Form **990-PF**

Department of the Treasury
Internal Revenue Service

Return of Private Foundation

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

▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990-PF and its instructions is at *www.irs.gov/form990pf*.

OMB No 1545-0052

2016

Open to Public Inspection

For calendar year 2016, or tax year beginning 07-01-2016 , and ending 06-30-2017

Name of foundation
DALE E AND CHERYL E BARTCH
CHARITABLE FOUNDATION INC

A Employer identification number
20-4046341

Number and street (or P O box number if mail is not delivered to street address) Room/suite
2900 W ORANGE AVE 130

B Telephone number (see instructions)
(407) 814-4866

City or town, state or province, country, and ZIP or foreign postal code
APOPKA, FL 32703

C If exemption application is pending, check here ▶ ☐

G Check all that apply ☐ Initial return ☐ Initial return of a former public charity ☐ Final return ☐ Amended return ☐ Address change ☐ Name change

D 1. Foreign organizations, check here ▶ ☐
2. Foreign organizations meeting the 85% test, check here and attach computation ▶ ☐

H Check type of organization ☑ Section 501(c)(3) exempt private foundation
☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

E If private foundation status was terminated under section 507(b)(1)(A), check here ▶ ☐

I Fair market value of all assets at end of year *(from Part II, col (c), line 16)*▶$ 71,423

J Accounting method ☑ Cash ☐ Accrual ☐ Other (specify)
(Part I, column (d) must be on cash basis)

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ▶ ☐

Part I **Analysis of Revenue and Expenses** *(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))*

			(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1	Contributions, gifts, grants, etc , received (attach schedule)				
	2	Check ▶ ☑ if the foundation is **not** required to attach Sch B				
	3	Interest on savings and temporary cash investments	107	107		
	4	Dividends and interest from securities				
	5a	Gross rents				
	b	Net rental income or (loss)				
	6a	Net gain or (loss) from sale of assets not on line 10				
	b	Gross sales price for all assets on line 6a				
	7	Capital gain net income (from Part IV, line 2)				
	8	Net short-term capital gain				
	9	Income modifications				
	10a	Gross sales less returns and allowances				
	b	Less Cost of goods sold				
	c	Gross profit or (loss) (attach schedule)				
	11	Other income (attach schedule)				
	12	**Total.** Add lines 1 through 11	107	107		
Operating and Administrative Expenses	13	Compensation of officers, directors, trustees, etc				
	14	Other employee salaries and wages				
	15	Pension plans, employee benefits				
	16a	Legal fees (attach schedule)				
	b	Accounting fees (attach schedule)				
	c	Other professional fees (attach schedule)				
	17	Interest				
	18	Taxes (attach schedule) (see instructions)	77			
	19	Depreciation (attach schedule) and depletion				
	20	Occupancy				
	21	Travel, conferences, and meetings				
	22	Printing and publications				
	23	Other expenses (attach schedule)				
	24	**Total operating and administrative expenses.** Add lines 13 through 23	77	0		0
	25	Contributions, gifts, grants paid	500			500
	26	**Total expenses and disbursements.** Add lines 24 and 25	577	0		500
	27	Subtract line 26 from line 12				
	a	**Excess of revenue over expenses and disbursements**	-470			
	b	**Net investment income** (if negative, enter -0-)		107		
	c	**Adjusted net income**(if negative, enter -0-)				

Part II	Balance Sheets — Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year (a) Book Value	End of year (b) Book Value	(c) Fair Market Value
Assets 1	Cash—non-interest-bearing			
2	Savings and temporary cash investments	71,893	71,423	71,423
3	Accounts receivable ▶ Less allowance for doubtful accounts ▶			
4	Pledges receivable ▶ Less allowance for doubtful accounts ▶			
5	Grants receivable			
6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
7	Other notes and loans receivable (attach schedule) ▶ Less allowance for doubtful accounts ▶			
8	Inventories for sale or use			
9	Prepaid expenses and deferred charges			
10a	Investments—U S and state government obligations (attach schedule)			
b	Investments—corporate stock (attach schedule)			
c	Investments—corporate bonds (attach schedule)			
11	Investments—land, buildings, and equipment basis ▶ Less accumulated depreciation (attach schedule) ▶			
12	Investments—mortgage loans			
13	Investments—other (attach schedule)			
14	Land, buildings, and equipment basis ▶ Less accumulated depreciation (attach schedule) ▶			
15	Other assets (describe ▶)			
16	**Total assets** (to be completed by all filers—see the instructions Also, see page 1, item I)	71,893	71,423	71,423
Liabilities 17	Accounts payable and accrued expenses			
18	Grants payable			
19	Deferred revenue			
20	Loans from officers, directors, trustees, and other disqualified persons			
21	Mortgages and other notes payable (attach schedule)			
22	Other liabilities (describe ▶)			
23	**Total liabilities**(add lines 17 through 22)		0	
Net Assets or Fund Balances	**Foundations that follow SFAS 117, check here** ▶ ☐ **and complete lines 24 through 26 and lines 30 and 31.**			
24	Unrestricted			
25	Temporarily restricted			
26	Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ ☑ **and complete lines 27 through 31.**			
27	Capital stock, trust principal, or current funds			
28	Paid-in or capital surplus, or land, bldg , and equipment fund	71,893	71,423	
29	Retained earnings, accumulated income, endowment, or other funds			
30	**Total net assets or fund balances** (see instructions)	71,893	71,423	
31	**Total liabilities and net assets/fund balances** (see instructions)	71,893	71,423	

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	71,893
2	Enter amount from Part I, line 27a	2	-470
3	Other increases not included in line 2 (itemize) ▶	3	
4	Add lines 1, 2, and 3	4	71,423
5	Decreases not included in line 2 (itemize) ▶	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	71,423

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a			

	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a				
b				
c				
d				
e				

	Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) **or** Losses (from col (h))
	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
a				
b				
c				
d				
e				

2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 / If (loss), enter -0- in Part I, line 7 } **2**

3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)
If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8 . . . . **3**

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☑ No
If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2015	60,000	76,814	0 781108
2014	37,864	93,982	0 402886
2013	999,319	128,307	7 788499
2012	120,250	206,455	0 582451
2011	46,126	145,945	0 316051

2 Total of line 1, column (d)	2	9 870995
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	1 974199
4 Enter the net value of noncharitable-use assets for 2016 from Part X, line 5	4	70,677
5 Multiply line 4 by line 3	5	139,530
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	1
7 Add lines 5 and 6	7	139,531
8 Enter qualifying distributions from Part XII, line 4 , ...	8	500

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

Part VI **Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)**

1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1 Date of ruling or determination letter ________ **(attach copy of letter if necessary–see instructions)**		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ▶ ☐ and enter 1% of Part I, line 27b	1	2
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	2	
3	Add lines 1 and 2	3	2
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4	
5	**Tax based on investment income.** Subtract line 4 from line 3 If zero or less, enter -0-	5	2
6	Credits/Payments		
a	2016 estimated tax payments and 2015 overpayment credited to 2016 — 6a		
b	Exempt foreign organizations—tax withheld at source — 6b		
c	Tax paid with application for extension of time to file (Form 8868) — 6c		
d	Backup withholding erroneously withheld — 6d		
7	Total credits and payments Add lines 6a through 6d	7	
8	Enter any **penalty** for underpayment of estimated tax Check here ☐ if Form 2220 is attached	8	
9	**Tax due.** If the total of lines 5 and 8 is more than line 7, enter **amount owed** ▶	9	2
10	**Overpayment.** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid** ▶	10	
11	Enter the amount of line 10 to be **Credited to 2017 estimated tax** ▶ **Refunded** ▶	11	

Part VII-A **Statements Regarding Activities**

			Yes	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a		No
b	Did it spend more than $100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)?	1b		No
	*If the answer is "Yes" to **1a** or **1b**, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities*			
c	Did the foundation file **Form 1120-POL** for this year?	1c		No
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year **(1)** On the foundation ▶ $ ________ **(2)** On foundation managers ▶ $ ________			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ $ ________			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? *If "Yes," attach a detailed description of the activities*	2		No
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? *If "Yes," attach a conformed copy of the changes*	3		No
4a	Did the foundation have unrelated business gross income of $1,000 or more during the year?	4a		No
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? *If "Yes," attach the statement required by General Instruction T*	5		No
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	Yes	
7	Did the foundation have at least $5,000 in assets at any time during the year? *If "Yes," complete Part II, col (c), and Part XV*	7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶FL			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? *If "No," attach explanation*	8b		No
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? *If "Yes," complete Part XIV*	9		No
10	Did any persons become substantial contributors during the tax year? *If "Yes," attach a schedule listing their names and addresses*	10		No

Part VII-A Statements Regarding Activities (continued)

			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	
	Website address ▶GUIDESTAR ORG			
14	The books are in care of ▶KRISTEN L BARTCH-KNIGHT Telephone no ▶(407) 814-4866			
	Located at ▶2900 W ORANGE AVE SUITE 130 APOPKA FL ZIP+4 ▶32703			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of **Form 1041** —Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the year ▶ 15			
16	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16		No
	See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country ▶			

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? ☐ Yes ☑ No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? ☐ Yes ☑ No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☐ Yes ☑ No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☐ Yes ☑ No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? ☐ Yes ☑ No			
	(6) Agree to pay money or property to a government official? (**Exception.** Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). ☐ Yes ☑ No			
b	If any answer is "Yes" to 1a(1)–(6), did **any** of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here ▶ ☐			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2016?	1c		
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2016? ☐ Yes ☑ No			
	If "Yes," list the years ▶ 20____ , 20____ , 20____ , 20____			
b	Are there any years listed in 2a for which the foundation is **not** applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to **all** years listed, answer "No" and attach statement—see instructions)	2b		
c	If the provisions of section 4942(a)(2) are being applied to **any** of the years listed in 2a, list the years here ▶ 20____ , 20____ , 20____ , 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? ☐ Yes ☑ No			
b	If "Yes," did it have excess business holdings in 2016 as a result of **(1)** any purchase by the foundation or disqualified persons after May 26, 1969, **(2)** the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or **(3)** the lapse of the 10-, 15-, or 20-year first phase holding period? *(Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2016).*	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2016?	4b		

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (Continued)

5a	During the year did the foundation pay or incur any amount to			
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? ☐ Yes ☑ No			
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?. ☐ Yes ☑ No			
	(3) Provide a grant to an individual for travel, study, or other similar purposes? ☐ Yes ☑ No			
	(4) Provide a grant to an organization other than a charitable, etc , organization described in section 4945(d)(4)(A)? (see instructions). ☐ Yes ☑ No			
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?. ☐ Yes ☑ No			
b	If any answer is "Yes" to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see instructions)?	**5b**		
	Organizations relying on a current notice regarding disaster assistance check here. ▶ ☐			
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?. ☐ Yes ☐ No			
	If "Yes," attach the statement required by Regulations section 53 4945–5(d)			
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?. ☐ Yes ☑ No			
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	**6b**		No
	If "Yes" to 6b, file Form 8870			
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? ☐ Yes ☑ No			
b	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?	**7b**		

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(a) Name and address	Title, and average hours per week **(b)** devoted to position	**(c)** Compensation **(If not paid, enter -0-)**	**(d)** Contributions to employee benefit plans and deferred compensation	**(e)** Expense account, other allowances
CHERYL E BARTCH 2900 W ORANGE AVE SUITE 130 APOPKA, FL 32703	PRESIDENT 10 00	0	0	0
KRISTEN L BARTCH-KNIGHT 2900 W ORANGE AVE SUITE 130 APOPKA, FL 32703	SECR-TREAS 5 00	0	0	0
ALFRED C HALIDAY JR 400 WEBSTER STREET LEESBURG, FL 34748	DIRECTOR 000 00	0	0	0

2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than $50,000	Title, and average hours per week **(b)** devoted to position	**(c)** Compensation	**(d)** Contributions to employee benefit plans and deferred compensation	**(e)** Expense account, other allowances
NONE				

Total number of other employees paid over $50,000. ▶

Part VIII **Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors *(continued)***

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".

(a) Name and address of each person paid more than $50,000	**(b)** Type of service	**(c)** Compensation
NONE		

Total number of others receiving over $50,000 for professional services. . . . . ▶

Part IX-A **Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1	
2	
3	
4	

Part IX-B **Summary of Program-Related Investments** (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 N/A	
2	
All other program-related investments See instructions	
3	
Total. Add lines 1 through 3 . . . . ▶	

Part X Minimum Investment Return (All domestic foundations must complete this part Foreign foundations,see instructions)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes		
a	Average monthly fair market value of securities	1a	0
b	Average of monthly cash balances	1b	71,753
c	Fair market value of all other assets (see instructions)	1c	0
d	**Total** (add lines 1a, b, and c)	1d	71,753
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) — 1e		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	71,753
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	1,076
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3 Enter here and on Part V, line 4	5	70,677
6	**Minimum investment return.** Enter 5% of line 5	6	3,534

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ▶ ☐ and do not complete this part)

1	Minimum investment return from Part X, line 6			1	3,534
2a	Tax on investment income for 2016 from Part VI, line 5	2a	2		
b	Income tax for 2016 (This does not include the tax from Part VI)	2b			
c	Add lines 2a and 2b			2c	2
3	Distributable amount before adjustments Subtract line 2c from line 1			3	3,532
4	Recoveries of amounts treated as qualifying distributions			4	
5	Add lines 3 and 4			5	3,532
6	Deduction from distributable amount (see instructions)			6	
7	**Distributable amount** as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1			7	3,532

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	500
b	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	**Qualifying distributions.** Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	500
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions)	5	
6	**Adjusted qualifying distributions.** Subtract line 5 from line 4	6	500

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

Part XIII **Undistributed Income** (see instructions)

		(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI, line 7					3,532
2 Undistributed income, if any, as of the end of 2016					
a Enter amount for 2015 only.					
b Total for prior years 20____ , 20____ , 20____					
3 Excess distributions carryover, if any, to 2016					
a From 2011.	38,829				
b From 2012.	109,927				
c From 2013.	992,966				
d From 2014.	33,165				
e From 2015.	56,159				
f **Total** of lines 3a through e.		1,231,046			
4 Qualifying distributions for 2016 from Part XII, line 4 ▶ $ 500					
a Applied to 2015, but not more than line 2a					
b Applied to undistributed income of prior years (Election required—see instructions).					
c Treated as distributions out of corpus (Election required—see instructions).					
d Applied to 2016 distributable amount.					500
e Remaining amount distributed out of corpus					
5 Excess distributions carryover applied to 2016 *(If an amount appears in column (d), the same amount must be shown in column (a))*		3,032			3,032
6 **Enter the net total of each column as indicated below:**					
a Corpus Add lines 3f, 4c, and 4e Subtract line 5		1,228,014			
b Prior years' undistributed income Subtract line 4b from line 2b					
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.					
d Subtract line 6c from line 6b Taxable amount —see instructions					
e Undistributed income for 2015 Subtract line 4a from line 2a Taxable amount—see instructions					
f Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2017					0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)					
8 Excess distributions carryover from 2011 not applied on line 5 or line 7 (see instructions) . . .		35,797			
9 **Excess distributions carryover to 2017.** Subtract lines 7 and 8 from line 6a		1,192,217			
10 Analysis of line 9					
a Excess from 2012. . . .	109,927				
b Excess from 2013. . . .	992,966				
c Excess from 2014. . . .	33,165				
d Excess from 2015. . . .	56,159				
e Excess from 2016. . . .					

Part XIV **Private Operating Foundations** (see instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2016, enter the date of the ruling. . . . . . . ▶

b Check box to indicate whether the organization is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

	Tax year	Prior 3 years			
	(a) 2016	**(b)** 2015	**(c)** 2014	**(d)** 2013	**(e) Total**
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon					
a "Assets" alternative test—enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test—enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Part XV **Supplementary Information (Complete this part only if the organization had $5,000 or more in assets at any time during the year—see instructions.)**

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than $5,000) (See section 507(d)(2))

CHERYL E BARTCH

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ▶ ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds If the foundation makes gifts, grants, etc (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed

CHERYL E BARTCH
2900 W ORANGE AVE SUITE 130
APOPKA, FL 32703
(407) 814-4866

b The form in which applications should be submitted and information and materials they should include

GRANT APPLICATION GUIDELINES ATTACHED POST-SECONDARY EDUCATION SCHOLARSHIPS FOR DESERVING, NEEDY STUDENTS THE CRITERIA FOR DEFINING DESERVING AND NEEDY SHALL BE DETERMINED BY THE BOARD OF DIRECTORS OF THE FOUNDATION THE FIVE PAGE SCHOLARSHIP APPLICATION WITH SUBMISSION INSTRUCTIONS IS ATTACHED

c Any submission deadlines

NONE

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

NO REQUESTS BY TELEPHONE ACCEPTED ALL APPLICATIONS MUST BE SUBMITTED BY MAIL NO RESTRICTIONS TO KINDS OF INSTITUTIONS AS LONG AS INSTITUTION QUALIFIES AS TAX EXEMPT ORGANIZATION SCHOLARSHIP APPLICANTS ARE LIMITED POST-SECONDARY EDUCATION ONLY THE PURPOSE AND AMOUNT WILL BE DEPENDENT UPON NEED AND WILL BE DETERMINED ON A CASE-BY-CASE BASIS THE FOUNDATION WILL NOT AWARD EDUCATIONAL LOANS

Part XV Supplementary Information (continued)

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN DIABETES ASSOCIATION 2451 CRYSTAL DRIVE SUITE 900 ARLINGTON, VA 22202	NONE	501(C)(3)	DIABETES RESEARCH	500
Total . . . . ▶ **3a**				500
b *Approved for future payment*				
Total . . . . ▶ **3b**				

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments. . . .					
3 Interest on savings and temporary cash investments			14	107	
4 Dividends and interest from securities. . . .					
5 Net rental income or (loss) from real estate					
a Debt-financed property.					
b Not debt-financed property.					
6 Net rental income or (loss) from personal property					
7 Other investment income.					
8 Gain or (loss) from sales of assets other than inventory					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue a					
b					
c					
d					
e					
12 Subtotal Add columns (b), (d), and (e). .				107	

13 Total. Add line 12, columns (b), (d), and (e). 13 107

(See worksheet in line 13 instructions to verify calculations)

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See instructions)

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

		Yes	No
1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501 (c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?			
a Transfers from the reporting foundation to a noncharitable exempt organization of			
(1) Cash.	1a(1)		No
(2) Other assets.	1a(2)		No
b Other transactions			
(1) Sales of assets to a noncharitable exempt organization.	1b(1)		No
(2) Purchases of assets from a noncharitable exempt organization.	1b(2)		No
(3) Rental of facilities, equipment, or other assets.	1b(3)		No
(4) Reimbursement arrangements.	1b(4)		No
(5) Loans or loan guarantees.	1b(5)		No
(6) Performance of services or membership or fundraising solicitations.	1b(6)		No
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.	1c		No

d If the answer to any of the above is "Yes," complete the following schedule Column **(b)** should always show the fair market value of the goods, other assets, or services given by the reporting foundation If the foundation received less than fair market value in any transaction or sharing arrangement, show in column **(d)** the value of the goods, other assets, or services received

(a) Line No	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☑ No

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Sign Here

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 taxpayer) is based on all information of which preparer has any knowledge

******	2017-08-15	******	May the IRS discuss this return with the preparer shown below (see instr)? ☐ Yes ☐ No
Signature of officer or trustee	Date	Title	

Paid Preparer Use Only

Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed ▶ ☐	PTIN
ALFRED C HALIDAY JR		2017-08-03		P01258812
Firm's name ▶ HALIDAY BAIR & HUX PA				Firm's EIN ▶59-1874580
Firm's address ▶ 400 WEBSTER STREET LEESBURG, FL 34748				Phone no (352) 787-3445

TY 2016 Explanation of Non-Filing with Attorney General Statement

Name: DALE E AND CHERYL E BARTCH
CHARITABLE FOUNDATION INC

EIN: 20-4046341

Statement: FLORIDA ATTORNEY GENERAL DOES NOT REQUIRE COPY

TY 2016 Taxes Schedule

Name: DALE E AND CHERYL E BARTCH
CHARITABLE FOUNDATION INC

EIN: 20-4046341

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FLORIDA ANNUAL REPORT	61			
FEDERAL EXCISE TAXES Y/E 6/30/16	16			

Dale E. and Cheryl E. Bartch Charitable Foundation, Inc.

Name
_____ Mr.
_____ Ms. ____________ ____________ ____________ ___ ___ ___/___ ___/___ ___ ___ ___
First Middle Last Social Security

University / College: ______________________________

Semester applying for: ______ Fall ______ Spring Year ___ ___ ___ ___

Date accepted by University / College: ___ ___/___ ___/___ ___

Intended Major: ______________________________

PERSONAL INFORMATION

Permanent home address:

______________________________ (   ) ____________
Number & Street or Postal Box Number Area Code & Telephone Number

____________ ___ ___ ____________ Height: _____' _____"
City State Zip Code Weight: ____________ lbs

Date of birth. ___ ___/___ ___/___ ___ Place of birth. ____________ ___ ___
City State

EDUCATIONAL INFORMATION

High School:

____
Name

______________________________ ___ ___
City State

Dates of attendance: ________ ________ through ________ ________
Month Year Month Year

Academic average (GPA): ___.___ ___

Date of graduation: ___ ___/___ ___/___ ___

Educational institution currently attending: ______________________________

SAT Score: ____________ ACT Score: ____________

PARENTAL INFORMATION

Father:

Name: ______________________________

Job Title. ______________________________

Place of

Employment ______________________________

Address of
Employment: ______________________________

______________ ____ _____
City State Zip Code

Business
Telephone: (___) ___ - ____

Mother:

Name: ______________________________

Job Title: ______________________________

Place of

Employment: ______________________________

Address of
Employment. ______________________________

______________ ____ _____
City State Zip Code

Business
Telephone: (___) ___ - ____

FINANCIAL INFORMATION

Do you live with:

_____ Both parents
_____ One parent
Father _____
Mother _____

_____ Independent

_____ Other:
____
____

	Parent(s)	Student
TOTAL INCOME last calendar year:	$__________	$__________
U.S. Income tax paid:	-__________	-__________
Social Security tax paid:	-__________	-__________
Medical / Dental expenses:	-__________	-__________
AVAILABLE INCOME:	$__________	$__________

A copy of the first page of your parent(s) IRS Form 1040 Income Tax Return must be attached to this application.

Number of family members
(including parents): ______

Number of family members
attending college: ______

Do you expect to be employed
while attending college?
☐ Yes ☐ No

If yes, name the place of employment:

____

____

CERTIFICATION

I certify that, to the best of my knowledge, the information provided in this application is correct. I have completed this application with the understanding that it is the property of the DALE E. AND CHERYL E. BARTCH CHARITABLE FOUNDATION, INC.

______________________________ ______________________________
Signature Date signed

I (we) certify that, to the best of my(our) knowledge, the information provided is correct (one parent or guardian signature required, unless applicant is 18 or older)

______________________________ ______________________________
Father's Signature Date signed

______________________________ ______________________________
Mother's Signature Date signed

Dale E. and Cheryl E. Bartch Charitable Foundation, Inc.

Please provide the following information:

BUDGET

Anticipated college expenses:

Tuition $________________

Books ________________

Housing ________________

Board ________________

Sub-Total – Anticipated Expenses: $________________

Less:

Scholarships -________________

Financial Aid -________________

Sub-Total -________________

Net Anticipated Expenses **$________________**

L:\Bartch\CF -- Scholarship Application dkh

DALE E. AND CHERYL E. BARTCH
CHARITABLE FOUNDATION, INC.
Attention: Kristen L. Bartch-Knight
2900 W Orange Ave, Suite 130
Apopka, Florida 32703

GRANT APPLICATION GUIDELINES

These guidelines are provided to assist those charitable organizations which are considering making application for grants from the DALE E. AND CHERYL E. BARTCH CHARITABLE FOUNDATION, INC. There are many worthy charitable causes, but those which fall within the following described guidelines are the causes which the DALE E AND CHERYL E BARTCH CHARITABLE FOUNDATION, INC., are most inclined to support. The grant committee charged with responsibility for selecting recipients of gifts from the DALE E. AND CHERYL E. BARTCH CHARITABLE FOUNDATION, INC., will follow the grant guidelines.

The grant committee shall consider all qualified applications received from organizations that are exempt from taxation under the Internal Revenue Code of the United States of America.

The qualified organizations are those which are charitable, religious, and/or educational in nature. No part of any gift shall be used to influence legislation or to carry on propaganda, the sole object and purpose of the charitable foundation being to further the cause of charity, education, and religion.

Decisions regarding grants will be based on the following described considerations, and if DALE E. BARTCH, CHERYL E. BARTCH and KRISTEN L. BARTCH-KNIGHT are deceased, then the funds of the Foundation shall be administered as follows.

A. One Million Dollars ($1,000,000.00) shall be set aside as a segregated fund to benefit the Muscular Dystrophy Association, to be used as needed for the direct benefit of the clients, and not for administrative costs

B. One Million Dollars ($1,000,000.00) shall be set aside as a segregated fund to benefit the United Way of Lake County, Florida to be distributed to the approved agencies determined by the Budget and Allocations Committee to be in the greatest need. This shall be distributed at a rate of $250,000.00 per year until this segregated fund is exhausted.

C. One Million Dollars ($1,000,000.00) shall be distributed to the American Cancer Society to be used for direct research costs.

D. One Million Dollars ($1,000,000.00) shall be distributed to the American Heart Association to be used as deemed necessary but <u>not</u> for administrative costs.

E. One Million Dollars ($1,000,000.00) shall be set aside as a segregated fund to benefit the Sunrise ARC of Lake County, Florida for the direct benefit of the clients and <u>not</u> for administrative costs. Distributions from this segregated account shall be made as the Directors shall so determine.

F. Four Million Dollars ($4,000,000.00) shall be distributed to the Lake Sumter Community College for the construction of a building on campus, which will be named after the Bartch family.

G. One Million Dollars ($1,000,000.00) shall be distributed to the Florida Hospital Diabetes Foundation to be used as deemed necessary but not to be used for administrative costs.

H. One Million Dollars ($1,000,000.00) shall be distributed to the Boys and Girls Clubs of Lake and Sumter Counties to establish an endowment in the name of Dale E. and Cheryl E. Bartch.

I. The remainder of the Foundation's assets shall be managed and distributed for the sole benefit of providing post-secondary education scholarships to deserving, needy students. The criteria for defining "deserving" and "needy" shall be determined by the directors of the Foundation.

Provided, however, should KRISTEN L BARTCH-KNIGHT survive DALE E. BARTCH and CHERYL E. BARTCH, then, as the Managing Director of the Foundation, the above set forth Guidelines shall <u>not</u> be mandatory, but shall be used by KRISTEN L. BARTCH-KNIGHT as a guide setting forth the charitable inclinations of DALE E. and CHERYL E. BARTCH.

Though the guidelines set forth hereinabove shall be adhered to by the Gift Committee of the Foundation in virtually every choice of recipients of funds, the Gift Committee reserves the right to select deserving donees that fall outside the definition of the guidelines but that demonstrate an unusual need in harmony with the concerns of the DALE E. AND CHERYL E. BARTCH CHARITABLE FOUNDATION, INC.

All grant requests are to be received no later than __________ of each year. All such requests shall be in writing by the proposed grant recipient. The Foundation will consider grant requests at its annual meeting during the month of __________.

APPLICATION REQUIREMENTS

Institutions or organizations wishing to apply for funds should supply the Foundation with a fully developed proposal.

The proposal should include the following information, and should be forwarded to the address above:

- Completed Grant Proposal Synopsis Sheet
- Principal objective and brief history of the organization/institution
- List of the current Board of Directors
- Copy of letter from IRS showing proof of tax-exempt status
- Detailed outline of project, including its expected outcome, including the number served by the grant, if applicable
- Financial information for prior 3 years (financial statements, audited or unaudited - if unaudited, please explain why)
- Proposed budget for current year for both the project and the organization/institution
- Source(s) of other funding for the project for which funding is requested (if applicable)

FOLLOW-UP PROCESS

Proposals will be reviewed upon receipt. Additional information may be requested. Once all required information is received, the proposal will be presented at the next regularly scheduled meeting of the Grant Committee.

Once a decision is made by the Committee, the Foundation will communicate the decision to the applicant in writing.

For further information, please call Kristen L. Bartch-Knight at (407) 814-4866.

DALE E. AND CHERYL E. BARTCH
CHARITABLE FOUNDATION, INC.
Attention: Kristen L. Bartch-Knight
2900 W Orange Ave, Suite 130
Apopka, Florida 32703

GRANT PROPOSAL SYNOPSIS SHEET

DATE:____

NAME OF ORGANIZATION:______________________________

NAME, TITLE AND ADRESS OF CONTACT:

*(PERSON)*__________________________________

*(TITLE)*__________________________________

*(STREET ADDRESS)*__________________________________

*(CITY/STATE/ZIP)*__________________________________

*(PHONE NUMBER)*__________________________________

AMOUNT OF GRANT REQUEST: $____________________________

PURPOSE OF GRANT REQUEST: ____________________________

PRIOR GRANTS RECEIVED FROM THE DALE E. AND CHERYL E. BARTCH CHARITABLE FOUNDATION, INC.:

PURPOSE OF GRANT: ____________________________

DATE: ________________ AMOUNT: $________________

PURPOSE OF GRANT: ____________________________

DATE: ________________ AMOUNT: $________________

DALE E. AND CHERYL E. BARTCH
CHARITABLE FOUNDATION, INC.
Attention: Kristen L. Bartch-Knight
2900 W Orange Ave, Suite 130
Apopka, Florida 32703

SCHOLARSHIP APPLICATION

1. Deadline for consideration: ______________

2. This application should be completed and returned with the following required items to:

   DALE E. AND CHERYL E. BARTCH
   CHARITABLE FOUNDATION, INC.
   Attention: Kristen L. Bartch-Knight
   2900 W Orange Ave, Suite 130
   Apopka, Florida 32703

   a) A recent photograph not larger than 3" x 5" (newspaper photos are not accepted).

   b) A sheet listing honors received, clubs and social activities participated in, talents and interests you have.

   c) Transcript from high school.

   d) Three letters of recommendation giving specific data regarding your academic ability, character, family background, and economic status (with emphasis on character) from any of the following: Principal, dean, teacher, advisor, minister, employer, or civic leader. These letters shall be included with this application

   e) A sheet listing your job experience (if any), including place of employment, dates of employment, job title, and duties

   f) On a separate sheet of paper, write a brief autobiography. Please include your career goals and objectives

3. Notification will be sent upon receipt of this application form. Updates on status will also be sent. Awards will be made in ___________.