

Form **990**
 Department of the Treasury
 Internal Revenue Service

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

OMB No 1545-0047
2009
Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 05-01-2009 and ending 04-30-2010

- B** Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

Please use IRS label or print or 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 No 203
 City or town, state or country, and ZIP + 4
 ORLANDO, FL 328046361

D Employer identification number
 59-3182886
E Telephone number
 (407) 872-3050
G Gross receipts \$ 7,433,017

F Name and address of principal officer
 MARK BREWER
 1411 EDGEWATER DRIVE No 203
 ORLANDO, FL 328046361

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list (see instructions)
H(c) Group exemption number

I Tax-exempt status 501(c) (3) (insert no) 4947(a)(1) or 527

J Website: WWW.CFCFLORIDA.ORG

K Form of organization Corporation Trust Association 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 (SEE SCHEDULE O) TO SUPPORT COMMUNITY PROJECTS IN THE AREAS OF HEALTH, HUMAN SERVICES, ARTS/CULTURE, EDUCATION, RELIGION, PUBLIC-SOCIETY, AND ENVIRONMENT/ANIMALS		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	17
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	16
	5 Total number of employees (Part V, line 2a)	5	9
	6 Total number of volunteers (estimate if necessary)	6	29
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	3,160,973	5,954,114
	9 Program service revenue (Part VIII, line 2g)	705,304	690,848
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-100,777	230,765
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-8,310
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,765,500	6,867,417
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,499,945
14 Benefits paid to or for members (Part IX, column (A), line 4)			0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		576,399	574,999
16a Professional fundraising fees (Part IX, column (A), line 11e)			0
b Total fundraising expenses (Part IX, column (D), line 25) 353,789			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		1,113,080	1,159,679
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		5,189,424	3,978,153
19 Revenue less expenses Subtract line 18 from line 12	-1,423,924	2,889,264	
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	36,207,007	48,166,104
	21 Total liabilities (Part X, line 26)	2,574,724	1,625,232
	22 Net assets or fund balances Subtract line 21 from line 20	33,632,283	46,540,872

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here
 Signature of officer: _____ Date: 2010-11-06
 Mark Brewer PRESIDENT/CEO
 Type or print name and title

Paid Preparer's Use Only

Preparer's signature: Anne-Mare Barrett CPA Date: _____ 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 328013421
 EIN: _____ Phone no: (407) 841-6930

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

Part III Statement of Program Service Accomplishments

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 \$ 2,500,200 including grants of \$ 2,243,475) (Revenue \$)

Grants to 228 Not For Profit organizations for various charitable purposes in and around Central Florida and across the United States Established a knowledge base designed to support transparency by delivering web-based information about the financial, operational and programmatic health of local nonprofit organizations The knowledge base is a one-of-a-kind resource that connects people who want to make a difference with local charitable organizations doing important work The Community Foundation will use the knowledge base to drive results-oriented philanthropy to build the capacity and measurably improve the performance of local nonprofit organizations

4b (Code) (Expenses \$ 697,644 including grants of \$) (Revenue \$ 690,848)

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 \$ 3,197,844

Part IV Checklist of Required Schedules

Table with 3 main columns: Question number, Question text, and Yes/No response columns. Rows include questions 1 through 20 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
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 line 25</i>	24a		No
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		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
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		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
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>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
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>	32		No
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>	33		No
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>	34	Yes	
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>	35	Yes	
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>	36		No
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>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable		
	1a 23		
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?	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return		
	2a 9		
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)	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		No
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)?		No
b	If "Yes," enter the name of the foreign country: _____ 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?		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		No
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?		No
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?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		No
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		No
b	Did the organization make a distribution to a donor, donor advisor, or related person?		No
10	Section 501(c)(7) organizations. Enter		
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		
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?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body (17); 1b Enter the number of voting members that are independent (16); 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? (No); 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? (No); 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a material diversion of the organization's assets? (No); 6 Does the organization have members or stockholders? (No); 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? (No); 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Does the organization have local chapters, branches, or affiliates? (No); 10b 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?; 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11A Describe in Schedule O the process, if any, used by the organization to review the Form 990; 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done (Yes); 13 Does the organization have a written whistleblower policy? (Yes); 14 Does the organization have a written document retention and destruction policy? (Yes); 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 The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (No); 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? (No); 16b 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

Table with 2 columns: Question, Answer. Row 17: List the States with which a copy of this Form 990 is required to be filed. Row 18: Section 6104 requires an organization to make its Form 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: [X] Own website, [X] Another's website, [X] Upon request. Row 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. See Additional Data Table. Row 20: State the name, physical address, and telephone number of the person who possesses the books and records of the organization. MEGHAN WARRICK CFO, 1411 EDGEWATER DR STE 203, ORLANDO, FL 32804, (407) 872-3050.

1b Total	200,116	0	30,801
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2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **▶**1

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	No
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation

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

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	1a	Federated campaigns 1a					
	b	Membership dues 1b					
	c	Fundraising events 1c					
	d	Related organizations 1d					
	e	Government grants (contributions) 1e					
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	5,954,114				
	g	Noncash contributions included in lines 1a-1f \$ <u>141,869</u>					
	h	Total. Add lines 1a-1f ▶	5,954,114				
Program Service Revenue	2a	MANAGEMENT FEES	561,000	690,848	690,848		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f ▶	690,848				
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) ▶	796,365			796,365	
	4	Income from investment of tax-exempt bond proceeds ▶					
	5	Royalties ▶					
	6a	Gross Rents	(i) Real				
			(ii) Personal				
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss) ▶					
	7a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
b	Less cost or other basis and sales expenses	565,600					
c	Gain or (loss)	-565,600					
d	Net gain or (loss) ▶	-565,600			-565,600		
8a	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 ▶						
9a	Gross income from gaming activities See Part IV, line 19 a						
b	Less direct expenses b						
c	Net income or (loss) from gaming activities ▶						
10a	Gross sales of inventory, less returns and allowances a						
b	Less cost of goods sold b						
c	Net income or (loss) from sales of inventory ▶						
	Miscellaneous Revenue	Business Code					
11a	Other Income	900,099	-8,310		-8,310		
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d ▶		-8,310				
12	Total revenue. See Instructions ▶		6,867,417	690,848	0	222,455	

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	2,176,122	2,176,122		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	67,353	67,353		
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	117,000	28,080	11,700	77,220
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	307,402	114,186	94,497	98,719
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	7,930	2,696	1,983	3,251
9	Other employee benefits	112,389	37,637	28,124	46,628
10	Payroll taxes	30,278	10,150	7,576	12,552
11	Fees for services (non-employees)				
a	Management				
b	Legal	5,116		5,116	
c	Accounting	20,790		20,790	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	169,726		169,726	
g	Other	14,240			14,240
12	Advertising and promotion	13,313	2,695		10,618
13	Office expenses	13,403		9,711	3,692
14	Information technology	73,979	32,677	10,511	30,791
15	Royalties				
16	Occupancy	71,155	14,569	37,187	19,399
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	21,465		3,386	18,079
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	29,166	9,777	7,298	12,091
23	Insurance	3,391		3,391	
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	697,644	697,644		
b	Utilities	9,256	3,103	2,316	3,837
c	Maintenance	9,045		7,802	1,243
d	Parking and Mileage	3,447	1,155	863	1,429
e	Licenses & FEES	2,421		2,421	
f	All other expenses	2,122		2,122	
25	Total functional expenses. Add lines 1 through 24f	3,978,153	3,197,844	426,520	353,789
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				

Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	112,219	1	119,422
	2 Savings and temporary cash investments	462,918	2	3,961,436
	3 Pledges and grants receivable, net	509,866	3	2,339,217
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 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	20,069	9	9,712
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	205,166		
	b Less accumulated depreciation	116,826	112,380	10c 88,340
	11 Investments—publicly traded securities	20,422,958	11	21,942,396
	12 Investments—other securities See Part IV, line 11	13,624,714	12	18,751,517
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	941,883	15	954,064
16 Total assets. Add lines 1 through 15 (must equal line 34)	36,207,007	16	48,166,104	
Liabilities	17 Accounts payable and accrued expenses	40,492	17	2,128
	18 Grants payable	1,176,071	18	677,999
	19 Deferred revenue	20,466	19	16,854
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial 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 to unrelated third parties		24	
	25 Other liabilities Complete Part X of Schedule D	1,337,695	25	928,251
	26 Total liabilities. Add lines 17 through 25	2,574,724	26	1,625,232
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	32,317,316	27	44,926,945
	28 Temporarily restricted net assets	1,314,967	28	1,613,927
	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	33,632,283	33	46,540,872	
34 Total liabilities and net assets/fund balances	36,207,007	34	48,166,104	

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 _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . . .		No
2b	Were the organization's financial statements audited by an independent accountant?	Yes	
2c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
2d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
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?		No
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . . .		

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2009

Open to Public Inspection

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization
COMMUNITY FOUNDATION OF CENTRAL FLORIDA INC

Employer identification number
59-3182886

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1 A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h
 a Type I b Type II c Type III - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?
 (ii) a family member of a person described in (i) above?
 (iii) a 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in IRC 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	6,260,870	7,993,715	3,998,820	3,160,973	5,954,114	27,368,492
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	6,260,870	7,993,715	3,998,820	3,160,973	5,954,114	27,368,492
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)						3,122,938
6 Public Support. Subtract line 5 from line 4						24,245,554

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	6,260,870	1,027,452	3,998,820	3,160,973	5,954,114	27,368,492
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	647,724	1,027,452	1,350,517	884,972	796,365	4,707,030
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	10,378	394	908		-8,310	3,370
11 Total support (Add lines 7 through 10)						32,078,892
12 Gross receipts from related activities, etc (See instructions)					12	3,462,372

13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	75.580 %
15 Public Support Percentage for 2008 Schedule A, Part II, line 14	15	78.400 %

16a 33 1/3% support test—2009. 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

b 33 1/3% support test—2008. If the organization did not check the 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

17a 10%-facts-and-circumstances test—2009. 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

b 10%-facts-and-circumstances test—2008. 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

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

Part III Support Schedule for Organizations Described in IRC 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2009. 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—2008. 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

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2009

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. Attach to Form 990. See separate instructions.

Department of the Treasury Internal Revenue Service

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.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 show total number at end of year, aggregate contributions, aggregate grants, and aggregate value.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

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

Table with 2 columns: Description (2a-2d) and Held at the End of the Year. Rows 2a-2d show total number of conservation easements, total acreage, and numbers of easements on certified historic structures.

- 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, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?
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 Escrow and Custodial Arrangements. Complete if the 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

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

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 the 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	25,773,687	34,369,305			
b Contributions	3,105,212	2,693,548			
c Investment earnings or losses	8,358,906	-9,604,909			
d Grants or scholarships	904,545	1,188,404			
e Other expenditures for facilities and programs					
f Administrative expenses	714,159	495,853			
g End of year balance	35,619,101	25,773,687			

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

- a** Board designated or quasi-endowment %
- b** Permanent endowment 100.000 %
- c** Term endowment %

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

	Yes	No
(i) unrelated organizations	3a(i)	No
(ii) related organizations	3a(ii)	No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		60,416	14,696	45,720
d Equipment		144,750	102,130	42,620
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				88,340

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	6,867,417
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,978,153
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	2,889,264
4	Net unrealized gains (losses) on investments	4	9,631,533
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	387,792
9	Total adjustments (net) Add lines 4 - 8	9	10,019,325
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	12,908,589

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	13,016,265
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	7,398,760
b	Donated services and use of facilities	2b	25,700
c	Recoveries of prior year grants	2c	500
d	Other (Describe in Part XIV)	2d	-82,935
e	Add lines 2a through 2d	2e	7,342,025
3	Subtract line 2e from line 1	3	5,674,240
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	1,193,177
c	Add lines 4a and 4b	4c	1,193,177
5	Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12)	5	6,867,417

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

1	Total expenses and losses per audited financial statements	1	3,266,257
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	275,544
e	Add lines 2a through 2d	2e	275,544
3	Subtract line 2e from line 1	3	2,990,713
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	987,440
c	Add lines 4a and 4b	4c	987,440
5	Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18)	5	3,978,153

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 Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
Part XI, Line 8 - Other Adjustments		CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS 387292 Returned Grants 500
Part XII, Line 2d - Other Adjustments		MANAGEMENT FEE NETTED WITH REVENUE ON AUDITED FINANCIAL STATEMENTS -618415 Change IN VALUE OF CHARITABLE REMAINDER TRUST 387293 Revenue related to the N Donald Diebel, Jr , MD Good Samaritan Fund, Inc 64990 Revenue related to the Lake Community Foundation, Inc 4000 Revenue related to the Isleworth Community Trust, Inc 79197
Part XII, Line 4b - Other Adjustments		Funds held for Agencies Contributions 1107162 Funds held for AGENCies INTEREST AND DIVIDENDS 150583 Funds held for AGENCies REALIZED GAINS -111217 Funds held for AGENCies TRANSFERS 46649
Part XIII, Line 2d - Other Adjustments		Expense related to the N Donald Diebel, Jr , MD Good Samaritan Fund, Inc 57014 Expense related to the Lake Community Foundation, Inc 3782 Expense related to the Isleworth Community Trust, Inc 210997 Other 3751
Part XIII, Line 4b - Other Adjustments		Fees related to MANAGING Funds held for AGENCies 80651 MANAGEMENT FEE NETTED WITH REVENUE ON AUDITED FINANCIAL STATEMENTS 618415 Grants authorized for funds held for agencies 288374
		The Foundation is subject to the accounting standards on accounting for uncertainty in income taxes, which addresses the determination of whether tax benefits claimed or expected to be claimed on a tax return should be recorded in the financial statements Management evaluated the tax positions for the Foundation and concluded that the Foundation has taken no uncertain income tax positions that require adjustments to the financial statements to comply with the provisions of this guidance The Foundation is no longer subject to income tax examinations for tax years before 2007, which is the standard statute of limitations look-back period

Schedule I (Form 990)

OMB No 1545-0047

Grants and Other Assistance to Organizations, Governments and Individuals in the United States
Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
Attach to Form 990

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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?
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" to 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.

Table with 8 columns: (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. Row 1: See Additional Data Table

Summary table with 2 rows: 2 Enter total number of section 501(c)(3) and government organizations (75), 3 Enter total number of other organizations (1)

Software ID:
Software Version:
EIN: 59-3182886
Name: COMMUNITY FOUNDATION OF CENTRAL FLORIDA INC

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

(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
American Cancer Society 3709 West Jetton Avenue Tampa, FL 336295146	13-1788491	501 (c) (3)	7,121				Annual Distribution
American Red Cross of Central Florida PO Box 536726 Orlando, FL 328536276	59-0624351	501 (c) (3)	21,537				General Contribution, Annual Distribution, Haiti Relief and Development Fund
Bags of Hope Central Florida Inc 120 Essex Dr Longwood, FL 32779	27-1634938	501 (c) (3)	32,890				purchase truck or van for service work
Bishop Moore Catholic High School 3901 Edgewater Drive Orlando, FL 32804	26-2361648	501 (c) (3)	100,000				Donation to endowment
BoardSource 1828 L Street NW Ste 900 Washington, DC 20036	52-1681375	501 (c) (3)	5,000				Bronze sponsorship to underwrite the 15th annual BoardSource Leadership Forum in Orlando 11/20-21/2009 Bronze sponsorship to underwrite the 15th annual BoardSource Leadership Forum in Orlando 11/20-21/2009
Born 2 Fly International PO Box 952949 Lake Mary, FL 32795	51-0456601	501 (c) (3)	7,500				General funds
Boys & Girls Club Of Central Florida 801 N Magnolia Avenue Suite 305 Orlando, FL 32803	59-0951887	501 (c) (3)	5,200				General Contribution, Provide ten \$100 00 scholarships to Youth of the Year finalists in 2010
Boys and Girls Clubs of Lake and Sumter Counties Inc 400 Executive Blvd Leesburg, FL 34748	59-1524504	501 (c) (3)	5,000				For Northeast Lake County Unit
Camp Boggy Creek 30500 Brantley Branch Road Eustis, FL 32736	59-3012889	501 (c) (3)	25,349				General Contribution, Scholarships
Cat Protection Society Inc PO Box 1078 Sorrento, FL 327761078	59-3413294	501 (c) (3)	38,983				Annual Distribution

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

(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 Zoological Society Inc P O Box 470309 Lake Monroe, FL 327470309	59-1357197	501 (c) (3)	5,103				Annual Distribution
Christian Service Center For Central Florida Inc 808 W Central Blvd Orlando, FL 32805	59-1353031	501 (c) (3)	27,000				General Contribution
Christian Sharing Center Inc 600 North Highway 17-92 Suite 158 Longwood, FL 327503638	59-2744535	501 (c) (3)	14,512				General Contribution
City of Maitland Parks Recreation Leisure Services 1776 Independence Lane Maitland, FL 32751	42-1602142	Government Entity	5,300				Match Grant \$5000, to hire United Arts to facilitate planning negotiations for Maitland Arts Center & Maitland Historical Society, Grant to pay for Postage for Bellamy Park Citizen Survey
Community Concepts Services Inc 649 West Livingston Street orlando, FL 32801		501 (c) (3)	100,838				This investment will provide a comprehensive, on-going, grassroots outreach and marketing program in Parramore, to positively "brand" PKZ, inform residents and youth, on an on-going basis, about services available from PKZ, and actively engage residents, Grassroots Neighborhood Outreach - year 3-first quarter
Community Foundation of Greater Winter Haven Bells Alley 1141 First Street S Winter Haven, FL 33880	59-3649871	501 (c) (3)	10,670				Annual Distribution - Income from the fund is to be used for 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
Community Service Center Of Central Florida Inc 621 Wilks Ave orlando, FL 32809	59-1499489	501 (c) (3)	16,717				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
Community Vision Inc 704 Generation Point 101 Kissimmee, FL 34744	59-2896657	501 (c) (3)	41,885				2010 Annual Distribution
Dominicus Press Inc 1422 Sweetbriar Rd orlando, FL 32806	20-1946489	501 (c) (3)	12,000				General operations
Dr Phillips Little League Inc 5516 Brookline Dr orlando, FL 32819	22-2605141	501 (c) (3)	15,000				help with capital improvements at complex

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

(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
Edgewood Children's Ranch 1451 Edgewood Ranch Road orlando, FL 32835	59-1150182	501 (c) (3)	28,509				2010 Annual Distribution, General Contribution
Educational Foundation of Lake County 910 E Dixie Avenue leesburg, FL 34748	59-2764174	501 (c) (3)	30,000				Unrestricted
Family Services of Metro Orlando 2600 Technology Drive Suite 250 orlando, FL 32804	22-3881793	501 (c) (3)	7,188				undesignated contribution for merger between Community Service Center and Family Services of Metro Orlando, 2010 Annual Distribution
Festival Of Orchestras Inc 1353 Palmetto Avenue Suite 100 winter park, FL 32789	59-2416916	501 (c) (3)	6,239				2010 Annual Distribution
First Church of Christ Scientist 210 Massachusetts Avenue PO 5-10 boston, MA 021153195	04-2254742	501 (c) (3)	7,868				Annual Distribution
First Presbyterian Church of Orlando 106 East Church St Orlando, FL 32801	59-0624394	501 (c) (3)	25,250				The Weekday School for Tuition Assistance Fund Silver Patron, Immeasurably More Campaign
Florida Bar Foundation Post Office Box 1553 orlando, FL 328021553	59-1004604	501 (c) (3)	20,479				Annual Distribution, General Contribution
Florida Hospital Foundation 2809 N Orange Avenue orlando, FL 32804	59-6151162	501 (c) (3)	10,000				To be directed to the Florida Hospital Cancer Institute
Food for the Poor 6401 Lyons Rd coconut creek, FL 33073	59-2174510	501 (c) (3)	5,000				General Operating Support
Foundation for Building Community Inc 75 South Ivanhoe Boulevard orlando, FL 32804	59-3678634	501 (c) (3)	8,000				Leadership Orlando Class 79 Tuition Invoice - Central Florida Partnership, Central Florida Partnership

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States							
(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
Foundation for Foster Children 2807 Edgewater Drive Orlando, FL 32804	26-1682601	501 (c) (3)	103,250				Human Services, General Contribution, Provide emergency duffels and backpacks for children who have been removed from their homes due to abuse or neglect and are entering the foster care system , Matching grant for up to \$100,000 to Foundation for Foster Children to be used as a dollar for dollar match for contributions from new donors and additional contributions from existing donors by December 31, 2010
Fresh Start Ministries Inc 4436 Edgewater Drive Suite 20 orlando, FL 32804	59-2737376	501 (c) (3)	5,000				General Contribution
Friends Of Mead Garden Inc PO Box 1227 winter park, FL 32790	20-0198427	501 (c) (3)	10,800				Capital Campaign Plan
Global Connections Foundation 215 East Livingston Street orlando, FL 32801	59-3622494	501 (c) (3)	5,000				General Contribution
Grace Medical Home 51 Pennsylvania St orlando, FL 32806	26-1817966	501 (c) (3)	14,887				General Contribution, To assist with the opening of a comprehensive pediatric medical center for disadvantaged children , Lab equipment, Provide medical care to low-income families and children without insurance
Habitat for Humanity of Winter Park Maitland PO Box 1196 winter park, FL 32790	59-3213310	501 (c) (3)	6,000				General Contributions
Hanuman Siddhi Mandal & Cultural Center dba Shree Hanuman Mandir PO Box 555008 orlando, FL 32855	59-3476256	501 (c) (3)	20,000				For ceiling and flooring
Harbor House PO Box 680748 orlando, FL 32868	59-1712936	501 (c) (3)	110,479				Annual Distribution, Community Engagement Project
Health Council of East Central Florida Inc 2461 W SR 426 Suite 2041 orlando, FL 32765	59-2227752	501 (c) (3)	10,000				This grant will invest in the input, analysis and reporting of data generated by numerous community-based organizations who work under the PKZ umbrella The data covers youth and family participation in Parramore Kidz Zone
Heart of Florida United Way Dr Nelson Ying Center 1940 Traylor Boulevard orlando, FL 32804	59-0808854	501 (c) (3)	81,963				General Contributions, 2010 Annual Distribution

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

(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)	55,000				General Operating Expense, To fund a project in Sr Cathy's memory, to provide funds for the new community center general purposes
Hospice of the Comforter Inc 480 West Central Parkway altamonte springs, FL 32714	59-2935928	501 (c) (3)	14,512				General Contribution
India House Inc 8888 W Bellfort St houston, TX 77031	05-0577825	501 (c) (3)	25,000				For senior services, youth and healthcare for surrounding areas of the facility
Lake Highland Preparatory School 901 N Highland Avenue orlando, FL 32803	59-0624431	501 (c) (3)	11,500				General Contribution, For the varsity boys basketball program, LHPS Annual Fund
LCRC Foundation 100 East Grand Avenue Suite 200 Life Care Retirement Communities des moines, IA 50309	42-1370848	501 (c) (3)	5,078				Annual Designated Distribution- Brede-Wilkins Scholarship Foundation (2005-2009), Annual Distribution for Brede-Wilkins Scholarship Foundation
Lutheran Counseling Services Inc 1600 South Orlando Avenue winter park, FL 32789	59-2994060	501 (c) (3)	32,000				"Going to the Churches" mental health education to the leadership of under-served congregations/faith communities across denominational/faith group throughout Central Florida, minority congregations
Make-A-Wish Foundation of America 3550 North Central Avenue Suite 300 300 phoenix, AZ 85012	86-0481941	501 (c) (3)	5,000				Board Donation
Meridian Club of Winter Park Inc PO Box 1300 c/o Brooks Hewitt winter park, FL 327901300	59-1691696	501 (c) (4)	6,993				Annual Distribution restricted to the college education of African American boys and girls, Annual Distribution, Annual Distribution-the fund is "to be administered as a general scholarship fund for students selected on the basis of their potential as judged by their teachers
Negro Spiritual Scholarship Foundation Inc PO Box 547728 orlando, FL 328547728	59-3413380	501 (c) (3)	34,171				General Contribution, In support of the Music Academy
New Hope For Kids 205 East SR 436 fern park, FL 32730	59-1791345	501 (c) (3)	264,369				2010 Annual Distribution, unrestricted grant payable quarterly beginning 1/2010, New money Matching grant Money can be either new (more) money from existing donors or new money from new donors

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States							
(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
New Image Youth Center 212 S Parramore Avenue Orlando, FL 32805	56-2482818	501 (c) (3)	36,000				To provide a daily after school and summer camp program for approximately 45 school aged children residing in the Parramore Heritage Community, in coordination with the City of Orlando's Parramore Kidz Zone (PKZ) The program will offer tutoring provided
Operation Smile 6435 Tidewater Dr Norfolk, VA 23509	54-1460147	501 (c) (3)	25,000				To fund surgeries for cleft palates
Orlando After School All-Stars 400 South Orange Avenue Orlando, FL 32801	59-3313614	501 (c) (3)	14,059				to establish and operate a summer camp program attended by middle school aged children residing in the Parramore Heritage Community in coordination with the City of Orlando's Parramore Kidz Zone (PKZ) project at the Callahan Neighborhood Center
Orlando Ballet Inc 1111 N Orange Avenue Suite 4 Orlando, FL 32804	23-7427817	501 (c) (3)	7,021				Annual Distribution, 2010 Annual Distribution
Orlando Health Foundation 3160 Southgate Commerce Blvd Suite 50 Orlando, FL 32806	59-2244943	501 (c) (3)	14,667				M D Anderson Cancer Center Orlando, To provide weekly parent support group sessions, including parent-child interaction training, at the Callahan Neighborhood Center, in coordination with Parramore Kidz Zone The sessions will be facilitated by the HFO Child Development Specialist
Orlando Museum of Art Inc 2416 N Mills Avenue Orlando, FL 328031483	59-0910352	501 (c) (3)	8,109				General Contribution, Annual Distribution-income from this fund is to be used for the support and maintenance of the Orlando Museum of Art, Annual Distribution-to support education programs for children that will be identified by the Museum
Prevent Blindness Florida 1112 East Kennedy Tampa, FL 33602	59-6181662	501 (c) (3)	7,126				Annual Distribution-shall use said funds for assistance to needy people in Central Florida
Robert R McCormick Tribune Foundation 435 North Michigan Avenue Suite 770 Chicago, IL 60611	36-3689171	501 (c) (3)	5,000				Orlando Sentinel Family Fund's United Partners Campaign, General Operating Contribution
Rollins College Attn Investment Office Campus Box 2715 Winter Park, FL 32789	59-0624440	501 (c) (3)	10,727				Annual Distribution
Second Harvest Food Bank Of Central Florida Inc 2008 Brengle Avenue Orlando, FL 32808	59-2142315	501 (c) (3)	33,784				2010 Annual Distribution, Provide matching funds for recent pledge drive, To assist with replenishment of food items for the food pantry, Annual Distribution - Kids Cafe Reeves Terrace

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

(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
Seniors First Inc 5395 LB McLeod Road orlando, FL 32811	59-2759603	501 (c) (3)	49,845				2010 Annual Distribution, Emergency meals on wheels serving 13 seniors
Serving this Generation 1 South Cottage Hill Rd orlando, FL 32801	59-3128652	501 (c) (3)	30,000				To bring services of the community, whether sponsored by govt or private organizations, to those people who need it
Shepherd's Hope Inc 4851 S Apopka-Vineland Rd orlando, FL 32819	59-3420727	501 (c) (3)	25,000				To serve 373 individuals at \$67 per person
Spectrum Center for Autism and Related Disorders Inc 217 Graceland Drive Suite 1 dothan, AL 36305	26-3566780	501 (c) (3)	5,000				General Contribution
St Ambrose University 518 W Locust St davenport, IA 52803	42-0703280	501 (c) (3)	6,000				Jack Grennen Scholarship Fund
The Child Protection Center 720 South Orange Ave sarasota, FL 34236	59-2113850	501 (c) (3)	25,000				General Contribution
The Gathering USA Inc 1220 E Concord Street orlando, FL 32803	59-2810392	501 (c) (3)	8,500				General Contribution, Freddie Langston Ministry, The Gathering of Women
The Henry Nehrling Society 712 Main Street windermere, FL 34786	59-3617338	501 (c) (3)	50,000				As a pledge to the Henry Nehrling Society on the condition that they are able to close the contract to purchase the property described in a proposal on or before December 31, 2009
The Orlando Philharmonic Orchestra Inc 812 East Rollins Street Suite 300 orlando, FL 32803 1203	59-3058884	501 (c) (3)	29,190				Annual Distribution,
UCP of Central Florida Inc 3305 S Orange Avenue Orlando, FL 32806	59-0799925	501 (c) (3)	21,515				For unfunded equipment in the classrooms @ East Orange/Bailes Campus, Annual Distribution-These funds are to be used by UCP of Central Florida for the care and training of children, Children's Center on University Blvd, Support early intervention education and pediatric therapy for children with special needs, Annual Distribution-These funds are to be used by UCP of Central Florida for the care and training of children

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

(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
United Arts of Central Florida 2450 Maitland Center Pkwy Suite 201 201 maitland, FL 32751	59-1166446	501 (c) (3)	12,200				\$1,000 Festival of Orchestras, \$200 Orange County Regional History Center, \$1,000 Orlando Museum of Art, \$500 Concert Opera (Orlando Philharmonic), \$500 , Orlando Ballet, Orlando Science Center, 50%, \$2,500 to the General Fund 50%, \$2,500 designated to the Bach Festival Society,
University of Florida Foundation 100 Bryan Hall gainesville, FL 32611	59-0974739	501 (c) (3)	30,000				Dr Paul Satz Fund, College of Law
University of Pennsylvania Office of Gift Planning 3600 Market St Suite 135 philadelphia, PA 19104	23-1352685	501 (c) (3)	25,000				The Dora Wexler Family Scholarship Fund
Webster University 470 East Lockwood st louis, MO 631193194	43-0662529	501 (c) (3)	10,000				Francetta Barberis and Jacqueline Grennen Wexler Scholarship Fund
Winter Park Library Assn 460 E New England Avenue Winter Park, FL 32789	59-0794396	501 (c) (3)	39,235				Annual Distribution, Winter Park Challenge Fund
Winter Park Memorial Hospital 200 N Lakemont Avenue winter park, FL 32792	59-3143908	501 (c) (3)	60,903				Annual Distribution

SCHEDULE M (Form 990)

NonCash Contributions

OMB No 1545-0047

2009

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to 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 Types of Property

Table with 4 columns: (a) Check if applicable, (b) Number of Contributions, (c) Revenues reported on Form 990, Part VIII, line 1g, (d) Method of determining revenues. Row 9 is filled with 'X', '6', '141,869', and 'AVG SH PRICE-GIFT DATE'. Row 5 (Clothing and household goods) is redacted.

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

Table with 2 columns: 29, 29

Table with 3 columns: Question, Yes, No. Rows 30a, 31, 32a, 33.

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

**Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to 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

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		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 2010 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 15a		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 Central Florida are made available upon request. These documents are also available on the organization's website.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2009

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

Department of the Treasury
Internal Revenue Service

Name of the organization
COMMUNITY FOUNDATION OF CENTRAL FLORIDA INC

Employer identification number

59-3182886

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
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Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
N Donald Diebel Jr MD Good Samartan Fund Inc 1150 Via Lugano Winter Park, FL 32789 20-0050131	To support the Community Foundation of Central Florida	FL	501c3	509a3 - I	
Isleworth Community Trust Inc 9350 Conroy Windermere Road Windermere, FL 34786 20-3507903	To support the Community Foundation of Central Florida	FL	501c3	509a3 - I	
Lake Community Foundation Inc PO Box 1060 Eustis, FL 32727 51-0497006	To support the Community Foundation of Central Florida	FL	501c3	509a3 - I	
1904 Foundation Inc PO Box 40 Winter Park, FL 32790 06-1669947	To support the Community Foundation of Central Florida	FL	501c3	509a3 - II	

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
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Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)

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)

	Yes	No
1a		No
1b		No
1c		No
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k		No
1l		No
1m		No
1n		No
1o		No
1p	Yes	
1q		No
1r		No

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1) NO REPORTABLE TRANSACTIONS			0
(1) See Additional Data Table			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Additional Data

Software ID:
Software Version:
EIN: 59-3182886
Name: COMMUNITY FOUNDATION OF CENTRAL FLORIDA INC

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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				113,630	0	15,256
ED TIMBERLAKE CHAIRMAN	2 00	X		X				0	0	0
RICHARD BOGUE VICE CHAIRMAN	2 00	X		X				0	0	0
LYN BERELSMAN SECRETARY	2 00	X		X				0	0	0
STEPHEN ELKER TREASURER	2 00	X		X				0	0	0
AARON GOROVITZ BOARD MEMBER	1 00	X						0	0	0
ROB PANEPINTO 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
RICK HURT BOARD MEMBER	1 00	X						0	0	0
SUSAN ARKIN BOARD MEMBER	1 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
MARTY RUBIN BOARD MEMBER	1 00	X						0	0	0
AVANISH AGGARWAL BOARD MEMBER	1 00	X						0	0	0
MEGHAN WARRICK VP OF ADMINISTRATION/CFO	45 00			X				86,486	0	15,545

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

<i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Administrative Fees	697,644	697,644		
Utilities	9,256	3,103	2,316	3,837
Maintenance	9,045		7,802	1,243
Parking and Mileage	3,447	1,155	863	1,429
LicENSES & FEES	2,421		2,421	