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Return of Organization Exempt From Income Tax

Department 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.

2016

Open to Public
Inspection

A For the 2016 calendar year, or tax year beginning		, 2016, and ending	
B Check if applicable:		C Name of organization The Plantation Community Foundation, Inc.	
<input type="checkbox"/> Address change		D Employer identification number 65-0056930	
<input type="checkbox"/> Name change		E Telephone number 941-497-4826	
<input type="checkbox"/> Initial return		F Gross receipts \$ 286,220	
<input type="checkbox"/> Final return/terminated		G City or town, state or province, country, and ZIP or foreign postal code Venice, FL 34293	
<input type="checkbox"/> Amended return		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input type="checkbox"/> Application pending		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: ► PlantationCommunityFoundation.org	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►		L Year of formation: 1988 M State of legal domicile: FL	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: See Schedule O		
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Revenue	3 Number of voting members of the governing body (Part VI, line 1a)	3	9
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9
	5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	3
	6 Total number of volunteers (estimate if necessary)	6	350
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0
	8 Contributions and grants (Part VIII, line 1h)	41590	71518
	9 Program service revenue (Part VIII, line 2g)		
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	43526	21506
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	98254	102608
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	183370	195632	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	110584	139135
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	63745	62321
	16a Professional fundraising fees (Part IX, column (A), line 16) RECEIVED, DEN, UT		
	b Total fundraising expenses (Part IX, column (D), line 25) ►		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	11759	16839
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	186088	218295
	19 Revenue less expenses. Subtract line 18 from line 12	-2718	-22663
	20 Total assets (Part X, line 16)	886392	726724
21 Total liabilities (Part X, line 26)	26009	52744	
22 Net assets or fund balances. Subtract line 21 from line 20	860383	673980	

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 <i>Robert C. Hayden</i>	Date <i>4-11-2017</i>
	Type or print name and title <i>ROBERT C. HAYDEN</i>	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> 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 (2016)

433 21

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

See Schedule O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

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

Part IV Checklist of Required Schedules (continued)

20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H
 b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III

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

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
 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?
 c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?
 d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?

25a **Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I
 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

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 "Yes," complete Schedule L, Part II

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

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):
 a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV
 b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV
 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

29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M

30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M

31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II

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

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

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
 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

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

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

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

	Yes	No
20a		✓
20b		
21	✓	
22		✓
23		✓
24a		✓
24b		✓
24c		✓
24d		✓
25a		✓
25b		✓
26		✓
27		✓
28a		✓
28b		✓
28c		✓
29		✓
30		✓
31		✓
32		✓
33		✓
34		✓
35a		✓
35b		✓
36		✓
37		✓
38	✓	

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	7
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	✓
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
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	✓
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	✓
3b	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	✓
b	If "Yes," enter the name of the foreign country: ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	✓
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	✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	✓
7	Organizations that may receive deductible contributions under section 170(c).	7a	✓
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?	7b	✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c	✓
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e	✓
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f	✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	N/A
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7h	N/A
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	8	N/A
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	9a	N/A
9	Sponsoring organizations maintaining donor advised funds.	9b	N/A
10	Section 501(c)(7) organizations. Enter:	10a	
a	Initiation fees and capital contributions included on Part VIII, line 12	10b	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	11a	
11	Section 501(c)(12) organizations. Enter:	11b	
a	Gross income from members or shareholders	12a	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.)	12b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	13a	N/A
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	13b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13c	
a	Is the organization licensed to issue qualified health plans in more than one state?	14a	✓
Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	14b	
c	Enter the amount of reserves on hand	14c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14b	
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14c	

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

1a Enter the number of voting members of the governing body at the end of the tax year. **1a** 9

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.

1b 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? **2** ✓

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? **3** ✓

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? **4** ✓

5 Did the organization become aware during the year of a significant diversion of the organization's assets? **5** ✓

6 Did the organization have members or stockholders? **6** ✓

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? **7a** ✓

b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? **7b** ✓

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: **8a** ✓

a The governing body? **8b** ✓

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. **9** ✓

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

10a Did the organization have local chapters, branches, or affiliates? **10a** ✓

b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? **10b**

11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? **11a** ✓

b Describe in Schedule O the process, if any, used by the organization to review this Form 990. **12a** ✓

12a Did the organization have a written conflict of interest policy? If "No," go to line 13 **12b** ✓

b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? **12c** ✓

c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done **13** ✓

13 Did the organization have a written whistleblower policy? **14** ✓

14 Did the organization have a written document retention and destruction policy? **15** ✓

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? **15a**

a The organization's CEO, Executive Director, or top management official **15b**

b Other officers or key employees of the organization **16a** ✓

If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). **16b**

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? **16a** ✓

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, address, and telephone number of the person who possesses the organization's books and records: ►

Maureen Houde - 500 Rockley Blvd., Venice, FL 34293 941-497-4826

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

 Check if Schedule O contains a response or note to any line in this Part VII
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's **five current highest compensated employees** (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 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	
		Or director	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated			
(1) Robert Hayden - Pres.	8	✓			✓			0	0	0
(2) Ed Landon - V.P.	2	✓			✓			0	0	0
(3) Robert Halkyard - Treas.	2	✓			✓			0	0	0
(4) Paula Dawson - Sec.	2	✓			✓			0	0	0
(5) Jean Broman - V.P.	2	✓			✓			0	0	0
(6) Ronald Noble - V.P.	2	✓			✓			0	0	0
(7) Ellen Camp - V.P.	2	✓			✓			0	0	0
(8) Pete Petrie - V.P.	2	✓			✓			0	0	0
(9) Brenda Eckerd - V.P.	2	✓			✓			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
		Or director	Individual trustee	Institutional trustee	Officer	Key employee			
(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 ►									
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							► 3	✓	
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							► 4	✓	
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							► 5	✓	

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 ►		

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				
	b Membership dues	1b 50516				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 21002				
	g Noncash contributions included in lines 1a-1f: \$					
h Total. Add lines 1a-1f ►	71518					
Program Service Revenue	Business Code					
	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
g Total. Add lines 2a-2f ►						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ►					
	4 Income from investment of tax-exempt bond proceeds ►	7974				
	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	13532					
c Gain or (loss)	13532					
d Net gain or (loss) ►	13532					
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a 193196					
b Less: direct expenses	b 90588					
c Net income or (loss) from fundraising events ►	102608					
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 ►	195632	0	0	0		
12 Total revenue. See instructions. ►						

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 domestic organizations and domestic governments. See Part IV, line 21	139135			
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
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	57899		57899	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	4422		4422	
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	395		395	
13 Office expenses	4704		4704	
14 Information technology	4126		4126	
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	960		960	
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 and Beverage	2109		2109	
b				
c				
d				
e All other expenses	3345		3345	
25 Total functional expenses. Add lines 1 through 24e	218295		79160	
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 Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	100	1	100
	2 Savings and temporary cash investments	107063	2	112509
	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	1318
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 6517		
	b Less: accumulated depreciation	10b 6517	0	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	
Liabilities	15 Other assets. See Part IV, line 11		779229	15
	16 Total assets. Add lines 1 through 15 (must equal line 34)		886392	16
	17 Accounts payable and accrued expenses		1599	17
	18 Grants payable			18
	19 Deferred revenue		24410	19
	20 Tax-exempt bond liabilities			50852
	21 Escrow or custodial account liability. Complete Part IV of Schedule D			20
	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			21
	23 Secured mortgages and notes payable to unrelated third parties			22
	24 Unsecured notes and loans payable to unrelated third parties			23
Net Assets or Fund Balances	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			24
	26 Total liabilities. Add lines 17 through 25		26009	26
	Organizations that follow SFAS 117 (ASC 958), check here ► <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			52744
	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			30
	31 Paid-in or capital surplus, or land, building, or equipment fund			31
	32 Retained earnings, endowment, accumulated income, or other funds			32
	33 Total net assets or fund balances		860383	33
	34 Total liabilities and net assets/fund balances		886392	34
				726724

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	195632
2	Total expenses (must equal Part IX, column (A), line 25)	2	218295
3	Revenue less expenses. Subtract line 2 from line 1	3	-22663
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	860383
5	Net unrealized gains (losses) on investments	5	21300
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-185040
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	673980

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain 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:	✓	
	<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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:	✓	
	<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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.		
3b			

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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.**

Name of the organization

Employer identification number

The Plantation Community Foundation

65-0056930

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
10 An organization that normally receives: (1) more than 33½% 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 33½% 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.)
11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
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 1-10 above (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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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 2016 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	%
16a 33½% support test—2016. If the organization did not check the box on line 13, and line 14 is 33½% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 33½% support test—2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33½% 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—2016. 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—2015. 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 10 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	103445	115561	59480	41590	71518	391594
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 . . .	185142	237158	54287	200927	193196	870710
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. . .	288587	352719	113767	242517	264714	1262304
7a Amounts included on lines 1, 2, and 3 received from disqualified persons .	0	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	0
c Add lines 7a and 7b . . .	0	0	0	0	0	0
8 Public support. (Subtract line 7c from line 6.)						1262304

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6	288587	352719	113767	242517	264714	1262304
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .	9913	11965	3980	7426	7974	41258
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	9913	11965	3980	7426	7974	41258
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.)	298500	364684	117747	249943	272688	1303562
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 2016 (line 8, column (f) divided by line 13, column (f))	15	96.83 %
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	97.06 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	3.17 %
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	2.94 %
19a 33 $\frac{1}{3}$ % support tests—2016. If the organization did not check the box on line 14, and line 15 is more than 33 $\frac{1}{3}$ %, and line 17 is not more than 33 $\frac{1}{3}$ %, check this box and stop here. The organization qualifies as a publicly supported organization . . . ► <input checked="" type="checkbox"/>		
b 33 $\frac{1}{3}$ % support tests—2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 $\frac{1}{3}$ %, and line 18 is not more than 33 $\frac{1}{3}$ %, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1		
2		
3a		
b		
c		
4a		
b		
c		
4b		
4c		
5a		
b		
c		
5b		
5c		
6		
7		
8		
9a		
b		
c		
9b		
9c		
10a		
b		

1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.

2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).

3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.

b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.

c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.

4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.

b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.

c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.

5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).

b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?

c Substitutions only. Was the substitution the result of an event beyond the organization's control?

6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI**.

7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).

8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).

9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.

b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.

c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.

10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test. Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b	
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .	3a	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount		Current Year	
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

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

Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes			
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity			
3 Administrative expenses paid to accomplish exempt purposes of supported organizations			
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval required)			
6 Other distributions (describe in Part VI). See instructions.			
7 Total annual distributions. Add lines 1 through 6.			
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.			
9 Distributable amount for 2016 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2016
			(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
Underdistributions, if any, for years prior to 2016			
2 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2017. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			

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

RE: Part III, Schedule A

Section A, Line 1(e) is from Form 990, Part VIII, Line 1(h), \$71,518

Section A, Line 2(e) is from Schedule G, Part II, Line 1, \$193,196

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**

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

► Attach to Form 990.

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

OMB No 1545-0047

2016Open to Public
Inspection

Name of the organization

Employer identification number

The Plantation Community Foundation

65-0056930

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

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

	(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" on 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.	
a Total number of conservation easements	
b Total acreage restricted by conservation easements	
c Number of conservation easements on a certified historic structure included in (a)	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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)?	<input type="checkbox"/> Yes <input type="checkbox"/> 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" on 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 on 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 on 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 <input type="checkbox"/> Public exhibition	d <input type="checkbox"/> Loan or exchange programs
b <input type="checkbox"/> Scholarly research	e <input type="checkbox"/> Other _____
c <input type="checkbox"/> 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" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

c	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 on Part XIII.

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
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 on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations

(ii) related organizations

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land					
b Buildings					
c Leasehold improvements					
d Equipment		6517		6517	0
e Other					

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

Part VII Investments—Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►

Part VIII Investments—Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ►

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) Endowment Fund	612797
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ►

612797

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(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" on 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" on 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.

Part XIII Supplemental Information (continued)

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" on Form 990, Part IV, line 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

2016
Open to Public
Inspection

Name of the organization

Employer identification number

The Plantation Foundation Community

65-0056930

Part I Fundraising Activities. Complete if the organization answered "Yes" on 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 Mail solicitations e Solicitation of non-government grants
b Internet and email solicitations f Solicitation of government grants
c Phone solicitations g Special fundraising events
d 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

2b If "Yes," list the 10 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
1		Yes	No		
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" on 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 <u>Celeb Golf Tourn</u> (event type)	(b) Event #2 <u>Royal Ride</u> (event type)	(c) Other events <u>3</u> (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	138180	27404	27612	193196
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	138180	27404	27612	193196
Direct Expenses	4 Cash prizes	5453		4000	9453
	5 Noncash prizes	18277			18277
	6 Rent/facility costs	1813	478		2291
	7 Food and beverages	34134	5418	3707	43259
	8 Entertainment	0	0	0	0
	9 Other direct expenses	16340	223	745	17308
10 Direct expense summary. Add lines 4 through 9 in column (d) ►					90588
11 Net income summary. Subtract line 10 from line 3, column (d) ►					102608

Part III Gaming. Complete if the organization answered "Yes" on 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				
Direct Expenses	2 Cash prizes				
	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? Yes 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? Yes 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

SCHEDULE I
(Form 990)**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

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

Department of the Treasury
Internal Revenue Service
Name of the organization► Attach to Form 990.
► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.OMB No. 1545-0047
2016**Open to Public
Inspection**

The Plantation Community Foundation

Employer identification number
65-0056630**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

(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 noncash assistance	(h) Purpose of grant or assistance
(1)							
(2) SEE STATEMENT #1							
(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. 50056P

Schedule I (Form 990) (2016)

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Name of the organization

The Plantation Community Foundation

Employer identification number

65-0056930

Form 990, Item G, Gross Receipts

The entry for this item is described on Page 9 of the instructions. The \$286,220 comes from adding together Lines 8b and 12 from Part VIII of this Form 990.

Form 990, Part I, Line 1**Mission Statement:**

"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."

Form 990, Part III, Line 4a

Statement #1 is attached. It shows all of the IRC Section 501 (c) (3) organizations that received Grants from us during this tax year. As shown, the net amount of Grants distributed was \$139,635. The largest of these Grants was for \$38,000 and the smallest was for \$400. The purpose of each Grant is also shown. As noted, all recipients had been given IRC Section 501(c)(3) status by the Internal Revenue Service.

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 Grant 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 Year 2016 were the Celebrity Golf Classic, the Royal Ride and the Something Different. Statement #2 lists all of the individuals who paid annual membership donations. The many volunteers for the various fund raising events come from this membership list.

The various fund raising activities generated \$193,196 of Gross Receipts which were offset by \$90,588 of expenses for a net fund raising income of \$102,608. (See Schedule G).

Other than three clerical positions which are part-time, no salaries or any other kind of payments are given to anyone who is involved with 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 membership 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.

Name of the organization

The Plantation Community Foundation

Employer identification number

65-0056930

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, Line 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 also have a web site: plantationcommunityfoundation.org.

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 December 31, 2016 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 (\$50,516) comes from Trial Balance Account 5210.

Line 1f (\$21,002) comes from Trial Balance Accounts 4010, 4230 and 5830.

Line 3 (\$21,506) 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 (\$139,135) comes from Trial Balance Account 3020.

Line 7 (\$57,899) comes from Account 7220.

Line 10 (\$4,422) comes from Account 7250.

Line 12 (\$395) comes in part from Account 8570.

Line 13 (\$4,704) comes in part from Accounts 8110, 8120, 8140, 8141 and 8170.

Line 14 (\$4,126) comes from Accounts 7540, 8270, and 8265.

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

Line 23 (\$960) comes from Account 8520.

Line 24a (\$2,109) comes in part from Accounts 8320 and 8530.

Line 24e (\$3,445) comes from Accounts 7520, 8130, and 8515.

Name of the organization

The Plantation Community Foundation

Employer identification number

65-0056930

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 (\$112,509) comes from Accounts 1010, 1020, 1030.

Line 9 (\$1,318) comes from Account 1455

Line 15 (\$612,797) comes from Schedule D, Part IX.

Line 17 (\$1,892) comes from Account 2021.

Line 19 (\$50,852) come from Accounts 2350 and 2351.

Form 990, Part XI

Line 9 (-\$185,040) The foundation removed from its Balance Sheet the value of Equity Donations carried in Long Term Receivables/Equity Donations (A/C 1500) and Deferred Equity Donations (A/C 2450). They were deemed worthless when the country club voted in March, 2016 to discontinue equity redemptions.

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 VI, Supplemental Information. The prior year's data came from this same schedule on last year's return.

Schedule D, Part IX, Line 2

The Endowment Fund investments 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.

Name of organization The Plantation Community Foundation	Employer identification number 65-0056930
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Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Mary Helfrick 1826 Lancashire Venice, Florida 34293	\$ 5000.00	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

Part II Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	

Name of organization	Employer identification number
----------------------	--------------------------------

Part III **Exclusively** religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

STATEMENT #1 Plantation Community Foundation Form 940-2016
2016 GRANT APPLICANTS Grants Received = 44 Grants Awarded = 43 ID: 65-00569

Pg 1 of 2

2016 Applicants	Amount Awarded	Purpose
Asolo Theatre, Inc.	\$1,411.00	Support Special Performances in High Schools
Big Brothers Big Sisters of the Sun Coast	\$1,700.00	2 New Printers and Related Equipment/65" LED TV & mount
Boys and Girls Clubs of Sarasota County	\$1,750.00	Summer 2015 Scholarships
The Center of Hope of South County	\$4,400.00	Purchase two Multi-Function Copiers and assistance with cost of bus passes
Child Protection Center, Inc.	\$4,200.00	Forensic medical assessment for abused children
Children First, Inc	\$2,500.00	Provide Scholarships for At-Risk Children.
Community Haven	\$2,900.00	Adult Community Transportation
Eagle's Wings Counseling Center	\$3,800.00	Professional Counseling Services for those in Need
Englewood Community Care	\$2,200.00	Purchase Diabetic Supplies
Epilepsy Services of Southwest Florida, Inc.	\$1,500.00	Funding for uninsured Medical Program Services
Family Network on Disabilities of Manasota/Sarasota, Inc.	\$4,000.00	In-home Respite Care for Families
Family Promise of South Sarasota County	\$2,100.00	Emergency Funds for transportation, day care, etc. to aid in the road to re-establishing families
Florida Camp for Children and Youth with Diabetes, Inc.	\$2,000.00	Provide Financial Aid to Needy Children with Type 1 Diabetes to attend Florida Diabetes Camp
Friends of the Jacaranda Library	\$2,300.00	To purchase robotics, digital arts, and digital fabrication equipment for Library programs.
Good Samaritan Pharmacy & Health Services, Inc.	\$6,000.00	Purchase Prescription Medications for chronic & acute care
Gulf Coast Heritage Association, Inc.	\$4,574.00	Replace existing pole light fixture for visibility and safety
The Hermitage Artist Retreat	\$1,000.00	Purchase & Install Picture Hanging System
InStride Therapy, Inc.	\$2,000.00	Horse Therapy for children
Lemon Bay Garden Club	\$1,000.00	Provide 12 camperships to Wekiva Youth Camp
Literacy Volunteers of South Sarasota County	\$2,000.00	Purchase Tutor Training Materials
Manasota SOLVE, Inc.	\$1,500.00	Resident Home Transport Vehicle Expense
Mental Health Community Centers, Inc.	\$3,400.00	Purchase Healthy Produce/Purchase Outdoor Furniture
Neuro Challenge Foundation, Inc.	\$1,000.00	Respite Care

2016 GRANT APPLICANTS

Grants Received = 44 Grants Awarded = 43

Pg 2 of 2

2016 Applicants	Amount Awarded	Purpose
North Port Symphony	\$500.00	Increase Music Library
North Port Coalition for Homeless/Needy Children, Inc. aka Backpack Angels	\$2,400.00	Purchase Personal Hygiene Products for the Homeless and Needy Children
Our Mother's House/Catholic Charities, D.O.V.	\$2,900.00	Family Violence Prevention Program
Rotary Futures College Resource Center	\$1,650.00	SAT Prep Classes
St. Francis Animal Rescue of Venice, Inc.	\$500.00	Purchase a new 8 foot cage unit for infirmary.
Safe Place and Rape Crisis Center, Inc. SPARCC	\$2,000.00	Gift Cards for Financial Assistance
South County Food Pantry	\$2,400.00	Provide Healthy Snacks
State College of Florida Foundation	\$2,850.00	Purchase 3 KERI Patient Simulators for Nursing Program
Teen Court of Sarasota, Inc.	\$3,000.00	Purchase Drug Screening Kits
Tidewell Hospice, Inc.	\$600.00	Digital Blood Pressure Cuffs and Digital Thermometers
Trinity Presbyterian Church	\$4,000.00	Purchase Food Staple items and funds for Emergency short-term housing
Venice Area Mobile Meals, Inc.	\$2,500.00	Support 40 Meals for Clients, monthly
Venice Area Pregnancy Care Center, Inc.	\$3,000.00	Purchase Car Seats for Infants and Toddlers
Venice Art Center	\$2,000.00	Youth Scholarship
Venice Musicale, Inc.	\$400.00	Purchase Music
Venice Nokomis United Methodist Child Care Center	\$2,500.00	Scholarship Funds for Child Care
The Venice Symphony	\$1,500.00	Purchase or rental of sheet music
Venice Theatre, Inc.	\$2,500.00	A new server
The Wildlife Center of Venice, Inc.	\$2,200.00	Purchase golfcart with utility bed to move animals, cages etc.
Yummy Stuff Club, Inc.	\$3,000.00	Provide Bottled Water and Healthy Snacks for Schools
Community Impact Grant - Englewood Community Care Center	\$38,000.00	Laboratory for on-site blood testing
	\$ 139,635.00	

2016 Membership Renewal List

	Salutation	First Name	Last Name
1	Mr. & Mrs.	Alex	Addona
2	Mr. & Mrs.	Patrick	Allison
3	Mr. & Mrs.	Dick	Ambrose
4	Mr. & Mrs.	Joseph	Aparo
5	Mr. & Mrs.	Jerry	Armstrong
6	Mr. & Mrs.	Earl	Atkins
7	Mr.	George	Ayers
8	Mr. & Mrs.	Donald	Bailey
9	Mr. & Mrs.	Michael	Baran
10	Mr.	Richard	Barney
11	Mr. & Mrs.	Bill	Batchelder
12	Mr. & Mrs.	John	Battin
13	Mr. & Mrs.	Robert	Belcuore
14	Mr. & Mrs.	Arthur	Bell
15	Mr. & Mrs.	Michael	Bené
16	Mr. & Mrs.	Paul	Berube
17	Ms.	Myrna	Bianco
18	Mr. & Mrs.	John	Bilello
19	Mr. & Mrs.	Nick	Bischof
20	Mr. & Mrs.	Robert	Blackburn
21	Mr. & Mrs.	Denis	Blank
22	Mr. & Mrs.	Totte	Bolter
23	Mr. & Mrs.	Glenn	Bontrager
24	Mr.	Jack	Borfitz
25	Mr. & Mrs.	Arnold (Bud)	Breidenbaugh
26	Mr. & Mrs.	Charlie	Bridge
27	Mr.	Joseph	Brisch

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2016 Membership Renewal List

	Salutation	First Name	Last Name
28	Mr. & Mrs.	Carl	Britto
29	Mrs.	JoAnn	Britton
30	Mr. & Mrs.	Donald	Broman
31	Mr. & Mrs.	James	Bronson
32	Mr. & Mrs.	John	Brooks
33	Mr. & Mrs.	Gordon	Brown
34	Mr. & Mrs.	John	Brown
35	Mrs.	Rena	Buckley
36	Mr. & Mrs.	Richard	Buehler
37	Mr. & Mrs.	Leslie	Bunch
38	Mrs.	Rosemary	Bussiere
39	Mr. & Mrs.	Dick	Butler
40	Mr. & Mrs.	James	Butler
41	Mr. & Mrs.	William	Camp
42	Mr.	Fred	Campbell
43	Ms.	Patti	Campbell
44	Mr. & Mrs.	James	Carpentier
45	Mrs.	Betty Lou	Carscallen
46	Mr. & Mrs.	Larry	Carswell
47	Mr. & Mrs.	John	Cary
48	Mr. & Mrs.	Earl	Casey
49	Ms.	Kathleen	Cellura
50	Mr. & Mrs.	Douglas	Chase
51	Mr. & Mrs.	Chuck	Childers
52	Mr. & Mrs.	Thomas	Choate
53	Mr. & Mrs.	Bob	Clark
54	Mr. & Mrs.	Roy	Clark
55	Mr. & Mrs.	Dennis	Clasgens

2016 Membership Renewal List

	Salutation	First Name	Last Name
56	Ms.	Geraldine	Clauss
57	Mr. & Mrs.	Robert	Clements
58	Mr. & Mrs.	Gene	Coppola
59	Ms.	Olivia	Corlett
60	Mr. & Mrs.	George	Corsilia
61	Mr. & Mrs.	Dulane	Coval
62	Mr. & Mrs.	John	Cross
63	Mr.	Robert	Cross
64	Mr. & Mrs.	Thomas	Crowley
65	Mr. & Mrs.	Donald	Crumpacker
66	Ms.	Barbara	D'Oliveira
67	Dr. & Mrs.	Marvin	Daley
68	Dr. & Mrs.	Henry	Dallam
69	Mr.	Donald	Davis
70	Mr. & Mrs.	Richard	Dawson
71	Mr. & Mrs.	Patrick	Decker
72	Mr. & Mrs.	Joseph	DeFrancesco
73	Mr. & Mrs.	Ted	DeVirgilis
74	Mr. & Mrs.	Jim	Deyo
75	Mr. & Mrs.	Anthony	DiGioia
76	Mr. & Mrs.	Geoff	Dobson
77	Mr. & Mrs.	Peter	Donoghue
78	Mr. & Mrs.	Patrick	Duffy
79	Mr. & Mrs.	Douglas	Eckard
80	Mrs.	Shirley	Ellis
81	Mrs.	Ruth	Elmer
82	Mr. & Mrs.	Robert	Fairman
83	Mr. & Mrs.	Bill	Fanning

2016 Membership Renewal List

	Salutation	First Name	Last Name
84	Mr. & Mrs.	Herman	Feldhusen
85	Mr. & Mrs.	James	Feorino
86	Mr. & Mrs.	William	Fitzgerald
87	Mr. & Mrs.	Thomas	Fortsch
88	Mr. & Mrs.	John	Franks
89	Mr. & Mrs.	Harry	Friend
90	Ms.	Diane	Frost
91	Mr. & Mrs.	Bill	Gamber
92	Mr. & Mrs.	Al	Gatto
93	Mr. & Mrs.	Bill	Gaughan
94	Mr. & Mrs.	Daniel	Geary
95	Mr. & Mrs.	Kenneth	Gehrts
96	Mr. & Mrs.	Joe	Gillis
97	Mr.	Bill	Ginn
98	Mr. & Mrs.	Lawrence	Glacken
99	Mr. & Mrs.	William (Buddy)	Gliessner
100	Ms.	June Blackmore	Glover
101	Mr. & Mrs.	Marvin	Gordon
102	Mr. & Mrs.	Ray	Gordon
103	Mr. & Mrs.	Norman	Gosse
104	Mr. & Mrs.	William	Grove
105	Mr. & Mrs.	Gerry	Gruber
106	Mr. & Mrs.	Kenneth	Hagerstrom
107	Mr. & Mrs.	Bob	Halkyard
108	Mr. & Mrs.	Robert	Hall
109	Mr. & Mrs.	Bruce	Hamlin
110	Mr. & Mrs.	Jack	Hammond
111	Ms.	Linda	Handschy

2016 Membership Renewal List

	Salutation	First Name	Last Name
112	Mr. & Mrs.	Earl	Hannum
113	Mr. & Mrs.	John	Hardenbergh
114	Ms.	Dorothy	Harvey
115	Mr. & Mrs.	William	Hausler
116	Mr. & Mrs.	Robert	Hayden
117	Mr. & Mrs.	Tom	Healy
118	Mr. & Mrs.	Bruce	Heaton
119	Mrs.	Mary	Helfrick
120	Mr. & Mrs.	Charlie	Helvie
121	Mr. & Mrs.	Chuck	Henry
122	Mr. & Mrs.	Paul	Hertel
123	Mrs.	Elizabeth	Hess
124	Ms.	Ruth	Hicks
125	Mr. & Mrs.	Jack	Hill
126	Mr. & Mrs.	Norman	Hill
127	Mr. & Mrs.	Maury	Himmelberg
128	Mr. & Mrs.	Anthony	Hindley
129	Mr. & Mrs.	Gary	Hoffmann
130	Mr. & Mrs.	Bob	Holley
131	Mr. & Mrs.	Ellis	Howard
132	Mr. & Mrs.	John	Howard
133	Mr. & Mrs.	Patrick	Hurley
134	Mr. & Mrs.	Rich	Hutter
135	Mr. & Mrs.	Tony	Iovanna
136	Mr. & Mrs.	Ronald	Ives
137	Mr. & Mrs.	Robert	Jaggard
138	Ms.	Brenda	Jennings
139	Mr. & Mrs.	Bill	Johanns

2016 Membership Renewal List

	Salutation	First Name	Last Name
140	Mr.	Scott	Johnston
141	Mr. & Mrs.	Robert	Jones
142	Dr. & Mrs.	Stewart	Jones
143	Mr. & Mrs.	Floyd	Juday
144	Mr. & Mrs.	Donald	Kampman
145	Mr. & Mrs.	Bill	Kasko
146	Mr. & Mrs.	Robert	Kendall
147	Mr. & Mrs.	George	Kernaghan
148	Mr. & Mrs.	Bruce	Kilroy
149	Mr. & Mrs.	Ralph	Kinney
150	Mr. & Mrs.	John	Kirk
151	Mr. & Mrs.	John	Kleberg
152	Mr. & Mrs.	Chuck	Klinger
153	Ms.	Hanni	Koenig
154	Mr. & Mrs.	Douglas	Koplien
155	Ms.	Laura B.	Kopple
156	Ms.	Doris	Kostrinsky
157	Mr. & Mrs.	John	Kovalcik
158	Mr. & Mrs.	Allen	Kraska
159	Mr. & Mrs.	Gordon	Krum
160	Ms.	Eileen	Kruzynski
161	Mr. & Mrs.	Thomas	Kubik
162	Mr. & Mrs.	Ed	Landon
163	Ms.	Frances	Lapinski
164	Mr. & Mrs.	Towner	Lapp
165	Mr. & Mrs.	John	Lauer
166	Mr. & Mrs.	Jim	Linke
167	Mr. & Mrs.	Robert	Lubanski

2016 Membership Renewal List

	Salutation	First Name	Last Name
168	Mr. & Mrs	Frank	Lupacchino
169	Mr. & Mrs.	Donald	Lutz
170	Mr. & Mrs.	Peter	Lyon
171	Mr. & Mrs.	Jack	Lyons
172	Mr. & Mrs.	Robert	MacDonald
173	Mr. & Mrs.	Donald	Mackey
174	Mr. & Mrs.	Peter	MacMillan
175	Mr. & Mrs.	Joseph	Magennis
176	Mrs.	Marcia	Major
177	Mr. & Mrs.	Al	Marsh
178	Mr. & Mrs.	Frank	Marsh
179	Mrs.	Roberta	Martin
180	Mr. & Mrs.	Michael	Mason
181	Mr. & Mrs.	Bert	McBride
182	Mr. & Mrs.	Arthur	McCarthy
183	Mr. & Mrs	Philip	McClung
184	Mr. & Mrs.	Mike	McCreery
185	Mr. & Mrs.	Robert	McGowan
186	Mr.	John	McGuiness
187	Ms.	Mary (Divot)	McHugh
188	Mr. & Mrs.	Michael	Mesch
189	Mr. & Mrs.	Jerry	Miller
190	Mr. & Mrs.	Peter	Misiaszek
191	Mr. & Mrs.	Tony	Mollish
192	Mr. & Mrs.	James	Monahan
193	Ms.	Laurie	Mooney
194	Mr. & Mrs.	John	Moore
195	Mr. & Mrs.	Richard	Moore

2016 Membership Renewal List

	Salutation	First Name	Last Name
196	Ms.	Sandra	Morison
197	Ms.	Nell	Morse
198	Mr. & Mrs.	Joseph	Muccia
199	Mr. & Mrs.	Gerhard	Mueller
200	Ms.	Florence	Murphy
201	Mr. & Mrs.	John	Naughton
202	Mr. & Mrs.	David	Nelson
203	Mr. & Mrs.	Ronald	Noble
204	Mr. & Mrs.	Victor	Noschese
205	Mr. & Mrs.	Phil	O'Brien
206	Mr. & Mrs.	Stig	Odlund
207	Mr. & Mrs.	Stephen	O'Kane
208	Mr. & Mrs.	Matt	Olcott
209	Ms.	Patricia	Opie
210	Mrs.	Mary	O'Regan
211	Mr. & Mrs.	Stephen	O'Regan
212	Mr. & Mrs.	John	Paxman
213	Mrs.	Joyce	Paxton
214	Mr. & Mrs.	Jim	Petersen
215	Mr.	Ross	Peterson
216	Mr. & Mrs.	Harold (Pete)	Petrie
217	Dr. & Mrs.	David	Phillips
218	Mr. & Mrs.	Francis	Phillips
219	Mr. & Mrs.	Jim	Phillips
220	Mr. & Mrs.	Michael	Pinter
221	Mr. & Mrs.	Thomas	Poyer
222	Mr. & Mrs.	Leonard	Putonen
223	Mr. & Mrs.	John	Pyle

2016 Membership Renewal List

	Salutation	First Name	Last Name
224	Mr. & Mrs.	Larry	Radefeld
225	Ms.	June	Reich
226	Dr. & Mrs.	Ralston	Reid
227	Mr. & Mrs.	Jack R.	Reilly
228	Dr. & Mrs.	Roger	Reimers
229	Mr.	Stephen	Rich
230	Mr. & Mrs.	Jack	Richards
231	Ms.	Maureen	Richards
232	Mr. & Mrs.	Daniel	Robinson
233	Mr. & Mrs.	Robert	Roche
234	Mr. & Mrs.	Joseph	Romary
235	Mr. & Mrs.	Ronald	Roslansky
236	Mr. & Mrs.	Rich	Rowe
237	Mr. & Mrs.	Ken	Rule
238	Mr. & Mrs.	James	Ruud
239	Ms.	Marilyn	Ryan
240	Mr. & Mrs.	Vinod	Sahney
241	Mr. & Mrs.	Edmund	Sale
242	Mr. & Mrs.	Richard	Saleeze
243	Mr. & Mrs.	Hakan	Sallander
244	Mr. & Mrs.	Jack	Sargent
245	Mr. & Mrs.	John	Sawulski
246	Mr. & Mrs.	Ted	Schable
247	Mr. & Mrs.	John	Schell
248	Dr.	Donald	Schlegel
249	Mr. & Mrs.	Peter	Schneck
250	Mr. & Mrs.	Mark	Schramm
251	Mr. & Mrs.	John	Schumacher

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2016 Membership Renewal List

	Salutation	First Name	Last Name
252	Mr. & Mrs.	Richard	Schwab
253	Mr. & Mrs.	Vincent	Scuzzo
254	Ms.	Esther	Sebesto
255	Mr.	Donald	Sexton
256	Mr.	William	Shannon
257	Mr. & Mrs.	Bill	Shea
258	Ms.	Edith	Sheehan
259	Mr. & Mrs.	Gerald	Shine
260	Dr. & Mrs.	Robert	Sippel
261	Mr. & Mrs.	Warren	Sisson
262	Mr. & Mrs.	Don	Slemmer
263	Mr. & Mrs.	Carter	Smith
264	Mr. & Mrs.	Gary	Smith
265	Mr. & Mrs.	Harry	Smith
266	Ms.	Jane	Smith
267	Mr. & Mrs.	Richard	Stadter
268	Mr. & Mrs.	Dick	Stamper
269	Mr. & Mrs.	Bruce	Stickle
270	Mr. & Mrs.	Reid	Stoner
271	Mr. & Mrs.	John	Strano
272	Ms.	Dorothy	Strenk
273	Mr. & Mrs.	James	Strenk
274	Mr. & Mrs.	Lynn	Stuhldreher
275	Mr. & Mrs.	Ted	Stuhldreher
276	Mr. & Mrs.	Paul	Suffredini
277	Mr. & Mrs.	Jim	Sundahl
278	Mrs.	Barbara	Sutton
279	Mr. & Mrs.	Kent	Swaim

2016 Membership Renewal List

	Salutation	First Name	Last Name
280	Mr. & Mrs.	Kenneth	Swartz
281	Mr.	Paul	Sweeney
282	Mr. & Mrs.	James	Tate
283	Mr.	Jay	Teutenberg
284	Mr. & Mrs.	Jack	Thuer
285	Ms.	Deborah	Tillou
286	Mr. & Mrs.	Nelson	Torre
287	Mr. & Mrs.	Douglas	Townsend
288	Ms.	Cheryl	Trembley
289	Mr. & Mrs.	Bill	Trent
290	Mr. & Mrs.	Sal	Trofi
291	Mr. & Mrs.	Kenneth	Twigg
292	Mr. & Mrs.	Thomas	Tyler
293	Mr. & Mrs.	Lou	Valery
294	Mr. & Mrs.	Ed	Vanderlind
295	Mr. & Mrs.	Roy	Velemirovich
296	Mrs.	May	Wakabayashi
297	Mr. & Mrs.	Gerard	Walsh
298	Mrs.	Gerry	Warstler
299	Mr. & Mrs.	Bill	Welch
300	Mr. & Mrs.	Sam	Welch
301	Mr.	Robert	Welham
302	Ms.	Andrea	Weltman
303	Mr. & Mrs.	Rick	Werner
304	Mr. & Mrs.	Gerald	White
305	Mr & Mrs.	Philip	Wigginton
306	Mrs.	Cindy	Williams
307	Mr. & Mrs.	Terry	Williamson

2016 Membership Renewal List

	Salutation	First Name	Last Name
308	Dr. & Mrs.	Harold	Wilson
309	Ms.	Margie	Wilson
310	Mr. & Mrs.	Jim	Winchester
311	Mr. & Mrs.	Robert	Wing
312	Ms.	Patricia	Winkler
313	Mr. & Mrs.	Jon	Wioskowski
314	Mr & Mrs.	Daniel	Witmer
315	Mr. & Mrs.	Dick	Wolf
316	Mr. & Mrs.	William	Worobey
317	Mr. & Mrs.	Michael	Wrotniak
318	Ms.	Rita	Yannotti
319	Ms.	Lori	Yohann
320	Ms.	Mary	Zastrow
321	Mr. & Mrs.	Hank	Zawada
322	Mr. & Mrs.	Tom	Zwetschke
			Platinum Members
	Mrs.	Marilyn	Berner
	Mr.	Joe	Roberson
	Ms.	Shirley	Seamon
	Mr.	Leslie	Storyk
	Mr.	Richard	Waters

Plantation Community Foundation
Trial Balance
As of December 31, 2016

	Dec 31, 16	
	Debit	Credit
Cash & Accounts Receivable:1010 · BoA Checking (9146)	54,622.51	
Cash & Accounts Receivable:1020 · BoA Savings (4371)	49,501.72	
Cash & Accounts Receivable:1030 · BoA Savings - Honor/Mem (4030)	8,385.64	
Cash & Accounts Receivable:1090 · Petty Cash	100.00	
1040 · BoA Savings - RR lottery (2787)	0.00	
1080 · Certificates of Deposit	0.00	
1201 · *Accounts Receivable	0.00	
1101 · Accounts Receivable	0.00	
1450 · Prepaid Insurance	0.00	
1455 · Prepaid Event Expense	1,317.57	
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	0.00	
1950 · Endowment Fund	612,796.70	
2010 · Accounts Payable	0.00	
Payroll Liabilities:FL Unemployment Tax	0.00	
2011 · Accounts Payable - Contra	0.00	
2021 · Payroll Taxes Payable		1,891.64
2150 · Accrued Expenses	0.00	
2155 · Accrued Grants & Awards	0.00	
2160 · Honor & Memorial Fund	0.00	
2350 · Deferred Event Income		9,850.00
2351 · Deferred Income - Dues Donation		41,002.36
2450 · Deferred Equity/Donations	0.00	
3001 · Fund Balance BOY		675,344.07
3010 · Increase in Fund Balance	0.00	
3020 · Grants Distributed	139,135.00	
Endowment Funds Gains/Losses:6810 · Unrealized Gains - Endowment		21,299.46
Endowment Funds Gains/Losses:6820 · Realized Gains - Endowment Fund		13,532.47
Interest,Divid & Other Income:5310 · Interest Income - Savings		6.46
Interest,Divid & Other Income:5320 · Dividends & Interest-Endowment		7,967.44
Interest,Divid & Other Income:5810 · Admissions/F&B		18,931.00
4010 · Contributions Honor/Memorial		7,180.00
4020 · Event Sponsors		48,436.52
4230 · Contributions Endowment Fund		275.00
5210 · Membership Donations		50,516.00
5812 · Cash Raffles - Net		14,327.50
5813 · Other Raffles		20,210.00
5814 · Auction Revenues		40,190.00
5820 · Entry Fees		51,100.00
5830 · Donations		13,547.45
Food, Beverage & Miscellaneous:8320 · Food & Beverage	44,988.40	
Food, Beverage & Miscellaneous:8530 · Raffle Prizes & Awards	9,834.50	
Insurance, License & Permits:7520 · Bank Fees	2,179.84	
Insurance, License & Permits:8130 · Facility Fees	920.23	
Insurance, License & Permits:8515 · Licenses, Permits & Fees	270.00	
Insurance, License & Permits:8520 · Insurance	960.00	
Salaries,Benefits & Services:7220 · Salaries & Wages	57,898.55	
Salaries,Benefits & Services:7250 · FICA & Medicare	4,421.50	
Salaries,Benefits & Services:7530 · Professional Fees	225.00	
Salaries,Benefits & Services:7540 · Outside Services	2,791.40	
Special Events:8260 · Equipment Rental	8,752.20	
Special Events:8265 · Equipment Purchases	350.00	
Special Events:8310 · Travel & Lodging	6,703.00	
Special Events:8534 · Auction Prizes	5,615.00	
Special Events:8537 · Decorations, Flowers, Etc.	50.00	
Special Events:8538 · Shirts, Hats, Photos, etc.	12,662.03	
Special Events:8570 · Advertising & Public Relations	1,116.27	
Supplies, Printing & Mailing:8110 · Supplies	884.13	
Supplies, Printing & Mailing:8120 · Office Supplies	1,608.40	
Supplies, Printing & Mailing:8140 · Postage	1,566.89	

1:06 PM

03/29/17

Accrual Basis

Plantation Community Foundation
Trial Balance
As of December 31, 2016

	Dec 31, 16
	Debit
	Credit
Supplies, Printing & Mailing:8141 - Postal Services	767.19
Supplies, Printing & Mailing:8170 - Stationery & Printing	2,142.95
8210 - Office Rental	1,200.00
8270 - Equipment Repairs	1,505.75
8595 - Miscellaneous Expense	335.00
 TOTAL	 1,042,124.70
	1,042,124.70