

CHANGE OF ACCOUNTING PERIOD

Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2015
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

A For the 2015 calendar year, or tax year beginning **JUN 1, 2016** and ending **JUN 30, 2016**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE COMMUNITY FOUNDATION OF SARASOTA CO. INC.		D Employer identification number 59-1956886
	Doing business as		E Telephone number 941-955-3000
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 14,599,091.
	City or town, state or province, country, and ZIP or foreign postal code SARASOTA, FL 34237		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
	F Name and address of principal officer: ROXANNE G. JERDE SAME AS C ABOVE		H(c) Group exemption number

I Tax-exempt status: 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or 527
J Website: **WWW.CFSARASOTA.ORG**
K Form of organization: Corporation Trust Association Other
L Year of formation: **1979** **M** State of legal domicile: **FL**

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities. COMMUNITY IMPACT POWERED BY PHILANTHROPY.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	19
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	19
	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	0
	6	Total number of volunteers (estimate if necessary)	6	50
	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.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	37,538,967.	7,438,039.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,857,494.	274,692.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,357,087.	1,050,414.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-3,309.	0.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	46,750,239.	8,763,145.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	22,346,182.	671,453.
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	1,984,243.	150,414.
	b	Total fundraising expenses (Part IX, column (D), line 25) 62,131.	0.	0.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2017	4,753,914.	458,818.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	29,084,339.	1,280,685.
	19	Revenue less expenses. Subtract line 18 from line 12	17,665,900.	7,482,460.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	239,892,364.	247,051,266.
	22	Net assets or fund balances. Subtract line 21 from line 20	29,782,884.	29,867,818.
			210,109,480.	217,183,448.

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>[Signature]</i>	Date 2/16/17			
	LAURA SPENCER, CHIEF FINANCIAL OFFICER Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name REBECCA U. STONER	Preparer's signature <i>[Signature]</i> CPA	Date 2/14/17	Check if self-employed <input type="checkbox"/>	PTIN P00585910
	Firm's name KERKERING, BARBERIO & CO.	Firm's address P.O. BOX 49348 SARASOTA, FL 34230-6348	Firm's EIN 59-1753337	Phone no. 941-365-4617	

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

243

14

THE COMMUNITY FOUNDATION OF SARASOTA CO.
INC.

Form 990 (2015)

59-1956886 Page 2

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:

COMMUNITY IMPACT POWERED BY PHILANTHROPY.

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 \$ 711,100. including grants of \$ 658,153.) (Revenue \$ 243,007.)

IN PARTNERSHIP WITH DONORS WHO BELIEVE THEY CAN BE THE ONE TO MAKE A DIFFERENCE, GRANTS WERE MADE TO SUPPORT ORGANIZATIONS SUPPORTING THE FULL SPECTRUM OF CHARITABLE MISSIONS INCLUDING ANIMAL WELFARE, THE ARTS, HEALTH, HUMAN SERVICES, EDUCATION, ENVIRONMENTAL PROTECTION, CIVIC ENGAGEMENT, YOUTH AREAS, AND OTHER AREAS. OUR SUPPORT OF LOCAL NONPROFITS GOES DEEPER THAN THE MILLIONS IN GRANTS WE AWARD EACH YEAR. OUR COMMUNITY INVESTMENT TEAM BUILDS THE CAPACITY OF LOCAL ORGANIZATIONS TO ENSURE DONORS' CHARITABLE DOLLARS MAKE AN EVEN BIGGER IMPACT THROUGH THE USE OF WORKSHOPS, STRATEGIC CONSULTING SERVICES, AND OTHER CAPACITY-BUILDING BENEFITS. ADDITIONALLY, OUR STREAMLINED IMMEDIATE IMPACT GRANTS PROCESS PROVIDES SUPPORT OF UP TO \$5000 TO LOCAL NONPROFIT ORGANIZATIONS TO ADDRESS URGENT AND EMERGENCY NEEDS, SO

4b (Code _____) (Expenses \$ 26,537. including grants of \$ 13,300.) (Revenue \$ 9,068.)

THE COMMUNITY FOUNDATION OF SARASOTA COUNTY BELIEVES THAT ALL WHO WISH TO FURTHER THEIR EDUCATION AND INCREASE FUTURE POTENTIAL FOR SUCCESS SHOULD HAVE AN EQUAL CHANCE TO TAKE ADVANTAGE OF THE OPPORTUNITIES AVAILABLE TO THEM. EACH YEAR, THE COMMUNITY FOUNDATION OF SARASOTA COUNTY'S AWARDS SCHOLARSHIPS TO A VARIETY OF INDIVIDUALS WHO ARE PURSUING FURTHER EDUCATION. THIS FISCAL YEAR, 402 GRADUATING HIGH SCHOOL SENIORS FROM SARASOTA, MANATEE AND CHARLOTTE COUNTIES RECEIVED TRADITIONAL SCHOLARSHIPS; 124 ADULT LEARNERS WERE PROVIDED FUNDING TO RETURN TO COLLEGE OR VOCATIONAL SCHOOL AFTER BEING OUT OF SCHOOL FOR A NUMBER OF YEARS; AND 27 SPECIAL INTEREST SCHOLARSHIPS WERE AWARDED TO OUR REGION'S YOUNGER STUDENTS TO PURSUE ADDITIONAL DEVELOPMENTAL OPPORTUNITIES AT VARIOUS SPORTS ACADEMIES, DANCE STUDIOS, AND MUSIC

4c (Code _____) (Expenses \$ 59,565. including grants of \$ _____) (Revenue \$ 20,355.)

EACH YEAR, SIGNIFICANT INVESTMENTS ARE MADE TO THE COMMUNITY FROM THE FUNDS OF DONORS WHO ENSURED SUPPORT OF VARIOUS ORGANIZATIONS AND CAUSES IN PERPETUITY. SUBSTANTIAL TIME, FUNDING, AND STRATEGIES ARE COALESCED TO SUPPORT AN ARRAY OF KEY INITIATIVES SPEARHEADED BY THE COMMUNITY FOUNDATION. WE HAVE DEDICATED OURSELVES TO HELPING THE AT-RISK IN OUR COMMUNITIES BY PROVIDING TARGETED FINANCIAL ASSISTANCE (PRIMARILY FOR MORTGAGE, RENT AND UTILITIES) TO INDIVIDUALS ON THE VERGE OF HOMELESSNESS AS WELL AS SUPPORTING OUR REGION'S YOUTH THROUGH OUR STUDENT EMERGENCY FUND. ADDITIONALLY, OUR EXTENDED WORK IN EDUCATION LEVERAGES NATIONAL RESEARCH AND INITIATIVES SUCH AS THE CAMPAIGN FOR GRADE-LEVEL READING, THE KENNEDY CENTER'S ANY GIVEN CHILD INITIATIVE, AND THE COLLABORATIVE PARTNERSHIP OF EDEXPLORESRQ. INSPIRED BY ASCEND

4d Other program services (Describe in Schedule O)

(Expenses \$ 6,618. including grants of \$ _____) (Revenue \$ 2,262.)

4e Total program service expenses 803,820.

Form 990 (2015)

532002 12-16-15

SEE SCHEDULE O FOR CONTINUATION(S)

**THE COMMUNITY FOUNDATION OF SARASOTA CO.
INC.**

Form 990 (2015)

59-1956886 Page 3

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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
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? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X

Form 990 (2015)

**THE COMMUNITY FOUNDATION OF SARASOTA CO.
INC.**

Form 990 (2015)

59-1956886 Page 4

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
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? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
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? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
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? <i>If "Yes," complete Schedule L, Part II</i>		X
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? <i>If "Yes," complete Schedule L, Part III</i>		X
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? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
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? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
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? <i>If "Yes," complete Schedule R, Part I</i>	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Form **990** (2015)

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check 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		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
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		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
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)?		X
b	If "Yes," enter the name of the foreign country: <u>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)</u>		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		X
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter.		
a	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O		
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		
c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	19		
b	Enter the number of voting members included in line 1a, above, who are independent		
	19		
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?		X
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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
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?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
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		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		X
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?		X
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?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **FL**
- 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: **LAURA SPENCER - (941) 955-3000**
2635 FRUITVILLE ROAD, SARASOTA, FL 34237

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 line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) AUDREY COLEMAN DIRECTOR	1.00	X					0.	0.	0.	
(2) DUNCAN FINLAY DIRECTOR	1.00	X					0.	0.	0.	
(3) C.J. FISHMAN DIRECTOR	1.00	X					0.	0.	0.	
(4) BARBARA FREEMAN DIRECTOR	1.00	X					0.	0.	0.	
(5) RICK GOMEZ DIRECTOR	1.00	X					0.	0.	0.	
(6) VICTORIA LEOPOLD DIRECTOR	1.00	X					0.	0.	0.	
(7) RODNEY LINFORD DIRECTOR	1.00	X					0.	0.	0.	
(8) MICHAEL P. MARTELLA DIRECTOR	1.00	X					0.	0.	0.	
(9) JEFFREY R. MCCURDY DIRECTOR	1.00	X					0.	0.	0.	
(10) NELLE S. MILLER DIRECTOR	1.00	X					0.	0.	0.	
(11) MICHAEL R. PENDER, JR. DIRECTOR	1.00	X					0.	0.	0.	
(12) FELICE SCHULANER DIRECTOR	1.00	X					0.	0.	0.	
(13) WILLIAM SEIDER DIRECTOR	1.00	X					0.	0.	0.	
(14) RICHARD SMITH DIRECTOR	1.00	X					0.	0.	0.	
(15) TERRI VITALE DIRECTOR	1.00	X					0.	0.	0.	
(16) PATRICK E. DORSEY TREASURER	1.00	X		X			0.	0.	0.	
(17) RICHARD GANS VICE CHAIR/SECRETARY	1.00	X		X			0.	0.	0.	

THE COMMUNITY FOUNDATION OF SARASOTA CO.
INC.

Form 990 (2015)

59-1956886 Page 8

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 line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ORION MARX VICE CHAIR/COMMUNITY INVES	1.00	X		X				0.	0.	0.
(19) KATHIE ROBERTS BOARD CHAIR	1.00	X		X				0.	0.	0.
(20) ROXANNE JERDE PRESIDENT/CEO	40.00			X				0.	0.	0.
(21) LAURA SPENCER CFO	40.00			X				0.	0.	0.
(22) JOHN ANNIS SVP, COMMUNITY INVESTMENT	40.00			X				0.	0.	0.
(23) MARLO TURNER SVP, DONOR ENGAGEMENT	40.00			X				0.	0.	0.
(24) ELIZABETH PENNEWILL CORPORATE COUNSEL	30.00			X				0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
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 **0**

	Yes	No
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		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

THE COMMUNITY FOUNDATION OF SARASOTA CO.
INC.

Form 990 (2015)

59-1956886 Page 9

Part VIII Statement of Revenue

Check 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	1 a Federated campaigns	1a					
	b Membership dues	1b					
	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	7,438,039.				
	g Noncash contributions included in lines 1a-1f \$		123,221.				
	h Total. Add lines 1a-1f		7,438,039.				
	Program Service Revenue	Business Code					
2 a ADMINISTRATIVE FEES		900099	274,692.	274,692.			
b							
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f			274,692.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		651,064.			651,064.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
		b Less rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less cost or other basis and sales expenses					
		c Gain or (loss)					
		d Net gain or (loss)		399,350.			399,350.
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses	b				
		c Net income or (loss) from fundraising events					
	9 a Gross income from gaming activities. See Part IV, line 19	a					
b Less direct expenses		b					
c Net income or (loss) from gaming activities							
10 a 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					
11 a	a						
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions.			8,763,145.	274,692.	0.	1,050,414.	

THE COMMUNITY FOUNDATION OF SARASOTA CO.
INC.

Form 990 (2015)

59-1956886 Page 10

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	658,153.	658,153.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	13,300.	13,300.		
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	106,914.	47,483.	22,768.	36,663.
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	26,254.	7,309.	15,244.	3,701.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	254.		41.	213.
9 Other employee benefits	7,639.	2,733.	2,588.	2,318.
10 Payroll taxes	9,353.	3,814.	2,695.	2,844.
11 Fees for services (non-employees)				
a Management				
b Legal	297.	121.	86.	90.
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	105,240.	89.	105,084.	67.
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	243,427.	1,583.	240,663.	1,181.
12 Advertising and promotion	65,298.	54,497.	5,012.	5,789.
13 Office expenses	2,903.	1,184.	836.	883.
14 Information technology	7,587.	3,094.	2,186.	2,307.
15 Royalties				
16 Occupancy	3,392.	1,383.	977.	1,032.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	11,093.	4,524.	3,196.	3,373.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	11,776.		11,776.	
23 Insurance	4,899.	3,368.	745.	786.
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 REPAIRS AND MAINTENANCE	2,906.	1,185.	837.	884.
b _____				
c _____				
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	1,280,685.	803,820.	414,734.	62,131.
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 if following SOP 98-2 (ASC 958-720)

THE COMMUNITY FOUNDATION OF SARASOTA CO.
INC.

Form 990 (2015)

59-1956886 Page 11

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	6,918,488.	1 7,038,078.
	2	Savings and temporary cash investments		2 5,454,234.
	3	Pledges and grants receivable, net	50,000.	3 50,000.
	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 instr). Complete Part II of Sch L		6
	7	Notes and loans receivable, net		7
	8	Inventories for sale or use		8
	9	Prepaid expenses and deferred charges	63,949.	9 60,546.
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 4,541,549.	
	b	Less: accumulated depreciation	10b 1,720,322.	10c 2,821,227.
	11	Investments - publicly traded securities	182,864,979.	11 179,171,203.
	12	Investments - other securities. See Part IV, line 11	18,880,430.	12 18,915,052.
	13	Investments - program-related. See Part IV, line 11		13
	14	Intangible assets		14
	15	Other assets See Part IV, line 11	28,283,315.	15 33,540,926.
16	Total assets. Add lines 1 through 15 (must equal line 34)	239,892,364.	16 247,051,266.	
Liabilities	17	Accounts payable and accrued expenses	335,345.	17 282,948.
	18	Grants payable	1,989,668.	18 2,009,133.
	19	Deferred revenue		19
	20	Tax-exempt bond liabilities		20
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22
	23	Secured mortgages and notes payable to unrelated third parties		23
	24	Unsecured notes and loans payable to unrelated third parties		24
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	27,457,871.	25 27,575,737.
	26	Total liabilities. Add lines 17 through 25	29,782,884.	26 29,867,818.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27	Unrestricted net assets	181,324,076.	27 192,528,969.
	28	Temporarily restricted net assets	13,476,451.	28 8,872,073.
	29	Permanently restricted net assets	15,308,953.	29 15,782,406.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input 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	210,109,480.	33 217,183,448.
	34	Total liabilities and net assets/fund balances	239,892,364.	34 247,051,266.

Form 990 (2015)

Part XI Reconciliation of Net Assets

Check 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	8,763,145.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,280,685.
3	Revenue less expenses. Subtract line 2 from line 1	3	7,482,460.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	210,109,480.
5	Net unrealized gains (losses) on investments	5	-12,405.
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	-396,087.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	217,183,448.

Part XII Financial Statements and Reporting

Check 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		X
2b	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 checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	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.	X	
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?		X
3b	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		

Form 990 (2015)

THE COMMUNITY FOUNDATION OF SARASOTA CO.

Schedule A (Form 990 or 990-EZ) 2015 INC.

59-1956886 Page 2

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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	32,060,644.	23,827,999.	27,109,334.	37,550,467.	7,428,449.	127,976,893.
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	32,060,644.	23,827,999.	27,109,334.	37,550,467.	7,428,449.	127,976,893.
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)						28,699,205.
6 Public support. Subtract line 5 from line 4						99,277,688.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	32,060,644.	23,827,999.	27,109,334.	37,550,467.	7,428,449.	127,976,893.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,488,696.	5,280,169.	5,815,991.	6,759,600.	651,064.	22,995,520.
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						150,972,413.
12 Gross receipts from related activities, etc (see instructions)					12	6,796,679.
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 2015 (line 6, column (f) divided by line 11, column (f))	14	65.76	%
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	66.48	%
16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>			
b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
17a 10% -facts-and-circumstances test - 2015. 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 - 2014. 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"/>			

Schedule A (Form 990 or 990-EZ) 2015

THE COMMUNITY FOUNDATION OF SARASOTA CO.

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12)						

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** ►

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests - 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

THE COMMUNITY FOUNDATION OF SARASOTA CO.

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
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 11a or 11b 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.)		

THE COMMUNITY FOUNDATION OF SARASOTA CO.

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?		
b A family member of a person described in (a) above?		
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.		

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.		
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.		

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).		

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?		
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).		
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.		

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.		
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.		
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.		
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.		

THE COMMUNITY FOUNDATION OF SARASOTA CO.

Schedule A (Form 990 or 990-EZ) 2015 INC.

59-1956886 Page 6

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 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).		

Schedule A (Form 990 or 990-EZ) 2015

THE COMMUNITY FOUNDATION OF SARASOTA CO.

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 2015 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-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)		
3	Excess distributions carryover, if any, to 2015:		
a			
b			
c			
d	From 2013		
e	From 2014		
f	Total of lines 3a through e		
g	Applied to underdistributions of prior years		
h	Applied to 2015 distributable amount		
i	Carryover from 2010 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f		
4	Distributions for 2015 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2015 distributable amount		
c	Remainder. Subtract lines 4a and 4b from 4		
5	Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)		
6	Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).		
7	Excess distributions carryover to 2016. Add lines 3j and 4c		
8	Breakdown of line 7:		
a			
b			
c	Excess from 2013		
d	Excess from 2014		
e	Excess from 2015		

THE COMMUNITY FOUNDATION OF SARASOTA CO.

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)

PART II, SHORT YEAR EXPLANATION:

CURRENT YEAR IS SHORT YEAR.

Multiple horizontal lines for providing supplemental information.

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

2015

Open to Public Inspection

Name of the organization **THE COMMUNITY FOUNDATION OF SARASOTA CO. INC.**

Employer identification number
59-1956886

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	358	
2 Aggregate value of contributions to (during year)	1,739,904.	
3 Aggregate value of grants from (during year)	383,443.	
4 Aggregate value at end of year	43,053,256.	
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 checked="" 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 checked="" 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).
- Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area
- Protection of natural habitat Preservation of a certified historic structure
- Preservation of open space
- 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year
- | | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register | 2d |
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- 4 Number of states where property subject to conservation easement is located ▶ _____
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, 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)? Yes No
- 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

Complete if the organization answered "Yes" 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 ▶ \$ _____

**THE COMMUNITY FOUNDATION OF SARASOTA CO.
INC.**

Schedule D (Form 990) 2015

59-1956886 Page 2

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply).
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 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
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 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	14,021,569.	14,910,916.	13,347,312.	12,589,515.	9,900,319.
b Contributions	354,583.	171,071.	1,531,257.	153,071.	112,782.
c Net investment earnings, gains, and losses	68,123.	-180,003.	790,345.	1,518,279.	1,751,730.
d Grants or scholarships		638,946.	629,539.	797,504.	543,071.
e Other expenditures for facilities and programs					
f Administrative expenses	14,149.	141,470.	128,460.	116,049.	-1,367,755.
g End of year balance	14,430,127.	14,021,569.	14,910,916.	13,347,312.	12,589,515.

- 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 69.00 %
 - c Temporarily restricted endowment 31.00 %
- 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
- | | Yes | No |
|--|--------------------------|-------------------------------------|
| (i) unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input type="checkbox"/> |
- 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		2,565,746.	721,128.	1,844,618.
c Leasehold improvements				
d Equipment		610,743.	494,566.	116,177.
e Other		1,365,060.	504,628.	860,432.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c)				2,821,227.

Schedule D (Form 990) 2015

**THE COMMUNITY FOUNDATION OF SARASOTA CO.
INC.**

Schedule D (Form 990) 2015

59-1956886 Page 3

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) DIVERSIFIED EQUITY FUNDS	481,451.	END-OF-YEAR MARKET VALUE
(B) DIVERSIFIED BOND FUNDS	1,164,294.	END-OF-YEAR MARKET VALUE
(C) PRIVATE EQUITY FUND	2,174,714.	END-OF-YEAR MARKET VALUE
(D) OTHER ALTERNATIVE	14,547,893.	END-OF-YEAR MARKET VALUE
(E) LIMITED PARTNERSHIP	546,700.	END-OF-YEAR MARKET VALUE
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	18,915,052.	

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. (Col. (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) SPLIT INTEREST AGREEMENTS	9,487,734.
(2) SINGLE LIFE ANNUITY INSTRUMENTS	2,500,000.
(3) OTHER NONCURRENT ASSETS	285,322.
(4) CHARITABLE REMAINDER TRUST	2,381,250.
(5) ESTATES RECEIVABLE	18,886,620.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15)	33,540,926.

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.

(a) Description of liability	(b) Book value
1. (1) Federal income taxes	
(2) GIFT ANNUITY CONTRACT	5,337,117.
(3) FUNDS HELD AS AGENT	22,238,620.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25)	27,575,737.

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

Schedule D (Form 990) 2015

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	8,545,847.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a	-12,405.	
	b Donated services and use of facilities	2b		
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII)	2d	171,432.	
	e Add lines 2a through 2d		2e	159,027.
3	Subtract line 2e from line 1		3	8,386,820.
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	376,325.	
	c Add lines 4a and 4b		4c	376,325.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	8,763,145.

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	1,163,020.
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	148,816.	
	e Add lines 2a through 2d		2e	148,816.
3	Subtract line 2e from line 1		3	1,014,204.
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	266,481.	
	c Add lines 4a and 4b		4c	266,481.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	1,280,685.

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 V, LINE 4:

TO PROVIDE GRANTS THAT ENHANCE THE QUALITY OF LIFE IN SARASOTA COUNTY AND SURROUNDING AREAS.

PART X, LINE 2:

UNDER THE INCOME TAXES TOPIC OF THE FASB ACCOUNTING STANDARDS CODIFICATION, THE FOUNDATION HAS REVIEWED AND EVALUATED THE RELEVANT TECHNICAL MERITS OF EACH OF ITS TAX POSITIONS IN ACCORDANCE WITH ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA FOR ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, AND DETERMINED THAT THERE ARE NO UNCERTAIN TAX POSITIONS THAT WOULD HAVE A MATERIAL IMPACT ON THE COMBINED FINANCIAL STATEMENTS.

THE COMMUNITY FOUNDATION OF SARASOTA CO.
INC.

Schedule D (Form 990) 2015

59-1956886 Page 5

Part XIII Supplemental Information (continued)

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN SPLIT-INTEREST AGREEMENT VALUES	-270,389.
REVENUE OF AFFILIATED ENTITIES INCLUDED IN CONSOLIDATED FINANCIALS	441,821.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	171,432.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

ADMINISTRATIVE EXPENSE NETTED WITH ADMINISTRATIVE REVENUE ON FINANCIAL STMTS	239,287.
AGENCY INTEREST AND DIVIDENDS NOT INCLUDED ON FINANCIAL STATEMENTS	70,824.
AGENCY CONTRIBUTIONS NOT INCLUDED ON FINANCIAL STATEMENTS	52,785.
AGENCY REALIZED GAIN NOT INCLUDED ON FINANCIAL STATEMENTS	13,430.
ROUNDING	-1.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	376,325.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

EXPENSES REPORTED BY AFFILIATED ENTITIES IN CONSOLIDATED FINANCIALS	148,816.
---	----------

PART XII, LINE 4B - OTHER ADJUSTMENTS:

ADMINISTRATIVE EXPENSE NETTED WITH ADMINISTRATIVE REVENUE ON FINANCIAL STMTS	239,287.
INVESTMENT FEES NETTED WITH INVESTMENT INCOME	9,231.
AGENCY EXPENSES NOT INCLUDED ON FINANCIAL STATEMENTS	257.
AGENCY GRANTS NOT INCLUDED ON FINANCIAL STATEMENTS	17,705.
ROUNDING	1.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

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

OMB No 1545-0047

2015

Open to Public
Inspection

Name of the organization **THE COMMUNITY FOUNDATION OF SARASOTA CO. INC.** Employer identification number **59-1956886**

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" 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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALL FAITHS FOOD BANK INC 8171 BLAIKIE COURT SARASOTA, FL 34240	65-0115814	501(C)(3)	6,600.	0.			BACK PACK KIDS PROGRAM/ FOR THE SUMMER HUNGER INITIATIVE
ARTIST SERIES CONCERTS OF SARASOTA, INC. - 1226 N. TAMiami TRL, SUITE 300 - SARASOTA, FL 34236	65-0755294	501(C)(3)	8,000.	0.			REQUESTED DISTRIBUTION - FOR SCHOLARSHIP AWARDS 2015 & 2016
ASOLO REPERTORY THEATRE INC 5555 N. TAMiami TRAIL SARASOTA, FL 34243	59-2717909	501(C)(3)	17,500.	0.			GUYS AND DOLLS PERFORMANCES/ CO-PRODUCER SUPPORT - GUYS AND DOLLS
BOYS & GIRLS CLUBS OF GREATER DUBUQUE - 1299 LOCUST STREET - DUBUQUE, IA 52001	42-0710263	501(C)(3)	15,000.	0.			GENERAL SUPPORT
BOYS & GIRLS CLUBS OF SARASOTA COUNTY INC - 3130 FRUITVILLE ROAD - SARASOTA, FL 34237	59-6211876	501(C)(3)	106,000.	0.			EAGLE ACADEMY PROGRAMMING AT ALTA VISTA ELEM/ GREAT FUTURES ACADEMY/ GREAT F
CHILD PROTECTION CENTER, INC. 720 S. ORANGE AVE SARASOTA, FL 34236	59-2113850	501(C)(3)	15,000.	0.			GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **25.**

3 Enter total number of other organizations listed in the line 1 table **0.**

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule I (Form 990) (2015)**

THE COMMUNITY FOUNDATION OF SARASOTA CO.

Schedule I (Form 990) 59-1956886 Page 1

INC.

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY PROMISE OF SOUTH SARASOTA COUNTY - 720 SHAMROCK BLVD - VENICE, FL 34293	46-4906213	501(C)(3)	5,000.	0.			GENERAL SUPPORT
HABITAT FOR HUMANITY - SARASOTA INC - 1757 NORTH EAST AVE - SARASOTA, FL 34243	59-2495597	501(C)(3)	5,500.	0.			RASM SPONSORSHIP SUPPORT/ GENERAL SUPPORT
HARVEST TABERNACLE OF SARASOTA D/B/A HARVEST HOUSE TRANSITIONAL CENTERS - 209 N LIME AVE - SARASOTA, FL 34237	59-2186807	501(C)(3)	175,000.	0.			FAMILY VILLAGE CONSTRUCTION PROJECT
HERMITAGE ARTIST RETREAT INC 6660 MANASOTA KEY ROAD ENGLEWOOD, FL 34223	30-0104608	501(C)(3)	10,000.	0.			PROGRAMMING SUPPORT/ IN SUPPORT OF COMPOSER SEBASTIAN CURRIER
LIGHT OF THE WORLD INTERNATIONAL CHURCH - 3650 17TH STREET - SARASOTA, FL 34235	83-0499021	501(C)(3)	5,300.	0.			FOR SCHOLARSHIP AWARDS
MANATEE COUNTY HABITAT FOR HUMANITY - 4105 CORTEZ RD W - BRADENTON, FL 34210	91-1914868	501(C)(3)	5,000.	0.			SPECIFICALLY FOR RASM SPONSORSHIP SUPPORT
MEALS ON WHEELS OF SARASOTA INC P.O. BOX 178 SARASOTA, FL 34230	59-1391249	501(C)(3)	5,000.	0.			PET FOOD PROGRAM
NEW AVENUES FOR YOUTH, INC. 1220 SW COLUMBIA STREET PORTLAND, OR 97201	93-0910213	501(C)(3)	5,000.	0.			BREWFEEST
PLANNED PARENTHOOD OF SOUTHWEST AND CENTRAL FLORIDA, INC. - 736 CENTRAL AVENUE - SARASOTA, FL 34236	59-1274328	501(C)(3)	5,100.	0.			GENERAL OPERATING USE AND SUPPORT

Schedule I (Form 990)

THE COMMUNITY FOUNDATION OF SARASOTA CO.
INC.

59-1956886 Page 1

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RYERSS FARM FOR AGED EQUINES 1710 RIDGE ROAD POTTSTOWN, PA 19465	23-6215037	501(C)(3)	9,000.	0.			GENERAL USE AND OPERATION SUPPORT
SARASOTA HOUSING FUNDING CORPORATION - 269 S. OSPREY AVENUE SUITE 100 - SARASOTA, FL 34236	80-0418699	501(C)(3)	40,000.	0.			TO SUPPORT CGLR AND 2GEN PROGRAMMING
SARASOTA POPS ORCHESTRA, INC. DBA POPS ORCHESTRA OF BRADENTON AND SARASOTA - P.O. BOX 1622 - SARASOTA, FL 34230	59-1694954	501(C)(3)	10,500.	0.			SPECIAL EVENT EXPENSES
SARASOTA POWER SQUADRON EDUCATIONAL TRUST FUND - 7414 PALMER GLEN CIRCLE - SARASOTA, FL 34240	45-6802266	501(C)(3)	9,705.	0.			REQUESTED DISTRIBUTION
SECOND CHANCE-LAST OPPORTUNITY P.O. BOX 1027 SARASOTA, FL 34230	65-0699257	501(C)(3)	5,000.	0.			TWO-GENERATION PROGRAMMING/ GENERAL SUPPORT
ST. COLUMBKILLE CATHOLIC PARISH 1240 RUSH STREET DUBUQUE, IA 52003	42-0680317	501(C)(3)	15,000.	0.			GENERAL SUPPORT
THE JEWISH FEDERATION OF SARASOTA-MANATEE - 580 S. MCINTOSH ROAD - SARASOTA, FL 34232	59-1227747	501(C)(3)	5,000.	0.			GENERAL SUPPORT/UNRESTRICTED USE
TURNING POINTS 701 17TH AVENUE W BRADENTON, FL 34205	59-3340921	501(C)(3)	6,600.	0.			TO SUPPORT THE HOUSING SPECIALIST POSITION
UNITED WAY 2-1-1 OF MANASOTA, INC. P.O. BOX 458 SARASOTA, FL 34230	20-0262358	501(C)(3)	52,500.	0.			DIRECT CLIENT SERVICES - SARASOTA COUNTY/ GENERAL SUPPORT

Schedule I (Form 990)

THE COMMUNITY FOUNDATION OF SARASOTA CO.

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF IOWA FOUNDATION P.O. BOX 4550 IOWA CITY, IA 52244	42-0796760	501(C)(3)	7,500.	0.			AMY HONKAMP SCHOLARSHIP FUND

**THE COMMUNITY FOUNDATION OF SARASOTA CO.
INC.**

Schedule I (Form 990) (2015)

59-1956886

Page 2

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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS	9	12,300.	0.		SCHOLARSHIPS
HOUSING ASSISTANCE	1	1,000.	0.		HOUSING ASSISTANCE

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

PART I, LINE 2:

GRANTEES ARE REQUIRED TO SUBMIT WRITTEN FINAL REPORTS IN A SPECIFIC FORMAT

UPON (I) COMPLETION OF THE GRANT (II) REQUEST BY THE FOUNDATION, OR (III)

13 MONTHS FROM THE TIME THE GRANT IS AWARDED, WHICHEVER COMES FIRST.

EXCEPTIONS ARE MADE FOR OPERATING GRANTS FROM DONOR ADVISED FUNDS.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2015

Open To Public
Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization **THE COMMUNITY FOUNDATION OF SARASOTA CO. INC.** Employer identification number **59-1956886**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	4	123,221.	STOCK EXCHANGE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

Part II

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, LINE 32B:

INVESTMENT ACCOUNTS ARE HELD AT MAJOR FINANCIAL INSTITUTIONS WITH MONEY MANAGERS PROCESSING AND SELLING STOCK CONTRIBUTIONS.

Multiple horizontal lines for supplemental information.

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or 990-EZ.

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

Name of the organization **THE COMMUNITY FOUNDATION OF SARASOTA CO. INC.**

Employer identification number
59-1956886

FORM 990, PART I, LINE 6 VOLUNTEERS

THE BOARD MEMBERS ARE NOT PAID AND THEREFORE ARE CONSIDERED VOLUNTEERS. IN ADDITION, NONPROFIT SERVICES INCLUDE VOLUNTEERS THAT PROVIDE CONSULTING SERVICES WITH NONPROFIT ORGANIZATIONS IN THE COMMUNITY. COMMUNITY VOLUNTEERS ALSO SERVE ON BOARD APPOINTED TASK FORCES AND COMMITTEES INCLUDING OUR SCHOLARSHIP COMMITTEE.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

THAT THE UNEXPECTED OBSTACLES THAT NONPROFITS EXPERIENCE DO NOT HALT THE IMPORTANT WORK THEY DO FOR THE COMMUNITY.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

PROGRAMS ACROSS THE COUNTRY.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

AT THE ASPEN INSTITUTE, WE HAVE FOCUSED THESE EFFORTS THROUGH A TWO-GENERATION LENS, WHICH LOOKS TO ADDRESS THE NEEDS OF BOTH VULNERABLE CHILDREN AND THEIR PARENTS TOGETHER IN ORDER TO CREATE A COMMUNITY IN WHICH A LEGACY OF ECONOMIC SECURITY AND EDUCATIONAL SUCCESS PASSES FROM ONE GENERATION TO THE NEXT.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

THE GIVING PARTNER: IN AN EFFORT TO INCREASE TRANSPARENCY AND ENCOURAGE INFORMED GIVING, THE COMMUNITY FOUNDATION FUNDS AND MAINTAINS A LOCAL VERSION OF GUIDESTAR'S DONOR EDGE PLATFORM. THIS YEAR, MORE

Name of the organization THE COMMUNITY FOUNDATION OF SARASOTA CO.
INC.

Employer identification number
59-1956886

THAN 560 NONPROFITS HAVE REVIEWED AND PUBLISHED PROFILES THAT ARE
EASILY ACCESSED BY DONORS AT WWW.THEGIVINGPARTNER.ORG. EACH PROFILE
SHARES GOVERNANCE, MANAGEMENT, FINANCIAL AND PROGRAMMATIC INFORMATION.

NONPROFIT TRAININGS: ON AN AVERAGE OF ONCE PER MONTH, THE COMMUNITY
FOUNDATION PRESENTS FREE TRAINING TO NONPROFITS ON A VARIETY OF TOPICS
THAT WILL IMPROVE THEIR KNOWLEDGE, EFFICIENCY AND ABILITY TO ACCOMPLISH
THEIR MISSION. NONPROFIT LEADERS CONTINUE TO RATE THIS TRAINING AS
VERY EFFECTIVE.

CONSULTING SERVICES: THE COMMUNITY FOUNDATION HAS ASSEMBLED A WISE
GROUP OF CONSULTANTS WHO VOLUNTEER THEIR TIME TO SUPPORT NONPROFITS IN
A VARIETY OF WAYS: SWOT ANALYSIS, STRATEGIC PLANNING, COMMUNICATION
AND MARKETING STRATEGY AND COACHING ARE JUST A FEW EXAMPLES OF THE
PROJECTS THIS GROUP HAS TAKEN ON OVER THE PAST YEAR.

BUILDING: THE FOUNDATION OFFERS ITS MEETING AND CONFERENCE ROOMS FREE
OF CHARGE TO LOCAL NONPROFIT ORGANIZATIONS. EACH YEAR WE SEE MORE THAN
18,000 GUESTS UTILIZE OUR FACILITIES.

EXPENSES \$ 6,618. INCLUDING GRANTS OF \$ 0. REVENUE \$ 2,262.

FORM 990, PART VI, SECTION B, LINE 11:

THE CHIEF FINANCIAL OFFICER AND THE PRESIDENT / CEO INITIALLY REVIEW THE
RETURN BEFORE PRESENTING THE RETURN TO THE AUDIT COMMITTEE WHO RECOMMENDS
FINAL APPROVAL TO THE BOARD OF DIRECTORS BEFORE FILING THE RETURN.

FORM 990, PART VI, SECTION B, LINE 12C:

ANNUALLY, BOARD MEMBERS, CONSULTANTS AND VOLUNTEERS ARE REQUIRED TO FILL

Name of the organization	THE COMMUNITY FOUNDATION OF SARASOTA CO. INC.	Employer identification number	59-1956886
--------------------------	--	--------------------------------	------------

OUT A CONFLICT OF INTEREST QUESTIONNAIRE WHICH IS REVIEWED UPON RECEIPT BY THE PRESIDENT/CEO AND CFO AND AGAIN DURING THE AUDIT PROCESS.

FORM 990, PART VI, SECTION B, LINE 15A:

THE BOARD OF DIRECTORS ANNUALLY REVIEWS AND DETERMINES THE COMPENSATION PACKAGE OF THE PRESIDENT/CEO.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ALL DOCUMENTS AVAILABLE UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

ADMINISTRATIVE FEES:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	239,544.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	239,544.

OTHER FEES:

PROGRAM SERVICE EXPENSES	1,583.
MANAGEMENT AND GENERAL EXPENSES	1,119.
FUNDRAISING EXPENSES	1,181.
TOTAL EXPENSES	3,883.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	243,427.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS	-270,389.
CURRENT YEAR AGENCY ACTIVITY	-125,702.

ROUNDING	4.
----------	----

Name of the organization THE COMMUNITY FOUNDATION OF SARASOTA CO.
INC.

Employer identification number
59-1956886

TOTAL TO FORM 990, PART XI, LINE 9

-396,087.

FORM 990, PART XII, LINE 2C AUDIT REVIEW PROCESS

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.

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

Name of the organization

THE COMMUNITY FOUNDATION OF SARASOTA CO. INC.

Employer identification number
59-1956886

OMB No. 1545-0047

2015
Open to Public Inspection

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
CFSC ASSET COMPANY, LLC - 02-0630928 2635 FRUITVILLE ROAD SARASOTA, FL 34237	ASSET MANAGEMENT	FLORIDA	0	2,700,549	N/A

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
MANATEE COMMUNITY FOUNDATION, INC. - 65-0833500, 2820 MANATEE AVENUE WEST, BRADENTON, FL 34205	GRANTMAKING	FLORIDA	501(C)(3)	11A-TYPE I SUP_ORG	N/A		X
COMMUNITY FOUNDATION TRUST OF SARASOTA COUNTY - 65-0173371, 2635 FRUITVILLE RD, SARASOTA, FL 34237	GRANTMAKING	FLORIDA	501(C)(3)	11A-TYPE I SUP_ORG	N/A		X
WETHERINGTON FOUNDATION, INC. - 37-1472181 2635 FRUITVILLE RD SARASOTA, FL 34237	GRANTMAKING	FLORIDA	501(C)(3)	11A-TYPE I SUP_ORG	N/A		X

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

Schedule R (Form 990) 2015

**THE COMMUNITY FOUNDATION OF SARASOTA CO.
INC.**

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

**THE COMMUNITY FOUNDATION OF SARASOTA CO.
INC.**

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	Yes	No
1a						X
1b					X	
1c					X	
1d						X
1e						X
1f						X
1g						X
1h						X
1i						X
1j						X
1k						X
1l					X	
1m						X
1n					X	
1o					X	
1p						X
1q					X	
1r						X
1s						X
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions).

Lined area for supplemental information.