

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2008 calendar year, or tax year beginning MAY 1, 2008 and ending APR 30, 2009

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print type See Specific Instructions	C Name of organization COMMUNITY FOUNDATION OF CENTRAL FLORIDA, INC. Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite 1411 EDGEWATER DRIVE 203 City or town, state or country, and ZIP + 4 ORLANDO, FL 32804-6361	D Employer identification number 59-3182886
	F Name and address of principal officer: MARK BREWER SAME AS C ABOVE		E Telephone number (407) 872-3050
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		G Gross receipts \$ 4,751,249.	
J Website: WWW.CFCFLORIDA.ORG		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
K Type of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation 1993 M State of legal domicile FL	

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: THE COMMUNITY FOUNDATION OF CENTRAL FLORIDA PROVIDES PHILANTHROPIC DOLLARS TO SUPPORT COMMUNITY		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its 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	18
	5	Total number of employees (Part V, line 2a)	5	10
	6	Total number of volunteers (estimate if necessary)	6	36
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0.
	7b	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)	3,998,820.	3,160,973.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	808,337.	705,304.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,261,649.	<100,777.>
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,056,074.	3,765,500.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,275,123.	3,499,945.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries other compensation, employee benefits (Part IX, column (A), lines 5-10)	520,692.	576,399.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 294,954.		
Net Assets or Fund Balances	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,236,114.	1,113,080.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,031,929.	5,189,424.
	19	Revenue less expenses. Subtract line 18 from line 12	2,024,145.	<1,423,924.>
	20	Total assets (Part X, line 16)	Beginning of Year	End of Year
	21	Total liabilities (Part X, line 26)	50,241,089.	36,207,007.
22	Net assets or fund balances. Subtract line 21 from line 20	3,205,947.	2,574,724.	
		47,035,142.	33,632,283.	

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 ▶ *Mark Brewer* Signature of officer Date **11/12/09**

▶ **MARK BREWER, PRESIDENT/CEO** Type or print name and title

Paid Preparer's Use Only ▶ Preparer's signature *Anne-Marie L. Kagol, CPA* Date **11-5-09** Check if self-employed Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ **CROSS, FERNANDEZ & RILEY, LLP**
201 S. ORANGE AVE., SUITE 800
ORLANDO, FL 32801-3421

EIN ▶ Phone no ▶ **(407) 841-6930**

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

SCANNED DEC 17 2009

6-15-10-17

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Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:
**BUILDING COMMUNITY BY BUILDING PHILANTHROPY. WE ARE A KNOWLEDGEABLE
PHILANTHROPIC RESOURCE THAT ASSISTS DONORS, NONPROFIT ORGANIZATIONS
AND PROFESSIONAL ADVISORS MAKE SOCIAL INVESTMENTS TO ACHIEVE THEIR
CHARITABLE GOALS.**

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 exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 3,703,671. including grants of \$ 3,499,945.) (Revenue \$ 0.)
**GRANTS TO 269 NOT FOR PROFIT ORGANIZATIONS FOR VARIOUS CHARITABLE
PURPOSES IN AND AROUND CENTRAL FLORIDA AND ACROSS THE UNITED STATES.**

4b (Code:) (Expenses \$ 711,976. including grants of \$) (Revenue \$ 705,304.)
**EXPENSES INCURRED TO ASSIST 400 CHARITABLE FUNDS WITH THEIR SOCIAL
INVESTMENTS.**

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services. (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses \$ 4,415,647. (Must equal Part IX, Line 25, column (B).)

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>	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	2 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>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	4	X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>	5	
6 Did the organization maintain any donor advised funds or any accounts where 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>	6 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>	7	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>	8	X
9 Did the organization report an amount in Part X, line 21; 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>	9	X
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 X	
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	11 X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	12	X
13 Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the U.S.?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>	16	X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>	17	X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	X
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	20	X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22 X	
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>	23	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 questions 24b-24d and complete Schedule K. If "No," go to question 25</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
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	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3) and 501(c)(4) 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>	25a	X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27	X

Part IV Checklist of Required Schedules (continued)

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		X
b Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <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, Parts II, III, IV, and V, line 1</i>	X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
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

Form 990 (2008)

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	1a 25		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 10		
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 this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," 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>CAYMAN ISLANDS</u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
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 question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Did the organization solicit any contributions that were not tax deductible?		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 provide goods or services in exchange for any quid pro quo contribution of more than \$75?		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		
	7d		
e	Did the organization, during the year, 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	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter: <u>N/A</u>		
a	Initiation fees and capital contributions included on Part VIII, line 12		
	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
	10b		
11	Section 501(c)(12) organizations. Enter: <u>N/A</u>		
a	Gross income from members or shareholders		
	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	11b		
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 <u>N/A</u>		
	12b		

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

		Yes	No
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that are independent		
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 organizational documents since the prior Form 990 was filed?	X	
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	a The governing body?	X	
8b	b Each committee with authority to act on behalf of the governing body?	X	
9a	Does the organization have local chapters, branches, or affiliates?		X
9b	b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	X	
11	Is there any officer, director or 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

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does 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:		
15a	a The organization's CEO, Executive Director, or top management official?	X	
15b	b Other officers or key employees of the organization? 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
16b	b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken 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	NONE
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request	
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization:	
	MEGHAN WARRICK, CFO - (407)-872-3050	
	1411 EDGEWATER DR., STE 203, ORLANDO, FL 32804	

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- 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 the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
MARK BREWER PRESIDENT/CEO	50.00	X		X			123,179.	0.	14,577.	
SUZANNE ALLEN PAST CHAIRMAN	2.00	X					0.	0.	0.	
GREGORY HESS BOARD MEMBER	1.00	X					0.	0.	0.	
JONATHAN BAETY BOARD MEMBER	1.00	X					0.	0.	0.	
JEFFREY ADLER VICE CHAIRMAN	2.00	X					0.	0.	0.	
RICHARD BOGUE BOARD MEMBER	1.00	X					0.	0.	0.	
JOHN SABOOR BOARD MEMBER	1.00	X					0.	0.	0.	
RITA LOWNDES BOARD MEMBER	1.00	X					0.	0.	0.	
ALEXIS PUGH BOARD MEMBER	1.00	X					0.	0.	0.	
MICHAEL HARBISON BOARD MEMBER	1.00	X					0.	0.	0.	
ED TIMBERLAKE CHAIRMAN	2.00	X					0.	0.	0.	
RICK HURT BOARD MEMBER	1.00	X					0.	0.	0.	
SUSAN ARKIN BOARD MEMBER	1.00	X					0.	0.	0.	
LYN BERELSMAN SECRETARY	2.00	X					0.	0.	0.	
DEREK BRUCE BOARD MEMBER	1.00	X					0.	0.	0.	
ROBIN ROBERTS BOARD MEMBER	1.00	X					0.	0.	0.	
RAFAEL SALDANA BOARD MEMBER	1.00	X					0.	0.	0.	

COMMUNITY FOUNDATION OF CENTRAL FLORIDA, INC.

Form 990 (2008)

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Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 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	10,000.			
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	3,150,973.			
	g Noncash contributions included in lines 1a-1f \$		42,068.			
	h Total. Add lines 1a-1f		3160973.			
	Program Service Revenue	2 a MANAGEMENT FEES	Business Code 561000	705,304.	705,304.	
b						
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f			705,304.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		884,972.		884,972.	
	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	983947.	1,802.		
		c Gain or (loss)	<983,947.>	<1,802.>		
	d Net gain or (loss)		<985,749.>		<985749.>	
	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. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e			3765500.	705,304.	0.	

832009 02-02-09

COMMUNITY FOUNDATION OF CENTRAL FLORIDA,
INC.

Form 990 (2008)

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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) but are not required to complete columns (B), (C), and (D).

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 governments and organizations in the U S See Part IV, line 21	3,416,445.	3,416,445.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	83,500.	83,500.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	127,833.	35,793.	27,484.	64,556.
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	305,492.	89,389.	121,791.	94,312.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	5,979.	1,331.	2,980.	1,668.
9 Other employee benefits	106,943.	31,291.	35,920.	39,732.
10 Payroll taxes	30,152.	8,687.	10,434.	11,031.
11 Fees for services (non-employees):				
a Management				
b Legal	3,732.		3,732.	
c Accounting	27,365.		27,365.	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	137,413.		137,413.	
g Other	12,327.		1,107.	11,220.
12 Advertising and promotion	10,282.	160.		10,122.
13 Office expenses	12,132.	221.	8,234.	3,677.
14 Information technology	48,285.	13,461.	21,476.	13,348.
15 Royalties				
16 Occupancy	74,231.	14,409.	44,606.	15,216.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	26,648.		8,596.	18,052.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	19,791.	5,717.	6,818.	7,256.
23 Insurance	3,386.		3,386.	
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a ADMINISTRATIVE FEES	711,976.	711,976.	0.	0.
b MAINTENANCE	9,389.		8,771.	618.
c UTILITIES	7,440.	2,149.	2,563.	2,728.
d PARKING AND MILEAGE	3,869.	1,118.	1,333.	1,418.
e DUES & SUBSCRIPTIONS	2,524.		2,524.	
f All other expenses	2,290.		2,290.	
25 Total functional expenses. Add lines 1 through 24f	5,189,424.	4,415,647.	478,823.	294,954.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

COMMUNITY FOUNDATION OF CENTRAL FLORIDA,
INC.

Form 990 (2008)

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Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	308,203.	1	575,137.
	2 Savings and temporary cash investments	57,744.	2	
	3 Pledges and grants receivable, net	541,922.	3	509,866.
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	16,279.	9	20,069.
	10a Land, buildings, and equipment: cost basis	200,950.		
	b Less: accumulated depreciation. Complete Part VI of Schedule D	88,570.	20,467.	10c 112,380.
	11 Investments - publicly traded securities	29,932,162.	11	20,422,958.
	12 Investments - other securities. See Part IV, line 11	17,948,109.	12	13,624,714.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	1,416,203.	15	941,883.
16 Total assets. Add lines 1 through 15 (must equal line 34)	50,241,089.	16	36,207,007.	
Liabilities	17 Accounts payable and accrued expenses	2,447.	17	40,492.
	18 Grants payable	1,026,515.	18	1,176,071.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 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		24	
	25 Other liabilities. Complete Part X of Schedule D	2,176,985.	25	1,358,161.
	26 Total liabilities. Add lines 17 through 25	3,205,947.	26	2,574,724.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	44,910,233.	27	32,317,316.
	28 Temporarily restricted net assets	2,124,909.	28	1,314,967.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, 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	47,035,142.	33	33,632,283.	
34 Total liabilities and net assets/fund balances	50,241,089.	34	36,207,007.	

Part XI Financial Statements and Reporting

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b Were the organization's financial statements audited by an independent accountant?	X	
c If "Yes" to lines 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?	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
b If "Yes," did the organization undergo the required audit or audits?		

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,973,442.	6,260,870.	7,993,715.	3,998,820.	3,160,973.	25,387,820.
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 - 3	3,973,442.	6,260,870.	7,993,715.	3,998,820.	3,160,973.	25,387,820.
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)						2,000,236.
6 Public Support. Subtract line 5 from line 4						23,387,584.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	3,973,442.	6,260,870.	7,993,715.	3,998,820.	3,160,973.	25,387,820.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	514,726.	647,724.	1,027,452.	1,350,517.	884,972.	4,425,391.
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 IV.)	4,946.	10,378.	394.	908.		16,626.
11 Total support. Add lines 7 through 10						29,829,837.
12 Gross receipts from related activities, etc. (see instructions)					12	3,200,931.
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 2008 (line 6, column (f) divided by line 11, column (f))	14	78.40 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	72.69 %
16a 33 1/3% support test - 2008. 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 - 2007. 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 - 2008. 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 IV 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 - 2007. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 - 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 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 IV.)						
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 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a 33 1/3% support tests - 2008. 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 - 2007. 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

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

2008
Open to Public Inspection

Name of the organization **COMMUNITY FOUNDATION OF CENTRAL FLORIDA, INC.**

Employer identification number
59-3182886

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	81	9
2 Aggregate contributions to (during year)	1,428,418.	115,570.
3 Aggregate grants from (during year)	2,460,969.	120,000.
4 Aggregate value at end of year	12,212,112.	1,461,617.
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 may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
- | | |
|---|--|
| <input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure) | <input type="checkbox"/> Preservation of an historically important land area |
| <input type="checkbox"/> Protection of natural habitat | <input type="checkbox"/> Preservation of certified historic structure |
| <input type="checkbox"/> Preservation of open space | |
- 2 Complete lines 2a-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 Year | |
|-----------------------------|--|
| 2a | |
| 2b | |
| 2c | |
| 2d | |
- a Total number of conservation easements
- b Total acreage restricted by conservation easements
- c Number of conservation easements on a certified historic structure included in (a)
- d Number of conservation easements included in (c) acquired after 8/17/06
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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, violations, and enforcement of the conservation easements it holds? Yes No
- 6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing 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 XIV, 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" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116, 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) Revenues included in 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 relating to these items:
- a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
- b Assets included in Form 990, Part X ▶ \$ _____

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

3 Using the organization's 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 XIV.

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 Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to 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 XIV and complete the following table:

- c Beginning balance
- d Additions during the year
- e Distributions during the year
- f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if organization answered "Yes" to 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	26,337,096.				
b Contributions	254,7232.				
c Investment earnings or losses	<7,412,521.>				
d Grants or scholarships	963,774.				
e Other expenditures for facilities and programs					
f Administrative expenses	426,387.				
g End of year balance	20,081,646.				

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment %
- b Permanent endowment 100.00 %
- c Term endowment %

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

- (i) unrelated organizations
- (ii) related organizations

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

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

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

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		60,416.	4,899.	55,517.
d Equipment		140,534.	83,671.	56,863.
e Other				
Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				112,380.

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	3,765,500.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	5,189,424.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	<1,423,924.>
4	Net unrealized gains (losses) on investments	4	<11,375,890.>
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	<603,045.>
9	Total adjustments (net). Add lines 4-8	9	<11,978,935.>
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	<13,402,859.>

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	<6,136,462.>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	<8,757,449.>
b	Donated services and use of facilities	2b	0.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	<1,025,493.>
e	Add lines 2a through 2d	2e	<9,782,942.>
3	Subtract line 2e from line 1	3	3,646,480.
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 XIV)	4b	119,020.
c	Add lines 4a and 4b	4c	119,020.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	3,765,500.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	4,450,828.
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	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	4,450,828.
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 XIV)	4b	738,596.
c	Add lines 4a and 4b	4c	738,596.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	5,189,424.

Part XIV Supplemental Information

Complete this part to 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, Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS: -603045.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

REVENUE INCLUDED ON CONSOLIDATED FINANCIAL STATEMENTS: 217126.

DECREASE IN VALUE OF CHARITABLE REMAINDER TRUST: -608951.

MANAGEMENT FEE NETTED WITH REVENUE ON AUDITED FINANCIAL

Part XIV Supplemental Information (continued)

STATEMENTS: -633668.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

REVENUES FROM AGENCY FUNDS: 120822.

LOSS FROM SALE OF ASSETS : -1802.

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

ADMINISTRATIVE EXPENSES FROM MANAGING AGENCY FUNDS: 78308.

MANAGEMENT FEE NETTED WITH REVENUE ON AUDITED FINANCIAL

STATEMENTS: 633668.

EXPENSES ELIMINATED ON CONSOLIDATED FINANCIALS STATEMENTS: 26620.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the U.S.**

OMB No. 1545-0047
2008

▶ Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.
▶ Attach to Form 990.

Open to Public
Inspection

Name of the organization **COMMUNITY FOUNDATION OF CENTRAL FLORIDA, INC.** Employer identification number **59-3182886**

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 Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) 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
ALZHEIMER RESOURCE CENTER INC 1506 LAKE HIGHLAND DRIVE ORLANDO, FL 32803	59-2496511	501 (C) (3)	20,000.	0.			WINTER PARK SUPPORT GROUPS, CAREGIVER RESOURCE GUIDES, EDUCATIONAL AND
AMERICAN CANCER SOCIETY 1601 W COLONIAL DRIVE ORLANDO, FL 32804	13-1788491	501 (C) (3)	7,931.	0.			GENERAL OPERATING
AMERICAN HEART ASSOCIATION, BONITA SPRINGS - 28441 BONITA CROSSINGS BLVD. - BONITA SPRINGS, FL 34135	13-5613797	501 (C) (3)	5,000.	0.			GENERAL OPERATING
AMERICAN HEART ASSOCIATION, NORTHWEST FLORIDA DIVISION - 237 E. MARKS STREET - ORLANDO, FL 32803-3818	13-5613797	501 (C) (3)	5,000.	0.			2008 COLLIER COUNTY START! HEART WALK
BACK TO NATURE WILDLIFE REFUGE 18515 EAST COLONIAL DRIVE ORLANDO, FL 32820	59-2961216	501 (C) (3)	100,000.	0.			BACK TO NATURE WILDLIFE REFUGE PROJECT GENERAL OPERATING, NURSERY IMPROVEMENTS, AND GENERAL ASSISTANCE FOR GIRLS ENROLLED IN THE
BETA CENTER INC 4680 LAKE UNDERHILL ROAD ORLANDO, FL 32807	23-7446558	501 (C) (3)	10,500.	0.			

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.
SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) 2008

**COMMUNITY FOUNDATION OF CENTRAL FLORIDA,
INC.**

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) 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	20	83,500.	0.		

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: THE COMMUNITY FOUNDATION OF CENTRAL FLORIDA MONITORS GRANTS BY CONDUCTING DUE DILIGENCE ON GRANTEE ORGANIZATIONS BEFORE GRANTS ARE APPROVED. GRANT CONTRACTS ACCOMPANY CERTAIN GRANTS AS CONSIDERED APPROPRIATE. PRE-GRANT MEETINGS, MID-YEAR AND FINAL EVALUATIONS ARE INCLUDED IN OUR GRANT MONITORING PROCESS AS THE CIRCUMSTANCES OF EACH GRANT WARRANT.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: ALZHEIMER RESOURCE CENTER INC

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)
Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).**

OMB No. 1545-0047
2008

**Open to Public
Inspection**

Name of the organization

**COMMUNITY FOUNDATION OF CENTRAL FLORIDA,
INC.**

Employer identification number
59-3182886

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
BISHOP MOORE CATHOLIC HIGH SCHOOL 3901 EDGEWATER DRIVE ORLANDO, FL 32804	26-2361648	501 (C) (3)	8,500.	0.			DONATION FOR BENTS DULCIO GENERAL CONTRIBUTION/TEEN PROGRAMMING AT THE JOHN H. JACKSON COMMUNITY CENTER.
BOYS & GIRLS CLUB OF CENTRAL FLORIDA - 801 N. MAGNOLIA AVENUE, SUITE 305 - ORLANDO, FL 32750	59-0951887	501 (C) (3)	11,732.	0.			
BRIDGE TO INDEPENDENCE, INC. 580 WEST JACKSON STREET ORLANDO, FL 32805	16-1643585	501 (C) (3)	18,948.	0.			SUMMER CAMP 2008/PKZ SUMMER CAMP
CAMP BOGGY CREEK 30500 BRANTLEY BRANCH ROAD EUSTIS, FL 32736	59-3012889	501 (C) (3)	5,000.	0.			SCHOLARSHIPS/GENERAL CONTRIBUTION
CANINE COMPANIONS FOR INDEPENDENCE 8150 CLARCONA OCOBE ROAD ORLANDO, FL 32818	94-2494324	501 (C) (3)	14,620.	0.			GENERAL OPERATING CONTRIBUTION/SUCCESSION PLANNING AND LEADERSHIP DEVELOPMENT
CAT PROTECTION SOCIETY, INC. P.O. BOX 1078 SORRENTO, FL 32776-1078	59-3413294	501 (C) (3)	41,232.	0.			GENERAL OPERATING TO BE USED FOR THE PURCHASE OF APPROXIMATELY 50 ELECTRIC WHEELCHAIR BATTERIES AND MATERIALS
CENTER FOR INDEPENDENT LIVING IN CENTRAL FLORIDA, INC. - 720 N DENNING DRIVE - WINTER PARK, FL 32789	59-1828770	501 (C) (3)	21,300.	0.			
CENTRAL FLORIDA BLACK NURSES ASSOCIATION - P.O. BOX 585142 - ORLANDO, FL 32858	59-3683892	501 (C) (3)	7,200.	0.			2008 COMMUNITY HEALTH EDUCATION AND SCREENING PROGRAM

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

Continuation Sheet for Schedule I (Form 990)
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SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Name of the organization: **COMMUNITY FOUNDATION OF CENTRAL FLORIDA, INC.**
Employer identification number: **59-3182886**

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part I.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
CENTRAL FLORIDA COUNCIL, BOY SCOUTS OF AMERICA - 1951 S. ORANGE BLOSSOM TRAIL, SUITE 102 - APOPKA, FL 32703-7747	59-0624376	501 (C) (3)	5,000.	0.			2008/2009 HISPANIC INITIATIVES/ GENERAL CONTRIBUTIONS
CENTRAL FLORIDA HEALTH CARE COALITION, INC. - 4401 VINELAND ROAD, SUITE A10 - ORLANDO, FL 32811	59-2500692	501 (C) (3)	25,000.	0.			CENTRAL FLORIDA REGIONAL HEALTH INFORMATION ORGANIZATION
CENTRAL FLORIDA ZOOLOGICAL SOCIETY, INC. - P. O. BOX 470309 - LAKE MONROE, FL 32747-0309	59-1357197	501 (C) (3)	30,004.	0.			TIGER OUTPOST/GENERAL OPERATING /FUNDS TO BE USED TO PROVIDE DIFFERENT ANIMAL PROGRAMS TO TWO
CHALLENGE DAY 2520 STANWELL DR. #160 CONCORD, CA 94520	94-3386810	501 (C) (3)	10,000.	0.			CHALLENGE DAYS IN ALACHUA COUNTY, FLORIDA - CIRCLE OF CHANGE
CHURCH AT THE WELL P.O. BOX 952465 LAKE MARY, FL 32795	20-2460334	501 (C) (3)	6,000.	0.			OVERFLOW SANFORD PROGRAM IN SANFORD, FL JUNE 14TH PROGRAM TO REACH CHILDREN, TEENS AND
CITY OF ORLANDO 649 WEST LIVINGSTON STREET ORLANDO, FL 32801		GOVERNMENT ENTITY	32,400.	0.			JOHN H. JACKSON COMMUNITY CENTER TEEN ROOM FURNISHINGS AND COMPUTER LAB UPGRADE
COMMUNITY CONCEPTS SERVICES, INC. 649 WEST LIVINGSTON STREET ORLANDO, FL 32801	42-1602142	501 (C) (3)	121,329.	0.			FAMILY ECONOMIC SUCCESS/PKZ EXPRESS AAU BASKETBALL TEAM/GRASSROOTS
COMMUNITY FOUNDATION OF GREATER WINTER HAVEN - P.O. BOX 9445 - WINTER HAVEN, FL 33883-9445	59-3649871	501 (C) (3)	11,141.	0.			MEDICAL, HOSPITAL AND OTHER CARE FOR SICK AND INJURED PERSONS IN THE CITY OF WINTER HAVEN AND

2 Enter total number of Section 501(c)(3) and government organizations
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**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)
Attach to Form 990 to list additional information for
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OMB No. 1545-0047
2008

Open to Public
Inspection

Name of the organization

**COMMUNITY FOUNDATION OF CENTRAL FLORIDA,
INC.**

Employer identification number
59-3182886

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
COMMUNITY SERVICE CENTER OF ORANGE COUNTY, INC. - 621 WILKS AVE - ORLANDO, FL 32809	59-1499489	501 (C) (3)	12,613.	0.			GENERAL OPERATING /TO ESTABLISH AND OPERATE A DEMONSTRATION PROJECT TO PROVIDE EMPLOYMENT
COMMUNITY VISION, INC. 1502-B VILLAGE OAK LANE KISSIMMEE, FL 34746	59-2896657	501 (C) (3)	43,742.	0.			GENERAL OPERATING PURCHASE TWO NIKON D40 DIGITAL CAMERAS FOR USE IN CREALDE SCHOOL OF ART'S STORY TELLERS TEEN
CREALDE ARTS INC 600 SAINT ANDREWS BOULEVARD WINTER PARK, FL 32792	59-1887887	501 (C) (3)	6,000.	0.			PKZ CHILDCARE CENTER ASSESSMENTS
EARLY LEARNING COALITION OF ORANGE COUNTY - P O BOX 540387 - ORLANDO, FL 32854	31-1759186	501 (C) (3)	18,000.	0.			GENERAL OPERATING/ARTS PROGRAM FOR SUMMER CAMP CHALLENGE/GENERAL OPERATING FOR DAYBREAK
EASTER SEALS FLORIDA, INC. 2010 MIZELL AVENUE WINTER PARK, FL 32792-4119	59-0637848	501 (C) (3)	11,592.	0.			GENERAL OPERATING
EDGEWOOD CHILDREN'S RANCH 1451 EDGEWOOD RANCH ROAD ORLANDO, FL 32835	59-1150182	501 (C) (3)	29,020.	0.			GENERAL OPERATING
FESTIVAL OF ORCHESTRAS INC 1353 PALMETTO AVENUE, SUITE 100 WINTER PARK, FL 32789	59-2416916	501 (C) (3)	6,453.	0.			GENERAL OPERATING
FIRST CHURCH OF CHRIST SCIENTIST, BOSTON, MA - 210 MASSACHUSETTS AVENUE, PO5-10 - BOSTON, MA 02115-3195	04-2254742	501 (C) (3)	8,269.	0.			GENERAL OPERATING

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Employer identification number
59-3182886

Name of the organization
COMMUNITY FOUNDATION OF CENTRAL FLORIDA, INC.

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
FIRST CONGREGATIONAL CHURCH OF WINTER PARK - 225 S. INTERLACHEN AVENUE - WINTER PARK, FL 32789	59-0637840	501 (C) (3)	15,000.	0.			GENERAL FUND/AN INTER-CHURCH MUSICAL INITIATIVE
FLORIDA BAR FOUNDATION POST OFFICE BOX 1553 ORLANDO, FL 32802-1553	59-1004604	501 (C) (3)	20,499.	0.			GENERAL OPERATING
FLORIDA HOSPITAL FOUNDATION 2809 N. ORANGE AVENUE ORLANDO, FL 32804	59-6151162	501 (C) (3)	10,000.	0.			FLORIDA HOSPITAL CANCER INSTITUTE
FOOD FOR THE POOR 6401 LYONS RD. COCONUT CREEK, FL 33073	59-2174510	501 (C) (3)	5,000.	0.			GENERAL OPERATING
FOUNDATION FOR BUILDING COMMUNITY, INC. - 75 SOUTH IVANHOE BOULEVARD - ORLANDO, FL 32804	59-3678634	501 (C) (3)	10,000.	0.			CENTRAL FLORIDA PARTNERSHIP
FOUNDATION FOR FOSTER CHILDREN 2807 EDGEWATER DRIVE ORLANDO, FL 32804	26-1682601	501 (C) (3)	12,000.	0.			GENERAL OPERATING
FREE CONGRESS RESEARCH AND EDUCATION FOUNDATION, INC. - 1423 POWHATAN STREET, #2 - ALEXANDRIA, VA 22314	52-1096057	501 (C) (3)	5,000.	0.			GENERAL OPERATING
FRESH START MINISTRIES INC 4436 EDGEWATER DRIVE, SUITE 20 ORLANDO, FL 32804	59-2737376	501 (C) (3)	10,000.	0.			GENERAL OPERATING

2 Enter total number of Section 501(c)(3) and government organizations

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**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)
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OMB No. 1545-0047
2008

**Open to Public
Inspection**

Name of the organization

**COMMUNITY FOUNDATION OF CENTRAL FLORIDA,
INC.**

Employer identification number
59-3182886

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
GLOBAL CONNECTIONS FOUNDATION 215 EAST LIVINGSTON STREET ORLANDO, FL 32801	59-3622494	501 (C) (3)	5,000.	0.			SCHOLARSHIP PROGRAM FOR SUMMER STUDIES
HALIFAX HEALTH-HOSPICE OF VOLUSIA/ FLAGLER - 3800 WOODBRIAR TRAIL - PORT ORANGE, FL 32129	59-2661284	501 (C) (3)	40,000.	0.			SPONSORSHIP OF VOLUNTEER KITCHEN IN NEW FACILITY IN THE NAME OF DR. E. J. DEGNAN
HEART OF CENTRAL FLORIDA UNITED WAY - DR. NELSON YING CENTER, 1940 TRAYLOR BOULEVARD - ORLANDO, FL 32804	59-0808854	501 (C) (3)	79,168.	0.			GENERAL OPERATING
HELPER INTERNATIONAL P.O. BOX 1692 MERRIFIELD, VA 22116	71-0699939	501 (C) (3)	10,000.	0.			2 ARKS
HINDU SOCIETY OF CENTRAL FLORIDA 1994 LAKE DRIVE CASSELBERRY, FL 32707	39-1945997	501 (C) (3)	5,000.	0.			GENERAL OPERATING
HISPANIC HEALTH INITIATIVES, INC. LIVE OAKS CENTER, 218 LIVE OAK BLVD CASSELBERRY, FL 32707	59-3654481	501 (C) (3)	15,000.	0.			2008 FESTIVAL DE LA FAMILIA
HISPANIC HERITAGE SCHOLARSHIP FUND OF METRO ORLANDO - 315 EAST ROBINSON STREET, SUITE 190 - ORLANDO, FL 32801	01-0807279	501 (C) (3)	5,000.	0.			TO SUPPORT 2008 HISPANIC SCHOLARSHIP PROGRAM
HOLOCAUST MEMORIAL RESOURCE AND EDUCATION CENTER - 851 N MAITLAND AVENUE - MAITLAND, FL 32751	59-2219851	501 (C) (3)	7,000.	0.			HONORARIA EXPENSES FOR ACTORS AND MUSICIANS FOR MARCH 25, 2009 DINNER OF TRIBUTE/IN SUPPORT OF

2 Enter total number of Section 501(c)(3) and government organizations

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SCHEDULE I-1 (Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
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Name of the organization **COMMUNITY FOUNDATION OF CENTRAL FLORIDA, INC.** Employer identification number **59-3182886**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
HOPE COMMUNITY CENTER, INC. 1016 N. PARK AVENUE APOPKA, FL 32712	56-2551312	501 (C) (3)	15,000.	0.			VOICES OF YOUTH (VOY) GENERAL CONTRIBUTION IN MEMORY OF MARILYN F. TURNER/IN MEMORY OF IRENE V. FLYNN/UNDERWRITE
HOSPICE OF THE COMFORTER INC. 480 WEST CENTRAL PARKWAY ALTA MONTE SPRINGS, FL 32714	59-2935928	501 (C) (3)	11,000.	0.			THE WARREN AND JOHN KERBS SCHOLARSHIP FUND GENERAL OPERATING FOR INDEPENDENT TRANSPORTATION NETWORK OF ORLANDO
INDIANA UNIVERSITY FOUNDATION 1275 EAST 10TH STREET, SUITE 3080 BLOOMINGTON, IN 47401	35-6018940	501 (C) (3)	10,000.	0.			TO BE USED FOR THE PURCHASE OF NEW SOFTWARE FOR A NEW SERVER AND CLIENT DATABASE/FAMILY
ITW ORLANDO 988 WOODCOCK ROAD, SUITE 200 ORLANDO, FL 32803	20-5160870	501 (C) (3)	5,000.	0.			GENERAL OPERATING
JEWISH FAMILY SERVICES OF GREATER ORLANDO, IN - 2100 LEE ROAD - WINTER PARK, FL 32789	59-1873758	501 (C) (3)	50,000.	0.			CONTRIBUTION TO FINE ARTS COMPLEX SUMMER CAMP
KIDS BEATING CANCER A.K.A JOHN VOIGHT FOUNDATION - 615 EAST PRINCETON STREET, SUITE 400 - ORLANDO, FL 32803	59-3136203	501 (C) (3)	6,000.	0.			
LAKE HIGHLAND PREPARATORY SCHOOL 901 N. HIGHLAND AVE. ORLANDO, FL 32803	59-0624431	501 (C) (3)	5,000.	0.			
LOOKING ON ORLANDO 'S KNEEDY 3998 S. LAKE ORLANDO PARKWAY ORLANDO, FL 32808	56-2571855	501 (C) (3)	7,835.	0.			

SCHEDULE I-1 (Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
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Name of the organization **COMMUNITY FOUNDATION OF CENTRAL FLORIDA, INC.**
Employer identification number **59-3182886**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
MAGNOLIA SCHOOL 1900 MATTERHORN DRIVE ORLANDO, FL 32818		GOVERNMENT ENTITY	40,000.	0.			FUNDS WOULD BE USED TO CREATE A TRANSITIONAL PROGRAM (P.A.L.S. PROGRAM) FOR THEIR
MERIDIAN CLUB OF WINTER PARK, INC. C/O BROOKS HEWITT, P.O. BOX 1300 WINTER PARK, FL 32790-1300	59-1691696	501 (C) (4)	7,297.	0.			CONTRIBUTION TO SUPPORT SCHOLARSHIP PROGRAMS
MICHELEE PUPPETS, INC. 3655 MAGUIRE BOULEVARD, SUITE 130 ORLANDO, FL 32803	59-2616456	501 (C) (3)	36,500.	0.			2008 EXTREME HEALTH CHALLENGE - POLK COUNTY GENERAL OPERATING/THIS GRANT WILL HELP COVER THE COST OF LOW INCOME CHILDREN ATTENDING THE
NEW HOPE FOR KIDS 205 EAST SR 436 FERN PARK, FL 32730	59-1791345	501 (C) (3)	402,711.	0.			NURSING SCHOLARSHIPS
ODESSA CHAMBLISS QUALITY OF LIFE FUND - 6130 FOXFIELD COURT - WINDERMERE, FL 34786	16-1615456	501 (C) (3)	20,000.	0.			EDUCATION BUILDING IMPROVEMENTS TO PROVIDE FINANCIAL SUPPORT FOR THE CONTINUATION OF THE YOUTH AND CHILDREN'S EDUCATION PROVIDE SUMMER CAMP PROGRAM AND AFTER SCHOOL PROGRAM FOR MIDDLE SCHOOL STUDENTS AT CALLAHAN
ORANGEWOOD CHRISTIAN SCHOOL 1300 W. MAITLAND BLVD. MAITLAND, FL 32751	20-5639902	501 (C) (3)	5,000.	0.			
ORANGEWOOD PRESBYTERIAN CHURCH 875 CONCOURSE PARKWAY SOUTH, SUITE MAITLAND, FL 32751	59-1904118	501 (C) (3)	15,000.	0.			
ORLANDO AFTER SCHOOL ALL STARS 400 SOUTH ORANGE AVENUE ORLANDO, FL 32801	59-3313614	501 (C) (3)	25,000.	0.			

2 Enter total number of Section 501(c)(3) and government organizations

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**SCHEDULE I-1
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OMB No. 1545-0047
2008
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Name of the organization

**COMMUNITY FOUNDATION OF CENTRAL FLORIDA,
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Employer identification number
59-3182886

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
ORLANDO BALLET, INC 1111 N. ORANGE AVENUE, SUITE 4 ORLANDO, FL 32804	23-7427817	501 (C) (3)	7,135.	0.			GENERAL OPERATING TO SUPPORT EDUCATION PROGRAMS FOR CHILDREN THAT WILL BE IDENTIFIED BY THE MUSEUM/GENERAL
ORLANDO MUSEUM OF ART, INC 2416 N. MILLS AVENUE ORLANDO, FL 32803-1483	59-0910352	501 (C) (3)	8,438.	0.			
ORLANDO NEIGHBORHOOD IMPROVEMENT CORPORATION INC - 101 SOUTH TERRY AVENUE - ORLANDO, FL 32805-2254	59-2669952	501 (C) (3)	15,000.	0.			SISTER TO SISTER TEEN HEALTH PROGRAM
ORLANDO SCIENCE CENTER INC 777 EAST PRINCETON STREET ORLANDO, FL 32803	59-0896343	501 (C) (3)	12,634.	0.			GENERAL OPERATING/FUNDRAISING PLAN DEVELOPMENT
P.O.P.S.I.C.L.E. CENTER 8711 E. PINNACLE PEAK RD. #290 SCOTTSDALE, AZ 85255	20-8095826	501 (C) (3)	5,000.	0.			TO ASSIST THE ORGANIZATION IN FURTHERING ITS PURPOSES THE EXPENSES THE SCHOOL WILL INCUR FOR THE ANNUAL SPRING CARNIVAL HELD IN MARCH 2009 FOR THE FOLLOW-UP EYE EXAMS AND EYEGLASSES/FOR ASSISTANCE TO NEEDY PEOPLE IN CENTRAL FLORIDA.
PINELOCH ELEMENTARY SCHOOL 3101 WOODS AVENUE ORLANDO, FL 32805		GOVERNMENT ENTITY	5,000.	0.			
PREVENT BLINDNESS FLORIDA 1112 EAST KENNEDY TAMPA, FL 33602	59-6181662	501 (C) (3)	9,936.	0.			
PYP YOG FOUNDATION, INC. 323 W. ALKIRE LAKE DRIVE SUGAR LAND, TX 77478	26-0718985	501 (C) (3)	500,000.	0.			CONTRIBUTION TO SET UP A YOGA CENTER IN HOUSTON

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SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Employer identification number
59-3182886

Name of the organization
COMMUNITY FOUNDATION OF CENTRAL FLORIDA, INC.

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
ROLLINS COLLEGE ATTN: INVESTMENT OFFICE, CAMPUS BOX WINTER PARK, FL 32789	59-0624440	501 (C) (3)	11,195.	0.			GENERAL OPERATING REEVES TERRACE KIDS CAFE/FUNDS WOULD BE USED TO ADD ANOTHER ELEMENTARY SCHOOL TO THE HI-FIVE
SECOND HARVEST FOOD BANK OF CENTRAL FLORIDA INC - 2008 BREngle AVENUE - ORLANDO, FL 32808	59-2142315	501 (C) (3)	30,668.	0.			GENERAL OPERATING
SEMINOLE COUNTY PUBLIC SCHOOLS 400 E. LAKE MARY BLVD. SANFORD, FL 32773	59-2775956	501 (C) (3)	7,500.	0.			GENERAL OPERATING
SENIORS FIRST INC 5395 L.B. MCLEOD ROAD ORLANDO, FL 32811	59-2759603	501 (C) (3)	96,372.	0.			GENERAL OPERATING FOR EMERGENCY MEALS ON WHEELS/GENERAL FUND TO BRING SERVICES OF THE COMMUNITY, WHETHER SPONSORED BY GOVT OR PRIVATE ORGANIZATIONS, TO GENERAL
SERVING THIS GENERATION 1 SOUTH COTTAGE HILL RD ORLANDO, FL 32801	59-3128652	501 (C) (3)	17,000.	0.			GENERAL CONTRIBUTION/DIEBEL CLINIC- TO FURNISH AND EQUIP NEW CLINIC
SHEPHERD'S HOPE INC 4851 S. APOPEA-VINELAND RD. ORLANDO, FL 32819	59-3420727	501 (C) (3)	53,000.	0.			CATHOLIC WOMEN'S STUDY GROUP C/O DIANA COFFMAN
ST. JAMES CATHEDRAL CHURCH 215 NORTH ORANGE AVENUE ORLANDO, FL 32801	59-0760226	501 (C) (3)	10,000.	0.			GENERAL OPERATING
ST. STEPHEN CATHOLIC CHURCH 575 TUSKAWILLA ROAD WINTER SPRINGS, FL 32708	59-2526304	501 (C) (3)	5,000.	0.			GENERAL OPERATING

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

Continuation Sheet for Schedule I (Form 990)
Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).

Name of the organization
COMMUNITY FOUNDATION OF CENTRAL FLORIDA, INC.

Employer identification number
59-3182886

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
THE ASSOCIATION TO PRESERVE AFRICAN AMERICAN SOCIETY, HISTORY - 511 WEST SOUTH STREET, SUITE 100 - ORLANDO, FL 32805	59-3205047	501 (C) (3)	14,150.	0.			TO ESTABLISH PAID INTERNSHIPS AT THE WELLS' BUILT MUSEUM OF AFRICAN AMERICAN HISTORY & FUNDING TO BE USED, AS MATCHING MONEY, TO HIRE A STAFF PERSON FOR A CAMPAIGN FOCUSING ON PROVIDE FURNITURE, HOUSEHOLD ITEMS AND CLOTHING TO INDIVIDUALS AND FAMILIES/GENERAL
THE JEWISH COMMUNITY CENTER OF GREATER ORLANDO INC - 851 NORTH MAITLAND AVENUE - MAITLAND, FL 32751	23-7448234	501 (C) (3)	20,000.	0.			
THE MUSTARD SEED OF CENTRAL FLORIDA INC - 12 MUSTARD SEED LANE - ORLANDO, FL 32810	59-2906383	501 (C) (3)	11,000.	0.			
THE ORLANDO CONGREGATION OHEV SHALOM ARA OHEV SHALOM - 5015 GODDARD AVENUE - ORLANDO, FL 32804	23-1457981	501 (C) (3)	250,000.	0.			GENERAL CONTRIBUTION
THE RIVERS SCHOOL 333 WINTER STREET WESTON, MA 02493	04-2104457	501 (C) (3)	5,000.	0.			ANNUAL FUND.
THE SANFORD CRISIS PREGNANCY CENTER - 1002 FRENCH AVENUE - SANFORD, FL 32771	59-3458060	501 (C) (3)	15,000.	0.			GENERAL CONTRIBUTION
THE SMILE TRAIN 245 FIFTH AVENUE, SUITE 2201 NEW YORK, NY 10016	13-3661416	501 (C) (3)	25,000.	0.			GENERAL CONTRIBUTION
UCF DIGITAL U 12424 RESEARCH PARKWAY ORLANDO, FL 32826	59-6211832	501 (C) (3)	16,916.	0.			PKZ PROJECT FOR DIGITAL U - CREATE

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)
Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).**

OMB No. 1545-0047
2009
Open to Public Inspection

Name of the organization

**COMMUNITY FOUNDATION OF CENTRAL FLORIDA,
INC.**

Employer identification number
59-3182886

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
UCF FOUNDATION, INC. 12424 RESEARCH PARKWAY, SUITE 140 ORLANDO, FL 32826	59-6211832	501 (C) (3)	41,000.	0.			SPONSORSHIP OF 8TH ANNUAL CENTRAL FLORIDA COMMUNITY PARTNERS NONPROFIT CONFERENCE./RITA A.
UCP OF CENTRAL FLORIDA, INC 3305 S. ORANGE AVENUE ORLANDO, FL 32806	59-0799925	501 (C) (3)	28,320.	0.			PROVIDE BASIC EQUIPMENT AND SUPPLIES FOR EDUCATIONAL AND THERAPY TEAM MEMBERS/FOR THE CARE
UF FOUNDATION P.O. BOX 114025 GAINESVILLE, FL 32611-4025	59-0974739	501 (C) (3)	20,000.	0.			COLLEGE OF LAW
UNITED ARTS OF CENTRAL FLORIDA 2450 MAITLAND CENTER PRKY., SUITE 2 MAITLAND, FL 32751	59-1165446	501 (C) (3)	10,200.	0.			ORANGE COUNTY REGIONAL HISTORY CENTER/GENERAL CONTRIBUTION/GENERAL FUND/BACH FESTIVAL
UNIVERSITY OF CENTRAL FLORIDA 12424 RESEARCH PARKWAY ORLANDO, FL 32826	59-6211832	501 (C) (3)	162,500.	0.			PARK SQUARE HOMES SCHOLARSHIPS FUND
UNIVERSITY OF PENNSYLVANIA OFFICE OF GIFT PLANNING, 3600 MARKET ST., SUITE 135 - PHILADELPHIA, PA 19104	23-1352685	501 (C) (3)	25,000.	0.			DORA WEXLER FAMILY SCHOLARSHIP FUND
VISION 360 100 LAKE HART DRIVE, MAIL CODE 1300 ORLANDO, FL 32832	36-2181949	501 (C) (3)	25,000.	0.			GENERAL CONTRIBUTION
WINTER PARK HIGH SCHOOL 2100 SUMMERFIELD ROAD WINTER PARK, FL 32792	59-3108692	501 (C) (3)	12,000.	0.			ENRICHMENT OF STUDENTS

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

Continuation Sheet for Schedule I (Form 990)
 Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).

SCHEDULE I-1
 (Form 990)
 Department of the Treasury
 Internal Revenue Service

Name of the organization
COMMUNITY FOUNDATION OF CENTRAL FLORIDA, INC.

Employer identification number
59-3182886

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
WINTER PARK LIBRARY ASSN 460 E. NEW ENGLAND AVENUE WINTER PARK, FL 32789	59-0794396	501 (C) (3)	38,732.	0.			GENERAL OPERATING/SPELLBINDERS PROGRAM
WINTER PARK LIVE OAK FUND, INC. 1220 PARK AVENUE N. WINTER PARK, FL 32789	20-2263075	501 (C) (3)	77,425.	0.			163 4-6" CALIBER LIVE OAK TREES
WINTER PARK MEMORIAL HOSPITAL 200 N. LAKE MONT AVENUE WINTER PARK, FL 32792	59-3143908	501 (C) (3)	63,552.	0.			GENERAL OPERATING

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: WINTER PARK SUPPORT GROUPS,
CAREGIVER RESOURCE GUIDES, EDUCATIONAL AND OPERATIONAL SUPPORT.

NAME OF ORGANIZATION OR GOVERNMENT: BETA CENTER INC

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING, NURSERY
IMPROVEMENTS, AND GENERAL ASSISTANCE FOR GIRLS ENROLLED IN THE PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT:

CENTER FOR INDEPENDENT LIVING IN CENTRAL FLORIDA, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO BE USED FOR THE PURCHASE OF
APPROXIMATELY 50 ELECTRIC WHEELCHAIR BATTERIES AND MATERIALS FOR 9
WHEELCHAIR RAMPS

NAME OF ORGANIZATION OR GOVERNMENT:

CENTRAL FLORIDA ZOOLOGICAL SOCIETY, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TIGER OUTPOST/GENERAL OPERATING
/FUNDS TO BE USED TO PROVIDE DIFFERENT ANIMAL PROGRAMS TO TWO DIFFERENT
AGE GROUPS.

NAME OF ORGANIZATION OR GOVERNMENT: CHURCH AT THE WELL

(H) PURPOSE OF GRANT OR ASSISTANCE: OVERFLOW SANFORD PROGRAM IN SANFORD,
FL JUNE 14TH PROGRAM TO REACH CHILDREN, TEENS AND ADULTS AND TO HELP THE
COMMUNITY.

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY CONCEPTS SERVICES, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FAMILY ECONOMIC SUCCESS/PKZ EXPRESS
AAU BASKETBALL TEAM/GRASSROOTS NEIGHBORHOOD OUTREACH

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

COMMUNITY FOUNDATION OF GREATER WINTER HAVEN

(H) PURPOSE OF GRANT OR ASSISTANCE: MEDICAL, HOSPITAL AND OTHER CARE FOR SICK AND INJURED PERSONS IN THE CITY OF WINTER HAVEN AND VICINITY WHO ARE NOT FINANCIALLY ABLE TO OBTAIN MEDICAL, HOSPITAL AND OTHER CARE.

NAME OF ORGANIZATION OR GOVERNMENT:

COMMUNITY SERVICE CENTER OF ORANGE COUNTY, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING /TO ESTABLISH AND OPERATE A DEMONSTRATION PROJECT TO PROVIDE EMPLOYMENT TRAINING AND OPPORTUNITIES TO AT-RISK YOUTH WHO RESIDE IN THE PARRAMORE HERITAGE COMMUNITY, IN COORDINATION WITH THE CITY OF ORLANDO'S PARRAMORE KIDZ ZONE (PKZ) PROJECT.

NAME OF ORGANIZATION OR GOVERNMENT: CREALDE ARTS INC

(H) PURPOSE OF GRANT OR ASSISTANCE: PURCHASE TWO NIKON D40 DIGITAL CAMERAS FOR USE IN CREALDE SCHOOL OF ART'S STORY TELLERS TEEN PHOTO PROGRAM./OLDER ADULTS ART SAMPLER CLASS

NAME OF ORGANIZATION OR GOVERNMENT: EASTER SEALS FLORIDA, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING/ARTS PROGRAM FOR SUMMER CAMP CHALLENGE/GENERAL OPERATING FOR DAYBREAK PROGRAM AT THE MILLER CENTER

NAME OF ORGANIZATION OR GOVERNMENT:

HOLOCAUST MEMORIAL RESOURCE AND EDUCATION CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: HONORARIA EXPENSES FOR ACTORS AND MUSICIANS FOR MARCH 25, 2009 DINNER OF TRIBUTE/IN SUPPORT OF MARCH 25,

Part IV Supplemental Information

2009 DINNER OF TRIBUTE

NAME OF ORGANIZATION OR GOVERNMENT: HOSPICE OF THE COMFORTER INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL CONTRIBUTION IN MEMORY OF
MARILYN F. TURNER/IN MEMORY OF IRENE V. FLYNN/UNDERWRITE PALLIATIVE CARE
CERTIFICATION AND CONTINUING EDUCATION

NAME OF ORGANIZATION OR GOVERNMENT:

JEWISH FAMILY SERVICES OF GREATER ORLANDO, IN

(H) PURPOSE OF GRANT OR ASSISTANCE: TO BE USED FOR THE PURCHASE OF NEW
SOFTWARE FOR A NEW SERVER AND CLIENT DATABASE/FAMILY ECONOMIC SUCCESS
PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: MAGNOLIA SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDS WOULD BE USED TO CREATE A
TRANSITIONAL PROGRAM (P.A.L.S. PROGRAM) FOR THEIR STUDENTS WHO, AS
COGNITIVELY, EMOTIONALLY AND BEHAVIORALLY CHALLENGED YOUTH WILL GRADUATE
AT 18 BUT RETURN TO SCHOOL UNTIL THEY ARE 21

NAME OF ORGANIZATION OR GOVERNMENT: NEW HOPE FOR KIDS

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING/THIS GRANT WILL
HELP COVER THE COST OF LOW INCOME CHILDREN ATTENDING THE RAY OF HOPE
CHILDREN'S GRIEF CAMP. THE COSTS INCLUDE FOOD, CAMPING, SUPPLIES, GRIEF
ACTIVITY SUPPLIES AND TENT RENTALS./MATCHING MONEY FOR NEW OR ADDITIONAL
MONEY

NAME OF ORGANIZATION OR GOVERNMENT: ORANGEWOOD PRESBYTERIAN CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FINANCIAL SUPPORT FOR THE

Part IV Supplemental Information

CONTINUATION OF THE YOUTH AND CHILDREN'S EDUCATION FACILITIES AT
ORANGEWOOD PRESBYTERIAN CHURCH./GRANT TO ASSIST IN FUNDING OF THE
"GROWING STRONG CAPITAL CAMPAIGN" TO FUND BUILDING OF ADULT, YOUTH AND
CHILDREN'S EDUCATION FACILITIES AT ORANGEWOOD PRESBYTERIAN CHURCH.

NAME OF ORGANIZATION OR GOVERNMENT: ORLANDO AFTER SCHOOL ALL STARS

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE SUMMER CAMP PROGRAM AND
AFTER SCHOOL PROGRAM FOR MIDDLE SCHOOL STUDENTS AT CALLAHAN NEIGHBORHOOD
CENTER.

NAME OF ORGANIZATION OR GOVERNMENT: ORLANDO MUSEUM OF ART, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT EDUCATION PROGRAMS FOR
CHILDREN THAT WILL BE IDENTIFIED BY THE MUSEUM/GENERAL CONTRIBUTION/FOR
THE SUPPORT AND MAINTENANCE OF THE ORLANDO MUSEUM OF ART

NAME OF ORGANIZATION OR GOVERNMENT: PINELOCH ELEMENTARY SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: THE EXPENSES THE SCHOOL WILL INCUR
FOR THE ANNUAL SPRING CARNIVAL HELD IN MARCH 2009 FOR THE STUDENTS. THIS
WILL TAKE CARE OF FOOD AND SUPPLIES FOR THE EVENT./THE EXPENSES THE
SCHOOL WILL INCUR FOR THE ANNUAL FIELD TRIP TO ST. AUGUSTINE SCHEDULED
FOR APRIL 2009. THIS WILL TAKE CARE OF TRAVEL EXPENSES, CHAPERONE
EXPENSES, LUNCH, ETC.

NAME OF ORGANIZATION OR GOVERNMENT:

SECOND HARVEST FOOD BANK OF CENTRAL FLORIDA INC

(H) PURPOSE OF GRANT OR ASSISTANCE: REEVES TERRACE KIDS CAFE/FUNDS WOULD
BE USED TO ADD ANOTHER ELEMENTARY SCHOOL TO THE HI-FIVE BACK PACK
PROGRAM/PROVIDE MATCHING FUNDS FOR RECENT PLEDGE DRIVE.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: SERVING THIS GENERATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO BRING SERVICES OF THE COMMUNITY,
WHETHER SPONSORED BY GOVT OR PRIVATE ORGANIZATIONS, TO THOSE PEOPLE WHO
NEED IT.

NAME OF ORGANIZATION OR GOVERNMENT:

THE ASSOCIATION TO PRESERVE AFRICAN AMERICAN SOCIETY, HISTORY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ESTABLISH PAID INTERNSHIPS AT THE
WELLS' BUILT MUSEUM OF AFRICAN AMERICAN HISTORY & CULTURE FOR AT-RISK
YOUTH WHO RESIDE IN THE PARRAMORE HERITAGE COMMUNITY, IN COORDINATION
WITH THE CITY OF ORLANDO'S PARRAMORE KIDZ ZONE (PKZ) PROJECT.

NAME OF ORGANIZATION OR GOVERNMENT:

THE JEWISH COMMUNITY CENTER OF GREATER ORLANDO INC

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDING TO BE USED, AS MATCHING
MONEY, TO HIRE A STAFF PERSON FOR A CAMPAIGN FOCUSING ON ENDOWMENTS,
PLANNED GIVING, AND ANNUAL MAJOR GIFT CULTIVATION.

NAME OF ORGANIZATION OR GOVERNMENT:

THE MUSTARD SEED OF CENTRAL FLORIDA INC

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE FURNITURE, HOUSEHOLD ITEMS
AND CLOTHING TO INDIVIDUALS AND FAMILIES/GENERAL CONTRIBUTION

NAME OF ORGANIZATION OR GOVERNMENT: UCF FOUNDATION, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: SPONSORSHIP OF 8TH ANNUAL CENTRAL
FLORIDA COMMUNITY PARTNERS NONPROFIT CONFERENCE./RITA A. LOWNDES & JOHN
F. LOWNDES COM CHARTER CLASS SCHOLARSHIP FUND

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: UCP OF CENTRAL FLORIDA, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE BASIC EQUIPMENT AND SUPPLIES
FOR EDUCATIONAL AND THERAPY TEAM MEMBERS/FOR THE CARE AND TRAINING OF
CHILDREN/GENERAL CONTRIBUTION

NAME OF ORGANIZATION OR GOVERNMENT: UNITED ARTS OF CENTRAL FLORIDA

(H) PURPOSE OF GRANT OR ASSISTANCE: ORANGE COUNTY REGIONAL HISTORY
CENTER/GENERAL CONTRIBUTION/GENERAL FUND/BACH FESTIVAL

SOCIETY/SPONSORSHIP FOR CONFERENCE: "LATINOS IN THE NEW AMERICA:
RESPONDING TO THE NEEDS OF A DIVERSE POPULATION

**SCHEDULE M
(Form 990)**

NonCash Contributions

OMB No 1545-0047

Department of the Treasury
Internal Revenue Service

▶ To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 29 or 30.

2008
Open to Public
Inspection

▶ Attach to Form 990.

Name of the organization **COMMUNITY FOUNDATION OF CENTRAL FLORIDA,
INC.**

Employer identification number
59-3182886

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
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	3	42,068	AVG SH PRICE-GIFT DATE
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 Acknowledgment **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 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 revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2008

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008
Open to Public
Inspection

Name of the organization

COMMUNITY FOUNDATION OF CENTRAL FLORIDA,
INC.

Employer identification number
59-3182886

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PROJECTS IN THE AREAS OF HEALTH, HUMAN SERVICES, ARTS/CULTURE,
EDUCATION, RELIGION, PUBLIC-SOCIETY, AND ENVIRONMENT/ANIMALS.

FORM 990, PART VI, SECTION A, LINE 4: THE COMMUNITY FOUNDATION OF CENTRAL
FLORIDA AMENDED ITS BYLAWS DURING THE CURRENT YEAR TO ALIGN THE BYLAWS WITH
CHAPTER 617, FLORIDA STATUTES.

FORM 990, PART VI, SECTION A, LINE 10: A COPY OF THE FORM 990 WAS PROVIDED
TO THE BOARD OF DIRECTORS FOR THEIR REVIEW, AS PART OF THE BOARD AGENDA FOR
THE OCTOBER 2009 MEETING.

FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION'S CONFLICT OF
INTEREST POLICY DISCLOSURE STATEMENT IS COMPLETED ANNUALLY BY BOARD AND
COMMITTEE MEMBERS. UPDATES ARE MADE THROUGHOUT THE YEAR AS CIRCUMSTANCES
WARRANT. STAFF AND COMMITTEE CHAIRS MONITOR COMPLIANCE WITH THE POLICY AS
POTENTIAL CONFLICTS ARISE.

FORM 990, PART VI, SECTION B, LINE 15: THE PRESIDENT/CEO'S SALARY IS
REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS. SECTOR BASED DATA IS USED
TO DETERMINE THE COMPARABILITY OF THE SALARY TO SIMILAR POSITIONS AT
SIMILARLY SITUATED ORGANIZATIONS. WRITTEN MINUTES OF ALL BOARD OF
DIRECTORS MEETINGS ARE KEPT.

FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS, CONFLICT OF
INTEREST POLICY, AND FINANCIAL STATEMENTS OF THE COMMUNITY FOUNDATION OF

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

Schedule O (Form 990) 2008

832211
12-18-08

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008
Open to Public
Inspection

Name of the organization

COMMUNITY FOUNDATION OF CENTRAL FLORIDA,
INC.

Employer identification number
59-3182886

CENTRAL FLORIDA ARE MADE AVAILABLE UPON REQUEST. THESE DOCUMENTS ARE ALSO
AVAILABLE ON THE ORGANIZATION'S WEBSITE.

FORM 990, PART V, LINE 2(A)

EMPLOYEES OF THE ORGANIZATION

THE COMMUNITY FOUNDATION OF CENTRAL FLORIDA USES ADMINISTAFF AS ITS
PROFESSIONAL EMPLOYMENT ORGANIZATION. ADMINISTAFF FILES ALL REQUIRED
TAX RETURNS.

Part V Transactions With Related Organizations

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

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 (iv) rent from a controlled entity

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

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

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

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

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

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

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other 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.

	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

(A) Name of other organization(s)	(B) Transaction type (a-r)	(C) Amount involved
1) N. DONALD DIEBEL, JR. M.D. GOOD SAMARITAN FUND, INC.	C	10,000.
2)		
3)		
4)		
5)		
6)		

Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print	Name of Exempt Organization COMMUNITY FOUNDATION OF CENTRAL FLORIDA, INC.	Employer identification number 59-3182886
File by the due date for filing your return See instructions	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 2071, NO. 203	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ORLANDO, FL 32802-2071	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

MEGHAN WARRICK, CFO

- The books are in the care of ▶ **1411 EDGEWATER DR., STE 203 - ORLANDO, FL 32804**
 Telephone No. ▶ **(407)-872-3050** FAX No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ▶ . If it is for part of the group, check this box ▶ and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **DECEMBER 15, 2009**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **MAY 1, 2008**, and ending **APR 30, 2009**.

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.