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Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

2013Department of the Treasury
Internal Revenue Service

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.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.**Open to Public Inspection**

A For the 2013 calendar year, or tax year beginning JULY 1, 2013, and ending JUNE 30, 2014

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization THE PLANTATION COMMUNITY FOUNDATION INC
 Doing Business As PLANTATION COMMUNITY FOUNDATION
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
500 ROCKLEY BLVD
 City or town, state or province, country, and ZIP or foreign postal code
VENICE FL 34293

D Employer identification number
65-0056930

E Telephone number
941-492-4826

G Gross receipts \$ 397,440

F Name and address of principal officer:
JUDY THUR - AS ABOVE

H(a) Is this a group return for subordinates? ☐ Yes ☒ No
H(b) Are all subordinates included? ☐ Yes ☐ No
 If "No," attach a list. (see instructions)
H(c) Group exemption number ▶

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

J Website: ▶

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1988 **M** State of legal domicile: FL

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
SEE SCHEDULE

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a) 3

4 Number of independent voting members of the governing body (Part VI, line 1b) 9

5 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 3

6 Total number of volunteers (estimate if necessary) 350

7a Total unrelated business revenue from Part VIII, column (C), line 12 0

7b Net unrelated business taxable income from Form 990-T, line 34 0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h) <u>RECEIVED</u>	<u>103,445</u>	<u>115,561</u>
9 Program service revenue (Part VIII, line 2g)	<u>0</u>	<u>0</u>
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>38,894</u>	<u>44,720</u>
11 Other revenue (Part VIII, column (A), lines 5, 6, 8c, 9c, 10c, and 14e)	<u>84,200</u>	<u>120,356</u>
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>226,539</u>	<u>280,637</u>
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) <u>RECEIVED</u>	<u>100,338</u>	<u>111,660</u>
14 Benefits paid to or for members (Part IX, column (A), line 4)	<u>0</u>	<u>0</u>
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u>62,661</u>	<u>55,855</u>
16a Professional fundraising fees (Part IX, column (A), line 11e)	<u>0</u>	<u>0</u>
b Total fundraising expenses (Part IX, column (D), line 25) ▶		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u>26,349</u>	<u>10,673</u>
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u>189,348</u>	<u>178,188</u>
19 Revenue less expenses. Subtract line 18 from line 12	<u>37,191</u>	<u>102,449</u>
20 Total assets (Part X, line 16)	<u>743,214</u>	<u>887,990</u>
21 Total liabilities (Part X, line 26)	<u>912</u>	<u>268</u>
22 Net assets or fund balances. Subtract line 21 from line 20	<u>742,302</u>	<u>887,722</u>

Part II Signature Block

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

Sign Here Signature of officer Robert C Halcyard Date 3/2/15

Type or print name and title ROBERT C HALCYARD, TREASURER

Paid Preparer Use Only

Print/Type preparer's name _____ Preparer's signature _____ Date _____ Check ☐ if self-employed PTIN _____

Firm's name ▶ _____ Firm's EIN ▶ _____

Firm's address ▶ _____ Phone no. _____

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form **990** (2013)

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Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission:*See Schedule O***2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4b** (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4c** (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4d** Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)**4e** Total program service expenses ▶

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	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.	<input type="checkbox"/>	<input type="checkbox"/>
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12 a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14 a Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	<input checked="" type="checkbox"/>	<input type="checkbox"/>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<input type="checkbox"/>	<input type="checkbox"/>

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	<input checked="" type="checkbox"/>	<input type="checkbox"/>
22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	<input type="checkbox"/>	<input type="checkbox"/>
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	<input type="checkbox"/>	<input type="checkbox"/>
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	<input type="checkbox"/>	<input type="checkbox"/>
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	<input type="checkbox"/>	<input checked="" type="checkbox"/>
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	<input type="checkbox"/>	<input checked="" type="checkbox"/>
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):	<input type="checkbox"/>	<input checked="" type="checkbox"/>
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	<input type="checkbox"/>	<input checked="" type="checkbox"/>
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	<input type="checkbox"/>	<input checked="" type="checkbox"/>
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	<input type="checkbox"/>	<input checked="" type="checkbox"/>
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	<input type="checkbox"/>	<input checked="" type="checkbox"/>
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	<input type="checkbox"/>	<input checked="" type="checkbox"/>
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	<input type="checkbox"/>	<input checked="" type="checkbox"/>
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	<input type="checkbox"/>	<input checked="" type="checkbox"/>
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	<input type="checkbox"/>	<input checked="" type="checkbox"/>
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☒

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	-0-
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	-0-
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	3
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	X
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/A
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/A
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	N/A
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?	9a	N/A
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	N/A
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	N/A
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	N/A
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	N/A
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	N/A
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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 in Schedule O. See instructions.

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

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1a 9		
b Enter the number of voting members included in line 1a, above, who are independent		
1b 9		
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?		<input checked="" type="checkbox"/>
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		<input checked="" type="checkbox"/>
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
6 Did the organization have members or stockholders?	<input checked="" type="checkbox"/>	
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?	<input checked="" type="checkbox"/>	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<input checked="" type="checkbox"/>
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	<input checked="" type="checkbox"/>	
b Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		<input checked="" type="checkbox"/>

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?		<input checked="" type="checkbox"/>
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<input checked="" type="checkbox"/>	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13		<input checked="" type="checkbox"/>
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
12b		
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done		
12c		
13 Did the organization have a written whistleblower policy?		<input checked="" type="checkbox"/>
14 Did the organization have a written document retention and destruction policy?		<input checked="" type="checkbox"/>
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official		<input checked="" type="checkbox"/>
b Other officers or key employees of the organization		<input checked="" type="checkbox"/>
If "Yes" to line 15a or 15b, describe the process in 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?		<input checked="" type="checkbox"/>
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► **SEE SCHEDULE O**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► **MAUREEN HOUE - 500 ROCKLEY BLVD, VENICE FL 334293**
941-497-4826

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Judy Thuer - Pres.	8	X		X				-0-	-0-	-0-
(2) Terry Williamson - Lt V.P.	2	X		X				-0-	-0-	-0-
(3) Robert Halkyard - Treas	2	X		X				-0-	-0-	-0-
(4) Marcia Zawada - Sec'y	2	X		X				-0-	-0-	-0-
(5) Robert Hayden - V.P.	2	X		X				-0-	-0-	-0-
(6) Joanne Kraska - V.P.	2	X		X				-0-	-0-	-0-
(7) Cheryl McAvoy V.P.	2	X		X				-0-	-0-	-0-
(8) Pete Misiaszek V.P.	2	X		X				-0-	-0-	-0-
(9) John Moore V.P.	2	X		X				-0-	-0-	-0-
(10)										
(11)										
(12)										
(13)										
(14)										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Sub-total								-0-	-0-	-0-
c Total from continuation sheets to Part VII, Section A								N/A	N/A	N/A
d Total (add lines 1b and 1c)								-0-	-0-	-0-

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

3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
3		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

	Yes	No
4		X

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	-0-	

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☒

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a	- 0 -			
	b	Membership dues	1b	57618			
	c	Fundraising events	1c	- 0 -			
	d	Related organizations	1d	- 0 -			
	e	Government grants (contributions)	1e	- 0 -			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	57943			
	g	Noncash contributions included in lines 1a-1f \$		46800			
	h	Total. Add lines 1a-1f ▶		115561			
Program Service Revenue				Business Code			
	2a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f ▶					
	3	Investment income (including dividends, interest, and other similar amounts) ▶			44720		
	4	Income from investment of tax-exempt bond proceeds ▶					
Other Revenue	5	Royalties ▶					
	6a	Gross rents	(i) Real	(ii) Personal			
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss) ▶					
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	b	Less: cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss) ▶					
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a	237158			
	b	Less: direct expenses	b	116803			
	c	Net income or (loss) from fundraising events ▶		120356			
	9a	Gross income from gaming activities. See Part IV, line 19	a				
	b	Less: direct expenses	b				
	c	Net income or (loss) from gaming activities ▶					
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less: cost of goods sold	b				
	c	Net income or (loss) from sales of inventory ▶					
Miscellaneous Revenue				Business Code			
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d ▶						
12	Total revenue. See instructions. ▶			280637	- 0 -	- 0 -	- 0 -

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX ☒**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	11,660			
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	5,978		5,978	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	3877		3877	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12 Advertising and promotion	2296		2296	
13 Office expenses	3195		3195	
14 Information technology				
15 Royalties				
16 Occupancy	1200		1200	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	913		913	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Food & BEVERAGE	1526		1526	
b				
c				
d				
e All other expenses	1543		1543	
25 Total functional expenses. Add lines 1 through 24e	178,188		66,528	
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	100	1	100
	2 Savings and temporary cash investments	43,844	2	64,642
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 6,517		
	b Less: accumulated depreciation	10b 6,517	10c -0-	
	11 Investments—publicly traded securities		11	
	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	699,270	15	823,248
16 Total assets. Add lines 1 through 15 (must equal line 34)	743,214	16	887,990	
Liabilities	17 Accounts payable and accrued expenses	912	17	268
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		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 Total liabilities. Add lines 17 through 25	912	26	268
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets		27	
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds	-0-	30	0
	31 Paid-in or capital surplus, or land, building, or equipment fund	-0-	31	0
	32 Retained earnings, endowment, accumulated income, or other funds	-0-	32	-0-
	33 Total net assets or fund balances	742,302	33	887,722
	34 Total liabilities and net assets/fund balances	743,214	34	887,990

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	280,638
2	Total expenses (must equal Part IX, column (A), line 25)	2	178,188
3	Revenue less expenses. Subtract line 2 from line 1	3	102,450
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	742,302
5	Net unrealized gains (losses) on investments	5	42,970
6	Donated services and use of facilities	6	-0-
7	Investment expenses	7	-0-
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	887,722

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

- 1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . .
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:

☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

- b Were the organization's financial statements audited by an independent accountant? . . .
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:

☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . .

- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b		X
2c		
3a		X
3b		

SCHEDULE A
(Form 990 or 990-EZ)

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public
Inspection

Name of the organization

The PLANTATION COMMUNITY FOUNDATION

Employer identification number

65-0056930

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☒ An 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.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations _____
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 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)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support test—2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	2009 (a) 2010	2010 (b) 2011	2011 (c) 2012	2012 (d) 2013	2013 (e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	72097	82093	145859	103445	115561	519055
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	177560	220661	202016	185142	237158	1022537
3 Gross receipts from activities that are not an unrelated trade or business under section 513	-0-	-0-	-0-	-0-	-0-	-0-
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	-0-	-0-	-0-	-0-	-0-	-0-
5 The value of services or facilities furnished by a governmental unit to the organization without charge	-0-	-0-	-0-	-0-	-0-	-0-
6 Total. Add lines 1 through 5	249657	302754	347875	288587	352719	1541592
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	-0-	-0-	-0-	-0-	-0-	
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	-0-	-0-	-0-	-0-	-0-	
c Add lines 7a and 7b	-0-	-0-	-0-	-0-	-0-	
8 Public support. (Subtract line 7c from line 6.)	249657	302754	347875	288587	352719	1541592

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	2009 (a) 2010	2010 (b) 2011	2011 (c) 2012	2012 (d) 2013	2013 (e) 2014	(f) Total
9 Amounts from line 6	249657	302754	347875	288587	352719	1541592
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4838	8055	7504	9913	11965	42275
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	-0-	-0-	-0-	-0-	-0-	-0-
c Add lines 10a and 10b	4838	8055	7504	9913	11965	42275
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	-0-	-0-	-0-	-0-	-0-	-0-
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	-0-	-0-	-0-	-0-	-0-	-0-
13 Total support. (Add lines 9, 10c, 11, and 12.)	254495	310809	355379	298500	364684	1583867
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) 2013	15	97.33 %
16 Public support percentage from 2013 Schedule A, Part III, line 15 2012	16	97.64 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f)) 2013	17	2.67 %
18 Investment income percentage from 2013 Schedule A, Part III, line 17 2012	18	2.36 %

- 19a **33 1/3% support tests—2014.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ ☒
- b **33 1/3% support tests—2013.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ ☐
- 20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ▶ ☐

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions.)

Re: PART III Sch A:

• Section A, Line 1(e) is from Form 990
Part VIII, line 1(h) \$115,662.

• Section A, Line 2(e) is from
Sch G, Part II, Line 1, \$237,159.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

► **Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization

THE PLANTATION COMMUNITY FOUNDATION

Employer identification number

65-0056930

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ►

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included in Form 990, Part VIII, line 1 ► \$

(ii) Assets included in Form 990, Part X ► \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included in Form 990, Part VIII, line 1 ► \$

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):**a** ☐ Public exhibition**d** ☐ Loan or exchange programs**b** ☐ Scholarly research**e** ☐ Other _____**c** ☐ Preservation for future generations**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.**5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No**Part IV Escrow and Custodial Arrangements.**

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No**b** If "Yes," explain the arrangement in Part XIII and complete the following table:**c** Beginning balance**d** Additions during the year**e** Distributions during the year**f** Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐**Part V Endowment Funds.**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:**a** Board designated or quasi-endowment %**b** Permanent endowment %**c** Temporarily restricted endowment %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:**(i)** unrelated organizations**(ii)** related organizations

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

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?**4** Describe in Part XIII the intended uses of the organization's endowment funds.**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment	6517.	-0-	6517.	-0-
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				-0-

Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) LONG TERM RECEIVABLES - EQUITY DONATIONS	185,040.
(2) ENDOWMENT FUND	638,208.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☐

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, 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:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	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:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	

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

Complete if the organization answered "Yes" to Form 990, Part IV, 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:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	

Part XIII Supplemental Information.

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

Explanation for Part IX:

The two amounts come from the attached Trial Balance - accounts 1500 and 1950
 Accounts 1500 (Long Term Receivable - Equity Donations)
 and 2450 (Deferred Equity Donations) were
 established in FY 2012 to account for these
 donations from members for their equity in the
 Plantation Golf and Country Club, which is an
 unrelated organization.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization

THE PLANTATION COMMUNITY FOUNDATION

Employer identification number

65-0056930

Part I

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- | | |
|--|---|
| a <input checked="" type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input checked="" type="checkbox"/> Special fundraising events |
| d <input checked="" type="checkbox"/> In-person solicitations | |

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☒ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				▶		

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

FLORIDA

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1 <i>CELEB. GOLF TOUR</i> (event type)	(b) Event #2 <i>ROYAL RIDE</i> (event type)	(c) Other events <i>5</i> (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	<i>143,675.</i>	<i>42,830</i>	<i>50,654</i>	<i>237,159</i>
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	<i>143,675</i>	<i>42,830</i>	<i>50,654</i>	<i>237,159</i>
Direct Expenses	4 Cash prizes	<i>6,631.</i>	<i>750.</i>	<i>2338.</i>	<i>9719</i>
	5 Noncash prizes	<i>18,358</i>	<i>7000</i>	<i>1239.</i>	<i>26597</i>
	6 Rent/facility costs	<i>6310</i>	<i>252.</i>	<i>483.</i>	<i>7045</i>
	7 Food and beverages	<i>38,638</i>	<i>7374.</i>	<i>7898.</i>	<i>53910</i>
	8 Entertainment	<i>-0-</i>	<i>-0-</i>	<i>-0-</i>	<i>-0-</i>
	9 Other direct expenses	<i>13980.</i>	<i>2046.</i>	<i>3511.</i>	<i>19532</i>
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				<i>116,803</i>
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				<i>120,356</i>

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col. (c))
Revenue	1 Gross revenue				
	2 Cash prizes				
Direct Expenses	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

- | | | |
|----|---|--|
| 11 | Does the organization conduct gaming activities with nonmembers? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 12 | Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 13 | Indicate the percentage of gaming activity conducted in: | |
| a | The organization's facility | 13a % |
| b | An outside facility | 13b % |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events books and records: | |

Name ▶

Address ►

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____
- c** If "Yes," enter name and address of the third party:

Name ▶

Address ►

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ►

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

[illegible]

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2013

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► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

► Attach to Form 990.

Name of the organization

THE PLANTATION COMMUNITY FOUNDATION, INC.

Employer identification number

65-0056930

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

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

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

Cat. No. 50055P

Schedule I (Form 990) (2014)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public
Inspection

Name of the organization

Employer identification number

The Plantation Community Foundation, Inc.

65-0056930

See Attached

Sch O
20F5

Form 990, Item G, Gross Receipts

The entry for this item is described on Page 9 of the instructions. The \$397,440 comes from adding together lines 8b and 12 from Part VIII of this Form 990.

Form 990, Part I, Line 1

Attached is a copy of the Plantation Community Foundation's Annual Report for 2014. The Mission Statement can be found here and it states:

"The Foundation supports agencies engaged in social services, health, cultural enrichment, education and the environment. The Foundation accepts grant applications from agencies which serve South Sarasota County residents and which meet IRS Code Section 501 (c)(3) requirements."

All of the Foundation's activities are clearly shown in the attached Annual Report.

Form 990, Part III, Line 4a.

A copy of the 2014 Annual Report is attached. It shows all of the IRC Section 501(c)(3) organizations that received Grants from us during this fiscal year. As shown, on the Annual Report, the net amount of Grants distributed was \$100,160. The largest of these Grants was for \$6,500, and the smallest was for \$1,000. The purpose of each Grant is also shown in the Annual Report. As noted, all recipients had been given IRC Section 501(c)(3) status by the Internal Revenue Service.

In addition, \$12,500 was distributed from the Endowment Fund.

Before any Grants are approved, a member of the Grants Committee personally visits the organization so that the Grants Committee is able to accurately judge the actual need.

Like the Directors, all Grants Committee personnel are retired unpaid volunteers who have absolutely no connection to any of the organizations that they review to judge the worthiness of their needs compared to all of the other areas of need in our community.

The Form 990 instructions on Page 11 are not completely clear. The money to pay these Grants is raised through various fund raising events as well as annual membership donations at various levels. The three biggest fund raisers for Fiscal Year 2014 were the Celebrity Golf Classic, the Royal Ride and the Fashion Show. The total income for all of the events is shown in the attached Annual Report. This Annual Report also lists all of the individuals who paid annual membership donations. The many volunteers for the various fund raising events usually come from this membership list.

The various fund raising activities generated \$237,158 of Gross Receipts which were offset by \$116,803 of expenses for a net fund raising income of \$120,356.

Other than two clerical positions which are part-time, no salaries or any other kind of payments are given to anyone who is involved in the Foundation. The expenses that are incurred are all of a type that anyone would associate with these kinds of activities.

We have a small office which we rent for \$100 a month, out of which all Foundation functions are carried out. The entire concept of "Program Service Accomplishments" does not relate to a small Foundation such as the Plantation Community Foundation.

Form 990, Part VI, Section A, Lines 1a, 6 and 7a.

The members of the Foundation are those individuals and families who pay the annual membership donations. All "elected" positions have to put in a lot of time, so there are no real elections. We often have trouble finding volunteers to fill all of our positions, so the concept referred to in this Form is not valid for our organization.

Form 990, Part VI, Section B, Line 11b.

All of our volunteers are unpaid retirees with basically no background in exempt organization tax law. This return was passed around and all Directors had a chance to look at it and ask any questions they may have had to the volunteer tax preparer. The preparer also met and reviewed Form 990 with the Foundation President.

Form 990, Part VI, Section C, Lines 17 and 19.

Every year, the Foundation pays a fee and registers with the Florida Department of State, Division of Corporations. As far as we can determine, a copy of our Form 990 has never been requested by the State of Florida.

All Foundation documents are open for inspection in our office during normal office hours. We do not have our own website.

Form 990, Part VII, Section A.

The average hours per week are an estimate. Since no one is being paid, this statistic has no real meaning in the case of our Foundation.

Form 990, Part VIII.

Attached is a copy of the Foundation's June 30, 2014 Trial Balance, which is the basis for the amounts shown on this return.

So that there are no future questions concerning where the various amounts came from, they will all be reconciled to the Trial Balance.

Line 1b (\$57,618) comes from Trial Balance Account 5210.

Line 1f (\$57,943) comes from Trial Balance Accounts 4010, 4230, 5830, 5810 and the amount shown on Schedule B.

Line 1g (\$46,800) comes from the amount shown on Schedule B.

Line 3 (\$44,720) comes from Trial Balance Accounts 5310, 5320 and 6820.

Line 8 amounts come from Schedule G.

Form 990, Part IX.

These amounts also come from the Trial Balance, and line-by-line references will be given here.

Line 1 (\$111,660) comes from the Annual Report Balance Sheet.

Line 7 (\$51,978) comes from Account 7220.

Line 10 (\$3,877) comes from Account 7250.

Line 12 (\$2,296) comes from Account 7540 and 8170 in part.

Line 13 (\$3,195) comes from Account 8110, and in part from 8120, 8140, 8141 and 8515.

Line 16 (\$1,200) comes from Account 8210.

Line 23 (\$913) comes from Account 8520.

Line 24a (\$1,526) comes from Account 8320.

Line 24e (\$1,543) comes from Account 7520 in part, Account 8530 in part and Account 8130.

Form 990, Part X.

The amounts in Column A (Beginning of year) all come from last year's tax return. The amounts in Column B (End of year) are referenced below.

Line 1 (\$100) comes from Account 1090.

Line 2 (\$64,642) comes from Accounts 1010, 1020, 1030.

Line 15 (\$823,248) comes from Schedule D, Part IX.

Line 17 (\$268) comes from Accounts 2010 and 2021.

Sch O
5 of 5

Schedule A.

In Schedule A, Part I, we checked Line 9 since our Determination Letter says that we are a public charity under IRC Section 509(a)(2).

The source of the amounts shown on Schedule A, Part III in Column (e) are explained in Schedule A, Part IV, Supplemental Information. The prior year's data came from this same schedule on last year's return.

Schedule D.

Account 1950 is our investments which are managed by the Gulf Coast Community Foundation. They are a very large IRC Section 501(c)(3) organization that manages hundreds of millions of dollars for themselves and other smaller organizations such as ours. For our reporting purposes, their 50 basis point fee is netted with our investment results.

1:37 PM

10/28/14

Accrual Basis

Plantation Community Foundation

Trial Balance

As of June 30, 2014

	Jun 30, 14	
	Debit	Credit
1010 · BoA Checking (9146)	36,165.47	
1020 · BoA Savings (4371)	25,196.96	
1030 · BoA Savings - Honor/Mem (4030)	3,279.24	
1040 · BoA Savings - RR lottery (2787)	0.00	
1080 · Certificates of Deposit	0.00	
1090 · Petty Cash	100.00	
1201 · *Accounts Receivable	0.00	
1101 · Accounts Receivable	0.00	
1450 · Prepaid Insurance	0.00	
1455 · Prepaid Event Expense	0.00	
1499 · Undeposited Funds	0.00	
1640 · Furniture & Fixtures	6,517.33	
1645 · Vehicles	0.00	
1745 · Accum deprec- furn,fix,equip		6,517.33
1750 · Accum deprec - vehicles	0.00	
1500 · Long-term Rec/Equity Donations	185,040.00	
1950 · Endowment Fund	638,208.37	
2010 · Accounts Payable	96.50	
Payroll Liabilities:FL Unemployment Tax	0.00	
2011 · Accounts Payable - Contra	0.00	
2021 · Payroll Taxes Payable		364.87
2150 · Accrued Expenses	0.00	
2155 · Accrued Grants & Awards	0.00	
2160 · Honor & Memorial Fund	0.00	
2350 · Deferred Event Income	0.00	
2450 · Deferred Equity/Donations		185,040.00
3001 · Fund Balance BOY		581,220.02
3010 · Increase in Fund Balance		123,180.08
3020 · Grants Distributed	211,997.50	
4010 · Contributions Honor/Memorial		8,280.00
4020 · Event Sponsors		52,598.70
4230 · Contributions Endowment Fund		1,000.00
5210 · Membership Donations		57,617.50
5310 · Interest Income - Savings		11.23
5320 · Dividends & Interest-Endowment		11,953.97
5810 · Admissions/F&B		39,335.75
5812 · Cash Raffles - Net		14,419.00
5813 · Other Raffles		29,818.07
5814 · Auction Revenues		49,044.80
5816 · Artwork Revenues		130.00
5820 · Entry Fees		49,000.00
5830 · Donations		4,676.08
6810 · Unrealized Gains - Endowment		42,970.37
6820 · Realized Gains - Endowment Fund		32,754.30
7220 · Salaries & Wages	51,977.52	
7250 · FICA & Medicare	3,876.57	
7520 · Bank Fees	1,475.08	
7530 · Professional Fees	225.00	
7540 · Outside Services	1,679.24	
8110 · Supplies	604.45	
8120 · Office Supplies	1,466.44	
8130 · Facility Fees	725.73	
8140 · Postage	3,065.59	
8141 · Postal Services	574.30	
8170 · Stationery & Printing	4,919.70	
8210 · Office Rental	1,200.00	
8260 · Equipment Rental	8,390.40	
8310 · Travel & Lodging	8,432.45	
8320 · Food & Beverage	55,435.79	
8515 · Licenses, Permits & Fees	320.00	
8520 · Insurance	912.79	
8530 · Raffle Prizes & Awards	14,429.50	
8534 · Auction Prizes	9,718.50	
8537 · Decorations, Flowers, Etc.	522.24	

2:37 PM

10/28/14

Accrual Basis

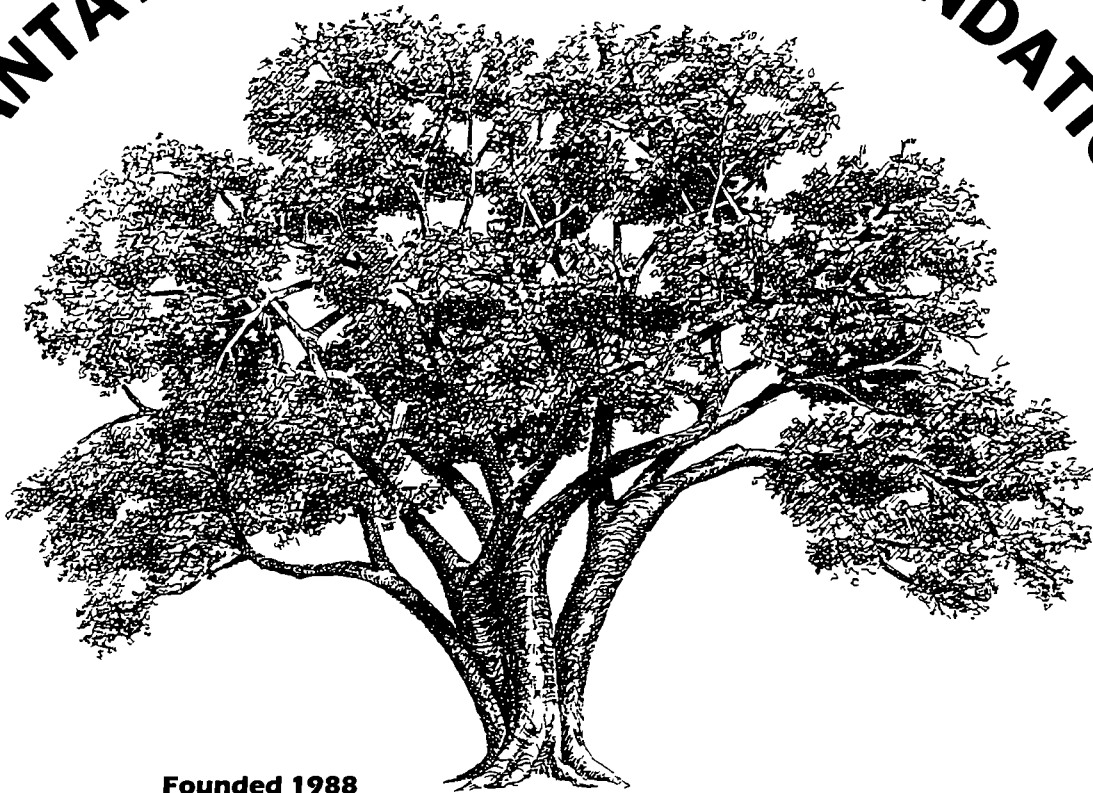
Plantation Community Foundation

Trial Balance

As of June 30, 2014

	Jun 30, 14	
	Debit	Credit
8538 · Shirts, Hats, Photos, etc.	12,541.26	
8570 · Advertising & Public Relations	838.15	
8590 · Contributions to Endowment Fund	0.00	
TOTAL	<u>1,289,932.07</u>	<u>1,289,932.07</u>

PLANTATION COMMUNITY FOUNDATION



Founded 1988

ANNUAL REPORT 2014

Making A Difference

THE PLANTATION COMMUNITY FOUNDATION, INC., 500 ROCKLEY BOULEVARD, VENICE, FL 34293

(941) 497-4826

PCF500@VERIZON.NET

THE PLANTATION COMMUNITY FOUNDATION ANNUAL REPORT - 2014

ABOUT THE FOUNDATION

The Plantation Community Foundation, incorporated in Florida on June 1, 1988, is an organization composed of residents of Plantation and surrounding neighborhoods, and members and employees of the Plantation Golf & Country Club, who, are dedicated to improving the quality of life in South Sarasota County.

Operating in accordance with the provisions of Section 501(c) (3) of the IRS Code, gifts to the Foundation are tax deductible to the extent provided under current tax laws. 100% of all contributions are retained by The Plantation Community Foundation, Florida Registration # SC-01039.

ABOUT OUR GRANT POLICY

The Foundation supports agencies engaged in social services, health, cultural enrichment, education and the environment. The Foundation accepts grant applications from agencies which serve South Sarasota County residents and which meet IRS Code Section 501(c)(3) requirements.

Applications must be submitted by November 30th of each year to:

The Plantation Community Foundation, Inc.
500 Rockley Boulevard
Venice, FL 34293

Information may be obtained by calling the Foundation Office at
(941) 497-4826.

PLANTATION COMMUNITY FOUNDATION LEADERSHIP 2013-2014

Directors/Officers

Judy Thuer, President
Terry Williamson, 1st Vice President
Robert Halkyard, Treasurer
Marcia Zawada, Secretary
Robert Hayden, Vice President
Joanne Kraska, Vice President
Cheryl McAvoy, Vice President
Pete Misiaszek, Vice President
John Moore, Vice President

Presidents Emeriti

Lee Williams, Mary Juday, Mary Helfrick, Robert Thinnies, Henry Dallam, Michael Casey (deceased), George Horan, Charles (Bob) Ellis, Clifford Reich (deceased), James Seamon (deceased), Richard Torrey (deceased)

Finance

Robert Halkyard, Treasurer

Grant Committee

Pete Petrie, Chair; Bob Ames, Paul Berube, Sheila Breidenbaugh, Bruce Hamlin, Darrell Hess, Elaine Holley, John Lauer, Marjorie Miller, Barbara Petrie, Whitney Sale

Membership

Robert Hayden

Honor/Memorial Fund

Marcia Zawada

Endowment Fund

John Moore

Community Service

Gail Fusco, Huggy Bears

Publicity

Joanne Kraska

Box Tops for Education

Nancy Strenk

Fund Raising Events – 2013-2014

Something Different	Nov 2013-Apr 2014
Rev3 Triathlon	11/10/13
Royal Ride/Fall Frolic	11/11/13
Island Time Wine Tasting	12/13/13
Tour of Homes	1/25/14
Celebrity Golf Classic	2/12 & 2/13/14
Fashion Show	3/12/14

Fund Raising Events – 2014-2015

Rev3 Triathlon	11/9/14
Royal Ride/Fall Frolic	11/12/14
Island Time Wine Tasting	11/21/14
Celebrity Golf Classic	2/11 & 2/12/15
Fashion Show	3/11/15
Pot O' Gold	3/17/15

Office Administration

Maureen Houde and Jaye Favata

About the Cover:

The tree logo, by the late, local artist Thomas Fern, depicts the Elephant Ear Tree. With its sturdy trunk, deep roots and horizontally-spreading branches, it symbolizes the Foundation's effort to reach out with financial support to area not-for-profit agencies.

PCF PRESIDENT'S ANNUAL REPORT



October 2014

Dear Friend,

The Plantation Community Foundation is an organization that has existed since 1988. It was created by a group of visionaries whose goal it was to gather volunteers willing to work to raise money for our South Sarasota County neighbors who are less fortunate. This year, we have been very successful in fulfilling this annual goal. Thank you to all of the volunteers who gave their time, talent and money to make possible the improvement of the quality of life in South County.

Through our 2013-2014 Fundraisers and Membership Drive, we were able to accumulate \$210,000 to give back to 37 501(c)(3) agencies. This money was distributed to people in need of food and health services, education for our children, aid to seniors, help for abused men and women, and cultural enrichment for all ages. 54% went to social services agencies, 15% to educational programs, 24% to health services and 7% to cultural enrichment to support the arts.

Our Endowment Fund has also enjoyed very good growth. We now have funds totaling \$653,411. Because of this growth, the PCF Board voted to fund a STEMsmart classroom at Venice Middle School. STEM is an acronym for Science, Technology, Engineering and Math. We funded \$12,500 of the \$25,000 needed to refit this classroom to accommodate the STEMsmart teaching/learning environment. We did this in partnership with the Gulf Coast Community Foundation.

In our upcoming season, we will be hosting the Royal Ride, Rev 3 Triathlon, and a wine tasting event at Island Time Spirits and Gourmet Market. All will take place in November. These will be followed by the Celebrity Classic Golf Tournament in February and the Fashion Show in March. Monies made from these events will be awarded to not-for-profit organizations at our Grant Awards Luncheon in April. Please encourage your friends and neighbors to volunteer for and/or attend these events. We also encourage everyone to become a member of the Foundation. Membership donations are the lifeblood of the Foundation. There are three membership categories: SUSTAINING: \$125.00; PROGRESSIVE: \$126.00 - \$250.00; and PATRON: \$251.00 plus.

We encourage you to learn more about the Foundation by calling the office (941-497-4826) or going to Plantationgcc.com and clicking on Plantation Community Foundation at the right of the home page.

Thank you again for another successful year of fun, friendship and fundraising for our South County Community. It has been an honor to hold the office of President of such an important organization. It has been my privilege to work with so many caring, talented and amazing people!

In Memorium: During the past year, we have lost the following people who have been important to the work of the Foundation, and we remember them with appreciation. They are: Ray Helfrick, Steve Major, Dick Reifel, Carolyn Roberson (Platinum member); Ruth Storyk (Platinum member); Dr. Hal Quinn, Dewey Tedder, Peter Vogt (Platinum member) and Dee Zook.

With Great Appreciation,

A handwritten signature in cursive script that reads "Judy Thuer".

Judy Thuer, President

FUNDRAISING EVEN

Board of Directors and Officers



Front row. Marcia Zawada, President Judy Thuer, Joanne Kraska, Cheryl McAvoy
Back row: Pete Mistaszek, Bob Hayden, Bob Halkyard, John Moore, Terry Williamson

The Grant Committee



Front row: Elaine Holley, Barb Petrie, Whitney Sale, Marjorie Miller Back row: Paul Berube, John Lauer, Darrell Hess, Chairman Pete Petrie
Missing from photo: Bob Ames, Sheila Breidenbaugh, Bruce Hamlin

Celebrity Golf Classic



Playing Sponsors enjoying the Classic are Terry Williamson, Allen Kraska, Craig Faulkner (Venice High School Baseball Coach), Nick Bischof, and Bob Roche.



Getting ready to tee off are Playing Sponsors Gerry Gruber, Larry Radefeld, Bob White (Houston Oilers), Dick Ambrose, and Hank Zawada.



Enjoying the Classic Cocktail Party are Doug Dunning, Ken McKinnon, Don Koharski (NHL referee), Classic Co-Chair Ron Noble; Ken Hodge (Boston Bruins, NY Rangers)



Sharing a moment at the Classic Cocktail Party are Mike McCormick (1967 NL Cy Young Award Winner), Skip Lockwood (KC Athletics, Boston Red Sox), Co-Chair Steve Rich, and Jim Lonborg (1967 AL Cy Young Award Winner)

TS AND ACTIVITIES

Grant Recipients



At the Grant Awards Luncheon, 37 not-for-profit South Sarasota County agencies received \$100,160 in grants. Pictured is a representative group of the grant recipients.

Something Different – 2014



Docent Marsha Ambrose led a tour at Historic Spanish Point.



Guests enjoying a sunset cruise along the Intracoastal.



Winners of the Scavenger Hunt: Deb Long, Dick Dawson, Kathryn MacVicar, and John Battin.

Fashion Show

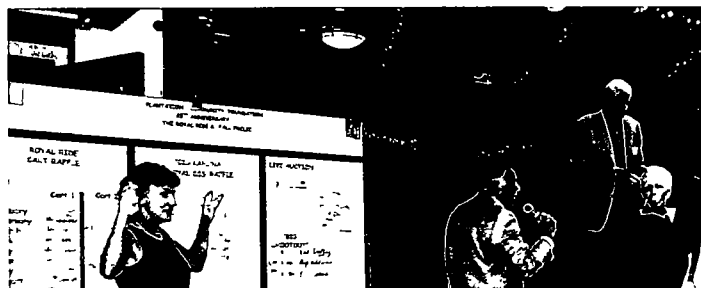


"You've Come a Long Way Lady" Fashion Show Co-Chairs Brenda Eckerd, Jean Broman, and Ruth Ruud.



History Models: Vivian Freeman (1860); Andrea Weltman (1900); Claire Peterlin (1920); Pat Fitzgerald (1945); Barb Petrie (1960).

Royal Ride



Chairman Lee Williams announcing winners for the Royal Ride golf carts. Also pictured are Golda Radefeld and Emcee Pat Duffy.

Rev3



Foundation members preparing for the Revolution3 triathlon, an endurance event that includes swimming/biking/running.

REPORT OF THE TREASURER

The financial condition of the Foundation remains strong in spite of the volatile market conditions which presently exist. A complete financial report is available in the Foundation Office.

Balance Sheet as of June 30,	2014	2013
ASSETS		
Cash & Accounts Receivable	\$61,462	\$41,397
Prepaid Expenses	-	-
Property & Equipment (Net of Depr.)	-	-
Honor/Memorial Fund	\$3,279	\$2,547
Long-term Equity Donations	\$185,040	\$138,240
*Endowment Fund	\$638,208	\$561,030
Total Assets	\$887,990	\$743,214
LIABILITIES AND CAPITAL		
Total Liabilities	\$268	\$912
Capital		
Balance Beginning of Year	\$742,303	\$687,047
Grants Distributed	\$(111,660)	\$(100,338)
Deferred Equity Donations	\$46,800	\$24,000
Net Income for the year ended June 30	\$210,279	\$131,593
Total Capital	\$887,722	\$742,303
Total Liabilities & Capital	\$887,990	\$743,214

Summary of Operations

Twelve Months ended June 30,	2014	2013
GROSS FUND-RAISING REVENUES	\$237,158	\$185,143
Less Direct Cost of Events	\$116,803	\$100,942
**Net Fund Raising Income	\$120,356	\$84,200
OTHER REVENUES AND INCOME		
Membership Contributions	\$57,618	\$57,469
Other Contributions to Operating Fund	\$1,253	\$13,305
Endowment Contributions	\$1,000	\$250
Honor/Memorial Fund Gifts	\$8,280	\$7,805
Endowment Fund Gains/(Losses)	\$75,725	\$47,660
Interest, Dividends & Other Income	\$12,576	\$9,913
Total Net Revenues	\$276,807	\$220,603
EXPENSES		
Salaries, Benefits & Services	\$56,255	\$63,166
Supplies, Printing and Mailing	\$4,303	\$6,049
Huggy Bear Materials	\$491	\$969
Office Rental Paid to PG&CC	\$1,200	\$1,200
Depreciation & Maintenance	-	-
Insurance, Licenses & Permits	\$1,934	\$2,010
Food, Beverage & Miscellaneous	\$2,345	\$1,552
Equipment Purchases	-	\$14,064
Total Expenses	\$66,528	\$89,010
NET INCOME	\$210,279	\$131,593

*Endowment Fund Summary	2014	2013
Fund Balance - Beginning of Year	\$561,030	\$503,854
Contributions	\$1,000	\$250
Grant Disbursements	\$(11,500)	-
Net Investment Income	\$11,954	\$9,265
Net Realized & Unrealized Gains/(Losses)	\$75,725	\$47,660
Fund Balance - End of Year	\$638,208	\$561,030
**Net Income from Fund Raising Events		
Celebrity Golf Classic	\$59,758	\$47,723
Royal Ride	\$25,413	\$21,540
Tour of Homes	\$9,575	-
Fashion Show Luncheon	\$16,426	\$14,140
Something Different	8,052	-
Other	\$1,132	\$797
Total Event Income	\$120,356	\$84,200

2014 GRANTS – TOTAL DISTRIBUTION: \$100,160

Grants were distributed among the following areas:
Social Services, Education, Cultural Enrichment, Health and Youth Activities.

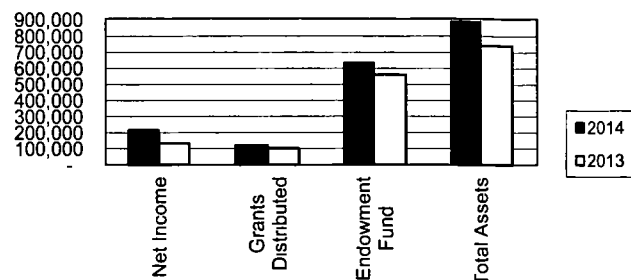
SPECIAL RECOGNITION MEMORIAL GRANT

To Honor Dick Reifel: Children First – Parenting Classes \$4,200
Eagle's Wings Counseling Center – Professional Counseling Services for the Needy \$4,000

GRANTS FUNDED BY MEMBER CONTRIBUTIONS AND FUNDRAISERS:

All Faiths Food Bank – Thanksgiving Turkey Fund \$3,500
Asolo Theatre, Inc. – Support Special Performances in High Schools \$1,500
Big Brothers Big Sisters of the Sun Coast – Purchase Ten New Computers \$2,500
Boys & Girls Clubs of Sarasota County – Summer 2014 Scholarships \$2,500
Center for Building Hope – Support Programs for People with Cancer \$5,000
Child Protection Center, Inc. – Counseling for Abused Children \$4,500
Epilepsy Services of Southwest Florida, Inc. – Extend Medical & Program Services \$2,000
Epiphany Cathedral Pre-School – New Playground Equipment \$1,000
Family Network on Disabilities of Manasota/Sarasota, Inc. – In-home Respite Care \$4,500
Florida Camp for Children & Youth with Diabetes, Inc. – Support Camp Attendance \$1,750
Girl Scouts of Gulf Coast Florida – Financial Assistance for Girls in Need \$2,400
Good Samaritan Pharmacy & Health Services, Inc. – Prescription Medication for Needy \$6,500
Habitat for Humanity South Sarasota County – Purchase Materials for Bedroom in New Home \$3,000
Instride Therapy – Hippotherapy Services \$1,500
Literacy Volunteers of South Sarasota County – Purchase Two Copiers \$1,500
Manasota SOLVE, Inc. Maternity Homes – Offset Yearly Transportation Costs \$1,500
Mental Health Community Centers, Inc. – Cooking Classes for 15 Persons \$2,500
North Port Area Art Guild, Inc. – Support Attendance at Summer Art Camp \$1,920
North Port Chorale, Inc. – Purchase Music \$1,000
Our Mother's House/Catholic Charities, D.O.V. – Parent Education Program \$2,800
Rotary Futures College Resource Center – SAT Prep Classes \$1,610
Safe Place and Rape Crisis Center, Inc. – Purchase Gift Cards for Financial Assistance \$1,500
Senior Friendship Centers – Extend Caregiver Training Program \$1,800
South County Food Pantry – Provide Healthy Snacks for Schools \$3,400
Teen Court of Sarasota, Inc. – Purchase Screening Kits \$3,600
Tidewell Hospice – Purchase Three Telehealth Monitoring Units \$3,080
Trinity Presbyterian Church – Food for Those in Need \$5,500
Upside Down Foundation – Purchase Printer for Posters \$2,500
Van Wezel Foundation – Support Special Performances in Elementary Schools \$1,500
Venice Area Mobile Meals, Inc. – Support Meals for Those Unable to Pay \$2,000
Venice Area Pregnancy Care Center, Inc. – Purchase Car Seats for Toddlers \$3,000
Venice Nokomis United Methodist Child Care Center – Scholarship Funds \$2,000
The Venice Symphony – Purchase Sheet Music \$2,000
Venice Theatre, Inc. – Purchase Smartpack Dimmer Lighting System \$2,600
Yummy Stuff Club, Inc. – Open Additional Food Pantry \$2,500

Plantation Community Foundation



Plantation Community Foundation Members as of June 30, 2014

PLATINUM MEMBERS

Guy & Marilyn Berner
Joe Roberson
Shirley Seamon
Leslie Storyk
Richard Waters

PATRON MEMBERS (\$251+)

Bud & Nancy Allen
Dick & Marsha Ambrose
Jerry & Ruth Armstrong
Don & Betty Bailey
John & Parmie Battin
John & Patricia Billello
Robert & Doris Blackburn
Donald & Jean Broman
Geraldine Clauss
Henry & Wynne Dallam
Doug & Brenda Eckerd
Bob & Shirley Ellis
Bill & Terry Fanning
Tom & Joanne Gildea
June Blackmore Glover
Bruce & Sharon Heaton
Ellis & Bonnie Howard
Floyd & Mary Juday
Bill & Shirley Kasko
Bruce & Cindy Kilroy
Ralph & June Kinney
Thomas & Donna Kubik
Robert & Dottie MacDonald
Jerry & Tommie Miller
John & Nancy Moore
Florence Murphy
Ronald & Julie Noble
June Reich
Jack & Pat Richards
Carter & Phyllis Smith
John & Helen Strano
Jim & Kelley Tate
Roy & Anne Velemirovich
David & Andrea Weltman
Lee & Cindy Williams
Raymond & Mary Zastrow

PROGRESSIVE MEMBERS (\$126-\$250)

Ray & Melvis Albina
Robert & Veda Andrus
George Ayers
Michael & Marilyn Baran
Gerry & Bette Bauer
Gary & Suzanne Biviano
Lynda Brearey
Charlie & Lizz Bridge
Bernard & Mary Jane Brown
Richard & Mary Kay Buehler
Dick & Marie Butler
William & Ellen Camp
Charles & Betty Lou Carscallen
Douglas & Pamela Chase
Don & Gloria Childers
Gene & Ginnyann Coppola

George & Sue Corsilia
Marvin & Carole Daley
Geoff & Julie Dobson
Don & Joan Fryday
Joseph & Gail Garro
Bill & Janna Gaughan
Joe & Nancy Gillis
Bill & Karen Ginn
Bradford Greason & Yvette Kumpey
Gerry & Lin Gruber
Kenneth & Marilyn Hagerstrom
Bob & Susan Halkyard
Bruce & Ruthanne Hamlin
Earl & Phyllis Hannum
Tom & Linda Healy
Charles & Marilyn Helvie
Fred & Ann Henning
Ruth Hicks
Norman & Jackie Hill
William & Mary Jane Howard
Patrick & Mary Hurley
James Johnston
Donald & Sherry Kampman
Allen & Joanne Kraska
Joe & Jackie Lois
Peter & Susan MacMillan
Donald & Kathryn MacVicar
Marcia Major
Michael & Kathy Mason
Michael & Cheryl McAvoy
William & Marilyn Mead
Bernie & Roberta Meyers
Joe & Marjorie Miller
Peter & Lyn Misiaszek
Michael & Barbara Modica
Jim & Sally Neal
Phil & Joan O'Brien
Matt & Nancy Olcott
Eleanor Reed
Roger & Carol Reimers
Steve Rich
Betty Robinson
Daniel & Mary Dell Robinson
Robert & Christine Roche
Leslie & Ellen Runestad
James & Ruth Ruud
Jack & Jeanne Sargent
Wayne & Pat Schiffner
Paul & Kay Schumacher
Bill Shannon & Claire Peterlin
Bernard (Red) & Betty Smith
Joseph & Mary Ann Suhadolnik
Jim & Mary Kat Sundahl
Debbie Tillou
Nelson & Joyce Torre
Cheryl Trembley
Gerry Warstler
Gerald & Ellen White
Patricia Winkler
Terry & Carol Williamson
Jim & Catherine Winchester
Jon & Joan Wioskowski
Dick & Gail Wolf
R. Curry Wood
William & Carol Worobey

SUSTAINING MEMBERS (\$125)

A-B-C

Gale & Anne Adams
Alexander & Carol Addona
Patrick & Sue Allison
George Jr. & Beverly Almeida
Robert & Leslie Ames
Barbara Arnold
Earl & Donna Atkins
Martin & Adele Authier
Roger & Marilyn Baldinger
Mary Barcus
Dick Barney & Wilma Hoyer
Anthony & Helen Baudanza
Bob & Francine Belcuore
Arthur & Carol Bell
H. Michael & Barbara Bene'
Paul & Arolyn Berube
Nick & Marie Bischof
Denis A. & MaryLou Blank
Nancy Blemaster
Glenn & Clara Bontrager
Jack Borfitz & Carol Dykhouse
Bud & Sheila Breidenbaugh
Carl & Jane Britto
Sid & JoAnn Britton
James & Nancy Bronson
John & Carrie Brooks
Gordon & Vicky Brown
Bill & Rena Buckley
Richard Buerhaus & Myrna Bianco
Leslie & Karen Bunch
Donald & Marilyn Burt
Bob & Rosemary Bussiere
Fred Campbell
Patti Campbell
Jim & Betty Carpentier
Ed & Marianne Carr
Keith & Maggie Carruthers
Larry & Carol Carswell
John & Pat Cary
Earl & Eleanor Casey
Kathleen Cellura
Thomas & Gail Choate
Dennis & Helen Clascgens
Bob & Nina Clements
Bob & Kay Coffin
Lynn & Karen Colby
Jacqueline Cole
Thomas & Olivia Corlett
Dulane & Joy Coval
Donald Cox
John & Terry Cross
Robert Cross
Thomas & Irene Crowley

D-E-F

Donald Davis
Dick & Paula Dawson
Patrick & Linda Decker
Joseph & Phyllis DeFrancesco
Ted & Mary Alice DeVirgilis
Jim & Marjorie Deyo
Tony & Theresa DiClemente
Barbara d'Oliveira
Pete & Peg Donoghue
Pat & Nancee Duffy

David & Margaret Emerson
Robert & Rudean Fairman
Herman & Judith Feldhusen
Jim & Lorraine Feorino
Bette Fern
William & Patricia Fitzgerald
Maureen Foeller
Tom & Ruth Fortsch
John & Margie Franks
Jack & Vivian Freeman
Diane Frost

G-H-I

Bill & Kitt Gamber
Al & Joanne Gatto
Daniel & Maureen Geary
Kenneth & Bernice Gehrls
Lawrence & Virginia Glacken
Buddy & Pat Gliessner
Ray & Linda Gordon
Norman & Jennifer Gosse
Marci Greis
William & Marcia Grove
Robert & Brenda Hall
Jack & Sharon Hammond
John & Jini Hardenbergh
Douglas & June Cort-Hare
Dorothy Harvey
William & Caroline Hausler
Robert & Joanne Hayden
Mary Helfrick
Chuck & Diane Henry
Paul & Vicky Hertel
Darrell & Elizabeth Hess
Jack & Kay Hill
Maury & Pat Himmelberg
Robert & Peggy Hinton
Gary & Stephanie Hoffman
Robert & Elaine Holley
John & Debbie Howard
James & Sue Howen
Rich & Elaine Hutter
Ronald & Barbara Ives

J-K-L

Robert & Jan Jaggard
Brenda (Bunny) Jennings
Neil & Linda Johnson
Helene Johnston
Scott Johnston
Robert M. & Lili Jones
Stewart & Dianne Jones
George & Lorraine Kernaghan
Truman & Dee King
Jack & Peggy Kirk
John & Nancy Kleberg
Chuck & Jo Klinger
Hanni Koenig
Doug & JoAnne Koplien
Laura B. Kopple
Doris Kostrinsky & Deb Carbone
John & Carol Kovalcik
Gordon & Opal Krum
George & Eileen Kruzynski
Carl & Jean Lanci
John F. & Frances Lapinski
Towner & Marjorie Lapp
John & Patti Lauer

Jim & Betty Linke
Howard & Betty Lins
Robert & Sherry Lubanski
Donald & Janice Lutz
Peter & Jan Lyon

M-N-O

Donald & Joyce Mackey
Joseph & Patricia Magennis
Ted & Marie Majerek
Al & Kathi Marsh
Paul & Roberta Martin
Bert & Reena McBride
Arthur & Peggy McCarthy
Mike & Karen McCreery
Robert & Sandy McGowan
James & Lucille McGrath
John McGuiness
Mary McHugh & Barbara Diehl
David & Ginny Merlin
Michael & Annemarie Mesch
Roland & Sherer Miller
Hank & Linda Mittelstaedt
Tony & Carol Mollish
Jim & Kathy Monahan
Laurie Mooney
Joe & Lu Moore
Richard & Twila Moore
Bill & Judith Morehead
Sandra Morison
Nell Morse
Gerhard & Edith Mueller
William A. Murray
JoAnn Nelson
Victor & Laura Noschese

Stig & Ingamari Odlund
Stephen & Cheryl O'Kane
Mary O'Regan
Stephen & Suzanne O'Regan

P-Q-R

John & Diane Paxman
Frank & Joyce Paxton
Jim & Pat Petersen
Ross Peterson
Pete & Barbara Petrie
Dave & Sharon Phillips
Fran & Beverly Phillips
Jim & Jane Phillips
Larry & Joan Piasecki
Thomas & Marion Poyer
C. L. Prickett
John & Julie Pyle
Larry & Golda Radefeld
Harry & Midge Ramsey
Ralston & Shirley Reid
Jack & Donna Reilly
Jack & Maureen Richards
Joe & Kathy Romary
Ronald & Marlys Roslansky
Richard & Beverly Rowe
Brendan & Marjory Ryan

S-T-U

Vinod & Gail Sahney
Edmund & Whitney Sale
Hakan & Lisa Sallander
Phil & Barb Sandoz
Joseph Sanfilippo
John & Sue Sawulski

Marion Scaggs
Ted & Dot Schable
John & Helen Schell
Donald & Helen Schlegal
Richard & Carole Schleiter
Mark & Mollie Schramm
Bobbie Schultz
Esther Sebesto
Don Sexton
Bill & Sue Shea
Edith Sheehan
Gerald & Eleanor Shine
Robert & Faith Sippel
Warren & Peg Sisson
Don & JoAnn Slemmer
Harry & Patricia Smith
Jane Smith
Kenneth & Deborah Smith
Tom Speidel & Sue Rectenwal
John & Edye St. Sauveur
Richard & Carol Stadter
Dick & Nancy Stamper
Bruce & Anna Stickle
Reid & Doris Stoner
Daniel & Audrey Stramiello
Dorothy Strenk
James & Nancy Strenk
Keith & Salli Struble
Lynn & Sandy Stuhldreher
Ted & Karen Stuhldreher
Paul & Sheila Suffredini
Don & Mary Lou Sunderland
Claire Suter
Kent & Carolyn Swaim
Kenneth & Barbara Swartz

Jack & Linda Tatirosian
Dora Tedder
Jay Teutenberg
Robert L. & Pat Thinnes
Ann Thompson
Jack & Judy Thuer
Douglas & June Townsend
Bill & Cathy Trent
Sal & Ingrid Trofi
Kenneth & Bethanne Twigg
Thomas & Kaye Tyler

V-W-X-Y-Z

Louis & Anne Valery
Ed & Maxine Vanderlind
May Wakabayashi
Gerard & Andrea Walsh
Al & Doris Watson
Bill & Maggie Welch
Sam & Judy Welch
Robert & Susan Welham
John & Judy Wheelock
Thomas White
Philip & Sandra Wigginton
Margie Wilson
Robert & Carolyn Wing
Greg & Marcia Wingard
Natalie Wintter
Carolyn Wood
Michael & Carol Wrotniak
Rita Yannotti
Hank & Marcia Zawada
Tom & Bev Zwetschke

Please Note: Membership donations in this report were received between July 1, 2013 and June 30, 2014. Every effort has been made to accurately report donations. If you discover an error or omission, please contact us, so we may correct our records.

**Application for Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-1709

► File a separate application for each return.

► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions

Type or print	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	<u>THE PLANTATION COMMUNITY FOUNDATION, INC.</u>	<u>65-0056930</u>
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
File by the due date for filing your return. See instructions.	<u>500 ROCKLEY BLVD.</u>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	<u>VENICE, FL 34293</u>	

Enter the Return code for the return that this application is for (file a separate application for each return)

01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► JUDY THUER, PRESIDENT

Telephone No. ► 941-497-4826 Fax No. ► 941-497-4826

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until FEB. 15, 2015, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☐ calendar year 20 ____ or

► ☒ tax year beginning JULY 1, 20 13, and ending JUNE 30, 20 14.

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. <u>THE PLANTATION COMMUNITY FOUNDATION INC</u>	Employer identification number (EIN) or <u>65-0056930</u>
	Number, street, and room or suite no. If a P.O. box, see instructions. <u>500 ROCKLEY BLVD</u>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <u>VENICE FL 334293</u>	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of JUDY THUER, PRESIDENT
Telephone No. 941-497-4826 Fax No. 941-497-4826
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- I request an additional 3-month extension of time until MAY 15, 20 15.
- For calendar year _____, or other tax year beginning JULY 1, 20 13, and ending JUNE 30, 20 14.
- If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period
- State in detail why you need the extension ALL THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE FORM 990 WILL NOT BE AVAILABLE BY FEBRUARY 15, 2015, THE EXTENDED DUE DATE

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature [Signature] Title TREASURER Date 2-6-15

Form 8868 (Rev. 1-2014)

Print please