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)

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2017
Open to Public
Inspection

Ā	For the 2017 calendar year, or tax year beginning and ending											
В	Check if applicable C Name of organization The Plantation Community Foundatio D Employer identification number											
	Address change Doing business as Plantation Community Foundation 65-0056930											
П	Name change											
$\overline{\sqcap}$	Initial return 500 Rockley Blvd (941) 497-4826											
$\overline{\Box}$	Final return/terminated City or town, state or province, country, and ZIP or foreign postal code											
ī	Amended	d return	Venice, FI		•	7			G	Gross receipts	\$ 309,0	16
Ħ	Application	pending	F Name and address		er Robert	Hayden					bordinates? Yes	
_			500 Rockle				13				ncluded? Yes	-
1 1	ax-exemp	ot status	X 501(c)(3)	501(c)()◀ (insert no)			1 527	• •	lo," attach a list (s	_	··· ت
_							<i>)</i> 0. <u>1</u>	1 327			•	
	J Website: ▶PlantationCommunityFoundation.org											
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			ribe the organization's	mission or m	oet ejandioant act	tination:						
۵			chedule 0	5 118551011 01 111	ost significant act					· - ········		
Ĕ	=		medute o									
Activities & Governance	2 CI	hack this h	oox ▶ ☐ if the organ	nization discon	tinued to operate	one or disposed	of more	than 25% of to				
ð			oting members of the				o more	man 25% of its	net asse	1 - 1		0
ري مع	1		ndependent voting m	-		•	•	•		3		9
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Ϋ́			er of volunteers (estin		-	t v, line za).		•		5		350
Ç										6		350
•			ted business revenue				•			7a		<u>0.</u>
	D IA	et urireiate	d business taxable in	COME HOM FO	rm 990-1,.une 34		•	<u> </u>		7b		<u>0.</u>
	8 C	ontribution	s and arente (Dort VI	11 line 12	RECEIVE	اي		Prior \		10	Current Yea	
Ф	Contributions and grants (Fart VIII, line III)								71,5	18.	86,4	135.
Revenue	9 PI	9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), these 3,44 and 7d) 2018							34 5	~	05.6	
Š								21,5		25,9		
œ					- ~ 6.76.76	TA 18 17 11			02,6		87,3	
			ie – add lines 8 throu			umn ₋ (A), line 12	?)		95,6		199,7	
			similar amounts paid					1.	39,1	35.	142,5	<u> </u>
	I .		d to or for members (•						
es	1		ner compensation, em			n (A), lines 5-10))		52 , 3	21.	74,4	<u> 162 .</u>
Expenses	1		I fundraising fees (Pa									 ,
ğ	1		ising expenses (Part			-						
ш			ises (Part IX, column			-			L6,8		18,9	
	l .		ses Add lines 13-17	•		, line 25)	-		L8,2		235,9	
	1	evenue les	s expenses Subtrac	line 18 from l	ine 12	· ·	<u> </u>		22,6		-36,1	
Net Assets or Fund Balances		4_1	/B . W					Beginning of 0			End of Year	
sset Bala	20 To		(Part X, line 16)						26,7		782,8	
Vet A	21 To		es (Part X, line 26)			•			52,7		69,0	
			or fund balances Sub	tract line 21 fr	om line 20			6	73,9	80.	713,7	774.
			ıre Block									
			ry, I declare that I have								dge and belief, i	t is
true	e, correct,	and compl	eta Declaration of per	arev (other than	officer) is based or	n all information	of which p	reparer has any k	nowledge	e ,		
٥:		Signature	e of officer	7-7-					I K	ur 19,	2018	
	gn	•							Date	•		
П	ere 🕨		ert Hayden,	Presid	dent							
_	<u> </u>		t/Type preparer's name		Dropprode agency	h		Town			Letin	
	aid		v i ype preparer s name	•	Preparer's signal	lure		Date	į	Check if	PTIN	
	eparer	1			<u> </u>				, .	self-employed		
Us	se Only	·							Firm's	EIN 🕨		
Firm's address Phone no												
May the IRS discuss this return with the preparer shown above? (see instructions).												
May	the IRS	discuss th	is return with the pre	parer shown a	bove? (see instru	ctions).	-				Yes [] No

_	Check if Schedule O contains a respon	nse or note to any line in this Part III		<u> </u>
	Briefly describe the organization's mission See Schedule O			
!		t program services during the year which were no	ot listed on the	
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Sch	adula O		. Yes 🗓
		edule O. lke significant changes in how it conducts, any pi	roaram	
	services?		ogram	Yes 🕱
	If "Yes," describe these changes on Schedule			
		accomplishments for each of its three largest pro	gram services, as measured by	
		rganizations are required to report the amount of		
a	(Code) (Expenses \$ See Schedule O	including grants of \$) (Revenue \$)
	see schedule o			
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b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
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;	(Code) (Expenses \$	including grants of \$) (Revenue \$)
			· · · · · · · · · · · · · · · · · · ·	
	Other program services (Describe in Schedu	le O)		
	Other program services (Describe in Schedu (Expenses \$ including gra	•)	

Form 990 (2017) The Plantation Community Foundation, Inc Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		<u>X</u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C	_		
_	Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			v
-	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,] _]		v
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	-	<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	. [x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	<u> </u>		
3	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	-		
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is 'Yes," then complete Schedule D, Parts VI,	4		
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		-2.4	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more	Г		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		_X_
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		_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	1		
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		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)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	ا		v
	Schedule D, Parts XI and XII	12a		X
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	406		v
13	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	13 14a	}—-	X
14a b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	144		
~	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b]	х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	<u> </u>		<u> </u>
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	ļ	x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	Γ_		┌┈
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	1	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? If "Yes," complete Schedule G, Part I (see instructions)	17		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? If "Yes," complete Schedule G, Part II	18	X	L
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	1		
	If "Yes," complete Schedule G, Part III	19_	<u> </u>	X
UYA		For	m 990	(2017)

	•		Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes," to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			1
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			1
	organization's current and former officers, directors, trustees, key employees, and highest compensated	ļ		
	employees? If "Yes," complete Schedule J	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
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?	24c		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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?			l
	If "Yes," complete Schedule L, Part I	25b		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	l		
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			l
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	7		
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			1
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	,		
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N,	ŀ		
	Part II	32		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? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,]		
	or IV, and Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	ļ		
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		ļ
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes,", complete Schedule R, Part V, line 2	36	<u> </u>	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? If "Yes," complete Schedule R,		1	
	Part VI	37	<u> </u>	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			1
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	<u>}</u>

Form **990** (2017)

١	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1 a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1		1
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0		Ī
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	_		ļ
	reportable gaming (gambling) winnings to prize winners?	1c	X	
2 a	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	4]
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4 a	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	1		
	account)?	4a		X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	1]	
	(FBAR)			
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	Γ	
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X]
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	X	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods]	
	and services provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	0		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	~	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		NA
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		NA
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?	8		NA
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		NA
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		NA
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12		İ	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b		1	1
11	Section 501(c)(12) organizations. Enter			
а	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)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		MA
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.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		NΑ
	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		<u></u>	
14 a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<u> </u>	X
b	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14b	1	1

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 团 Section A. Governing Body and Management No Yes 1 a 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 Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X any other officer, director, trustee, or key employee? 2 3 Did the organization delegate control over management duties customarily performed by or under the direct X supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 X Did the organization have members or stockholders? 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint X one or more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following. a The governing body? X 8a X Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No 10 a Did the organization have local chapters, branches, or affiliates? 10a X b If "Yes," did the organization have written policies and procedures governing the activities of such chapters. 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12 a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X 12b b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c 13 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 14 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? The organization's CEO, Executive Director, or top management official . 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 18 available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records > (941) 497-4826 20 Foundation Community Foundation 500 Rockley Blvd Venice, FL 34293

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

X

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 definintion 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.

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

Check this box it fleither the organization i	lor arry rola	1	gui	(0		00111	PCI	Saled any carry	ent omeer, direct	or, or tradeoc.
(A)	(B)							(D)	(E)	(F)
Name and Title	Average	(do n			osition ck more than one		ne	Reportable	Reportable	Estimated
name and ride	hours per	l '	box, unless person is both an				compensation	compensation from	amount of	
	week (list any	4				or/truste		from	related	other
	hours for						<u> </u>	the	organizations	compensation
	related organizations	d K	Stit	Officer	Key employee	曹	Former	organization	(W-2/1099-MISC)	from the
	below dotted	ecto	ᅙ	۳ ا	ij	oye c	E	(W-2/1099-MISC)		organization and related
	line)	7 2	alt		ν	w ii				organizations
		Individual trustee or director	Institutional trustee		0	l en				• • • • • •
			8			Highest compensated employee				
(1) Robert Hayden	8		ŀ							
President	ļ	X	_	X	<u> </u>		<u> </u>			
(2) Ed Landon	2	l			1					
Vice President		X	-	X	<u> </u>	ļ	_			
(3) Robert Halkyard	2		l	l						
Treasurer	 	X	ļ.	X	ļ	<u> </u>	<u> </u>			
(4) Paula Dawson	2				l					
Secretary		X	<u> </u>	X	_	<u> </u>	_			
(5) Jean Broman	2									
Vice President	<u> </u>	X	<u> </u>	X	!	<u> </u>	ļ			
(6) Ronald Noble	2	4			ļ					
Vice President		X	 _	X	_		┡-			
(7) Pete Petrie	2	Į				1	l	ł		
Vice President		X	<u> </u>	X	L.	 				
(8) Brenda Eckard	2		l		ŀ					
Vice President	ļ	X		X	<u> </u>		lacksquare			
(9) Donna Kubik	2	1		1						
Vice President		X	L	X		<u> </u>	<u> </u>			
(10)										
(11)	-	-	\vdash	\vdash	-	 - -	\vdash			
V-7						L				
(12)										
(13)		 	 	-	+		+-			
(14)										
]	1	1	1		1	1		

received more than \$100,000 of compensation from the organization▶

_	•	Check if Schedule O contain	s a response or not	e to any line in this	Part VIII	<u> </u>		X
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
क्ष क	1a	Federated campaigns	. 1a					
Contributions, Gifts, Grants and Other Similar Amounts		· -	1b	55,260.				
Ω, E		Fundraising events	1c	2,022.				
iifts ar A			1d			}		
a, G		Government grants (contribut						
Sign	l	All other contributions, gifts, g	· —	· · · · · · · · · · · · · · · · · · ·				
her in	•	and similar amounts not inclu	· I I	29,153.				
	_	Noncash contributions include	<u></u>	25,133.]		
S P	9	Total. Add lines 1a-1f .	ed in mies ie-ii p	•	86,435.			
	''	Total. Add lilles Ta-11 .		Business Code	80,433.			
Program Service Revenue	3-			Busiliess Code		}	-	
979	2a					 		
8	b							
Ž	C							
Š	d							
E	e	All other property and an area						
5	' -	All other program service rever Total. Add lines 2a-2f	'					
	g		·					
	3	Investment income (including	dividends, interest,		15 704	15 704		
	١.	and other similar amounts)			15,724.	15,724.		
	4	Income from investment of ta	x-exempt bond proc	eeds ·		 		
	5	Royalties				+		
1	_	_	(ı) Real	(II) Personal		}		;
	6a	Gross rents						,
	þ	Less rental expenses				ļ ļ		,
	С	Rental income or (loss)	L					
	d	Net rental income or (loss)					<u> </u>	
	7a	Gross amount from sales of	(i) Securities	(II) Other				,
		assets other than inventory	10,249.			ļ		1
	b					, ,		ļ
		and sales expenses	10.040					ļ
i		Gain or (loss)	10,249.		10 010	 		<u> </u>
	d	Net gain or (loss)	•	. <u>•</u>	10,249.	ļ		
e								1
Ę.	8a	Gross income from fundraising						j
ě		events (not including \$!
Other Reven	l	of contributions reported on li	ne 1c)					'
듩	ľ	See Part IV, line 18	а	196,608.				
_		Less direct expenses	b	109,254.				
	4	Net income or (loss) from fun	_	. •	87,354.			
	9a	Gross income from gaming a						1
	!		а					
		Less direct expenses	b					
		Net income or (loss) from gar	-					
	10 a	Gross sales of inventory, less	,]]
		returns and allowances	а					
		Less cost of goods sold	b					
	_ <u>c</u>	Net income or (loss) from sal				ļ		
	<u> </u>	Miscellaneous Revenue	e	Business Code		ļ		
	11 a					ļ		
	b					 		
	C					 		<u> </u>
	d	All other revenue	•	L	<u></u>	ļ		
	l	Total. Add lines 11a-11d				<u> </u>	<u> </u>	
	12	Total revenue. See instruct	ions .	•	199,762.	15,724.		ĺ

	rt IX Statement of Functional Expenses	umma. All attack		oluma (A)	
Secu	on '501(c)(3) and 501(c)(4) organizations must complete all colu		ations must complete c	olumn (A)	
-	Check if Schedule O contains a response or note to any	(A)	(B)	(C) T	. X.
	ot include amounts reported on lines 6b, 7b, 8b, 9b, 10b of Part VIII.	Total expenses	Program service	Management and	Fundraising
1			expenses	general expenses	expenses
'	Grants and other assistance to domestic organizations	142 500	142 500		
2	and domestic governments. See Part IV, line 21	142,500.	142,500.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	F				
3	Grants and other assistance to foreign organizations,				
	foreign governments, and foreign individuals See Part IV,				
4	lines 15 and 16		···		
5	Benefits paid to or for members				
9	Compensation of current officers, directors, trustees,				
e	and key employees				
6	Compensation not included above, to disqualified persons		ľ		
	(as defined under section 4958(f)(1)) and persons				
7	described in section 4958(c)(3)(B)	60 170		60 170	
7 8	Other salaries and wages	69,170.		69,170.	
0	Pension plan accruals and contributions (include section	\			
9	401(k) and 403(b) employer contributions)				
	Other employee benefits .	F 202	·	5 202	
10 11	Payroll taxes	5,292.		5,292.	
	Fees for services (non-employees)				
	Management . Legal .				
	Accounting	·			
	Lobbying				
	, , , , , , , , , , , , , , , , , , ,				
	Professional fundraising services. See Part IV, line 17	3,267.		3,267.	
	Investment management fees	3,267.		3,267.	<u> </u>
9	Other (If line 11g amount exceeds 10% of line 25, column]]	
12	(A) amount, list line 11g expenses on Schedule O.) Advertising and promotion	24.		24.	<u>.</u>
13	Office expenses	6,155.		6,155.	
14	Information technology	480.		480.	
15	Royalties	400.		400.	
16	Occupancy	1,200.		1,200.	
17	Travel	1,200.		1,200.	
18	Payments of travel or entertainment expenses for any				
	federal, state, or local public officials			İ	
19	Conferences, conventions, and meetings .				
20	Interest .				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				
23	Insurance	1,936.		1,936.	
24	Other expenses Itemize expenses not covered above	1,930.		1,930.	
	(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)	j			
а	Credit Card Fees	2,690.		2,690.	
	Food and Beverage	1,984.		1,984.	
c		1,255.		1,255.	
d		<u> </u>		1,233.	
_	All other expenses	— .			
	Total functional expenses. Add lines 1 through 24e	235,953.	142,500.	93,453.	
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)		ļ	1	

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year 54,723 67,773. 1 Cash — non-interest-bearing 28,050. 57,886. 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net Accounts receivable, net . 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . 6 Notes and loans receivable, net 7 Inventories for sale or use 8 1,318. Prepaid expenses and deferred charges 9 10 a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D b Less accumulated depreciation . . . 10c Investments — publicly traded securities 11 Investments — other securities See Part IV, line 11 12 12 Investments - program-related See Part IV, line 11 13 14 Intangible assets . 14 612,797. 686,996. 15 Other assets See Part IV, line 11 15 726,724. Total assets. Add lines 1 through 15 (must equal line 34) 782,819. 16 16 1,892. 1,401. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 67,644. 50,852 19 Deferred revenue 19 20 Tax-exempt bond liabilities . Liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 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 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 52,744. 69,045. 26 Total liabilities. Add lines 17 through 25 . Net Assets or Fund Balances Organizations that follow SFAS 117 (ASC 958), check here 🕨 🔲 and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets 27 Temporarily restricted net assets 28 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here > X and complete lines 30 through 34. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund 31 673,980. 713,774. 32 Retained earnings, endowment, accumulated income, or other funds 32 Total net assets or fund balances 673,980. 33 713,774. Total liabilities and net assets/fund balances 726,724. 782,819. 34

	The Plantation Community Foundation, inc	03-0036	930	raye	14
Part					_
	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)		199,	76	2.
2	Total expenses (must equal Part IX, column (A), line 25)		235,	95	3.
3	Revenue less expenses Subtract line 2 from line 1	•	-36,	19	<u>1.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		673,	98	0.
5	Net unrealized gains (losses) on investments		75,	98	<u>5.</u>
6	Donated services and use of facilities	<u> </u>			
7	Investment expenses				
8	Prior period adjustments				
9	Other changes in net assets or fund balances (explain in Schedule O)				
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))		713,	<u>, 77</u>	<u>4.</u>
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	·			\Box
	•	_	Ye	s N	0_
1	Accounting method used to prepare the Form 990			1	
	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?	. <u>L</u> i	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a sep	arate			
	basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis			_	_ 1
b	Were the organization's financial statements audited by an independent accountant?		2b		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, of	onsolidated		ł	!
	basis, or both	İ		ł	
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	<u> </u> _			
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in			1	į
	Schedule O		.		1
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?	- <u>L</u> i	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	İ			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	L_	
UYA			Form 9	90 (2	2017)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c) (3) organization or a section 4947(a) (1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Go to www.irs.gov/Form990 for instructions and the latest information.

xempt charitable trust.	2017				
	Open to Public				
ion.	Inspection				
Employer identification number					

The_	Plantation Communi					65-0056930	
Part I							ns.
The org	anization is not a private founda	ition because it i	s: (For lines 1 through	n 12, che	ck only o	ne box)	
1 🛚	A church, convention of church	nes, or association	on of churches descri	bed in se	ction 17	0(b)(1)(A)(i).	
2	A school described in section	170(b)(1)(A)(ii).	. (Attach Schedule E	(Form 99	0 or 990-	-EZ).)	
3 🗍	A hospital or a cooperative hos		•	•			
4 🗂	A medical research organization	•					(iii). Enter the
	hospital's name, city, and state					() ()	` '
5 🗇			ollege or university ow	ned or o	perated b	v a governmental ur	nit described in
٠ ـــ	section 170(b)(1)(A)(iv). (Con		moge of annionally on		JO. G.OG D	, a goro	
6 □		•	mental unit described	lın cacti	on 170/h	\/4\/ A \/ _W \	
7 7	An organization that normally	•			•	,, ,, ,, ,	no general public
' ⊔	described in section 170(b)(1)			טונ ווטווו מ	governi	iterital unit of from the	ne general public
• 🗀			•	Dard II V			
8 ∐				-	4 4		land annut callage
9 📙			, , , , ,			•	
	or university or a non-land-gra	nt college of agr	iculture (see instruction	ons) Ente	er the nar	ne, city, and state o	the college or
==	university.					_ 	
10 🔀	An organization that normally receipts from activities related	receives: (1) mo	re than 33 1/3% of its	support 1	from conf	Inbutions, members	hip fees, and gross
	support from gross investment	income and un	related business taxal	ole incom	puons, an	ection 511 tax) from	businesses
_	acquired by the organization a	fter June 30, 197	75. See section 509(a)(2). (Co	mplete F	Part III.)	
11 🔲	An organization organized and	operated exclus	sively to test for public	safety. S	See sect i	ion 509(a)(4).	
12 🔲	An organization organized and	operated exclusi	ively for the benefit of	to perfor	m the fur	nctions of, or to carry	out the purposes of
	one or more publicly supported	organizations de	escribed in section 50	9(a)(1) oi	section	509(a)(2). See secti	i on 509(a)(3). Check
	the box in lines 12a through 12	2d that describes	the type of supporting	ig organiz	zation and	d complete lines 12e	e, 12f, and 12g
a [Type I. A supporting organiz	ation operated,	supervised, or control	led by its	supporte	ed organization(s), ty	pically by giving
	the supported organization(s) the power to re	gularly appoint or ele	ct a majo	rity of the	e directors or trustee	es of the supporting
	organization. You must com	iplete Part IV, S	Sections A and B.				
b [Type II. A supporting organiz	ation supervised	d or controlled in cont	nection w	ith its sup	oported organization	(s), by having
	control or management of the	e supporting org	anization vested in th	e same p	ersons th	nat control or manag	je the supported
	organization(s). You must co	omplete Part IV	, Sections A and C.				
c [Type III functionally integra	ated. A supportir	ng organization opera	ted in co	nnection	with, and functionall	y integrated with,
	its supported organization(s)	(see instruction	s).You must comple	te Part I	/, Sectio	ns A, D, and E.	
d [Type III non-functionally in	tegrated. A sup	porting organization of	perated	in connec	ction with its support	ted organization(s)
_	that is not functionally integra		·	•			-
	requirement (see instructions	s) You must co	mplete Part IV, Secti	ions Á ai	nd D, and	d Part V.	
eГ	Check this box if the organization	ation received a	written determination	from the	IRS that	it is a Type I. Type	II, Type III
_	functionally integrated, or Ty					• • • • • • • • • • • • • • • • • • • •	, .,,,
f I	Enter the number of supported of		, 3 p p		J		
	Provide the following information	•	orted organization(s)		•	• •	
	Name of supported organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of
ν-,	, training of trapportion organization	(,	(described on lines 1-10	listed in you	ır governing		other support (see
			above (see instructions))	docu	ment?	instructions)	instructions)
				Yes	No		
			<u> </u>	1.55			
(A)				ļ	ļ		
				 			
(B)							
							
(C)							
(5)				 			
(D)							
(E)					<u> </u>		
Total							

schedul	EA (FOIM 990 of 990-EZ) 2017 The Plant	ation Co	mmunity	Foundati	on, Inc	65-005	6930 rage - /
Part		ations Desci	ribed in Sect	ions 170(b)(1)(A)(iv) and	170(b)(1)(A)(vi)
	Part III. If the organization fails to	o qualify unde	er the tests lis	sted below, pl	lease comple	ete Part III.)	
Secti	on A. Public Support	<u> </u>					
Calen	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						1
	membership fees received. (Do not						}
	include any "unusual grants.")		i				
2	Tax revenues levied for the						
	organization's benefit and either paid	i '					
	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge			,			
4	Total. Add lines 1 through 3	 -					
5	The portion of total contributions by			1			
•	each person (other than a						
	governmental unit or publicly			1			
	supported organization) included on		15 PK			1	
	line 1 that exceeds 2% of the amount	{	1	ļ :		1	1
	shown on line 11, column (f)		. 4000				
6	Public support. Subtract line 5 from line 4.	-	1				
	on B. Total Support			<u>,</u>			
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4		1-7	(0)	\	1-7	
8	Gross income from interest, dividends,						
_	payments received on securities loans,					1	İ
	rents, royalties, and income from similar			1	1		1
	sources						
9	Net income from unrelated business					-	<u> </u>
•	activities, whether or not the business	İ			Ì		
	is regularly carried on		i				
10	Other income Do not include gain or					† · · · · · · · · · · · · · · · · · · ·	
	loss from the sale of capital assets	Ì			ļ		
	(Explain in Part VI.)			1			
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc	(see instructi	ons)	<u> </u>	·	12	<u> </u>
13	First five years. If the Form 990 is for the			third fourth	or fifth tax vea		501(c)(3)
	organization, check this box and stop he			,,,	or mar tank you		▶ □
Secti	on C. Computation of Public Suppo		ie		 		7
14	Public support/percentage for 2017 (line			11, column (f))	14	%
15	Public support percentage from 2016 Sci	• • •	•	. (//		15	%
16a	33 1/3 % support test-2017. If the organ			on line 13, an	d line 14 is 33	1/3 % or more	e, check this
	box and stop here. The organization qua						▶ □
b	33 1/3 % support test-2016. If the organ	nization did not	check a box o	on line 13 or 16	Sa, and line 15	is 33 1/3 % o	more,
	check this box and stop here. The organ						▶ 🗀
17a	10%-facts-and-circumstances test-20	17. If the orgar	nization did not	t check a box o	on line 13, 16a	, or 16b, and	line 14 is
	10% or more, and if the organization me						
	Part VI how the organization meets the "f	acts-and-circu	mstances" tes	t The organiza	ation qualifies	as a publicly s	supported
	organization .						. •
b	10%-facts-and-circumstances test-20						
	/15 is 10% or more, and if the organizatio	n meets the "f	acts-and-circu	mstances" test	t, check this bo	ox and stop h	ere.
,	$^\prime$ Explain in Part VI how the organization m	neets the "facts	s-and-circumst	ances" test. Ti	he organizatio	n qualifies as	a publicly
ı	supported organization						▶ 🗀
18	Private foundation. If the organization of	lid not check a	box on line 13	3, 16a, 16b, 17	a, or 17b, che	ck this box an	d see
	instructions		<u> </u>				▶ □

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.)

Section	on A. Public Support	under the te-	sts listed beit	ow, please co	implete i alt i	1.)	
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees		(5) 2014	(0)2010	(4) 20.0	(5) 25	1,7:0.0
•	received. (Do not include any "unusual grants")		59,480.	41,590.	71,518.	86.435.	374,584.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the	237,158.					882,176.
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		352,719.	<u>113,767.</u>	242,517.	264,714.	<u> 283,043.</u>	1,256,760.
	Amounts included on lines 1, 2, and 3 received from disqualified persons						
þ	Amounts included on lines 2 and 3				}	ł	
	received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
_	Add lines 7a and 7b						<u> </u>
8	Public support. (Subtract line 7c from line 6.)						1,256,760.
	on B. Total Support				<u></u>		
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9		352,719.	113,767.	242,517.	264,714.	283,043.	1,256,760.
TUA	Gross income from interest, dividends, payments received on securities loans, rents,						
	royalties, and income from similar sources	11,965.	3,980.	7,426.	7 074	15,724	47,069.
h	Unrelated business taxable income (less		3,980.	1,426.	1,914.	15,724.	47,009.
J	section 511 taxes) from businesses acquired after June 30, 1975				<u> </u>		
c	Add lines 10a and 10b	11,965.	3,980.	7,426.	7,974.	15,724.	47,069.
11	Net income from unrelated business	11,303.	3,300.	7,420.	7,513.	10,724.	77,005.
	activities not included in line 10b, whether or not the business is regularly carried on	ì				ļ	
12	Other income. Do not include gain or			<u> </u>		 	
	loss from the sale of capital assets	Į į		ļ	ļ	ţ	
	(Explain in Part VI.)						<u></u>
13	Total support. (Add lines 9, 10c, 11,						
							1,303,829.
14	First five years. If the Form 990 is for th	_	s first, second	l, third, fourth,	or fifth tax yea	r as a section	501(c)(3)
	organization, check this box and stop he		·	<u>· </u>	<u>·</u>		<u> </u>
	on C. Computation of Public Suppo				(D)	T 2= T	2.2.200
15	Public support percentage for 2017 (line				(1))	15	96.39%
16 Socti	Public support percentage from 2016 on D. Computation of Investment In			15		16	96.83%
17	Investment income percentage for 2017			hy line 13 co	lump (f))	17	03.61%
18	Investment income percentage from 20	-	• • •	•	idiiii (i))	18	03.17%
19a	33 1/3 % support test-2017. If the organ		•		and line 15 is		
	line 17 is not more than 331/3%, check this						
b	33 1/3 % support test-2016. If the organi line 18 is not more than 33 1/3 %, check this	zation did not	check a box or	n line 14 or line	e 19a, and line	16 is more tha	an 331/3%, and
20	Private foundation. If the organization of	_	_	•			-

Part IV Supporting Organizations

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

Jecul	on 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.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status	<u> </u>		
_	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported	ļ		
	organization was described in section 509(a)(1) or (2)	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
Ja	(b) and (c) below.	3a		
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.	3b		-
С	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.	3c		-
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
74	"Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a	- '	
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	744		
	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.	4b	~	
С	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	4c		
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).	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		$\overline{}$
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.	6		
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).	7	-	
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).	8		
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	ŀ		
	In section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		-
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.	9b	-	
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.	9с		
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	ĺ		ŀ
	supporting organizations)? If "Yes," answer 10b below.	10a]
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			Γ
-	determine whether the organization had excess business holdings)	10h	!	1

Schedule A (Form 990 or 990-EZ) 2017 The Plantation Community Foun	da	tion, Inc 65	5-0056930 Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or			
1 Check here if the organization satisfied the Integral Part Test as a qualifying	trus	t on Nov 20, 1970 (expla	
See instructions. All other Type III non-functionally integrated supporting or	rgar	nizations 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 Check here if the current year is the organization's first as a non-functional instructions).	ly in	tegrated Type III suppor	ting organization (see

Schedul Part	e A (Form 990 or 990-EZ) 2017 The Plantation Com V Type III Non-Functionally Integrated 509(a)(munity Founda 3) Supporting Organ		5-0056930 Page 7
	on D - Distributions	<u> </u>		Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	empt purposes of suppo	rted	
3	Administrative expenses paid to accomplish exempt purp	oses of supported organ	nizations	
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 whic (provide details in Part VI). See instructions	h the organization is res	ponsive	
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in Part VI). See instr.			
3	Excess distributions carryover, if any, to 2017:			
а	1			
b	From 2013			
С	From 2014			
d	From 2015			
е	From 2016 .			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
i_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j and 4c.			
8	Breakdown of line 7			
а	Excess from 2013			
b	Excess from 2014			
С	Excess from 2015			
d	Excess from 2016			
е	Excess from 2017			

Part VI S	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, nes 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, a, 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, nes 2, 5, and 6. Also complete this part for any additional information. (See instructions.)								
Re:Part									
Section A, Line 1(e) is from Form 990, Part VIII, Line 1(h),									
\$86,435									
Section A, Line 2(e) is from Schedule G, Part II, Line 3 \$196,608									
<u>\$196,608</u>									
,									

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Inspection Internal Revenue Service Name of the organization Employer identification number 65-0056930 The Plantation Community Foundation, Inc. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year . 2 Aggregate value of contributions to (during year). 3 Aggregate value of grants from (during year) 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? 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 Yes No private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 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 historically important land area Preservation of a certified historic structure Protection of natural habitat 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 Held at the End of the Tax Year of the tax year Total number of conservation easements 2a 2b Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure 2d listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year > 4 Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, Yes No and enforcement of the conservation easements it holds? 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) Yes No and section 170(h)(4)(B)(ii)? 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 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. 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 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 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:

Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

▶ \$

Schedu	le D (Form 990) 2017 The Planta	tion Comm	unity	Found	ation,	Inc	_65-0	0056930	
Part		Collections of	f Art, Hist	torical T	reasures,	or Ot	her Similar A	issets (cc	ontinued)
3 `	Using the organization's acquisition, accessi	ion, and other record	ds, check an	y of the foli	lowing that ar	e a sign	ficant use of its co	ollection item	s
	(check all that apply).								
а	Public exhibition		d	Loan d	or exchange p	rograms	;		
b	Scholarly research		e	Other					
C	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explai	n how they f	urther the o	organization's	exempt	purpose in Part X	.111	
5	During the year, did the organization solicit of			ical treasur	res, or other s	ımilar as	sets to be sold to		
Part	rather than to be maintained as part of the or IV Escrow and Custodial Arra		on?			•••		Yes	No No
ı arı	Complete if the organization		" on Form	aan P	art IV line	9 01 1	enorted an ar	nount on	Form
	990, Part X, line 21.	answered res	0111 0111	1 550, 1 6	art iv, inic	J, OI 1	cported arr ar	nount on i	Oiiii
1a	Is the organization an agent, trustee, custodi	an or other intermed	diany for con	tributions o	r other assets	s not inc	luded		
,,,	on Form 990, Part X?	ian or other interme	diary for com	inbulions o	other assets	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ibbeo	. Yes	₃ ∏ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowina table	_	•				,
_	ii roo, oxplain the artangement iir i art xiii	and complete the h	onowing table	•		Г	Arr	nount	
С	Beginning balance				_	10	 		
d	Additions during the year					10			
e	Distributions during the year .					16			
f	Ending balance					1f			
2a	Did the organization include an amount on F	orm 990, Part X, lin	e 21, for esc	row or cus	todial accoun	t liability	?	Yes	₃ 🔲 No
b	If "Yes," explain the arrangement in Part XIII	· · · · · · · · · · · · · · · · · · ·				-		_	
Part				-					
	Complete if the organization	answered "Yes	on Forn	n 990, Pa	art IV, line	<u> 10.</u>			
		(a) Current year	(b) Pi	nor year	(c) Two yea	rs back	(d) Three years ba	ack (e) Four	years back
1a	Beginning of year balance								
b	Contributions .								
C	Net investment earnings, gains, and								
	losses .								
d	Grants or scholarships						<u> </u>		
е	Other expenditures for facilities and								
	programs								
f	Administrative expenses								
g	End of year balance .				<u>L</u>				
2	Provide the estimated percentage of the curi	rent year end baland		olumn (a))	held as:				
a	Board designated or quasi-endowment	-	%						
b	Permanent endowment %								
C	Temporarily restricted endowment	%							
0 -	The percentages on lines 2a, 2b, and 2c sho	-							
3 a	Are there endowment funds not in the posse	ssion of the organiz	zation that ar	e neid and	administered	TOF the		ſ	Vac Na
	organization by							2-45	Yes No
	(i) unrelated organizations .		• •	•		•	•	3a(i)	
b	(ii) related organizations If "Yes" on line 3a(ii), are the related organiz	ations listed as as ==	urod on Cat	edule P2	•			3a(ii) 3b	
4	Describe in Part XIII the intended uses of the	•			•	•	-	<u> 3D </u>	
Par	VI Land, Buildings, and Equi	 	OWINGIR IUK	43			··· - · · · · · · · · · · · · · · · · ·		
	Complete if the organization		s" on Forn	n 990 P	art IV line	11a	See Form 990). Part X	line 10
	Description of property	(a) Cost or o	***		other basis	$\overline{}$	Accumulated	(d) Book	
		(invest		£	ther)		epreciation	(w) 1500r	
	Land			<u> </u>					
b	Buildings								
c	Leasehold improvements				-				
d	Equipment		6,517.	1			6,517.		
e	Other		- 1 = =						
Total.	Add lines 1a through 1e (Column (d) must ed	qual Form 990, Par	t X, column	(B), line 10	c.)		•		
LINZA								Ladada D./Es	000) 201

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Schedule D (Form 990) 2017

The Plantation Community Fo		65-00569	30 Page
Part XI Reconciliation of Revenue per Audited Financial State Complete if the organization answered "Yes" on Form 9		per Return.	
Total revenue, gains, and other support per audited financial statements		. 1	
Amounts included on line 1 but not on Form 990, Part VIII, line 12.			
a Net unrealized gains (losses) on investments	. 2a		
b Donated services and use of facilities	2b		
c Recovenes of prior year grants	2c		
d Other (Describe in Part XIII.)	2d		
e Add lines 2a through 2d		2e	
3 Subtract line 2e from line 1		. 3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1		
a Investment expenses not included on Form 990, Part VIII, line 7b	. 4a		
b Other (Describe in Part XIII)	. 4b		
c Add lines 4a and 4b		. 4c	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	
art XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 9	tatements With Expens		
Total expenses and losses per audited financial statements	700,1 4111, 1110 124.	1	
Amounts included on line 1 but not on Form 990, Part IX, line 25		- 	
a Donated services and use of facilities	20		
	2a	 	
b Prior year adjustments c Other losses	2b	 	
	2c		
d Other (Describe in Part XIII.)	. 2d		
e Add lines 2a through 2d		2e	
Subtract line 2e from line 1		3	
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	l	
b Other (Describe in Part XIII.)	. <u>4</u> b		
c Add lines 4a and 4b		4c	
Total expenses Add lines 3 and 4c.(This must equal Form 990, Part I, line 18 art XIII Supplemental Information.	<u>) </u>	5	
XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	e any additional information		
		- 	
			

Schedule D (F	om 990) 2017	The	Planta	tion C	Community	Foundation	n, Inc	65-0056930	Page 5
Part XIII	Supplemen	tal Info	rmation	(continue	d)	Foundation			
,									
									
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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/form990 for the latest instructions.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

The Plantation Community Foundation, Inc 65-0056930 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations e Solicitation of non-government grants Internet and email solicitations b Solicitation of government grants Phone solicitations C Special fundraising events In-person solicitations d Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes X No If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (i) Name and address of individual (v) Amount paid to (vi) Amount paid to (ii) Activity (iii) Did fundraiser have (iv) Gross receipts or entity (fundraiser) custody or control of from activity (or retained by) (or retained by) fundraiser listed in col (i) contributions? organization Yes No 2 3 5 9 10 Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Schedule G (Form 990 or 990-EZ) 2017 The Plantation Community Foundation, Inc 65-0056930 Page 2 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more Part II than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (c)Other events (d) Total events (a) Event #1 (b) Event #2 (add col. (a) through Celebrity G Fashion Sho (total number) (event type) (event type) col (c)) Revenue Gross receipts 26,526. 26,689 198,630. 145,415. 2 Less. Contributions . 1,462 260 300 2,022. 3 Gross income (line 1 minus line 2). 143,953. 26,266. 26,389 196,608. Cash prizes 7,804. 7,804 5 Noncash prizes 28,095. 28,095. Direct Expenses 6 Rent/facility costs Food and beverages 8,131. 4,763 49,029. 7 36,135. Entertainment 8 9 Other direct expenses 22,864 1,078. 384 24,326. 109,254. 10 Direct expense summary. Add lines 4 through 9 in column (d) ... Net income summary Subtract line 10 from line 3, column (d) 87,354. Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c)Other gaming Revenue bingo/progressive bingo col (a) through col. (c)) Gross revenue Direct Expenses 2 Cash prizes 3 Noncash prizes Rent/facility costs 5 Other direct expenses Yes % ☐ Yes ☐ Yes 6 Volunteer labor No No No 7 Direct expense summary Add lines 2 through 5 in column (d) 0. Net gaming income summary. Subtract line 7 from line 1, column (d) 0. Enter the state(s) in which the organization conducts gaming activities: ☐ Yes ☐ No Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain: 10 a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If "Yes," explain:

	le G (Form 990 or 990-EZ) 2017 The Plantation Community Foundation, Inc 65-0056930 Page 3
11	Does the organization conduct gaming activities with nonmembers?
12	
	formed to administer charitable gaming?
13	Indicate the percentage of gaming activity conducted in:
а	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name ▶
	Address ▶
15a	Does the organization have a contract with a third party from whom the organization receives gaming
	revenue? Yes No
D	If "Yes," enter the amount of gaming revenue received by the organization▶\$ and the amount of gaming revenue retained by the third party▶\$
С	If "Yes," enter name and address of the third party:
	Name ▶
	Address ▶
16	Gaming manager information:
	Name ▶
	Gaming manager compensation ▶ \$
	Description of services provided ▶
	☐ Director/officer ☐ Employee ☐ Independent contractor
17	Mandatory distributions
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to
_	retain the state gaming license?
D	Enter the amount of distributions required under state law to be distributed to other exempt organizations or
Part	spent in the organization's own exempt activities during the tax year ▶ \$ Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions
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-	

SCHEDULEI (Form 990)

Department of the Treasury

Internal Revenue Service

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

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

1545-0047	11
OMB No	20

► Go to www.irs.gov/Form990 for the latest information. ▶ Attach to Form 990.

Employer identification number Open to Public Inspection

ջ □ 65-0056930 X Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and The Plantation Community Foundation, Inc General Information on Grants and Assistance Name of the organization Part I

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. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States the selection criteria used to award the grants or assistance? Part II

Part IV, line 21, for any recipient that received more than \$5,000. Part in carl be duplicated if additional space is needed.	nt that received	more man 45,0	Joo. Part II Carl	ne anblicated II	additional spe	ace is ilecada.	
1 (a) Name and address of organization	(b) EIN	(c) IRC section	(d) Amount of cash (e) Amount of non-	(e) Amount of non-	(f) Method of valuation (book, FMV, appraisal,	(g) Description of noncash assistance	(h) Purpose of grant or assistance
		(alamailida ii)	5.5		omer)		
(1) See Statement #1							
(2)							
				:			
(3)				i			
(4)							
(c)							
(9)							
(7)							
(8)							
(6)							
(10)							
		_					
(11)							
(12)							
	10 400	otol odoltoria	to the line 1 to	9			R
2 Enter total number of section 501(c)(s) and government organizations listed in the line is done	na government organiza	gariizandi is iiste		D		.`▲	

3 · Enter total number of other organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2017)

Page 2 Schedule (Form 990) (2017) The Plantation Community Foundation, Inc

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.

Schedule I (Form 990) (2017) (f) Description of noncash assistance Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of noncash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Part IV Ϋ́ က S 9

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

Name of the organization

The Plantation Community Foundation, Inc.

Employer identification number 65-0056930

Form 990, Item G, Gross Receipts

The entry for this item is described on Page 9 of the instructions. The \$309,016 comes from adding together Lines 8b and 12 from Part VIII of this Form 990.

Form 990, Part I, Line 1

Mission Statement:

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

Form 990, Part III, Line 4a

Statement #1 is attached. It shows all of the IRC Section 501 (c) (3) organizations that received Grants from us during this tax year. As shown, the net amount of Grants distributed was \$142,500. The largest of these Grants was for \$16,000 and the smallest was for \$800. The purpose of each Grant is also shown. As noted, all recipients had been given IRC Section 501(c)(3) status by the Internal Revenue Service.

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

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

The Form 990 instructions on Page 11 are not completely clear. The money to pay these Grants is raised through various fund raising events as well as annual membership donations at various levels. The three biggest fund raisers for Year 2017 were the Celebrity Golf Classic, the Royal Ride and the Fashion Show. Statement #2 lists all of the individuals who paid annual membership donations. The many volunteers for the various fund raising events come from this membership list.

The various fundraising activities generated \$196,608 of Gross Receipts which were offset by \$109,254 of expenses for a net fundraising income of \$87,354. (See Schedule G).

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

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

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

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

65-0056930

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

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

Form 990, Part VI, Section C, Line 17 and 19

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

All Foundation documents are open for inspection in our office during normal office hours. We also have a web site: plantationcommunityfoundation.org.

Form 990, Part VII, Section A.

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

Form 990, Part VIII

Attached is a copy of the Foundation's December 31, 2017 Trial Balance, which is the basis for the amounts shown on this return.

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

Line 1b (\$55,260) comes from Trial Balance Account 5210.

Line 1c (\$2,022) comes in part from Trial Balance Account 5830.

Line 1f (\$29,153) comes from Trial Balance Accounts 4010, 4020, 5810 and 5830.

Line 3 (\$15,724) comes from Trial Balance Accounts 5310 and 5320, plus \$3,267 of investment management fees that for book purposes we net to Account 5320.

Line 7a (\$10,249) comes from Trial Balance Account 6820.

Line 8 amounts come from Schedule G.

Form 990, Part IX

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

Line 1 (\$142,500) comes from Trial Balance Account 3020.

Line 7 (\$69,170) comes from Account 7220.

Line 10 (\$5,292) comes from Account 7250.

Line 11f (\$3,267) comes from Account 5320 (For book purpose we net management fees against investment dividend and interest income.

Line 12 (\$24) comes in part from Account 8570.

Line 13 (\$6,155) comes in part from Accounts 8110, 8120, 8130, 8140, 8515 and 8170.

Lin 14 (\$480) comes from Account 7540.

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

The Plantation Community Foundation, Inc

65-0056930

Form 990, Part IX (continued)

Line 23 (\$1,936) comes from Account 8520.

Line 24a (\$2,690) comes from Account 7520.

Line 24b (\$1,984) comes in part from Account 8320.

Line 24c (\$1,255) comes in part from Accounts 8530 and 8270

Line 24e (\$1,255) comes in part from Accounts 8530 and 8270.

Form 990, Part X

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

Line 1 (\$67,773) comes from Accounts 1010 and 1090.

Line 2 (\$28,050) comes from Accounts 1020 and 1030.

Line 15 (\$686,996) comes from Schedule D, Part IX.

Line 17 (\$1,401) comes from Accounts 2010 and 2021.

Line 19 (\$67,644) come from Accounts 2350 and 2351.

Schedule A.

In Schedule A, Part I, we checked Line 10 since our Determination Letter says that we are a public charity under IRC Section 509(a)(2).

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

Schedule D. Part IX, Line 1

The Endowment Fund investments are managed by the Gulf Coast Community Foundation. They are a very large IRC Section 501(c)(3) organization that manages hundreds of millions of dollars for themselves and other smaller organizations such as ours.

IIVA				 Schedule () (Form 990 or 990-EZ) (2017
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