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TAX RETURN

We sincerely appreciate the opportunity to serve you. If you have any questions regarding the enclosed, please do not hesitate to call.

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

DECEMBER 31, 2022

PREPARED FOR:

COMMUNITY FOUNDATION OF NORTHWEST FLORIDA, INC. 17 WEST CEDAR STREET, SUITE 2 PENSACOLA, FL 32502

PREPARED BY:

WARREN AVERETT, LLC 350 W CEDAR STREET, SUITE 400 PENSACOLA, FL 32502

AMOUNT DUE OR REFUND:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-TE TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-TE TO US BY MAY 15, 2023

50m 8879-TE

IRS e-file Signature Authorization for a Tax Exempt Entity

OIVID	INO.	1343-0047	

For calendar year 2022, or fiscal year beginning

, 2022, and ending

2022

Department of the Treasury Internal Revenue Service

Name of filer

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information.

COMMUNITY FOUNDATION OF NORTHWEST FLORIDA, INC.

EIN or SSN 59-3371653

Name and title of officer or person subject to tax

KATIE WHITE VICE-CHAIRMAN

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

nan or	ne line in Part I.			
1a	Form 990 check here	X b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>539,966</u>
2a Form 990-EZ check here b To			Total revenue, if any (Form 990-EZ, line 9)	2b
3a	Form 1120-POL check here	b	Total tax (Form 1120-POL, line 22)	3b
4a	Form 990-PF check here	b	Tax based on investment income (Form 990-PF, Part V, line 5)	4b
5a	Form 8868 check here	b	Balance due (Form 8868, line 3c)	5b
6a	Form 990-T check here		Total tax (Form 990-T, Part III, line 4)	
7a	Form 4720 check here	_	Total tax (Form 4720, Part III, line 1)	
8a	Form 5227 check here	b	FMV of assets at end of tax year (Form 5227, Item D)	8b
9a	Form 5330 check here	b	Tax due (Form 5330, Part II, line 19)	9b
10a	Form 8038-CP check here		Amount of credit payment requested (Form 8038-CP, Part III, line 22	2) 10 b
Part Part	II Declaration and Sig	nature	Authorization of Officer or Person Subject to Tax	
Inder	penalties of perjury, I declare that	X Ia	m an officer of the above entity or I am a person subject to tax wit	n respect to (name
f entit	ry)		, (EIN) and that	have examined a copy of the
omple nterme	ete. I further declare that the amou ediate service provider, transmitter	nt in Par , or elec	ules and statements, and, to the best of my knowledge and belief, they at I above is the amount shown on the copy of the electronic return. I controlled the return originator (ERO) to send the return to the IRS and to receive on of the transmission. (b) the reason for any delay in processing the return to the IRS and to receive on of the transmission.	nsent to allow my e from the IRS (a) an

2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN	1 : c	check	one	box	only
-----	--------------	-------	-----	-----	------

X I authorize	WARREN	AVERETT,	LLC	to enter my PIN	71653	
			ERO firm name		Enter five numbers, bu	t

as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the

IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

59356084437

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2022)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

OND NO. 1343-0047
2022
Open to Public
Inspection

<u>A</u>	For the	2022 calendar year, or tax year beginning and e	ending		
В	Check if applicable	C Name of organization COMMUNITY FOUNDATION OF NORTHWEST		D Employer identific	cation number
	Addres	S ELODIDA ING			
	Name change Initial	Doing business as		59-33716	
	return Final return/	17 WEST CEDAR STREET, SUITE 2	Room/suite	E Telephone number 850-434-5	
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,328,122.
	Ameno return	PENSACOLA, FL 32502		H(a) Is this a group re	turn
	Applic tion pendir	F Name and address of principal officer: KATTE WITTE		for subordinates	? Yes X No
_		SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) 0	r 527	l '	list. See instructions
	Websit		<u> </u>	H(c) Group exemption	
	art I	organization: X Corporation Trust Association Other Summary		•	1 State of legal domicile: FL
a	1	Briefly describe the organization's mission or most significant activities: OUR M	(ISSIO	N IS TO ENRI	CH LIVES
Activities & Governance		AND STRENGTHEN THE COMMUNITIES WE SERVE.			
ž	2	Check this box if the organization discontinued its operations or dispose		1 1	
Š	3			3	9
ع	4	Number of independent voting members of the governing body (Part VI, line 1b)			9
9	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			1
₹	6	Total number of volunteers (estimate if necessary)			0
2	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····	7b	Current Year
		Contributions and grants (Part VIII line 1b)		175,237.	101,027.
4	8	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		508,327.	399,864.
ď	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	32,143.	39,075.	
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		715,707.	539,966.
_		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		496,488.	918,400.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
u	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		42,443.	43,715.
ğ	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Fxnenses	ь	Total fundraising expenses (Part IX, column (D), line 25) 7,84	8.		
ú	i 17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		94,857.	115,073.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		633,788.	1,077,188.
_		Revenue less expenses. Subtract line 18 from line 12		81,919.	-537,222.
Net Assets or	3		Be	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		4,724,558.	4,124,269.
at As	21	Total liabilities (Part X, line 26)		0.	0.
	22	Net assets or fund balances. Subtract line 21 from line 20		4,724,558.	4,124,269.
	art II	Signature Block			Local day and ball of 200
		Ities of perjury, I declare that I have examined this return, including accompanying schedules			knowledge and belief, it is
true	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of whi	cii preparei	nas any knowledge.	
C:		Signature of officer		I Date	
Sig		KATIE WHITE, VICE-CHAIRMAN		2410	
He	re	Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Pai	d	CLAIRE C. DUREN, CPA	0	05/09/2023 if self-employed	P01577924
	parer	Firm's name WARREN AVERETT, LLC			5-4084437
	Only	Firm's address 350 W CEDAR STREET, SUITE 400		THIN SERVE	· · · · · · · · · · · · · ·
-	,	PENSACOLA, FL 32502		Phone no.85	0-435-7400
Ma	y the IF	RS discuss this return with the preparer shown above? See instructions		1	X Yes No
		3-22 LHA For Paperwork Reduction Act Notice, see the separate instruction	ns.		Form 990 (2022)

	1990 (2022) FLORIDA, INC.	59-3371653 Page 2
Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission: OUR MISSION IS TO ENRICH LIVES AND STRENGTHEN THE COMMUN	
	SERVE.	
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.	Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.	Yes A No
4	Describe the organization's program service accomplishments for each of its three largest program services, as	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	s, the total expenses, and
	revenue, if any, for each program service reported. (Code:) (Expenses \$990, 962. including grants of \$918, 400.) (Reven	
4a	(Code:) (Expenses \$ 990,962. including grants of \$ 918,400.) (Revented Farnings from investment funds and pass-through gifts are	
	TO A DIVERSE RANGE OF NON-PROFIT CHARITABLE ORGANIZATION	
	INCLUDE ARTS AND HUMANITIES, COMMUNITY BUILDING, EDUCATION	
	HEALTH, AND AREAS OF PARTICULAR INTEREST TO INDIVIDUAL D	
41.		
4b	(Code:) (Expenses \$ including grants of \$) (Reven	ue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Reven	ue \$)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
<u>4e</u>	Total program service expenses 990,962.	Form 990 (2022)
		FUITH 330 (2022)

Form 990 (2022) FLORIDA, 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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	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			
	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			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	Х	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
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, VII, 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		x
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
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		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
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		x
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		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
-	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	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			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
.5	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."			<u></u>
13	,	19		x
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
		20b		├ <u></u> -
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
۲1	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
	domodio government entrative, columnity, iniciti il tes, complete schedule i, Parts I and il		-7	

Form 990 (2022) FLORIDA, INC.
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		<u> </u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
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		<u> </u>
	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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
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
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			3,
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			3,7
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			37
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	051		
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		\vdash
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		x
07	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	27		x
20	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	20	х	1
Par	Note: All Form 990 filers are required to complete Schedule O † V Statements Regarding Other IRS Filings and Tax Compliance	38	Λ	
. ui	Check if Schedule O contains a response or note to any line in this Part V			
	Shook it Soliedule O contains a response of hote to any line in this Fait v		V	NI.
1.	Enter the number reported in box 3 of Form 1006. Enter 0, if not applicable.		Yes	No
_	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a L Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
b	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
C		1c	Х	
	(gambling) winnings to prize winners?			

(continued) FLORIDA, INC.

Statements Regarding Other IRS Filings and Tax Compliance Part V

22 Enter the number of employees reported on Form W.3. Transmittal of Wage and Tax Statements. 1				Yes	No				
b If a least once is reported on line 2a, old the organization file all required festoral employment tax returns? 2b IX X b If Yes, 1 has it filed a form 980-f1 for this year? "Yes' to line 3b, provide an explanation on Schedule 0 3c	2a								
Section 501 (1996) 1996			_						
b If Yes, "Itas it flield a Form 896.7 for this year? If Yeb' to line 3b, provide an evolunation on Schedule O 4 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 accountry? 4 If Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial accountry? 5 If Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 5 If Yes, "other the name of the foreign country (such as a bank account, securities account, or other financial Accounts (FBAR). 5 If Yes, "other the name of the foreign country (such as a bank account, securities account, or other financial Accounts (FBAR). 5 If Yes, "other State party notify the organization file Form 8898 17? 5 If Yes, "other the organization in colds with every solicitation an exposer statement that such contributions or gifts were not tax deductible? 5 If Yes, "other organization network eductible contributions under section 170c). 5 If If Yes, "other organization notify the donor of the value of the goods or services provided? 5 If Yes, "other organization network and organization notify the donor of the value of the goods or services provided? 7 Organization sective any funds, directly or indirectly, to pay premums on a personal benefit contract? 7 If	b								
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If "Yes," complete Form 4720, Schedule O. 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	16		40		y				
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?	סו	-	16		$\stackrel{\wedge}{\vdash}$				
that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17								
	"		17						
		If "Yes," complete Form 6069.	- ' '						

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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								
	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									
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								
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х					
6	Did the organization have members or stockholders?	6		Х					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or								
	more members of the governing body?	7a		Х					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	1.5							
-	persons other than the governing body?	7b		Х					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	1.5							
а	The governing body?	8a	Х						
h	Each committee with authority to act on behalf of the governing body?	8b	X						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	00							
3	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.)	, ,							
	(This Section B requests information about policies not required by the internal nevertibe Code.)		Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	10a	100	X					
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100							
-	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									
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	X						
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe	120							
_	on Schedule O how this was done	12c	Х						
13	Did the organization have a written whistleblower policy?	13	X						
14	Did the organization have a written document retention and destruction policy?	14	X						
15	Did the process for determining compensation of the following persons include a review and approval by independent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
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					
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	100							
-	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							
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 onlv)	availal	ole					
. =	for public inspection. Indicate how you made these available. Check all that apply.	,							
	X Own website X Another's website X Upon request Other (explain on Schedule O)								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	cial						
	statements available to the public during the tax year.	rai N							
20	State the name, address, and telephone number of the person who possesses the organization's books and records								
	SUZIE WEST - 850-434-5890								
	17 WEST CEDAR STREET, SUITE 2, PENSACOLA, FL 32502								

Form 990 (2022) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- 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.

(A)	(B)	(C)					isali	(D)	(E)	(F)	
Name and title	Average hours per week	Position (do not check more box, unless person is officer and a directo				than o	n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	Individual trustee or director Institutional trustee Ordicer Officer Officer Key employee Highest compensated employee Former		ey employee lighest compensated mployee ormer		Micer key employee lighest compensated mployee ormer		the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) SUZIE WEST EXECUTIVE DIRECTOR	40.00			Х				40,556.	0.	0	
(2) AMELIA STROM	1.00			^				40,556.	0.	0.	
DIRECTOR	1.00	х						0.	0.	0.	
(3) KATIE WHITE	1.00										
VICE-CHAIRMAN		Х		Х				0.	0.	0.	
(4) KRAMER LITVAK	1.00										
DIRECTOR	1 00	Х						0.	0.	0.	
(5) RICK JOHNSON	1.00	3,7						0.	0.	0	
OIRECTOR (6) CECELIA NANNI	1.00	Х						0.	0.	0.	
SECRETARY	1.00	Х		х				0.	0.	0.	
(7) VICKY KANIS	1.00										
TREASURER		Х		х				0.	0.	0.	
(8) PIERCE BROSCIOUS	1.00										
DIRECTOR	1 00	Х						0.	0.	0.	
(9) PRESTON FORSHEE DIRECTOR	1.00	Х						0.	0.	0.	
(10) ASHLEY TUCKER	1.00	Λ						0.	0.	0.	
DIRECTOR	1.00	х						0.	0.	0.	
										•	
		-									
		1									

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(C)

(D)

(B)

(A)

(E)

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(F)

	Name and title	Average hours per week	box	not cl	ss per	ition more rson i	than of s both or/trus	n an	Reportable compensation from	Reportable compensatio	n	an	timate nount o other	
		(list any hours for related organizations below line)	In dividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization (W-2/1099-MIS 1099-NEC)	SC/	fr org and	pensa om the anizati d relate inizatio	e ion ed
											\Box			
	Subtotal								40,556.		0.			0.
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)								40,556.		0.			0.
2	Total number of individuals (including but n compensation from the organization								•	000 of reportable				0
3	Did the organization list any former officer,	director, truste	ee. k	ev e	lame	ove	e. or	hia	hest compensated emp	lovee on	ſ		Yes	No
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su	uch individual										3		X
7	and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	edule	J f	or such individual			4		Х
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes." com	=				-						5		Х
Sec 1	ction B. Independent Contractors Complete this table for your five highest co										oneat	ion fro	m	
	the organization. Report compensation for	•	-							•	rensati	1011 110	"""	
	(A) Name and business	address	NC	ONE	3				(B) Description of s	ervices	C	(C omper	s) nsatio	า
2	Total number of independent contractors (ii	•	ot lin	nited	d to t	_		ted	above) who received mo	ore than				
	\$100,000 of compensation from the organize	zation				()					Form ⁹	9 90 (2	2022)
00000	0 10 13 22													

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Statement of Revenue

			Check if Schedule O	cont	ains a	response	or note to any lin	e in this Part VIII			
						·		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ω _ω	_	_	Federated campaigns			1a					
Contributions, Gifts, Grants and Other Similar Amounts						1b					
ig g						1c					
fts,			Fundraising events								
iji gi						1d					
ns, Sim			Government grants (contr			1e					
atio er		Ť	All other contributions, gifts,				101 027				
듗뙲			similar amounts not included			1f	101,027.				
ont od (g	Noncash contributions included in	lines	1a-1f	1g \$		101 007			
O E		h	Total. Add lines 1a-1f					101,027.			
							Business Code				
<u>ic</u>	2										
er Je		b									
n S		С									
Jrar Sev		d									
Program Service Revenue		е									
۵			All other program service	reve	enue .						
		g									
	3		Investment income (include	_				140.650			140 650
			other similar amounts)					140,658.			140,658.
	4		Income from investment of			•	•				
	5		Royalties	·							
					—	(i) Real	(ii) Personal				
	6		Gross rents	6a	1						
		b	Less: rental expenses	6b							
		С	Rental income or (loss)	6с	:						
		d	Net rental income or (loss)) <u></u>							
	7	а	Gross amount from sales of		- ``	Securities	.,				
			assets other than inventory	7a	2,	047,362	•				
		b	Less: cost or other basis								
ne			and sales expenses	7b		788,156	_				
Ver			Gain or (loss)			259,206					
ther Revenue			Net gain or (loss)					259,206.			259,206.
her	8	а	Gross income from fundraisi	-	•	· I					
δ			including \$			_ of					
			contributions reported on		-						
			Part IV, line 18								
							b				
			Net income or (loss) from								
	9	а	Gross income from gamin	-							
			Part IV, line 19								
							b				
			Net income or (loss) from				·····				
	10	а	Gross sales of inventory, I	ess	return	ıs					
			and allowances								
			Less: cost of goods sold				b				
		С	Net income or (loss) from	sale	s of in	ventory					
2			1 DVTVT 0				Business Code	20.00			20.22
Miscellaneous Revenue	11		ADMINISTRATIVE FEES				523940	38,931.			38,931.
lan		b	OTHER INCOME				523940	144.			144.
scel 3ev		С									
Mis			All other revenue					20.05-			
		е	Total. Add lines 11a-11d					39,075.	-		420.005
	12		Total revenue. See instruction	ons				539,966.	0.	0.	438,939.

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**)
Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 918,400. 918,400. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 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, 6,083. 6,083. 40,555. 28,389. 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 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 3,160. 2,212. 474. 474 10 Payroll taxes Fees for services (nonemployees): Management Legal 16,350. 16,350. 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.) Advertising and promotion 12 Office expenses 13 Information technology 14 15 Royalties Occupancy 16 1,284. 899. 385. 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials ... Conferences, conventions, and meetings 19 20 Payments to affiliates 21 Depreciation, depletion, and amortization 22 795. 795. 23 Other expenses. Itemize expenses not covered 24 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.) 40,236. 40,236. INVESTMENT EXPENSE ADMINISTRATIVE EXPENSES 38,931. 38,931. 12,070. 12,070. MISCELLANEOUS 1,868. 2,669. 801. TELEPHONE 2.738. 263. 2,370. 105. All other expenses 1,077,188. 990,962. 78,378. 7,848. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2022)
Part X Balance Sheet

i ai	τx	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	396,406.	1	33,627.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
şţ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ä	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation		10c	
	11	Investments - publicly traded securities		11	4,090,642.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	4 4 0 4 0 6 0
	16	Total assets. Add lines 1 through 15 (must equal line 33)	4,724,558.	16	4,124,269.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21			21	
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%		-00	
Liak		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26		0.	26	0.
	20	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here		20	
Se		and complete lines 27, 28, 32, and 33.			
Fund Balances	27	Net assets without donor restrictions		27	
3ala	28	Net assets with donor restrictions		28	
ρĘ		Organizations that do not follow FASB ASC 958, check here			
Fur		and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds	0.	29	0.
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	0.
Ass	31	Retained earnings, endowment, accumulated income, or other funds	4 804 880	31	4,124,269.
Net Assets or	32	Total net assets or fund balances		32	4,124,269.
~	33	Total liabilities and net assets/fund balances		33	4,124,269.

Form **990** (2022)

Form 990 (2022)

FLORIDA, INC.

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Pa	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u> </u>	
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,07	<u>77,1</u>	88.
3	Revenue less expenses. Subtract line 2 from line 1	3		37,2	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,72	<u> 4,5</u>	<u>58.</u>
5	Net unrealized gains (losses) on investments	5	-6	3,0	67.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	4,12	24,2	69.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				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	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	
	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:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	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 Consolidated basis Both consolidated and 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	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	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		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2022)

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.

OMB No. 1545-0047

Open to Public

COMMUNITY FOUNDATION OF NORTHWEST **Employer identification number** Name of the organization FLORIDA INC. 59-3371653 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 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 organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

FLORIDA, INC.

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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.)

Sec	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.")	43,261.	317,796.	286,418.	175,237.	101,027.	923,739.
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	43,261.	317,796.	286,418.	175,237.	101,027.	923,739.
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)						321,169.
	Public support. Subtract line 5 from line 4.						602,570.
	ction B. Total Support	T					
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	43,261.	317,796.	286,418.	175,237.	101,027.	923,739.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	156 055	155 060	140 000	E00 20E	200 064	1262012
	and income from similar sources	156,057.	155,868.	142,897.	508,327.	399,864.	1363013.
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	33,582.	32,486.	33,010.	32,143.	30 075	170,296.
44	assets (Explain in Part VI.)	33,302.	32,400.	33,010.	34,143.	39,073.	2457048.
	Total support. Add lines 7 through 10	ata (aga inaturatio	ma)			12	243/040.
	Gross receipts from related activities, First 5 years. If the Form 990 is for the	•	,	fourth or fifth toy w			
13	organization, check this box and stor			•			
Sec	ction C. Computation of Publi						
	Public support percentage for 2022 (I			column (f))		14	24.52 %
	Public support percentage from 2021					15	27.14 %
	33 1/3% support test - 2022. If the o					<u> </u>	
	stop here. The organization qualifies						
b	33 1/3% support test - 2021. If the o						
	and stop here. The organization qual	•		•		•	
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	_					
	meets the facts-and-circumstances te			=	•		T
b	10% -facts-and-circumstances test	-		*	-		
	more, and if the organization meets the	•				•	
	organization meets the facts-and-circu				-		
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	·

Schedule A (Form 990) 2022

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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.)

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	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						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support	г	_	_	T	T	
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
"	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
10	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)					01()(0) : ::	
14	First 5 years. If the Form 990 is for the	-		•			
Se	check this box and stop herection C. Computation of Publi	c Support Per					
	Public support percentage for 2022 (I			oolumn (f)\		15	%
	Public support percentage from 2021					16	/ 6
	ction D. Computation of Inves					10	70
	Investment income percentage for 20			ne 13 column (fl)		17	%
	Investment income percentage from 2			10, 00141111 (1))		18	%
	a 33 1/3% support tests - 2022. If the						
.00	more than 33 1/3%, check this box ar						
ŀ	33 1/3% support tests - 2021. If the						ınd
•	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						

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
1		
2		
За		
3b		
3c		
40		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
Ja		
9b		
9с		
10a		
 10b		0000
 A (Forn	v aav)	ついつつ

	rt IV Supporting Organizations (continued)		<u> </u>	age o
	Continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		163	NO
	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
u	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
c	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	112		
•	detail in Part VI.	11c		
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		100	110
	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 supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described 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 in	struction		
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.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	0.		
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		l

Schedule A (Form 990) 2022

FLORIDA, INC.

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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ring trust on N	lov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu			
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):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
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-function	ally integrated	d Type III supporting orga	nization (see

Schedule A (Form 990) 2022

instructions).

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	inizations _{(continu}	ıed)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	 S	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2022	ıs	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				
а	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: \$				
a	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 greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				

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

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

COMMUNITY FOUNDATION OF NORTHWEST FLORIDA, INC.

Employer identification number 59-3371653

Pai	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the						
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.	·				
		(a) Donor advised funds	(b) Funds and other accounts				
1	Total number at end of year	12	1				
2	Aggregate value of contributions to (during year)	98,262.	2,534.				
3	Aggregate value of grants from (during year)	851,328.	5,000.				
4	Aggregate value at end of year	0 401 206	31,765.				
5	Did the organization inform all donors and donor advisors in						
	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						
	impermissible private benefit?	······································	X Yes No				
Pai	Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.						
1	Purpose(s) of conservation easements held by the organizati						
	Preservation of land for public use (for example, recrea	ation or education) Preservation of	a historically important land area				
	Protection of natural habitat	Preservation of	a certified historic structure				
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last				
	day of the tax year.		Held at the End of the Tax Year				
а	Total number of conservation easements		2a				
b			a.				
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c				
d	Number of conservation easements included in (c) acquired a	after July 25,2006, and not on a					
	historic structure listed in the National Register		2d				
3	Number of conservation easements modified, transferred, re-						
	year						
4	Number of states where property subject to conservation eas	sement is located					
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of					
	violations, and enforcement of the conservation easements in	t holds?	Yes No				
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	servation easements during the year				
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservat	tion easements during the year				
8	Does each conservation easement reported on line 2(d) above	•					
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 statement	ents that describes the				
Dai	organization's accounting for conservation easements. III Organizations Maintaining Collections of	f Art Historical Treasures or Ot	har Similar Assats				
I G	Complete if the organization answered "Yes" on Form	-	ner ommar Assets.				
12	If the organization elected, as permitted under FASB ASC 95		nd halance sheet works				
Ia							
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.						
h	If the organization elected, as permitted under FASB ASC 95						
b	art, historical treasures, or other similar assets held for public	•					
	provide the following amounts relating to these items:	exhibition, education, or research in full	icialice of public service,				
			¢				
	(i) Revenue included on Form 990, Part VIII, line 1		•				
2	If the organization received or held works of art, historical tre	asures or other similar assets for financia					
_	the following amounts required to be reported under FASB A		i gairi, provido				
9	Revenue included on Form 990, Part VIII, line 1	· ·	\$				
h	Assets included in Form 990, Part X						
IJ	, 1000to moradou in i onni odo, i alt /		Ψ				

Sche	dule D (Form 990) 2022 FLORIDA	, INC.				59-	-33	71653	Pa	age 2
Pai	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Othe	er Sii	milar As	sets	(contin	ued)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that make	signifi	cant use o	f its			
	collection items (check all that apply):									
а	Public exhibition	d	Loan or excl	hange program						
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	how they further th	e organization's exe	mpt p	ourpose in	Part 2	XIII.		
5	During the year, did the organization solicit or	r receive donations o	f art, historical treas	sures, or other simila	ır asse	ets		_		_
	to be sold to raise funds rather than to be ma							Yes		No
Pai	t IV Escrow and Custodial Arrang		ete if the organization	n answered "Yes" o	n Forr	m 990, Par	t IV, I	ine 9, or		
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodia		•					-		_
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the foll	owing table:		_					
					L			Amount		
С	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance				L	1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for escrow or cu	stodial account liab	ility?		L	Yes	<u> </u>	No
	If "Yes," explain the arrangement in Part XIII.									
Pai	t V Endowment Funds. Complete it					Fl		/ \ F		la a a la
		(a) Current year	(b) Prior year	(c) Two years back	(d)	Three years		(e) Four		
1a	Beginning of year balance	1,717,883.	1,670,782.	1,586,961.		1,481,2	250.	Ι,		084.
b	Contributions	170 004	110 441	107 070		244.0				100.
С	Net investment earnings, gains, and losses	-172,284.	118,441.	187,970.		344,2				390.
d	Grants or scholarships	62,072.	57,380.	88,952.	-	223,0	,60.		56,	762.
е	Other expenditures for facilities									
	and programs	13,307.	12 060	15 107		15 /	162		1 5	702
	Administrative expenses	1,470,220.	13,960.	15,197.	+	15,4		1		782.
g	End of year balance			1,670,782.		1,586,9	,01.	Ι,	401,	250.
2	Provide the estimated percentage of the curre	ent year end balance) neid as:						
	Board designated or quasi-endowment	0/	_%							
b	Permanent endowment Term endowment	%								
C	· · · · · · · · · · · · · · · · · · ·									
20	The percentages on lines 2a, 2b, and 2c should be the percentages on lines 2a, 2b, and 2c should be the percentages on lines 2a, 2b, and 2c should be the percentages on lines 2a, 2b, and 2c should be the percentages on lines 2a, 2b, and 2c should be the percentages on lines 2a, 2b, and 2c should be the percentages on lines 2a, 2b, and 2c should be the percentages on lines 2a, 2b, and 2c should be the percentages on lines 2a, 2b, and 2c should be the percentages on lines 2a, 2b, and 2c should be the percentages on lines 2a, 2b, and 2c should be the percentages on lines 2a, 2b, and 2c should be the percentages on lines 2a, 2b, and 2c should be the percentages on lines 2a, 2b, and 2c should be the percentages of the percentage of the pe	•	tion that are hold an	d administered for t	ho					
Sa	Are there endowment funds not in the posses organization by:	ssion of the organiza	tion that are new an	id administered for t	i ie			Г	Yes	No
	,							3a(i)		X
								3a(ii)		X
h	(ii) Related organizations	tions listed as require	ad on Schedule R2					3b		
4	Describe in Part XIII the intended uses of the							UU		
Par	t VI Land, Buildings, and Equipme		villerit idrids.							
	Complete if the organization answered		, Part IV, line 11a. S	ee Form 990, Part X	(, line	10.				
	Description of property	(a) Cost or of				nulated		(d) Book	valu	—— е
		basis (investm	nent) basis	(other) de	eprec	iation	\perp			
	Land									
	Buildings						-			
С	Leasehold improvements						1			
d	Equipment						1			

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0.

e Other

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Schedule D (Form 990) 2022 FLORIDA, IN	iC.	5	59-3371653 _{Page} 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1b. 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 e	end-of-year market value
(1) Financial derivatives	(1)	(,)	, ,
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	end-of-year market value
(1)		• •	•
(2)			
(3)			
(4)			
(5)			
(6)			
<u>(7)</u>			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		1d. See Form 990, Part X, line 15.	1 (1) 5
(a)	Description		(b) Book value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15)		
Part X Other Liabilities.	0 10.)		
Complete if the organization answered "Yes"	on Form 990. Part IV. line 1	1e or 11f. See Form 990. Part X. line	25.
(a) Description of liability			(b) Book value
(1) Federal income taxes			(,
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
			i .

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

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Pai	t XI Reconciliation of Revenue per Audited Financial S	Statements With Revenue	e per Return.	
	Complete if the organization answered "Yes" on Form 990, Part I	V, line 12a.		
1	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:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities			
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, 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 revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	. 12.)	5	
Pa	t XII Reconciliation of Expenses per Audited Financial	Statements With Expens	es per Return.	
	Complete if the organization answered "Yes" on Form 990, Part I	V, line 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:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Port VIII.)	4.		
	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b			
c 5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I. lin			
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line t XIII Supplemental Information.	ne 18.)	5	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, linet XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	ne 18.) and 4; Part IV, lines 1b and 2b; Pa	5	XI,
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line t XIII Supplemental Information.	ne 18.) and 4; Part IV, lines 1b and 2b; Pa	5	XI,
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, linet XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	ne 18.) and 4; Part IV, lines 1b and 2b; Pa	5	XI,
5 Par Provilines	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, linet XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	ne 18.) and 4; Part IV, lines 1b and 2b; Pa	5	XI,
5 Par Provilines	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, linet XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	ne 18.) and 4; Part IV, lines 1b and 2b; Pa	5	XI,
Prov lines	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. linet XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide XT V, LINE 4:	ne 18.) and 4; Part IV, lines 1b and 2b; Pa	5	XI,
Prov lines	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, linet XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	ne 18.) and 4; Part IV, lines 1b and 2b; Pa	5	XI,
Provinces PAI	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, linet XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide TV, LINE 4: ALTH CARE AND DISASTER RELIEF	ne 18.) and 4; Part IV, lines 1b and 2b; Pa	5	XI,
Provinces PAI	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. linet XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide XT V, LINE 4:	ne 18.) and 4; Part IV, lines 1b and 2b; Pa	5	XI,
Provines PAI	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. linet XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide RT V, LINE 4: ALTH CARE AND DISASTER RELIEF TS & LITERACY	ne 18.) and 4; Part IV, lines 1b and 2b; Pa	5	XI,
Provines PAI	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, linet XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide TV, LINE 4: ALTH CARE AND DISASTER RELIEF	ne 18.) and 4; Part IV, lines 1b and 2b; Pa	5	XI,
Provines PAI	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. linet XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide RT V, LINE 4: ALTH CARE AND DISASTER RELIEF TS & LITERACY	ne 18.) and 4; Part IV, lines 1b and 2b; Pa	5	XI,
Provines PAI	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. linet XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide RT V, LINE 4: ALTH CARE AND DISASTER RELIEF TS & LITERACY	ne 18.) and 4; Part IV, lines 1b and 2b; Pa	5	XI,
Provines PAI	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. linet XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide RT V, LINE 4: ALTH CARE AND DISASTER RELIEF TS & LITERACY	ne 18.) and 4; Part IV, lines 1b and 2b; Pa	5	XI,
Provines PAI	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. linet XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide RT V, LINE 4: ALTH CARE AND DISASTER RELIEF TS & LITERACY	ne 18.) and 4; Part IV, lines 1b and 2b; Pa	5	XI,
Provines PAI	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. linet XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide RT V, LINE 4: ALTH CARE AND DISASTER RELIEF TS & LITERACY	ne 18.) and 4; Part IV, lines 1b and 2b; Pa	5	XI,
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SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Attach to Form 990.

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

COMMUNITY FOUNDATION OF NORTHWEST

2022

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

FLORIDA,	INC.						59-3371653
Part I General Information on Grants a	nd Assistance						
1 Does the organization maintain records t	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selection	
criteria used to award the grants or assis	stance?						No
2 Describe in Part IV the organization's pro	cedures for monit	oring the use of grant	funds in the United	States.			
Part II Grants and Other Assistance to					anization answered "Y	es" on Form 990, Part	IV, line 21, for any
recipient that received more than \$	·		1		(f) Method of	_	T
Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
COVENANT HOSPICE FOUNDATION, INC.							
5041 N 12TH AVENUE							
PENSACOLA, FL 32504	59-3060139	501(C)(3)	40,000.	0.			HEALTH & HUMAN SERVICES
ST. THOMAS EPISCOPAL CHURCH 210 CHURCH ST	62 0840065	501/(3)/(2)	54 500				
GREENVILLE, AL 36037	63-0712865	501(C)(3)	54,728.	0.			BASIC SOCIAL SERVICES
AMERICAN CANCER SOCIETY 250 WILLIAMS ST. ATLANTA, GA 30303	13-1788491	501(C)(3)	7,669.	0.			HEALTH & HUMAN SERVICES
AMERICAN HEART ASSOCIATION 7272 GREENVILLE AVE. DALLAS, TX 75231	13-5613797	501(C)(3)	7,669.	0.			HEALTH & HUMAN SERVICES
BIG OAK RANCH P.O. BOX 507 SPRINGVILLE, AL 35146	23-7413017	501(C)(3)	12,000.	0.			CHILDREN
FATHER FLANAGAN'S BOYS HOME 14100 CRAWFORD ST							
BOYS TOWN, NE 68010	47-0376606	501(C)(3)	7,669.	0.			CHILDREN
2 Enter total number of section 501(c)(3) a	nd government org	ganizations listed in th	e line 1 table				19 .

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
90WORKS							
117 GREGORY SQUARE							
PENSACOLA, FL 32501	59-2299573	501(C)(3)	9,972.	0.			CHILDREN/FAMILIES
ST. JOHN'S EPISCOPAL CHURCH							
PO BOX 13330							
PENSACOLA, FL 32591	63-0590872	501(C)(3)	25,000.	0.			BASIC SOCIAL SERVICES
BUILD UP							
1240 18TH AVE							
BIRMINGHAM, AL 35205	82-2592447	501(C)(3)	10,000.	0.			BASIC SOCIAL SERVICES
DEGET N CHARLES WINE AUGUSON							
DESTIN CHARITY WINE AUCTION 195 GRAND BOULEVARD SUITE 200							
MIRAMAR BEACH, FL 32550	20-4475403	501 (C) (3)	12,000.	0.			SOCIAL SERVICES
HIRAMAN BEACH, FE 32330	20 4473403	501(0)(5)	12,000.	0.			DOCIAL BERVICES
UNIVERSITY OF WEST FLORIDA							
11000 UNIVERSITY PKWY							
PENSACOLA, FL 32514	59-1151736	501(C)(3)	300,000.	0.			EDUCATION
SNOEZELEN WESTGATE FOUNDATION							
23 S A STREET							
PENSACOLA, FL 32501	59-3711375	501(C)(3)	9,972.	0.			CHILDREN
COMMUNITY FOUNDATION OF WEST							
KENTUCKY - PO BOX 7 - PADUCAH, KY	61 1204005	501/61/21	10.000	0			
42002	61-1304905	501(C)(3)	10,000.	0.			BASIC SOCIAL SERVICES
UNIVERSITY OF ALABAMA- HM COMER							
BUILDING FUND - P.O. BOX 870172 -							
TUSCALOOSA, AL 35487	63-6001138	501(C)(3)	330,000.	0.			EDUCATION
THE WORLD GAMES							
950 22ND STREET NORTH, SUITE 600	46 40 70 26 5	501 (7) (2)					PREPARATION FOR WORLD
BIRMINGHAM, AL 35203	46-4970311	DOT(C)(3)	10,000.	0.			GAMES

FLORIDA, INC. 59-3371653 Schedule I (Form 990) Page 1 Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government non-cash assistance or assistance if applicable cash grant noncash valuation (book, FMV, assistance appraisal, other) AMERICAN RED CROSS OF NW FLORIDA 9111 STURDEVANT ST PENSACOLA, FL 32514 53-0196605 501(C)(3) 7,669. 0. HEALTH & HUMAN SERVICES THE PYC SATORI FOUNDATION, INC. 1897 CYPRESS STREET PENSACOLA, FL 32502 47-3844517 501(C)(3) 10,000. 0. MARINE SCIENCE OUTREACH

FLORIDA, INC.

Schedule I (Form 990) 2022 FLORIDA, INC.					59-3371653	Page 2
Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	. Complete if the	organization answ	ered "Yes" on Form 9	90, Part IV, line 22.		<u> </u>
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash as	ssistance
	·					
Part IV Supplemental Information. Provide the information req	uired in Part I, line	e 2; Part III, column	(b); and any other ac	Iditional information.		
PART I, LINE 2:						
THE COMMUNITY FOUNDATION OF NORTHW	EST FLORI	DA (CFNWF)) IS CERTIF	IED BY AND		
FOLLOWS GUIDELINES SET FORTH BY TH	E COMMUNI	TY FOUNDAT	TION NATION	AL STANDARDS		
BOARD. IN ACCORDANCE WITH THE GUID	ELINES SE	T BY THE 1	NATIONAL ST	ANDARDS		
BOARD, ORGANIZATIONS RECEIVING DONA	ATIONS FR	OM CFNWF I	OONOR ADVIS	ED FUNDS ARE		
NOT REQUIRED TO REPORT ON THE USE (
GIVEN TO NON-PROFITS, TAX-EXEMPT U						
PASS-THROUGH GRANTS AND/OR UNRESTR						
REPORT ON THE USE OF GRANT FUNDS BY COMPLETING A GRANT REPORTING FORM						

		COMMUNITY FOUNDATION OF NORTHWEST	
Schedule I	(Form 990)	FLORIDA, INC.	59-3371653 Page 2
Part IV	Supplemental Info	FLORIDA, INC.	
ANNUAL	LY.		
	· 		

SCHEDULE 0 (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.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

COMMUNITY FOUNDATION OF NORTHWEST FLORIDA, INC.

Employer identification number 59-3371653

FORM 990, PART VI, SECTION B, LINE 11B:
EXECUTIVE COMMITTEE REVIEWS AND APPROVES THE FORM 990, FOLLOWED BY THE FULL
BOARD AT THE NEXT SCHEDULED BOARD MEETING.
FORM 990, PART VI, SECTION B, LINE 12C:
EACH BOARD MEMBER SIGNS THE CONFLICT OF INTEREST POLICY AND THE POLICY IS
REVIEWED BY THE BOARD ANNUALLY.
FORM 990, PART VI, SECTION B, LINE 15A:
COMPENSATION OF THE PAID STAFF IS DETERMINED BY THE BOARD OF DIRECTORS
USING THE APPROVED POLICY ON COMPENSATION.
FORM 990, PART VI, SECTION C, LINE 19:
DOCUMENTS ARE AVAILABLE UPON REQUEST. THE FOUNDATION'S FORM 990 IS
AVAILABLE ON GUIDESTAR.ORG.
FORM 990, PART XII, FINANCIAL STATEMENTS AND REPORTING
THE ORGANIZATION DID NOT CHANGE ITS PROCESS FOR OVERSIGHT OF THE
COMPILATION OR ITS PROCESS FOR SELECTING THE INDEPENDENT ACCOUNTANT
DURING THE TAX YEAR.