the organization meets the fact				•	vi now the organi	zation
	meets the facts-and-circumstances te	-			-	47 45.	
t	10% -facts-and-circumstances test	-					10% or
	more, and if the organization meets the				-		
	organization meets the facts-and-circu Private foundation. If the organization		-		•		H

, ,

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.)

Sed	ction A. Public Support	slow, picase comp	oicte i art ii.j				
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
_	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	(a) 2010	(6) 2019	(6) 2020	(4) 2021	(6) 2022	(i) iotai
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	J		,	•	() ()	· —
	check this box and stop here						
	ction C. Computation of Publi					 	
	Public support percentage for 2022 (li	, ,,,	•	column (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves			. 10 1 (0)		14-1	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	% 7 in
198	33 1/3% support tests - 2022. If the						
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and st	top here. The orga	anization qualifies a	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	

232023 12-09-22

Schedule A (Form 990) 2022

Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **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)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **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? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Yes No	
2 X	
2 X	
_	
3a X	
3b	_
3c	_
4a X	
4b	
4c	
40	
5a X	
5b	_
5c	_
6 X	
7 X	
8 X	
9a X	
	Ī
9b X	
9c X	
10a X	
401	
10b lle A (Form 990) 2022	_

Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
		11a		х
b		11b		х
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		11c		х
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? 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	1	х	
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported	•		
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	, · · ·			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		х
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations			
	tion or type it cupperting organizations		Vaa	Na
_	Mana a majaritu af the annonimation is directors on two states during the state of an annotation of the alivestance		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
800	the supported organization(s). tion D. All Type III Supporting Organizations	1		
566	tion B. All Type in Supporting Organizations	$\overline{}$	7	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described 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? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instru	uctions	s)	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
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? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	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? If "Yes" or "No" provide details in Part VI.	За		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
_		3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	Nov. 20, 1970 (explain in I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	st complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrate	d Type III supporting orga	nization (see
	instructions).			

Schedule A (Form 990) 2022

Par	rt V Type III Non-Functionally Integrated 50)9(a)(3) Supporting Orga	nizations _(continued)	
Secti	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e	exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exe	mpt purposes of supported		
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4		
5	Qualified set-aside amounts (prior IRS approval required -	5		
6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which	n the organization is responsive		
	(provide details in Part VI). See instructions.	•	8	
9	Distributable amount for 2022 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
		(i)	(ii)	(iii)
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2022	Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2022			
a	From 2017			
b	From 2018			
с	From 2019			
d	From 2020			
е	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i_	Carryover from 2017 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, if			
	any. Subtract lines 3g and 4a from line 2. For result greate	er		
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2018			
	Excess from 2019			
	Excess from 2020			
	Excess from 2021			
е	Excess from 2022			

Schedule A (Form 990) 2022

Part VI	Supplemental Information Decide to a second of the Death Sector 200 Part Secto
T CIT VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)

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

Inspection

Name of the organization

SWFLCF SUPPORT ORGANIZATION INC

Employer identification number 30 - 0958830

Par			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	(a) Donor advised funds	(b) Funds and other accounts
4	Total number at and of year	(a) Donor advised funds	(b) i unus and other accounts
1 2	Total number at end of year		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	sed funds
Ū	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
_	for charitable purposes and not for the benefit of the donor of		
Par			
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
	Preservation of land for public use (for example, recrea	ation or education) Preservation o	f a historically important land area
	Protection of natural habitat	Preservation of	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		2a
	Number of conservation easements on a certified historic str		2c
d	Number of conservation easements included in (c) acquired a		
_	historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	e organization during the tax
	year		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per violations, and enforcement of the conservation easements in		
6	Staff and volunteer hours devoted to monitoring, inspecting,		
Ū	ctan and relations made develop to memoring, inspecting,	Thanking of Violations, and officially con-	oor valien eacomonic daring the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation easements during the year
	3, 1 3,	3	3
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservati		
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statem	ents that describes the
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections of		ther Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement a	and balance sheet works
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education, or research in f	urtherance of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these iten	ns.
b	If the organization elected, as permitted under FASB ASC 95	· ·	
	art, historical treasures, or other similar assets held for public	e exhibition, education, or research in furt	herance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical tre		al gain, provide
	the following amounts required to be reported under FASB A		•
	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions	5 IUI FUIII 99U.	Schedule D (Form 990) 2022

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

	t III Organizations Maintaining C	ollections of Ar		orical Tre	easures, or	Other	Similar	Assets	(contin	ued)	age 🚣
3	Using the organization's acquisition, accession								COITEIL	ucu)	
Ū	collection items (check all that apply):	on, and other record	o, oricon	arry or the	ionowning triat	mano oig	i iii oan a	30 01 113			
а	Public exhibition	d		l oan or exc	change progra	m					
b	Scholarly research	е			mange progra						
c	Preservation for future generations			Otrici							
4	Provide a description of the organization's co	allections and explain	how th	ev further th	ne organizatio	n's evem	nt nurnos	a in Part	XIII		
5	During the year, did the organization solicit or							c iii i ai t	ZIII.		
J	to be sold to raise funds rather than to be ma								Yes		No
Pai	t IV Escrow and Custodial Arrang										
	reported an amount on Form 990, Par		310 II 1110	or garnzan	ir anoworda	100 0111	01111 000,				
	Is the organization an agent, trustee, custodia		iary for o	ontribution	s or other ass	ets not in	cluded				
	on Form 990, Part X?								Yes		No
h	If "Yes," explain the arrangement in Part XIII										
-	, ee, explain the arrangement in arrying	arra comprese are re-							Amount		
С	Beginning balance						1c				
	Additions during the year										
	Distributions during the year										
f	Ending balance						1f				
2a	Did the organization include an amount on Fo								Yes		No
	If "Yes," explain the arrangement in Part XIII.								_		Ī
	t V Endowment Funds. Complete it).				
	·	(a) Current year		rior year	(c) Two years		d) Three ye	ars back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr		e (line 1c	, column (a)) held as:	•					
а	Board designated or quasi-endowment	•	%		•						
b	Permanent endowment	%	_								
С		 %									
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.									
За	Are there endowment funds not in the posses	ssion of the organiza	tion that	are held a	nd administere	ed for the	:				
	organization by:	· ·							ſ	Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on So	chedule R?					3b		
4	Describe in Part XIII the intended uses of the										
Pai	t VI Land, Buildings, and Equipm	ent.									
	Complete if the organization answered	d "Yes" on Form 990	, Part IV	, line 11a. S	See Form 990,	Part X, li	ne 10.				
	Description of property	(a) Cost or o			t or other		cumulated	t	(d) Book	valu	e
		basis (investn	nent)	basis	(other)	dep	reciation				
1a	Land										
	Buildings										
	Leasehold improvements			9	,884,249.		1,157,3	90.	8,	726,	859.
	Equipment				652,908.		587,6	18.		65,	290.
	Other										
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colum	n (B), line 1	0c.)				8,	792,	149.
								chodulo	D /F	0001	0000

Schedule D (Form 990) 2022

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	s - Other Securities.				
Complete if the	e organization answered "Yes" o	n 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 inter	rests				
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)	000 Part V and (P) line 40)				
Total. (Col. (b) must equal Form	n 990, Part X, col. (B) line 12.) [
	•	n Form 990 Part IV line	11c. See Form 990, Part X, line 13.		
	on of investment	(b) Book value	(c) Method of valuation: Cost or	end-of-vear market	value
(1)	or investment	(b) Book value	(c) Wellied of Valuation. Cost of	cha or year market	vaide
(2)	-				
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Col. (b) must equal Form	m 990, Part X, col. (B) line 13.)				
Part IX Other Asse					
Complete if the	e organization answered "Yes" o	n Form 990, Part IV, line	11d. See Form 990, Part X, line 15.		
	(a) D	escription		(b) Book v	value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
<u>(9)</u>					
Part X Other Liabi	al Form 990, Part X, col. (B) line	<u>15.)</u>		.	
		n Form 000 Bort IV line	110 or 11f Soo Form 000 Bort V line	25	
	a) Description of liability	TI FOITH 990, Part IV, line	11e or 11f. See Form 990, Part X, line	(b) Book v	value
	•			(b) BOOK (value
(1) Federal income taxe	es				
(2)					
(3)					
(4) (5)				+	
(3)					
(6)					

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

Schedule D (Form 990) 2022

(8) (9)

30-0958830

	Complete it the organization answered "Yes" on Form 990. Part IV, lin			
1	Complete if the organization answered "Yes" on Form 990, Part IV, lin Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		·····	
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities			
c	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)			
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			
	rt XII Reconciliation of Expenses per Audited Financial Sta	tements With Expe	nses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.	-	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments			
С	Other losses			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	_)	5	
Pa	rt XIII Supplemental Information.			
Prov	de 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 an	v additional information		
		y additional imormation.		
		y additional information.		
		y additional information.		
PART	! X, LINE 2:	y additional information.		
	·	y additional information.		
	X, LINE 2: ABORATORY, CUBAN PETE, AND SUPPORT ORGANIZATION ARE ALL N			
	·			
COLI	·	OT-FOR-PROFIT		
CORE	ABORATORY, CUBAN PETE, AND SUPPORT ORGANIZATION ARE ALL N	OT-FOR-PROFIT		
CORE	ABORATORY, CUBAN PETE, AND SUPPORT ORGANIZATION ARE ALL N	OT-FOR-PROFIT		
COLI	ABORATORY, CUBAN PETE, AND SUPPORT ORGANIZATION ARE ALL NO PORATIONS AND ARE EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION OF THE CODE. HOWEVER, INCOME FROM CERTAIN ACTIVITIES	OT-FOR-PROFIT FION S UNRELATED		
COLI	ABORATORY, CUBAN PETE, AND SUPPORT ORGANIZATION ARE ALL N	OT-FOR-PROFIT FION S UNRELATED		
COLI	ABORATORY, CUBAN PETE, AND SUPPORT ORGANIZATION ARE ALL NOORATIONS AND ARE EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION OF THE CODE. HOWEVER, INCOME FROM CERTAIN ACTIVITIES THE ORGANIZATION'S TAX-EXEMPT PURPOSE ARE SUBJECT TO TAXAT	OT-FOR-PROFIT FION S UNRELATED ION AS		
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COLI CORI 501(TO 1 UNRI	ABORATORY, CUBAN PETE, AND SUPPORT ORGANIZATION ARE ALL NO PORATIONS AND ARE EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION OF THE CODE. HOWEVER, INCOME FROM CERTAIN ACTIVITIES THE ORGANIZATION'S TAX-EXEMPT PURPOSE ARE SUBJECT TO TAXATELIATED BUSINESS INCOME, IF ANY,	OT-FOR-PROFIT FION S UNRELATED ION AS IS RECORDED.		
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COLI CORR 501(TO 1 UNRI IMMA COLI	ABORATORY, CUBAN PETE, AND SUPPORT ORGANIZATION ARE ALL NO PORATIONS AND ARE EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION OF THE CODE. HOWEVER, INCOME FROM CERTAIN ACTIVITIES THE ORGANIZATION'S TAX-EXEMPT PURPOSE ARE SUBJECT TO TAXATELIZATED BUSINESS INCOME, IF ANY, ATERIAL, THEREFORE NO PROVISION FOR INCOME TAXES HAS BEEN ABORATORY, CUBAN PETE, AND SUPPORT ORGANIZATION QUALIFY F	OT-FOR-PROFIT FION S UNRELATED ION AS IS RECORDED. OR THE		
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SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

SWFLCF SUPPORT ORGANIZATION INC

Employer identification number 30-0958830

Pa	art I Questions Regarding Compensation			
			Yes	No
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 Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account 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	1b		
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?	2		
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 Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations 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:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	Х	
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	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:			
	The organization?	5a		X
b	Any related organization?	5b		Х
	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:			
	The organization?	6a		X
b	Any related organization?	6b		X
_	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	7		Х
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	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2022

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) SARAH OWEN	(i)	0.	0.	0.	0.	0.	0.	0.
CEO (THROUGH 5/23/23)	(ii)	304,422.	0.	45,991.	26,061.	12,578.	389,052.	45,991.
(2) TERRY MAZANY	(i)	0.	0.	0.	0.	0.	0.	0.
DIRECTOR (AS OF 5/23/23)	(ii)	231,750.	0.	0.	6,501.	1,761.	240,012.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2022 SWFLCF SUPPORT ORGANIZATION INC 30-0958830	Page 3
Part III Supplemental Information	
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information	n.
PART I, LINE 4B:	
THE PRESIDENT PARTICIPATES IN A 457(F) DEFERRED COMPENSATION PLAN. THERE	
WERE \$0 CONTRIBUTIONS INTO THE PLAN AND \$0 PAYMENTS FROM THE PLAN FOR	
CALENDAR YEAR 2022.	
PART III - OTHER ADDITIONAL INFORMATION	
THE COMPENSATION AND BENEFIT INFORMATION REPORTED IN PART II OF	
SCHEDULE J IS MERELY PROVIDED AS PART OF THE REQUIRED RELATED	
ORGANIZATION DISCLOSURE FOR THE SOUTHWEST FLORIDA COMMUNITY FOUNDATION	
INC. THE SWFLCF SUPPORT ORGANIZATION INC DOES NOT COMPENSATE ANY OF ITS	
BOARD MEMBERS OR OFFICERS AND DOES NOT HAVE ANY EMPLOYEES.	
THE COMPENSATION FOR THE ORGANIZATION'S CEO IS SET AND DETERMINED BY	
ITS RELATED ORGANIZATION, SOUTHWEST FLORIDA COMMUNITY FOUNDATION INC.,	
USING OR MORE OF THE METHODS ON SCHEDULE J, PART I, LINE 3.	

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

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

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

SWFLCF SUPPORT ORGANIZATION INC	30-0958830
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	
PURPOSES AND/OR ACTIVITIES OF SOUTHWEST FLORIDA COMMUNITY FOUNDATION,	
INC., A FLORIDA NOT-FOR-PROFIT CORPORATION, SO LONG AS THOSE PURPOSES	
AND/OR ACTIVITIES ARE WITHIN THE MEANING OF SECTIONS 501(C)(3) AND	
170(C)(2).	
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	
THE MEANING OF SECTIONS 501(C)(3) AND 170(C)(2).	
FORM 990, PART VI, SECTION B, LINE 11B:	
ORGANIZATION'S PROCESS TO REVIEW FORM 990	
AN INDEPENDENT CERTIFIED PUBLIC ACCOUNTANT REVIEWS THE FORM WITH THE AUDIT	
COMMITTEE PRIOR TO FILING. THE FULL BOARD RECEIVES A COPY OF THE FORM 990	
TO REVIEW BEFORE FILING.	
FORM 990, PART VI, SECTION B, LINE 12C:	
ENFORCEMENT OF CONFLICTS POLICY	
EACH MEMBER OF THE BOARD IS REQUIRED TO REVIEW AND EXECUTE A NEW CONFLICT	
OF INTEREST POLICY ON AN ANNUAL BASIS.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE ORGANIZATION CURRENTLY HAS NO EMPLOYEES AND PROVIDES NO COMPENSATION TO	
ITS BOARD MEMBERS.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND	

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

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022	Page 2
Name of the organization SWFLCF SUPPORT ORGANIZATION INC	Employer identification number 30-0958830
FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.	

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Attach to Form 990.

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

SWFLCF SUPPORT ORGANIZATION INC

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

30-0958830

Part I Identification of Disregarded Entities. Complet	e if the organization answered "Yes	s" on Form 990, Part IV, line 3	3.		•			
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	(d) Total inco	me End-of-yea		Direct c	(f) ontrolling ntity)
	-							
Part II Identification of Related Tax-Exempt Organizations during the tax year.	tions. Complete if the organization	answered "Yes" on Form 990), Part IV, line 34, t	pecause it had one	e or more	related tax-exer	mpt	
(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		(f) et controlling entity		i 12(b)(13) olled ity?
				501(c)(3))			Yes	No
SOUTHWEST FLORIDA COMMUNITY FD - 59-6580974 2031 JACKSON ST, STE 100								
FORT MYERS, FL 33901	COMMUNITY FOUNDATION	FLORIDA	501(C)(3)	LINE 8	N/A			Х

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

SEE PART VII FOR CONTINUATIONS

Schedule R (Form 990) 2022

(a) Name, address, and EIN of related organization	(b) Primary activity	Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, xcluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		Disproportionate allocations?		Disproportionate allocations?		Disproportionate allocations?		Disproportionate allocations?		Disproportionate allocations?		Disproportionate allocations?		Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule	(j) General managir partner	(k) Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0														

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)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	Sec.	i) ction
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership		(i) ction (b)(13) rolled tity?
		Couriery)						Yes	No
								Ь	<u> </u>
								↓	<u> </u>

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

Not	: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		Х				
b	Gift, grant, or capital contribution to related organization(s)				1b		Х				
С	Gift, grant, or capital contribution from related organization(s)				1c		Х				
					1d		Х				
					1e		Х				
f	Dividends from related organization(s)				1f		Х				
					1g		Х				
h	Purchase of assets from related organization(s)				1h		Х				
Note: Complete line 1 if any entity is listed in Parts II, III, or V of this schedule. 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts IIIV? a Receipt of Q interest, (ii) annuties, (iii) royalities, or (iv) rent from a controlled entity b Giff, grant, or capital contribution for related organization(s) c Giff, grant, or capital contribution from related organization(s) d Loans or loan guarantees to or for related organization(s) f Dividends from related organization(s) g Sale of assets to related organization(s) f Dividends from related organization(s) g Sale of assets to related organization(s) j Lease of facilities, equipment, or other assets to related organization(s) k Lease of facilities, equipment, or other assets from related organization(s) j Performance of services or membership or fundasing solicitations for related organization(s) m Performance of services or membership or fundasing solicitations by related organization(s) n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) Sharing of paid employees with related organization(s) P Reimbursement paid to related organization(s) for expenses r Other transfer of cash or property for related organization(s) s Other transfer of cash or property for related organization(s) 10 In 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 (s) (b) Transaction type (a:s) 10 In 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.											
i	Lease of facilities, equipment, or other assets to related organization(s)				1i	х					
•	,,,,										
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		х				
	1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts IHV7 1 a Receipt of (i) interest; (ii) annutites, (iii) royalites, or (iv) rent from a controlled entity 5 (it), grant, or capital contribution to related organization(s) 6 (it), grant, or capital contribution to related organization(s) 6 (it), grant, or capital contribution from related organization(s) 7 (it) 8 (it), grant, or capital contribution from related organization(s) 8 (it) 9 (it) 10 (it) 11 (it) 12 (it) 13 (it) 14 (it) 15 (it) 16 (it) 16 (it) 17 (it) 18 (it) 19 (it) 19 (it) 10 (it) 10 (it) 10 (it) 11 (it) 12 (it) 13 (it) 14 (it) 15 (it) 16 (it) 17 (it) 18 (it		11		Х						
	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)										
						х					
·	Originity of paid omproyees with related organization(b)				10						
n	Reimbursement paid to related organization(s) for expenses				1n		х				
							х				
ч	Troinibulsement paid by related organization(s) for expenses				19						
r	Other transfer of cash or property to related organization(s)				1r		Х				
							Х				
					13	<u> </u>					
	·	·									
	(a) Name of related organization	Transaction		(d) Method of determining amount inv	olved						
(1)											
(2)											
(3)											
(4)											
(5)											

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)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Disprition allocat	opor- late tions?	General manage partner	(k) Percentage ownership
								000) 0000

Schedule R (Form 990) 2022