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Form **990-PF**

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

OMB No 1545-0052 2015

Department of the Treastiry

▶ Do not enter social security numbers on this form as it may be made public.

Inten	nal Reve	enue Service P Information about Form 990-PF and	its separate instruction	15 15	at www.ii	rs.gov/torm9	gupt.		الشاحات الأرابا	DIVATION:
For	calen	dar year 2015 or tax year beginning	, 20	15, a	ind ending	ģ			, 20	
N	ame of	foundation				A Employer	identific	ation number		
_T	HE F	AYETTE COMMUNITY FOUNDATION				20-3733	823			
N	umber a	and street (or PO box number if mail is not delivered to street addre	ss)	Ro	om/suite	B Telephone	number	(see instructions)	
P	PO BOX 670					(205) 93	2-80	96		
		wn, state or province, country, and ZIP or foreign postal code				C If exemption	on appli	cation is pending	. check here	▶□
F	AYET	TE, AL 35555							,	
			return of a former public of	han	ty	D 1. Foreigr	organi	zations, check he	re · · ·	. ▶□
			ded retum		•					_
		Address change Name	change					zations meeting t I attach computat		. ▶□
H	heck	type of organization X Section 501(c)(3) exem	pt private foundation]		•		~-
	1		 Other taxable private four	ndatio	on			on status was ten A), check here		. ▶ 🗍
一		arket value of all assets at J Accounting meth	 		Accrual	1		•		_
	-	year (from Part II, col (c), Other (specif				1		s in a 60-month to (b)(1)(B), check I		. ▶□
	ne 16)	, , , , , , , , , , , , , , , , , , , ,	nust be on cash basis)					(-)(-)(-)		ب
-	rt-la		Lof		T	<u> </u>		<u> </u>	(d) Dishii	rsements
	والمعتب وا	amounts in columns (b), (c), and (d) may not necessarily equal	(a) Revenue and expenses per	i	(b) Net	investment	(c)	Adjusted net	for cha	ntable
		the amounts in column (a) (see instructions))	books		in	come	,-,-	income	purpo (cash ba	oses Isis only)
	4									
	1 2	Contributions, gifts, grants, etc., received (attach schedule) Check ► X if the foundation is not required to attach Sch. B.	RYSH TO STATE	.						7.4
		Interest on savings and temporary cash investments • •			CC SALES OF THE		ti i i i i i i i i i i i i i i i i i i	and the second of the second o	4	
	3	. ,	 	109		109				
	4	Dividends and interest from securities	568,2	TR		568,218				
	5a	Gross rents		نجير				. Krasijies		-
	b	Net rental income or (loss)		A. 100.0	Mary H	**************************************		ញ់ក្នុងសុខសុខសុខ ្	in and a	ख्यस्य स्टब्स् इंटर्डेस
ne	6a	Net gain or (loss) from sale of assets not on line 10 · · ·	「これであます」が、これでは	255)		-		La sine	in - einemag
Revenue	Ь	Gross sales price for all assets on line 6a 2,010,85				2-7-51		2.00		
ě	7	Capital gain net income (from Part IV, line 2) · · · · ·		7		Y 27 X 2	<u> </u>			
œ	8	Net short-term capital gain							إحنايا	
	9	Income modifications			CLLMACK.			garage grapher as		
	10a	Gross sales less returns and allowances				AND AND THE PERSON NAMED IN				
	b	Less Cost of goods sold · · · · · · ·		还大选	780	THE STATE OF THE S	A Property		Berlin.	
	С	Gross profit or (loss) (attach schedule) · · · · · · · ·			ing the	10000000000000000000000000000000000000				55 te
	11	Other income (attach schedule)					╬	RECE		20 F 2
	12	Total. Add lines 1 through 11 · · · · · · · · · · · · · · · · · ·)72		568,327		- IVE OF		
S	13	Compensation of officers, directors, trustees, etc · · · ·					-	11.11		
enses	14	Other employee salaries and wages	• •				쬞	JUL 1	<u>5 2016</u>	G W
ĕ	15	Pension plans, employee benefits · · · · · · · · ·	• •				+		AND AND DOOR	
×	16a	Legal fees (attach schedule)						AGAE	117	12.22
ē	b	Accounting fees (attach schedule) STM					ــــــــــــــــــــــــــــــــــــــ	AAR	4 1	
≨	С	Other professional fees (attach schedule) · · · · · STM		L21		16,121				
ita	17	Interest								
and Administrative Expo	18	Taxes (attach schedule) (see instructions)								
Ē	19	Depreciation (attach schedule) and depletion			-				Lerandai	المستخطئة
Ad	20	Occupancy							<u> </u>	
pu	21	Travel, conferences, and meetings						· · · · · · · · · · · · · · · · · · ·		
	22	Printing and publications								
perating	23	Other expenses (attach schedule) · · · STM103 · · ·		355					ļ	
rat	24	Total operating and administrative expenses.								_
	1	Add lines 13 through 23				16,121			-	0
0	25	Contributions, gifts, grants paid				NA PROPER		المساليسان		5,650
	26	Total expenses and disbursements. Add lines 24 and 25	544,1	L26		16,121			52	5,650
	27	Subtract line 26 from line 12					2.75		1.074-23.	
	a	Excess of revenue over expenses and disbursements	. (22,0		hor Eliza		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1			
	b	Net investment income (if negative, enter -0-)		ئۇيلىي. ئۇيلىي		552,206		والأراء بمشارين بمرايد بمرايع	har	
	С	Adjusted net income (if negative, enter -0-)	e de marie dans graffe, mis au	AV IV						
For	Paper	rwork Reduction Act Notice, see instructions.						~ ^	Form 990-F	PF (2015) ✓
EEA								4/1	<i>\)</i>	16
								-1-0	-	ノフ

SCANNED JUL 2 2 2016

Part	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End	d of year
, a u	should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
1	Cash - non-interest-bearing	(60,752)	(39,769	(39,769)
2	Savings and temporary cash investments	,	1	
3	Accounts receivable >			
ŀ	Less allowance for doubtful accounts			
4	Pledges receivable			
	Less allowance for doubtful accounts ▶		<u></u>	
5	Grants receivable			
6	Receivables due from officers, directors, trustees, and other		· • • • • • • • • • • • • • • • • • • •	
	disqualified persons (attach schedule) (see instructions)			
7	Other notes and loans receivable (attach schedule)		The second secon	
	Less allowance for doubtful accounts ▶			
8 2	Inventones for sale or use · · · · · · · · · · · · · · · · · · ·			
Assets	Prepaid expenses and deferred charges			
8 102	Investments - U S and state government obligations (attach schedule)	1.1.1.		
į	Investments - corporate stock (attach schedule) · · · · STM137	9,966,903	9,923,866	10,553,166
1	Investments - corporate stock (attach schedule) · · · · · · · ·	9,960,903	9,923,800	10,555,166
11	· · · · · · · · · · · · · · · · · · ·			
1"	Investments - land, buildings, and equipment basis		Carlotte Control Control	
12	Less accumulated depreciation (attach schedule) Investments - mortgage loans · · · · · · · · · · · · · · · · · · ·			
13	Investments - other (attach schedule)			
14				
14	Land, buildings, and equipment basis			
15	Less accumulated depreciation (attach schedule)			
1	Other assets (describe STM120)	752,640	718,300	718,300
16	Total assets (to be completed by all filers - see the	40 400		
47	instructions Also, see page 1, item l)	10,658,791	10,602,397	11,231,697
17	Accounts payable and accrued expenses			
2 18	Grants payable			
19	Deferred revenue			
19 20 21 21 22 21 21	Loans from officers, directors, trustees, and other disqualified persons			
21	Mortgages and other notes payable (attach schedule)			_
22	Other liabilities (describe STM121	752,640	718,300	
23	Total liabilities (add lines 17 through 22)	752,640	718,300	
salances 24 25	Foundations that follow SFAS 117, check here · · · · · · ▶ X and complete lines 24 through 26 and lines 30 and 31.			
24	Unrestricted	9,906,151	9,884,097	
25	Temporarily restricted			
26	Permanently restricted			
5	Foundations that do not follow SFAS 117, check here · · ▶ ☐			
	and complete lines 27 through 31.			
5 27	Capital stock, trust principal, or current funds			. 1
S 28	Paid-in or capital surplus, or land, bldg, and equipment fund			
Net Assets or Fund B 22 23 24 29 30 31	Retained earnings, accumulated income, endowment, or other funds			
₹ 30	Total net assets or fund balances (see instructions)	9,906,151	9,884,097	
31	Total liabilities and net assets/fund balances (see			
	Instructions)	10,658,791	10,602,397	
art.				
	I net assets or fund balances at beginning of year - Part II, column (a), line 3			
	of-year figure reported on prior year's return)		1	9,906,151
	er amount from Part I, line 27a			
		<u> </u>		
	lines 1, 2, and 3		4	9,884,097
	reases not included in line 2 (itemize)		5	
	net assets or fund balances at end of year (line 4 minus line 5) - Part II, colu	umn (b), line 30 · · · ·	6	9,884,097
EA.				Form 990-PF (2015)

	FAYETTE COMMUNITY FOUNDAT				20-373382	3 Page 3
Part IV Capital Gains a	nd Losses for Tax on Investm		(b) How acquired			
(a) List and describe 2-story brick wareh	the kind(s) of property sold (e.g., real estate, ouse, or common stock, 200 shs MLC Co.)		P-Purchase D-Donation	(c) Date at (mo , da		(d) Date sold (mo , day, yr)
1a INV ACCOUNTS			P	01-01-	2005 12-	-31-2015
b						
С						
d						
9						
(e) Gross sales pnce	(f) Depreciation allowed (or allowable)	(g) Cost or oth plus expense			(h) Gain or (lo (e) plus (f) mini	
a 2,010,855		2	2,057,110			(46,255)
b						
C .			····			
d					-	
Complete only for assets showing	ng gain in column (h) and owned by the fo	oundation on 12/	31/69			-
Complete only for assets shown				(I)) Gains (Col. (h) g (k), but not less ti	gain minus han -0-) or
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of over col (j),			Losses (from co	
a						(46,255)
b		•				
С						<u> </u>
d						
е			_			
2 Capital gain net income or (net of3 Net short-term capital gain or (lot	ranifal inggi	ter in Part I, line ` -0- in Part I, line ` 5)		2		(46,255)
If gain, also enter in Part I, line 8	s, column (c) (see instructions) If (loss),	enter -0- ın	∷}	3		
	der Section 4940(e) for Reduc		let Investme	nt Incon	ne	
For optional use by domestic private	e foundations subject to the section 4940	(a) tax on net inv	vestment income			
	Lin mant blank					
f section 4940(d)(2) applies, leave t	nis part biarik				_	. –
	tion 4942 tax on the distributable amoun	• •	ne base period?		L	Yes X No
	lify under section 4940(e) Do not comple					
1 Enter the appropriate amount in (a)	each column for each year, see the instr	ructions before m	naking any entrie	es T	(d)	
Base period years Calendar year (or tax year beginning	(b) Adjusted qualifying distributions	Net value of no	(c) nchantable-use as	sets	Distribution (col (b) divided	
2014	693,028		11,402,8		0.060	777
2013	521,970		11,258,4		0.046	
2012	442,130		10,284,5		0.042	
2011	412,578	,	9,583,0		0.043	
2010	367,209		9,559,9	10	0.038	411
				2	0.231	593
_	5-year base period - divide the total on li		the			
number of years the foundation	has been in existence if less than 5 years			3	0.046	319
4 Enter the net value of noncharita	able-use assets for 2015 from Part X, line	5		4	_1	0,553,166
5 Multiply line 4 by line 3				5		488,812
						,

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the

7

5,522

494,334

525,650

Part VI instructions

6 Enter 1% of net investment income (1% of Part I, line 27b) · · · · · · ·

8 Enter qualifying distributions from Part XII, line 4

إعقانا	Excise lax based on investment income (Section 4540(a), 4540(b), 4540(e), 01 4540	300	moud	cuons	
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1				
	Date of ruling or determination letter (attach copy of letter if necessary-see instructions)	1		•	E 500
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1% of Part I, line 27b				5,522
_	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of				
·	Part I, line 12, col (b)				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	2			Q
3	Add lines 1 and 2	3			5,522
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4			C
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5			5,522
6	Credits/Payments				
а	2015 estimated tax payments and 2014 overpayment credited to 2015 . 6a				
b	Exempt foreign organizations - tax withheld at source 6b				
С	Tax paid with application for extension of time to file (Form 8868) 6c			·	
d	Backup withholding erroneously withheld 6d				
7	Total credits and payments Add lines 6a through 6d	7			
8	Enter any penalty for underpayment of estimated tax. Check here	8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed · · · · · · · · · · · · · ▶	9			5,522
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10			
11	Enter the amount of line 10 to be Credited to 2016 estimated tax Refunded	11			
Pa	Statements Regarding Activities				
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it			Yes	
	participate or intervene in any political campaign?	• •	∵	1a	X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see			1b	X
	Instructions for the definition)? If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials		• •		^
	published or distributed by the foundation in connection with the activities				
	Did the foundation file Form 1120-POL for this year?			1c	Х
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year.				
u	(1) On the foundation \blacktriangleright \$ (2) On foundation managers \blacktriangleright \$		J.,		
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed	-			
Ū	on foundation managers > \$		1b16	riya a garan	
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2	X
	If "Yes," attach a detailed description of the activities		ল •		
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			:-	ľ
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3	X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		· ·	4a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		· ·	4b	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5	X
	If "Yes," attach the statement required by General Instruction T.				1. 1
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either				
	By language in the governing instrument, or				
	By state legislation that effectively amends the governing instrument so that no mandatory directions that			6	Х
_	conflict with the state law remain in the governing instrument?		· ·	6 X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part X	V		/ A	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)				
L	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General		— [
b	(or designate) of each state as required by General Instruction G? If "No," attach explanation		🗂	8b	Х
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or				
9	4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes,"		F		
	complete Part XIV · · · · · · · · · · · · · · · · · · ·			9	X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their				
_	names and addresses			10	lх

Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of

Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?

the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the

3b

4a

Form	990-PF (2015) THE FAYETTE COMMUNIT	TY FOU	NDATION				20-3733		Page 6
Pa	TiVILB Statements Regarding Activities	es for \	Which Forr	n 4720	May Be	Requi	red (continued)	
5a	During the year did the foundation pay or incur any am					_			
	(1) Carry on propaganda, or otherwise attempt to influ	uence leg	gislation (section	n 4945(e	≘))? • •	[Yes X No		į.
	(2) Influence the outcome of any specific public electric	on (see s	section 4955),	or to cari	y on,				
	directly or indirectly, any voter registration drive?					[Yes X No		į) Li
	(3) Provide a grant to an individual for travel, study, or						Yes X No		
	(4) Provide a grant to an organization other than a ch					•			
	• •						Yes X No		1
	(5) Provide for any purpose other than religious, chan	itable, so	entific. literary	or educ	ational				
	purposes, or for the prevention of cruelty to children		-			[Yes X No	-	
ь	If any answer is "Yes" to 5a(1)-(5), did any of the trans					_	_ =		g) : : : :
	Regulations section 53 4945 or in a current notice reg							5b	
	Organizations relying on a current notice regarding dis	-					_		
_	If the answer is "Yes" to question 5a(4), does the found								
·	because it maintained expenditure responsibility for th		· ·			[່ Yes ∏ No		II., ,.
	If "Yes," attach the statement required by Regulations					[163 110		
6-	Did the foundation, during the year, receive any funds,			nav pror	niume			1 1	
6a	on a personal benefit contract?					Г	Yes 🗓 No		71
ь.	Did the foundation, during the year, pay premiums, din						_ ies K ito	6b	Х
b		ectly of it	ndirectly, on a p	Dersonal	Denenii Conii	acti		OD	^
- -	If "Yes" to 6b, file Form 8870		arabibited tox	abaltar t	ranaadtan?	ſ	Yes X No		
_	At any time during the tax year, was the foundation a p If "Yes," did the foundation receive any proceeds or ha					· L		7b	
b EDA	rt.VIII Information About Officers, Direction	ctors	Truetose	Found	ation Ma	nagers		_1	200
T.Q.	and Contractors	, , ,	musicus,	· ound	ation ma	lugoic	, mgmy raid	Linbioy	,
	and Contractors								
4 1	int all officers directors trustoes foundation many		d their compa	neation	lead inetru	ctionel			
1 L	ist all officers, directors, trustees, foundation mana				(see instru		Contributions to	(e) Eynens	e account
	(a) Name and address	(b) Titl hou	e, and average rs per week	(c) Co	mpensation ot paid,	(d) emple	yee benefit plans	(e) Expens	
See	(a) Name and address	(b) Titl hou devote	e, and average rs per week ed to position	(c) Co	mpensation	(d) emple			
See	(a) Name and address 990_OFOV GE WILLIAM OSWALT	(b) Titl hou	e, and average rs per week ed to position DENT	(c) Co	mpensation ot paid, ter -0-)	(d) emple	oyee benefit plans erred compensation		wances
See JUDO	(a) Name and address 990 OFOV GE WILLIAM OSWALT BOX 670, FAYETTE, AL 35555	(b) Titl hou devote	e, and average rs per week ed to position DENT 20.00	(c) Co	mpensation ot paid,	(d) emple	yee benefit plans		
See JUDO PO 1	(a) Name and address 990_OFOV GE WILLIAM OSWALT BOX 670, FAYETTE, AL 35555 IE ROBERTSON	(b) Titl hou devote	e, and average rs per week ed to position DENT 20.00 ESIDENT	(c) Co	empensation ot paid, ter -0-)	(d) emple	oyee benefit plans erred compensation		wances0
See JUDO PO I EDD:	(a) Name and address 990 OFOV GE WILLIAM OSWALT BOX 670, FAYETTE, AL 35555 IE ROBERTSON 5 BIG NOSE DRIVE, CENTER, AL 35960	(b) Titl hou devote PRESI	e, and average rs per week ed to position DENT 20.00 ESIDENT 1.00	(c) Co	mpensation ot paid, ter -0-)	(d) emple	oyee benefit plans erred compensation		wances
See JUDG PO 1 EDD: 1799	(a) Name and address 990_OFOV GE WILLIAM OSWALT BOX 670, FAYETTE, AL 35555 IE ROBERTSON 5 BIG NOSE DRIVE, CENTER, AL 35960 OR RAY NELSON	(b) Titl hou devote PRESI	e, and average rs per week ed to position DENT 20.00 ESIDENT 1.00 ESIDENT	(c) Co	ompensation ot paid, ter -0-)	(d) emple	oyee benefit plans erred compensation 0		0 0_
See JUDO PO 1 EDD: 1799 MAYO	(a) Name and address 990_OFOV GE WILLIAM OSWALT BOX 670, FAYETTE, AL 35555 IE ROBERTSON 5 BIG NOSE DRIVE, CENTER, AL 35960 OR RAY NELSON 2ND AVE SE, FAYETTE, AL 35555	(b) Titl hou devote PRE SI V . PR	e, and average rs per week ed to position DENT 20.00 ESIDENT 1.00 ESIDENT 0.00	(c) Co	empensation ot paid, ter -0-)	(d) emple	oyee benefit plans erred compensation		wances0
See JUDO PO 1 EDD: 1799 MAYO 102 DALI	(a) Name and address 990_OFOV GE WILLIAM OSWALT BOX 670, FAYETTE, AL 35555 IE ROBERTSON 5 BIG NOSE DRIVE, CENTER, AL 35960 OR RAY NELSON 2ND AVE SE, FAYETTE, AL 35555 E LAWRENCE	(b) Titl hou devote PRESI	e, and average rs per week ed to position DENT 20.00 ESIDENT 1.00 ESIDENT 0.00 TARY	(c) Co	ompensation of paid, ter -0-) O O	(d) emple	oyee benefit plans erred compensation 0 0		0 0 0
See JUD0 PO 1 EDD: 1799 MAY0 102 DALI	(a) Name and address 990_OFOV GE WILLIAM OSWALT BOX 670, FAYETTE, AL 35555 IE ROBERTSON 5 BIG NOSE DRIVE, CENTER, AL 35960 OR RAY NELSON 2ND AVE SE, FAYETTE, AL 35555 E LAWRENCE BOX 309, FAYETTE, AL 35555	(b) Title houndevote PRESI. V. PR V. PR SECRE	e, and average rs per week ed to position DENT 20.00 ESIDENT 1.00 ESIDENT 0.00 TARY 1.00	(c) Co (If n en	ompensation of paid, ter -0-) O O	(d) emplo and def	oyee benefit plans erred compensation 0 0 0		0 0_
See JUDG PO 1 EDD: 179: MAYG 102 DALI PO 1 2 G	(a) Name and address 990_OFOV GE WILLIAM OSWALT BOX 670, FAYETTE, AL 35555 IE ROBERTSON 5 BIG NOSE DRIVE, CENTER, AL 35960 OR RAY NELSON 2ND AVE SE, FAYETTE, AL 35555 E LAWRENCE BOX 309, FAYETTE, AL 35555 Compensation of five highest-paid employees (othe	(b) Title houndevote PRESI. V. PR V. PR SECRE	e, and average rs per week ed to position DENT 20.00 ESIDENT 1.00 ESIDENT 0.00 TARY 1.00	(c) Co (If n en	ompensation of paid, ter -0-) O O	(d) emplo and def	oyee benefit plans erred compensation 0 0 0		0 0 0
See JUDG PO 1 EDD: 179: MAYG 102 DALI PO 1 2 G	(a) Name and address 990_OFOV GE WILLIAM OSWALT BOX 670, FAYETTE, AL 35555 IE ROBERTSON 5 BIG NOSE DRIVE, CENTER, AL 35960 OR RAY NELSON 2ND AVE SE, FAYETTE, AL 35555 E LAWRENCE BOX 309, FAYETTE, AL 35555	(b) Title houndevote PRESI. V. PR V. PR SECRE	e, and average rs per week ed to position DENT 20.00 ESIDENT 1.00 ESIDENT 0.00 TARY 1.00	(c) Co (If n en	ompensation of paid, ter -0-) O O	(d) emplo and def	oyee benefit plans erred compensation 0 0 0 0 . If none, enter		0 0 0
See JUDG PO 1 EDD: 179: MAYG 102 DALI PO 1 2 G	(a) Name and address 990_OFOV GE WILLIAM OSWALT BOX 670, FAYETTE, AL 35555 IE ROBERTSON 5 BIG NOSE DRIVE, CENTER, AL 35960 OR RAY NELSON 2ND AVE SE, FAYETTE, AL 35555 E LAWRENCE BOX 309, FAYETTE, AL 35555 Compensation of five highest-paid employees (othe NONE."	(b) Title hou devote PRESI V. PR V. PR SECRE	e, and average rs per week ed to position DENT 20.00 ESIDENT 1.00 ESIDENT 0.00 TARY 1.00 toose included	on line	O O O O O O O O O O O O O O O O O O O	(d) emple and def	oyee benefit plans erred compensation 0 0 0 0 If none, enter (d) Contributions to employee benefit	other allo	0 0 0 0
See JUDG PO 1 EDD: 179: MAYG 102 DALI PO 1 2 G	(a) Name and address 990_OFOV GE WILLIAM OSWALT BOX 670, FAYETTE, AL 35555 IE ROBERTSON 5 BIG NOSE DRIVE, CENTER, AL 35960 OR RAY NELSON 2ND AVE SE, FAYETTE, AL 35555 E LAWRENCE BOX 309, FAYETTE, AL 35555 Compensation of five highest-paid employees (othe	(b) Title hou devote PRESI V. PR V. PR SECRE	e, and average rs per week ed to position DENT 20.00 ESIDENT 1.00 ESIDENT 0.00 TARY 1.00 tosse included	(c) Co ((if n en	ompensation of paid, ter -0-) O O	(d) emple and def	oyee benefit plans erred compensation O O O If none, enter (d) Contributions to	other allo	0 0 0 0
See JUDO PO I EDD: 179: MAYO 102 DALI PO I 2 O	(a) Name and address 990_OFOV GE WILLIAM OSWALT BOX 670, FAYETTE, AL 35555 IE ROBERTSON 5 BIG NOSE DRIVE, CENTER, AL 35960 OR RAY NELSON 2ND AVE SE, FAYETTE, AL 35555 E LAWRENCE BOX 309, FAYETTE, AL 35555 Compensation of five highest-paid employees (othe NONE." (a) Name and address of each employee paid more than \$50	(b) Title hou devote PRESI V. PR V. PR SECRE	e, and average rs per week ed to position DENT 20.00 ESIDENT 1.00 ESIDENT 0.00 TARY 1.00 tose included	(c) Co ((if n en	O O O O O O O O O O O O O O O O O O O	(d) emple and def	oyee benefit plans erred compensation 0 0 0 0 If none, enter (d) Contributions to employee benefit plans and deferred	other allo	0 0 0 0
See JUDG PO 1 EDD: 179: MAYG 102 DALI PO 1 2 G	(a) Name and address 990_OFOV GE WILLIAM OSWALT BOX 670, FAYETTE, AL 35555 IE ROBERTSON 5 BIG NOSE DRIVE, CENTER, AL 35960 OR RAY NELSON 2ND AVE SE, FAYETTE, AL 35555 E LAWRENCE BOX 309, FAYETTE, AL 35555 Compensation of five highest-paid employees (othe NONE." (a) Name and address of each employee paid more than \$50	(b) Title hou devote PRESI V. PR V. PR SECRE	e, and average rs per week ed to position DENT 20.00 ESIDENT 1.00 ESIDENT 0.00 TARY 1.00 tose included	(c) Co ((if n en	O O O O O O O O O O O O O O O O O O O	(d) emple and def	oyee benefit plans erred compensation 0 0 0 0 If none, enter (d) Contributions to employee benefit plans and deferred	other allo	0 0 0 0
See JUDO PO I EDD: 179: MAYO 102 DALI PO I 2 O	(a) Name and address 990_OFOV GE WILLIAM OSWALT BOX 670, FAYETTE, AL 35555 IE ROBERTSON 5 BIG NOSE DRIVE, CENTER, AL 35960 OR RAY NELSON 2ND AVE SE, FAYETTE, AL 35555 E LAWRENCE BOX 309, FAYETTE, AL 35555 Compensation of five highest-paid employees (othe NONE." (a) Name and address of each employee paid more than \$50	(b) Title hou devote PRESI V. PR V. PR SECRE	e, and average rs per week ed to position DENT 20.00 ESIDENT 1.00 ESIDENT 0.00 TARY 1.00 tose included	(c) Co ((if n en	O O O O O O O O O O O O O O O O O O O	(d) emple and def	oyee benefit plans erred compensation 0 0 0 0 If none, enter (d) Contributions to employee benefit plans and deferred	other allo	0 0 0 0
See JUDO PO I EDD: 179: MAYO 102 DALI PO I 2 O	(a) Name and address 990_OFOV GE WILLIAM OSWALT BOX 670, FAYETTE, AL 35555 IE ROBERTSON 5 BIG NOSE DRIVE, CENTER, AL 35960 OR RAY NELSON 2ND AVE SE, FAYETTE, AL 35555 E LAWRENCE BOX 309, FAYETTE, AL 35555 Compensation of five highest-paid employees (othe NONE." (a) Name and address of each employee paid more than \$50	(b) Title hou devote PRESI V. PR V. PR SECRE	e, and average rs per week ed to position DENT 20.00 ESIDENT 1.00 ESIDENT 0.00 TARY 1.00 tose included	(c) Co ((if n en	O O O O O O O O O O O O O O O O O O O	(d) emple and def	oyee benefit plans erred compensation 0 0 0 0 If none, enter (d) Contributions to employee benefit plans and deferred	other allo	0 0 0 0
See JUDO PO I EDD: 179: MAYO 102 DALI PO I 2 O	(a) Name and address 990_OFOV GE WILLIAM OSWALT BOX 670, FAYETTE, AL 35555 IE ROBERTSON 5 BIG NOSE DRIVE, CENTER, AL 35960 OR RAY NELSON 2ND AVE SE, FAYETTE, AL 35555 E LAWRENCE BOX 309, FAYETTE, AL 35555 Compensation of five highest-paid employees (othe NONE." (a) Name and address of each employee paid more than \$50	(b) Title hou devote PRESI V. PR V. PR SECRE	e, and average rs per week ed to position DENT 20.00 ESIDENT 1.00 ESIDENT 0.00 TARY 1.00 tose included	(c) Co ((if n en	O O O O O O O O O O O O O O O O O O O	(d) emple and def	oyee benefit plans erred compensation 0 0 0 0 If none, enter (d) Contributions to employee benefit plans and deferred	other allo	0 0 0 0
See JUDO PO I EDD: 179: MAYO 102 DALI PO I 2 O	(a) Name and address 990_OFOV GE WILLIAM OSWALT BOX 670, FAYETTE, AL 35555 IE ROBERTSON 5 BIG NOSE DRIVE, CENTER, AL 35960 OR RAY NELSON 2ND AVE SE, FAYETTE, AL 35555 E LAWRENCE BOX 309, FAYETTE, AL 35555 Compensation of five highest-paid employees (othe NONE." (a) Name and address of each employee paid more than \$50	(b) Title hou devote PRESI V. PR V. PR SECRE	e, and average rs per week ed to position DENT 20.00 ESIDENT 1.00 ESIDENT 0.00 TARY 1.00 tose included	(c) Co ((if n en	O O O O O O O O O O O O O O O O O O O	(d) emple and def	oyee benefit plans erred compensation 0 0 0 0 If none, enter (d) Contributions to employee benefit plans and deferred	other allo	0 0 0 0
See JUDO PO I EDD: 179: MAYO 102 DALI PO I 2 O	(a) Name and address 990_OFOV GE WILLIAM OSWALT BOX 670, FAYETTE, AL 35555 IE ROBERTSON 5 BIG NOSE DRIVE, CENTER, AL 35960 OR RAY NELSON 2ND AVE SE, FAYETTE, AL 35555 E LAWRENCE BOX 309, FAYETTE, AL 35555 Compensation of five highest-paid employees (othe NONE." (a) Name and address of each employee paid more than \$50	(b) Title hou devote PRESI V. PR V. PR SECRE	e, and average rs per week ed to position DENT 20.00 ESIDENT 1.00 ESIDENT 0.00 TARY 1.00 tose included	(c) Co ((if n en	O O O O O O O O O O O O O O O O O O O	(d) emple and def	oyee benefit plans erred compensation 0 0 0 0 If none, enter (d) Contributions to employee benefit plans and deferred	other allo	0 0 0 0
See JUDO PO I EDD: 179: MAYO 102 DALI PO I 2 O	(a) Name and address 990_OFOV GE WILLIAM OSWALT BOX 670, FAYETTE, AL 35555 IE ROBERTSON 5 BIG NOSE DRIVE, CENTER, AL 35960 OR RAY NELSON 2ND AVE SE, FAYETTE, AL 35555 E LAWRENCE BOX 309, FAYETTE, AL 35555 Compensation of five highest-paid employees (othe NONE." (a) Name and address of each employee paid more than \$50	(b) Title hou devote PRESI V. PR V. PR SECRE	e, and average rs per week ed to position DENT 20.00 ESIDENT 1.00 ESIDENT 0.00 TARY 1.00 tose included	(c) Co ((if n en	O O O O O O O O O O O O O O O O O O O	(d) emple and def	oyee benefit plans erred compensation 0 0 0 0 If none, enter (d) Contributions to employee benefit plans and deferred	other allo	0 0 0 0
See JUDO PO I EDD: 179: MAYO 102 DALI PO I 2 O	(a) Name and address 990_OFOV GE WILLIAM OSWALT BOX 670, FAYETTE, AL 35555 IE ROBERTSON 5 BIG NOSE DRIVE, CENTER, AL 35960 OR RAY NELSON 2ND AVE SE, FAYETTE, AL 35555 E LAWRENCE BOX 309, FAYETTE, AL 35555 Compensation of five highest-paid employees (othe NONE." (a) Name and address of each employee paid more than \$50	(b) Title hou devote PRESI V. PR V. PR SECRE	e, and average rs per week ed to position DENT 20.00 ESIDENT 1.00 ESIDENT 0.00 TARY 1.00 tose included	(c) Co ((if n en	O O O O O O O O O O O O O O O O O O O	(d) emple and def	oyee benefit plans erred compensation 0 0 0 0 If none, enter (d) Contributions to employee benefit plans and deferred	other allo	0 0 0 0

0

Form 990-PF (2015)

Form 990-PF (2015) THE FAYETTE COMMUNITY FOUNDATION		3733823 Page 7
Information About Officers, Directors, Trustees, Foundation and Contractors (continued)	ation Managers, Highly I	Paid Employees,
3 Five highest-paid independent contractors for professional services (see instruc	tions). If none, enter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
	414	
Total number of others receiving over \$50,000 for professional services	<u></u>	<u></u>
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistic organizations and other beneficiaries served, conferences convened, research papers produced, etc.	al information such as the number of	Expenses
1 PROVIDES GRANTS TO VARIOUS NON PROFIT AGENCIES WITHIN		
FAYETTE COUNTY.		
2		525,650
2		
3		
4		_
	(°)	<u> </u>
Partix B Summary of Program-Related Investments (see Instruc		Amount
Describe the two largest program-related investments made by the foundation during the tax year on lii	les i aliu 2	Amount
	. <u></u>	
2		
All other program-related investments See instructions 3		
•		
Total. Add lines 1 through 3		
EEA		Form 990-PF (2015)

, II.d	see instructions.)	louridation	13,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes	in the second	
а	Average monthly fair market value of securities	1a	10,553,166
b	Average of monthly cash balances	1b	0
С	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	10,553,166
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	10,553,166
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see		
	instructions)	4	0
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	10,553,166
6	Minimum investment return. Enter 5% of line 5	6	527,658
Pa	rt:XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating for	oundations	
	and certain foreign organizations check here ▶ and do not complete this part)		
1	Minimum investment return from Part X, line 6	1	527,658
2a	Tax on investment income for 2015 from Part VI, line 5 2a 5,522		
b	Income tax for 2015 (This does not include the tax from Part VI) 2b		
С	Add lines 2a and 2b	2c	5,522
3	Distributable amount before adjustments Subtract line 2c from line 1	3	522,136
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4 · · · · · · · · · · · · · · · · · ·	5	522,136
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1 · · · · · · · · · · · · · · · · · ·	7	522,136
Da	rt XII Qualifying Distributions (see instructions)		
га	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	525,650
b	Program-related investments - total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	525,650
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
	Enter 1% of Part I, line 27b (see instructions)	5	5,522
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	520,128
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the	foundation	
	qualifies for the section 4940(e) reduction of tax in those years		

	,	(a)	(b)	(c) 2014	(d) 2015
1	Distributable amount for 2015 from Part XI,	Corpus	Years prior to 2014		
	line 7	ita dia sasê w	<u> 26 </u>		522,136
2	Undistributed income, if any, as of the end of 2015	la le-e-se-é			
а	Enter amount for 2014 only	1 2 2 2 2 2 2 2			
b	Total for prior years				
3	Excess distributions carryover, if any, to 2015				
а	From 2010 · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			
b	From 2011		ryge getic		
C .	From 2012				
d	From 2013	* *			
e	From 2014		es 🍎 ja 🕝	i sa ang ka	- * * * *
. T	Total of lines 3a through e	-			
4	Qualifying distributions for 2015 from Part XII,				
	line 4. \$ 525,650		- 4		* ****
а	Applied to 2014, but not more than line 2a		-		
b	Applied to undistributed income of prior years			- % - -	
	(Election required - see instructions)		F		
С	Treated as distributions out of corpus (Election				
	required - see instructions)		* *	-	
d	Applied to 2015 distributable amount			, .	522,136
e	Remaining amount distributed out of corpus · · ·	3,514			-
5	Excess distributions carryover applied to 2015				
	(If an amount appears in column (d), the same	5 5		·	
_	amount must be shown in column (a))	n		-	*
6	Enter the net total of each column as				
_	indicated below:				
a	Corpus Add lines 3f, 4c, and 4e Subtract line 5	3,514	**************************************		
b	Prior years' undistributed income Subtract line 4b from line 2b	_			-
_	Enter the amount of prior years' undistributed				
С	income for which a notice of deficiency has	1 1 1 1		_	
	been issued, or on which the section 4942(a)				<u> </u>
	tax has been previously assessed	- -	,		
а	Subtract line 6c from line 6b Taxable				
u	amount - see instructions				
	Undistributed income for 2014 Subtract line	· · · · · · · · · · · · · · · · ·	-gr , 3 +		-
·	4a from line 2a Taxable amount - see				<i>=</i> - ` <i>,</i> -
	Instructions				
f	Undistributed income for 2015 Subtract lines				
•	4d and 5 from line 1. This amount must be			: -	
	distributed in 2016				
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section			·	
	170(b)(1)(F) or 4942(g)(3) (Election may be				
	required - see instructions)		_" "	:	
8	Excess distributions carryover from 2010 not				_ =-
•	applied on line 5 or line 7 (see instructions) · · ·				# # <u>*</u> * *
9	Excess distributions carryover to 2016.		A		
-	Subtract lines 7 and 8 from line 6a · · · · · ·	3,514	The Hard Const.	· z.	
10	Analysis of line 9	5,017			
. а	Excess from 2011 · · · · ·	***			
b	Excess from 2012 · · · · ·		,	_ ".	
c	Excess from 2013 · · · · ·				
d	Excess from 2014 · · · · ·				
e	Excess from 2015 3,514		e de la compansión de la c		a

140 AU	COMMUNITY FO		\ // A	·	
XIV Private Operating Found)	
if the foundation has received a ruling or det			ng		
foundation, and the ruling is effective for 201				10.40(7)(2) 1.40	40(1)(5)
Check box to indicate whether the foundation		ing foundation describ		4942(j)(3) or 494	42(J)(5)
Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Pnor 3 years	T	(e) Total
investment return from Part X for	(a) 2015	(b) 2014	(c) 2013	(d) 2012	
each year listed	<u> </u>		 	-	
85% of line 2a					
Qualifying distributions from Part XII, line 4 for each year listed					
Amounts included in line 2c not used directly for active conduct of exempt activities				-	
Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
Complete 3a, b, or c for the alternative test relied upon					
"Assets" alternative test - enter (1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)	····				
"Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
"Support" alternative test - enter (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization · · · ·					
(4) Gross investment income · · ·					
XV Supplementary Information			ie foundation had	3 \$5,000 or more in	assets at
any time during the year -		ns.)			
Information Regarding Foundation Man- List any managers of the foundation who habefore the close of any tax year (but only if	ave contributed more	e than 2% of the total o ed more than \$5,000)	contributions received t (See section 507(d)(2)	oy the foundation)	
NA List any managers of the foundation who over	un 10% or mara of	he stock of a compact:	on (or an equally large	nortion of the	
ownership of a partnership or other entity) o	of which the foundat	ion has a 10% or great	ter interest	portion of the	
NA		<u> </u>			
Information Regarding Contribution, Gra	ant, Gift, Loan, Sch	nolarship, etc., Progra	ams:		
Check here ► X if the foundation only munsolicited requests for funds. If the foundation	akes contributions t tion makes gifts, gra	o preselected charitab	le organizations and do	es not accept rganizations under	
other conditions, complete items 2a, b, c, a					
The name, address, and telephone number	or e-mail address o	of the person to whom	applications should be	addressed	
The form in which applications should be so	ubmitted and inform	ation and materials the	y should include		
					<u> </u>

factors:

20-3733823

Part XV | Supplementary Information (continued)

3 Grants and Contributions Paid During the	Year or Approve	d for Future P	ayment	
. Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	Tecipient		<u> </u>
a Paid during the year				
BEVILL STATE COMMUNITY COLLEGE				
FAYETTE	CUADIMADIE	DC.	EDITORMIONAL	42,000
FAYETTE, AL 35555	CHARITABLE	PC	EDUCATIONAL	42,000
TOWN OF BELK AL				
BELK				
BELK, AL 35555	CHARITABLE	PC	COMMUNITY	6,300
CITY OF FAYETTE, AL				
TEMPLE AVE S				
FAYETTE, AL 35555	CHARITABLE	PC	COMMUNITY	43,550
TANDER OUNDED OF COMERCE				
FAYETTE CHAMBER OF COMMERCE FAYETTE				
FAYETTE, AL 35555	CHARITABLE	PC	COMMUNITY	11,500
ERIBITA, IM 33333	Old III Color			==,000
FAYETTE CIVIC CENTER				
FAYETTE				
FAYETTE, AL 35555	CHARITABLE	PC	COMMUNITY	567
FAYETTE CHILDRENS POLICY				
FAYETTE				
FAYETTE, AL 35555	CHARITABLE	PC	COMMUNITY	5,000
FAYETTE MEMORIAL GARDENS				
FAYETTE				
FAYETTE, AL 35555	CHARITABLE	PC	COMMUNITY	6,000
BERRY SCHOOLS				
BERRY				0= 0==
BERRY, AL 35546	CHARITABLE	PC	EDUCATIONAL	35,375
Total				
b Approved for future payment				
			1	
			•	
]	
			1	
		<u> </u>	<u> </u>	
Total	 			

Part XV | Supplementary Information (continued)

. Recipient	If recipient is an individual,	Foundation	Purpose of grant or	
<u> </u>	show any relationship to any foundation manager	status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	700,510111	 	
a Paid during the year				
FAYETTE COUNTY SCHOOLS FAYETTE				
FAYETTE, AL 35555	CHARITABLE	PC	EDUCATIONAL	119,40
HUBBERTVILLE SCHOOLS				
FAYETTE FAYETTE, AL 35555	CHARITABLE	PC	EDUCATIONAL	26,70
BOY SCOUT TROOP 45				
FAYETTE				
FAYETTE, AL 35555	CHARITABLE	PC	COMMUNITY	12,50
MT VERNON COMMUNITY CENTER FAYETTE				
FAYETTE, AL 35555	CHARITABLE	PC	COMMUNITY	5,25
FAYETTE ARTS MUSEUM				
FAYETTE FAYETTE, AL 35555	CHARITABLE	PC	COMMUNITY	9,53
FAYETTE CO 4H CLUB				
FAYETTE				
FAYETTE, AL 35555	CHARITABLE	PC	COMMUNITY	4,29
FAYETTE GARDEN CLUB FAYETTE				
FAYETTE, AL 35555	CHARITABLE	PC	COMMUNITY	3,05
FAYETTE KIWANIS CLUB				
FAYETTE	CUATOMADIE	PC	COMMUNITY	5,00
FAYETTE, AL 35555	CHAIRTABLE	PC	COMMONITI	3,00
b Approved for future payment				
b Approved for fatale payment				

20-3733823

Form 990-PF (2015)

THE FAYETTE COMMUNITY FOUNDATION

Part XV | Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
Paid during the year				
WAYSIDE COMMUNITY CLUB FAYETTE				
FAYETTE, AL 35555	CHARITABLE	PC	COMMUNITY	2,250
FAYETTE MEDICAL CENTER BOARD FAYETTE				
FAYETTE, AL 35555	CHARITABLE	PC	COMMUNITY	100,800
KIRKLAND BLUFF VFD FAYETTE				
FAYETTE, AL 35555	CHARITABLE	PC	COMMUNITY	3,852
JOEY DAY				
FAYETTE, AL 35555	CHARITABLE	PC	COMMUNITY	2,000
LAWRENCE MILL VFD				
FAYETTE FAYETTE, AL 35555	CHARITABLE	PC	COMMUNITY	15,000
TOWN OF BERRY				
BERRY BERRY, AL 35546	CHAIRTABLE	PC	COMMUNITY	14,138
TOWN OF GLEN ALLEN				
GLEN ALLEN GLEN ALLEN, AL 35559	CHARITABLE	PC	COMMUNITY	2,500
WALNUT LAND VFD FAYETTE				
FAYETTE, AL 35555	CHAIRTABLE	PC	COMMUNITY	5,160
Total			≥ 3a	
b Approved for future payment				•
		Ì	1	
			1	
		1		
		1		
Total		<u> </u>		<u></u>

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Part XV | Supplementary Information (continued)

· Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
BERRY WOMEN CLUB				
BERRY				
BERRY, AL 35546	CHARITABLE	PC	COMMUNITY	2,560
BANKSTON VFD				
PO BOX 56				
BANKSTON, AL 35542	CHARITABLE	PC	COMMUNITY	1,500
BELK VFD				
3051 HINDMAND ROAD		_		
FAYETTE, AL 35555	CHARITABLE	PC	COMMUNITY	2,800
BOLEY VFD				
901 CO ROAD 833		1		.= · - ·
BERRY, AL 35546	CHARITABLE	PC	COMMUNITY	1,600
C OF NW ALABAMA				
4020 US HWY 43				
GUIN, AL 35563	CHARITABLE	PC	COMMUNITY	10,000
FOWLERS CROSSROADS VFD				
FAYETTE				
FAYETTE, AL 35555	CHARITABLE	PC	COMMUNITY	3,000
KIRKLAND COMMUNITY CENTER				
FAYETTE FAYETTE, AL 35555	CHARITABLE	PC	COMMUNITY	5,250
TRI CO MR 310				
FAYETTE				
FAYETTE, AL 35555	CHARITABLE	PC	COMMUNITY	10,000
b Approved for future payment			3a ► 3a	518,450
Total				 -

EEA

Form 990-PF (2015)

Part Avi-A Analysis of Income-Producing /					
Enter gross amounts unless otherwise indicated.	Unrelate	d business income	Excluded by s	ection 512, 513, or 514	(e)
•	(0)	(6)	(0)	(d)	Related or exempt function income
·	(a) Business	(b) Amount	(c) Exclusion code	(d) Amount	(See instructions)
1 Program service revenue	code	Amount	Exclusion code	Amount	,
a					
b					
	<u> </u>		-		
c	ļ				
d					
θ					
f					
g Fees and contracts from government agencies · · ·					
2 Membership dues and assessments · · · · · · · ·				·	
•	ļ———			· - ·-	
3 Interest on savings and temporary cash investments •		109			
4 Dividends and interest from securities · · · · · · · · ·		568,218			
5 Net rental income or (loss) from real estate					* **
a Debt-financed property	ł				
b Not debt-financed property					1
6 Net rental income or (loss) from personal property · · ·					
7 Other investment income					
	<u> </u>		 		
8 Gain or (loss) from sales of assets other than inventory					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue a					
b					
c			· · · · · · · · · · · · · · · · · · ·	·	
					·
d					
e					
12 Subtotal Add columns (b), (d), and (e)		568,327			
13 Total. Add line 12, columns (b), (d), and (e)				13	568,327
(See worksheet in line 13 instructions to verify calculations)					
Part XVI-B Relationship of Activities to the	Accompl	ishment of Exe	mpt Purpos	ses	
Line No. Explain below how each activity for which incomplishment of the foundation's exempt put O3 REPRESENTS INTEREST EARNINGS D DISTRIBUTED	urposes (othe	er than by providing fu	unds for such p	urposes) (See instruc	
DISTRIBUTED					
·					
					
					
			·		
	· · · · · · · · · · · · · · · · · · ·				
					
				····	
				· · · · · · · · · · · · · · · · · · ·	

Form 990-PF (2015) THE FAYETTE COMMUNITY FOUNDATION Part XVII | Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

1	Did	the or	ganization dire	ctly or indirectly enga	ge in any o	of the following	ng with any	other orga	nization des	cribed				Yes	No
	in s	ection	501(c) of the C	ode (other than sect	ion 501(c)	(3) organizati	ons) or in s	section 527	, relating to	political			- <u>#</u> -	75.00	W
		anizatı		•			•		•						
а	_			ting foundation to a n	onchantab	le exempt or	oanızation	of:					¥-		
			•			•	-						1a(1)	-2	X
													1a(2)		X
b			sactions:										3 3	= ^{3,0}	
				aanahasitahla ayama	t organizat								1b(1)		X
				noncharitable exemp	-								1b(1)	 -	$\frac{\hat{x}}{x}$
				from a noncharitable		-							—·-		_
				quipment, or other as									1b(3)		X
				ngements									1b(4)	ļ	X
				ntees · · · · · · ·									1b(5)		X
	(6)	Perfor	mance of servi	ces or membership of	or fundraisi	ing solicitation	ns · ·		• • • • • •		• • •		1b(6)		X
C	Sha	nng of	facilities, equip	oment, mailing lists, o	other asset	s, or paid em	ployees			• • • •			1c		X
d	If the	e ansv	ver to any of the	e above is "Yes," cor	nplete the	following sch	edule. Col	umn (b) sh	ould always	show the	afair m	narket			
	valu	e of th	e goods, other	assets, or services of	given by th	e reporting fo	undation	If the found	lation receiv	ed less th	nan fai	r marke	t		
	valu	e in ar	ny transaction o	or sharing arrangeme	ent, show ii	n column (d)	the value of	of the good	s, other ass	ets, or se	rvices	receive	d		
(a) Lır			mount involved	(c) Name of non					ription of tran					naeme	ents
				(-),		<u>F 3</u>		(4/ +							
								-	·						
									-						
				·											
															
						-									
													-		
2a	is th	e foun	dation directly	or indirectly affiliated	with or re	lated to one	or more ta	x-exempt o	rganizations						
			-	c) of the Code (other				•					☐ Ye	٠ 🔽] No
h				owing schedule			, 0 000.	.0 02						لئا ،	,
) Name of organ		I	(b) Type of or	raanization			(a) Dec		n of relat	onehin.		
			i) Name or organ	iization		(b) Type of or	iyanızati <u>on</u>			(c) Des	Cription	TOTTETAL	Oliship		
					ļ <u> </u>										
_					ļ										
					<u> </u>										
	10	nder per	naties of perjury, I and complete Declar	declare that I have examination of preparer (other th	ed this retum, ian taxpaver)	, including accom	npanying sche	edules and sta which prepare	tements, and to r has any know	the best of ledge	my kno	wledge ar	id belief, it i	s true,	
Sig	n Ñ	71	1							. •	ı	May the	RS discuss	this reti	um
Her	e٧	M	smue	worm w	(4)	[-]]-	16	PRESIDE	NT			with the	preparer sh	own belg	ow
	- '	Signa	ture of officer or tru	istee		Date		Title			_	(see inst	<i>γ</i> 🔀	Yes	No
-			Print/Type prepare	er's name	Prepar	er's signature			Date		Check	X if	PTIN		
Paid	d		RICHARD M	CCABE	1		dilla	1.10	<i>7</i> 07-08-20	116	self-em	_	 ₽0035:	9422	
>re	יגמ		Firm's name	MCCABE AND	ASSOCT	ATES				Firm's EIN		,	<u> </u>		
_	-					ATES				Phone no					
Jse	. U	niy	Firm's address	321 A 1ST /						FIIONE NO	205	020	9006		
				FAYETTE AL	35555					·	_∠05	-932-	Form 99	O PE /	2015\
													1 01111 34	U-FF (* 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

	Federal S	upporting Statemer		015 PG01
Name(s) as shown on return THE FAYETTE	COMMUNITY FOUNDATI	ON	FEIN	20-3733823
		PART II - LINE	15	STATEMENT #120
DESCRIPTION DAF FUNDS HELD		BOY BOOK 752,640	EOY BOOK 718,300	
TOTAL		752,640	718,300	718,300
DESCRIPTION		PART II - LINE SILITIES SCHEDUL BOY	Œ	PG01 STATEMENT #121 Y AMOUNT
DAF FUNDS			752,640	718,300
TOTAL		75	2,640	718,300
	FORM 990PF - P INVESTMENTS: COR		HEDULE	PG01 STATEMENT #137
CATEGORY		BOY	BOOK VALUE	EOY FM
RAYMOND JAMES EDWARD JONES		6,291,662 3,675,241	6,294,900 3,628,966	
TOTALS		9,966,903	9,923,866	

		rederal SI	rederal Supporting Statements	nents	2015 PG01
Name(s) as shown on return THE FAYETTE COMMUNITY FOUNDATION					Your Social Security Number 20–3733823
	FORM 990PF - PART	F - PART I - LINE 2	I - LINE 23 - OTHER EXPENSES SCHEDULE	СНЕDULE	STATEMENT #1C3~
DESCRIPTION	REVENUE AND EXPENSES	NET INVESTMENT	ADJUSTED NET INCOME	CHARI TABLE PURPOSE	
OTHER EXPENSES	852	0	0	0	
TOTALS	855	0	0	0	
	FORM 990PF - PART I		- LINE 16(B) - ACCOUNTING FEES SCHEDULE	SCHEDULE	PG01 STATEMENT #108~
DESCRIPTION PROFESSIONAL FEES	REVENUE AND EXPENSES 1,500	NET INVESTMENT	ADJUSTED NET INCOME	CHARITABLE PURPOSE 0	
TOTALS	1,500	0	0	0	
······································					
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		Federal Su	Federal Supporting Statements	nents	2015 PG01
Name(s) as shown on return THE FAYETTE COMMUNITY FOUNDATION					1,8 0
	FORM 990PF - PART I		- LINE 16(C) - OTHER PROFESSIONAL FEES SCHEDULE	FEES SCHEDULE	STATEMENT #109~
DESCRIPTION	REVENUE AND EXPENSES	NET INVESTMENT	ADJUSTED NET INCOME	CHARITABLE PURPOSE	
INV MGT EXPENSE	16,121	16,121	0	0	
TOTALS	16,121	16,121	0	0	

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