

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)

OMB No 1545-0047

2010

Open to Public Inspection

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

Part I Summary

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

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): 1411 EDGEWATER DRIVE NO 203
Room/suite
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 \$ 4,938,375

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)

J Website: WWW.CFCFLORIDA.ORG

K Form of organization: Corporation

L Year of formation: 1993

M State of legal domicile: FL

Part I Summary

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 if the organization discontinued its operations or disposed of more than 25% of its net assets

Table with 2 columns: Description and Amount. Rows include: 3 Number of voting members (17), 4 Number of independent voting members (16), 5 Total number of individuals employed (9), 6 Total number of volunteers (30), 7a Total unrelated business revenue (0), 7b Net unrelated business taxable income (0)

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 8 Contributions and grants (5,954,114 / 2,511,625), 9 Program service revenue (690,848 / 803,501), 10 Investment income (230,765 / 1,622,264), 11 Other revenue (-8,310 / 985), 12 Total revenue (6,867,417 / 4,938,375)

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 13 Grants and similar amounts paid (2,243,475 / 2,530,336), 14 Benefits paid (0 / 0), 15 Salaries, other compensation (574,999 / 558,505), 16a Professional fundraising fees (0 / 28,000), 16b Total fundraising expenses (290,416), 17 Other expenses (1,159,679 / 1,332,308), 18 Total expenses (3,978,153 / 4,449,149), 19 Revenue less expenses (2,889,264 / 489,226)

Table with 3 columns: Description, Beginning of Current Year, End of Year. Rows include: 20 Total assets (48,166,104 / 53,459,724), 21 Total liabilities (1,625,232 / 1,414,655), 22 Net assets or fund balances (46,540,872 / 52,045,069)

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 (MARK BREWER PRESIDENT/CEO) and Date (2011-09-06)

Paid Preparer Use Only: Preparer's signature (ANNE-MARIE BARRETT CPA), Date, Check if self-employed, PTIN, Firm's name (CROSS FERNANDEZ & RILEY LLP), Firm's EIN, Firm's address (201 S ORANGE AVE SUITE 800, ORLANDO, FL 328013421), 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**

Check if Schedule O contains a response to any question in this Part III  Yes  No

**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 WITH MAKING 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 \$ 2,865,100 including grants of \$ 2,530,336 ) (Revenue \$ )

GRANTS TO 253 NOT FOR PROFIT ORGANIZATIONS FOR VARIOUS CHARITABLE PURPOSES IN CENTRAL FLORIDA AND ACROSS THE UNITED STATES PROVIDE 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 \$ 807,583 including grants of \$ ) (Revenue \$ 803,501 )

EXPENSES INCURRED TO ASSIST 400 CHARITABLE FUNDS WITH THEIR SOCIAL INVESTMENTS IN NONPROFIT ORGANIZATIONS

**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** \$ 3,672,683

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response columns. Rows include questions 1 through 20b regarding organizational requirements and reporting.

**Part IV Checklist of Required Schedules** *(continued)*

<b>21</b> 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> . . . . . <input checked="" type="checkbox"/>	<b>21</b>	Yes	
<b>22</b> 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> . . . . . <input checked="" type="checkbox"/>	<b>22</b>	Yes	
<b>23</b> 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> . . . . .	<b>23</b>		No
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25</i> . . . . .	<b>24a</b>		No
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>		
<b>25a Section 501(c)(3) and 501(c)(4) organizations.</b> 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> . . . . .	<b>25a</b>		No
<b>b</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> . . . . .	<b>25b</b>		No
<b>26</b> 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> . . . . .	<b>26</b>		No
<b>27</b> 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> . . . . .	<b>27</b>		No
<b>28</b> 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)			
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28a</b>		No
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28b</b>		No
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28c</b>		No
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> <input checked="" type="checkbox"/>	<b>29</b>	Yes	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . . <input checked="" type="checkbox"/>	<b>30</b>		No
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . . <input checked="" type="checkbox"/>	<b>31</b>		No
<b>32</b> 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> . . . . .	<b>32</b>		No
<b>33</b> 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> . . . . . <input checked="" type="checkbox"/>	<b>33</b>		No
<b>34</b> 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> . . . . . <input checked="" type="checkbox"/>	<b>34</b>	Yes	
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? . . . . .	<b>35</b>	Yes	
<b>a</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . . <input checked="" type="checkbox"/> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . . <input checked="" type="checkbox"/>	<b>36</b>		No
<b>37</b> 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> <input checked="" type="checkbox"/>	<b>37</b>		No
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	<b>38</b>	Yes	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response to any question in this Part V

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
<b>1a</b>	23		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
<b>1b</b>	0		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
<b>2a</b>	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.		
<b>2a</b>	9		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		
<b>4a</b>	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>b</b>	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
<b>5c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	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>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	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>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year.		
<b>7e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
<b>7g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> 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
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the organization make any taxable distributions under section 4966?		No
<b>9b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		No
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12.		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter		
<b>11a</b>	Gross income from members or shareholders.		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>13b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
<b>13c</b>	Enter the amount of reserves on hand.		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		No
<b>14b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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

Check if Schedule O contains a response to any question in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year . . . . .		
	<b>1a</b> 17		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent . . . . .		
	<b>1b</b> 16		
<b>2</b>	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
<b>3</b>	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
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .		No
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		No
<b>6</b>	Does the organization have members or stockholders? . . . . .		No
<b>7a</b>	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .		No
<b>b</b>	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .		No
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
<b>a</b>	The governing body? . . . . .	Yes	
<b>b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	Yes	
<b>9</b>	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.)

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

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

Check if Schedule O contains a response to any question in this Part VII

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

**1a** Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(1) MARK BREWER PRESIDENT/CEO	50 00	X		X			121,657	0	18,095	
(2) ED TIMBERLAKE CHAIRMAN	2 00	X		X			0	0	0	
(3) STEPHEN ELKER VICE CHAIRMAN	2 00	X		X			0	0	0	
(4) MICHAEL HARBISON SECRETARY	2 00	X		X			0	0	0	
(5) KAKI RAWLS TREASURER	2 00	X		X			0	0	0	
(6) AARON GOROVITZ BOARD MEMBER	1 00	X					0	0	0	
(7) ROB PANEPINTO BOARD MEMBER	1 00	X					0	0	0	
(8) EUGENE CAMPBELL BOARD MEMBER	1 00	X					0	0	0	
(9) RITA LOWNDES BOARD MEMBER	1 00	X					0	0	0	
(10) ALEXIS PUGH BOARD MEMBER	1 00	X					0	0	0	
(11) LYN BERELSMAN BOARD MEMBER	1 00	X					0	0	0	
(12) RICK HURT BOARD MEMBER	1 00	X					0	0	0	
(13) SUSAN ARKIN BOARD MEMBER	1 00	X					0	0	0	
(14) DEREK BRUCE BOARD MEMBER	1 00	X					0	0	0	
(15) ROBIN ROBERTS BOARD MEMBER	1 00	X					0	0	0	
(16) MARTY RUBIN BOARD MEMBER	1 00	X					0	0	0	

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(17) AVANISH AGGARWAL BOARD MEMBER	1 00	X						0	0	0
(18) MEGHAN WARRICK VP OF ADMINISTRATION/CFO	45 00			X				91,838	0	12,778
<b>1b Sub-Total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								213,495	0	30,873

**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
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
<b>4</b> 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>		No
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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)	(B)	(C)	(D)	
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b> Federated campaigns . . . . . <b>1a</b>					
	<b>b</b> Membership dues . . . . . <b>1b</b>					
	<b>c</b> Fundraising events . . . . . <b>1c</b>					
	<b>d</b> Related organizations . . . . . <b>1d</b>					
	<b>e</b> Government grants (contributions) <b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above <b>1f</b>	2,511,625				
	<b>g</b> Noncash contributions included in lines 1a-1f \$	312,963				
	<b>h Total.</b> Add lines 1a-1f . . . . .	2,511,625				
	<b>Program Service Revenue</b>	<b>2a</b> MANAGEMENT FEES	Business Code 561000	803,501	803,501	
<b>b</b> _____						
<b>c</b> _____						
<b>d</b> _____						
<b>e</b> _____						
<b>f</b> All other program service revenue						
<b>g Total.</b> Add lines 2a-2f . . . . .			803,501			
<b>Other Revenue</b>		<b>3</b> Investment income (including dividends, interest and other similar amounts) . . . . .		887,772		887,772
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .					
	<b>5</b> Royalties . . . . .					
	<b>6a</b> Gross Rents	(i) Real				
		(ii) Personal				
		<b>b</b> Less rental expenses				
		<b>c</b> Rental income or (loss)				
	<b>d</b> Net rental income or (loss) . . . . .					
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	734,182			
		(ii) Other		310		
		<b>b</b> Less cost or other basis and sales expenses				
		<b>c</b> Gain or (loss)	734,182		310	
<b>d</b> Net gain or (loss) . . . . .		734,492		734,492		
<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . . <b>a</b>						
	<b>b</b> Less direct expenses . . . . . <b>b</b>					
	<b>c</b> Net income or (loss) from fundraising events . . . . .					
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . . <b>a</b>						
	<b>b</b> Less direct expenses . . . . . <b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities . . . . .					
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . . <b>a</b>						
	<b>b</b> Less cost of goods sold . . . . . <b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory . . . . .					
Miscellaneous Revenue	Business Code					
<b>11a</b> OTHER INCOME	900099	985	985			
<b>b</b> _____						
<b>c</b> _____						
<b>d</b> All other revenue . . . . .						
<b>e Total.</b> Add lines 11a-11d . . . . .		985				
<b>12 Total revenue.</b> See Instructions . . . . .		4,938,375	804,486	0	1,622,264	

**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
<b>1</b>	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	2,478,665	2,478,665		
<b>2</b>	Grants and other assistance to individuals in the U S See Part IV, line 22	51,671	51,671		
<b>3</b>	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
<b>4</b>	Benefits paid to or for members				
<b>5</b>	Compensation of current officers, directors, trustees, and key employees . . . . .	213,477	47,895	40,130	125,452
<b>6</b>	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b>	Other salaries and wages	198,253	131,494	41,615	25,144
<b>8</b>	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	11,126	4,848	4,069	2,209
<b>9</b>	Other employee benefits . . . . .	108,989	47,486	19,778	41,725
<b>10</b>	Payroll taxes . . . . .	26,660	11,616	5,293	9,751
<b>a</b>	Fees for services (non-employees)				
	Management . . . . .				
<b>b</b>	Legal . . . . .	10,836		10,836	
<b>c</b>	Accounting . . . . .	20,975		20,975	
<b>d</b>	Lobbying . . . . .				
<b>e</b>	Professional fundraising services See Part IV, line 17 . . . . .	28,000			28,000
<b>f</b>	Investment management fees . . . . .	177,301		177,301	
<b>g</b>	Other . . . . .	7,180		300	6,880
<b>12</b>	Advertising and promotion . . . . .	297	297		
<b>13</b>	Office expenses . . . . .	5,054		4,859	195
<b>14</b>	Information technology . . . . .	70,692	54,014	4,322	12,356
<b>15</b>	Royalties . . . . .				
<b>16</b>	Occupancy . . . . .	74,146	19,174	38,551	16,421
<b>17</b>	Travel . . . . .				
<b>18</b>	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b>	Conferences, conventions, and meetings . . . . .	10,137		4,139	5,998
<b>20</b>	Interest . . . . .				
<b>21</b>	Payments to affiliates . . . . .				
<b>22</b>	Depreciation, depletion, and amortization . . . . .	27,955	12,180	5,550	10,225
<b>23</b>	Insurance . . . . .	3,426		3,426	
<b>24</b>	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O )				
<b>a</b>	ADMINISTRATIVE FEES	807,583	807,583		
<b>b</b>	UNFULFILLED CONTRIBUTIO	91,350		91,350	
<b>c</b>	UTILITIES	9,012	3,927	1,789	3,296
<b>d</b>	MAINTENANCE	8,149		6,924	1,225
<b>e</b>	PARKING AND MILEAGE	4,208	1,833	836	1,539
<b>f</b>	All other expenses	4,007		4,007	
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24f	4,449,149	3,672,683	486,050	290,416
<b>26</b>	<b>Joint costs.</b> Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) 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
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	119,422	<b>1</b>	88,954
	<b>2</b> Savings and temporary cash investments . . . . .	3,961,436	<b>2</b>	3,073,585
	<b>3</b> Pledges and grants receivable, net . . . . .	2,339,217	<b>3</b>	387,500
	<b>4</b> Accounts receivable, net . . . . .		<b>4</b>	
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	9,712	<b>9</b>	12,220
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	206,842		
	<b>b</b> Less accumulated depreciation . . . . .	144,619	88,340	<b>10c</b> 62,223
	<b>11</b> Investments—publicly traded securities . . . . .	21,942,396	<b>11</b>	27,110,173
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .	18,751,517	<b>12</b>	21,344,156
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets See Part IV, line 11 . . . . .	954,064	<b>15</b>	1,380,913
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	48,166,104	<b>16</b>	53,459,724	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	2,128	<b>17</b>	24,888
	<b>18</b> Grants payable . . . . .	677,999	<b>18</b>	759,575
	<b>19</b> Deferred revenue . . . . .	16,854	<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities Complete Part X of Schedule D . . . . .	928,251	<b>25</b>	630,192
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	1,625,232	<b>26</b>	1,414,655
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	44,926,945	<b>27</b>	50,377,384
	<b>28</b> Temporarily restricted net assets . . . . .	1,613,927	<b>28</b>	1,667,685
	<b>29</b> Permanently restricted net assets . . . . .		<b>29</b>	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	46,540,872	<b>33</b>	52,045,069	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	48,166,104	<b>34</b>	53,459,724	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	4,938,375
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	4,449,149
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	489,226
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	46,540,872
<b>5</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>5</b>	5,014,971
<b>6</b>	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	<b>6</b>	52,045,069

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
<b>1</b>	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		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
<b>b</b>	Were the organization's financial statements audited by an independent accountant?	Yes	
<b>c</b>	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	
<b>d</b>	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
<b>3a</b>	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
<b>b</b>	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**

**2010**

**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 described in **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
<b>11g(i)</b>		
<b>11g(ii)</b>		
<b>11g(iii)</b>		

(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	
<b>Total</b>									

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	7,993,715	3,998,820	3,160,973	5,954,114	2,604,245	23,711,867
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	7,993,715	3,998,820	3,160,973	5,954,114	2,604,245	23,711,867
<b>5</b> 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)						2,307,173
<b>6 Public Support.</b> Subtract line 5 from line 4						21,404,694

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>7</b> Amounts from line 4	7,993,715	3,998,820	3,160,973	5,954,114	2,604,245	23,711,867
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,027,452	1,350,517	884,972	796,365	887,772	4,947,078
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )	394	908		-8,310	1,865	-5,143
<b>11 Total support</b> (Add lines 7 through 10)						28,653,802
<b>12</b> Gross receipts from related activities, etc (See instructions )					<b>12</b>	3,702,836

**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**

<b>14</b> Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	<b>14</b>	74.700 %
<b>15</b> Public Support Percentage for 2009 Schedule A, Part II, line 14	<b>15</b>	75.580 %

**16a 33 1/3% support test—2010.** 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—2009.** 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—2010.** 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—2009.** 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 Section 509(a)(2)**

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public Support</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support</b> (Add lines 9, 10c, 11 and 12)						
<b>14 First Five Years</b> 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 <b>stop here</b> 						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2010</b> (line 10c column (f) divided by line 13 column (f))	<b>17</b>	
<b>18</b> Investment income percentage from <b>2009</b> Schedule A, Part III, line 17	<b>18</b>	
<b>19a 33 1/3% support tests—2010.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization 		
<b>b 33 1/3% support tests—2009.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization 		
<b>20 Private Foundation</b> 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 explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

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<b>Facts And Circumstances Test</b>
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SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2010

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 showing total number, 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)
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: Line number, Held at the End of the Year. Rows 2a, 2b, 2c, 2d.

- 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
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

**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
<b>1c</b> Beginning balance	
<b>1d</b> Additions during the year	
<b>1e</b> Distributions during the year	
<b>1f</b> 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
<b>1a</b> Beginning of year balance . . . . .	35,619,101	25,773,687	34,369,305		
<b>b</b> Contributions . . . . .	801,598	3,105,212	2,693,548		
<b>c</b> Investment earnings or losses . . . . .	5,413,004	8,358,906	-9,604,909		
<b>d</b> Grants or scholarships . . . . .	1,152,319	904,545	1,188,404		
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .	846,093	714,159	495,853		
<b>g</b> End of year balance . . . . .	39,835,291	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
<b>(i)</b> unrelated organizations . . . . .	<b>3a(i)</b>	No
<b>(ii)</b> related organizations . . . . .	<b>3a(ii)</b>	No
<b>b</b> If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .	<b>3b</b>	

**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
<b>1a</b> Land . . . . .				
<b>b</b> Buildings . . . . .				
<b>c</b> Leasehold improvements . . . . .		60,415	24,493	35,922
<b>d</b> Equipment . . . . .		146,427	120,126	26,301
<b>e</b> Other . . . . .				
<b>Total.</b> Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				62,223



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

<b>1</b>	Total revenue (Form 990, Part VIII, column (A), line 12)	<b>1</b>	4,938,375
<b>2</b>	Total expenses (Form 990, Part IX, column (A), line 25)	<b>2</b>	4,449,149
<b>3</b>	Excess or (deficit) for the year Subtract line 2 from line 1	<b>3</b>	489,226
<b>4</b>	Net unrealized gains (losses) on investments	<b>4</b>	4,811,874
<b>5</b>	Donated services and use of facilities	<b>5</b>	649
<b>6</b>	Investment expenses	<b>6</b>	
<b>7</b>	Prior period adjustments	<b>7</b>	
<b>8</b>	Other (Describe in Part XIV)	<b>8</b>	202,448
<b>9</b>	Total adjustments (net) Add lines 4 - 8	<b>9</b>	5,014,971
<b>10</b>	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	<b>10</b>	5,504,197

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	7,571,001
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains on investments . . . . .	<b>2a</b>	3,675,900
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	649
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV) . . . . .	<b>2d</b>	-303,741
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	3,372,808
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	4,198,193
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIV) . . . . .	<b>4b</b>	740,182
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	740,182
<b>5</b>	Total Revenue Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 12 ) . . . . .	<b>5</b>	4,938,375

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

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	3,533,535
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV) . . . . .	<b>2d</b>	264,199
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	264,199
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	3,269,336
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIV) . . . . .	<b>4b</b>	1,179,813
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	1,179,813
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 18 ) . . . . .	<b>5</b>	4,449,149

**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 202,448
PART XII, LINE 2D - OTHER ADJUSTMENTS		MANAGEMENT FEE NETTED WITH REVENUE ON AUDITED FINANCIAL STATEMENTS -707,413 CHANGE IN VALUE OF CHARITABLE REMAINDER TRUST 202,448 REVENUE RELATED TO THE N DONALD DIEBEL, JR , MD GOOD SAMARITAN FUND, INC 150 REVENUE RELATED TO THE LAKE COMMUNITY FOUNDATION, INC 198,074 REVENUE RELATED TO THE ISLEWORTH COMMUNITY TRUST, INC 3,000
PART XII, LINE 4B - OTHER ADJUSTMENTS		FUNDS HELD FOR AGENCIES CONTRIBUTIONS 374,128 FUNDS HELD FOR AGENCIES INTEREST AND DIVIDENDS 191,300 FUNDS HELD FOR AGENCIES REALIZED GAINS 174,612 OTHER 142
PART XIII, LINE 2D - OTHER ADJUSTMENTS		EXPENSE RELATED TO THE N DONALD DIEBEL, JR , MD GOOD SAMARITAN FUND, INC 4,282 EXPENSE RELATED TO THE LAKE COMMUNITY FOUNDATION, INC 258,021 EXPENSE RELATED TO THE ISLEWORTH COMMUNITY TRUST, INC 1,896
PART XIII, LINE 4B - OTHER ADJUSTMENTS		FEES RELATED TO MANAGING FUNDS HELD FOR AGENCIES 126,780 MANAGEMENT FEE NETTED WITH REVENUE ON AUDITED FINANCIAL STATEMENTS 707,413 GRANTS AUTHORIZED FOR FUNDS HELD FOR AGENCIES 345,480 OTHER 140
		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 2008, WHICH IS THE STANDARD STATUTE OF LIMITATIONS LOOK-BACK PERIOD

**SCHEDULE G  
(Form 990 or 990-EZ)**

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

OMB No 1545-0047

**2010**

**Open to Public  
Inspection**

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

▶ Attach to Form 990 or Form 990-EZ. ▶ 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 Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a**  Mail solicitations
- b**  Internet and e-mail solicitations
- c**  Phone solicitations
- d**  In-person solicitations
- e**  Solicitation of non-government grants
- f**  Solicitation of government grants
- g**  Special fundraising events

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
WORTHINGTON EVERIDGE GROUP 1127 EDGEWATER DR ORLANDO, FL 32804	PRINCIPAL GIFT ADVISOR		No	0	28,000	0
<b>Total</b>					28,000	

**3** List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

FL

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		(event type)	(event type)	(total number)	(Add col (a) through col (c))
<b>Revenue</b>	<b>1</b> Gross receipts . . . . .				
	<b>2</b> Less Charitable contributions . . . . .				
	<b>3</b> Gross income (line 1 minus line 2) . . . . .				
<b>Direct Expenses</b>	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Non-cash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .				
	<b>7</b> Food and beverages . . . . .				
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .				
	<b>10</b> Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶				
<b>11</b> Net income summary Combine lines 3 and 10 in column (d) . . . . . ▶					

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
<b>Revenue</b>	<b>1</b> Gross revenue . . . . .				
	<b>2</b> Cash prizes . . . . .				
<b>Direct Expenses</b>	<b>3</b> Non-cash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
<b>6</b>	Volunteer labor . . . . .	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	
	<b>7</b> Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶				
<b>8</b> Net gaming income summary Combine lines 1 and 7 in column (d) . . . . . ▶					

**9** Enter the state(s) in which the organization operates gaming activities \_\_\_\_\_

**a** Is the organization licensed to operate gaming activities in each of these states? . . . . .  Yes  No

**b** If "No," Explain \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . .  Yes  No

**b** If "Yes," Explain \_\_\_\_\_

- 11** Does the organization operate gaming activities with nonmembers? . . . . .  Yes  No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . .  Yes  No

**13** Indicate the percentage of gaming activity operated in

<b>a</b> The organization's facility . . . . .	<b>13a</b>
<b>b</b> An outside facility . . . . .	<b>13b</b>

**14** Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . .  Yes  No

**b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_

**c** If "Yes," enter name and address

Name ▶

Address ▶

**16** Gaming manager information

Name ▶

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

Director/officer                       Employee                       Independent contractor

**17** Mandatory distributions

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . .  Yes  No

**b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV** Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
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Schedule I (Form 990)

OMB No 1545-0047

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

2010

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

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...
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.

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, (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Row 1: See Additional Data Table.

2 Enter total number of section 501(c)(3) and government organizations 78
3 Enter total number of other organizations 1

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Use Schedule I-1 (Form 990) if additional space is needed.

<b>(a)</b> Type of grant or assistance	<b>(b)</b> Number of recipients	<b>(c)</b> Amount of cash grant	<b>(d)</b> Amount of non-cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	<b>(f)</b> Description of non-cash assistance
(1) SCHOLARSHIPS	41	51,671			

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

<b>Identifier</b>	<b>Return Reference</b>	<b>Explanation</b>
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	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

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
ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION 378 CENTERPOINTE CIRCLE SUITE 1280 ALTAMONTE SPRINGS, FL 32701	36-3487166	501(C)(3)	15,554				TO ESTABLISH A SPEAKERS BUREAU OF VOLUNTEERS TO SUPPORT COMMUNITY OUTREACH FOR THE LOCAL NON-PROFITS, AGENCY ENDOWMENT DISTRIBUTION
AMERICAN CANCER SOCIETY 3709 WEST JETTON AVENUE TAMPA, FL 336295146	13-1788491	501(C)(3)	6,978				ANNUAL DISTRIBUTION
AMERICAN LUNG ASSOCIATION OF CENTRAL FLORIDA 851 OUTER ROAD ORLANDO, FL 32814	59-0662271	501(C)(3)	16,500				GENERAL CONTRIBUTION, TO ESTABLISH A SPEAKERS BUREAU OF VOLUNTEERS TO SUPPORT COMMUNITY OUTREACH FOR THE LOCAL NON-PROFITS, TO SUPPORT THE ASTHMA EDUCATION PROGRAM, OPEN AIRWAYS FOR SCHOOLS
BETA CENTER INC 4680 LAKE UNDERHILL ROAD ORLANDO, FL 32807	23-7446558	501(C)(3)	13,553				FOR NURSERY IMPROVEMENTS/PURCHASES FOR GENERAL ASSISTANCE FOR GIRLS ENROLLED IN THE PROGRAM, GENERAL CONTRIBUTION, ANNUAL DISTRIBUTION- DESIGNATED FOR YOUNG WOMEN AT THE BETA CENTER, PHOTOGRAPHY BACKDROP, STUDIO LIGHTING FOR PSYCHODRAMA CLASSES AND ART SUPPLIES, PROPS AND FACILITATOR FEES FOR PSYCHODRAMA, AGENCY ENDOWMENT DISTRIBUTION
BOYS & GIRLS CLUB OF CENTRAL FLORIDA PO BOX 2987 ORLANDO, FL 32802	59-0951887	501(C)(3)	11,500				EATONVILLE BRANCH OF BOYS & GIRLS CLUB, GENERAL CONTRIBUTION
BRIDGE TO INDEPENDENCE INC 580 WEST JACKSON STREET ORLANDO, FL 32805	16-1643585	501(C)(3)	16,667				TO PROVIDE A DAILY SUMMER CAMP PROGRAM
CAT PROTECTION SOCIETY INC PO BOX 1078 SORRENTO, FL 327761078	59-3413294	501(C)(3)	38,496				ANNUAL DISTRIBUTION
CENTRAL FLORIDA ZOOLOGICAL SOCIETY INC PO BOX 470309 LAKE MONROE, FL 327470309	59-1357197	501(C)(3)	55,678				ZOO TO YOU, ANNUAL DISTRIBUTION
COALITION FOR THE HOMELESS OF CENTRAL FLORIDA INC 639 WEST CENTRAL BLVD ORLANDO, FL 328012507	59-2814255	501(C)(3)	7,853				TO PROVIDE SHELTER FOR THOSE IN NEED IN THE COMMUNITY, ANNUAL DISTRIBUTION, AGENCY ENDOWMENT DISTRIBUTION, GENERAL CONTRIBUTION, TO PROVIDE SUPPORT FOR A YOUNG PROFESSIONAL FROM COALITION FOR THE HOMELESS OF CENTRAL FLORIDA STAFF TO PARTICIPATE IN COMMUNITY SERVICE AND LEADERSHIP OPPORTUNITIES, AGENCY ENDOWMENT DISTRIBUTION THAT IS INTENDED SPECIFICALLY FOR DAYCARE SERVICES AND THE WOMEN'S RESIDENTIAL COUNSELING CENTER, FOOD AND SHELTER AS NEEDED, GENERAL CONTRIBUTION
COMMUNITY VISION INC 704 GENERATION POINT 101 KISSIMMEE, FL 34744	59-2896657	501(C)(3)	41,636				AGENCY ENDOWMENT DISTRIBUTION
EARLY LEARNING COALITION OF ORANGE COUNTY PO BOX 540387 ORLANDO, FL 32854	31-1759186	501(C)(3)	35,850				TO ENHANCE THE EARLY LEARNING OF YOUNG CHILDREN IN THE PARRAMORE COMMUNITY
EASTER SEALS FLORIDA INC 2010 MIZELL AVENUE WINTER PARK, FL 327924119	59-0637848	501(C)(3)	27,110				ANNUAL DISTRIBUTION, GENERAL CONTRIBUTION, CONTRIBUTION TO FLOWER POWER VERY IMPORTANT PARTNERS CAMPAGIN, SCHOLARSHIPS FOR DAY BREAK PROGRAM AT MILLER CENTER

**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)	26,874				AGENCY ENDOWMENT DISTRIBUTION
FAMILY PROMISE OF GREATER ORLANDO INC 2313 1/2 N ORANGE AVENUE ORLANDO, FL 32804	59-3679904	501(C)(3)	10,000				INTERFAITH HOSPITALITY NETWORK - FUNDING FOR FOODBANK AND TEMPORARY HOUSING PROGRAMS
FARMWORKERS MINISTRY INC PO BOX 1855 AUBURNDALE, FL 33823	59-2041344	501(C)(3)	10,000				GENERAL CONTRIBUTION
FESTIVAL OF ORCHESTRAS INC 1073 WILLA SPRINGS DRIVE SUITE 1053 1053 WINTER SPRINGS, FL 32708	59-2416916	501(C)(3)	6,265				AGENCY ENDOWMENT DISTRIBUTION
FIRST CHURCH OF CHRIST SCIENTIST 210 MASSACHUSETTS AVENUE PO 5-10 BOSTON, MA 021153195	04-2254742	501(C)(3)	7,638				ANNUAL DISTRIBUTION
FIRST PRESBYTERIAN CHURCH OF ORLANDO 106 EAST CHURCH ST ORLANDO, FL 32801	59-0624394	501(C)(3)	113,250				MIDDLE SCHOOL/HIGH SCHOOL INTERN FUND, UPWARD BASKETBALL FUND, SUNDAY SUNRISE HOMELESS BREAKFAST AND SERVICE, KIDS ACROSS AMERICA - SUMMER CAMP, GENERAL CONTRIBUTION, IMMEASURABLY MORE CAMPAIGN, 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
FLORIDA STATE UNIVERSITY-STUDENT DISABILITY RESOURCE CENTER 874 TRADITIONS WAY 108 STUDENT SVCS BLDG TALLAHASSEE, FL 32306	59-1961248	501(C)(3)	10,972				PURCHASE OF TIGER EMBOSSER, TIGER SOFTWARE AND INFTY READER
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)	5,000				ANNUAL INVESTMENT IN THE CENTRAL FLORIDA PARTNERSHIP
FOUNDATION FOR ORANGE COUNTY PUBLIC SCHOOLS INC 445 WEST AMELIA STREET SUITE 901 ORLANDO, FL 32812	59-2788435	501(C)(3)	15,153				FOR THE STUDENT SPACEFLIGHT EXPERIMENTS PROGRAM IN WINTER PARK MIDDLE SCHOOLS AND HIGH SCHOOLS
FOUNDATION FOR OSCEOLA EDUCATION INC 2310 NEW BEGINNINGS ROAD SUITE 118 KISSIMMEE, FL 34744	59-2960396	501(C)(3)	42,118				ANNUAL DISTRIBUTION, ANNUAL DISTRIBUTION DESIGNATED FOR SCHOLARSHIPS FOR SENIORS AT HIGH SCHOOLS IN OSCEOLA COUNTY, FLORIDA

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

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FRESH START MINISTRIES INC 4436 EDGEWATER DRIVE SUITE 20 ORLANDO, FL 32804	59-2737376	501(C)(3)	5,000				GENERAL CONTRIBUTION
GATHERINGUSA INC 1220 E CONCORD STREET ORLANDO, FL 32803	59-2810392	501(C)(3)	8,500				GENERAL CONTRIBUTION, THE GATHERING OF WOMEN, FREDDIE LANGSTON MINISTRY
GLOBAL CONNECTIONS FOUNDATION 215 EAST LIVINGSTON STREET ORLANDO, FL 32801	59-3622494	501(C)(3)	10,000				INDIA PROGRAM
HARBOR HOUSE PO BOX 680748 ORLANDO, FL 32868	59-1712936	501(C)(3)	50,469				ANNUAL DISTRIBUTION, PHASE 2 IMPLEMENTATION FOR PROJECT COURAGE
HEALTH CARE CENTER FOR THE HOMELESS INC 232 N ORANGE BLOSSOM TRAIL ORLANDO, FL 32805	59-3185020	501(C)(3)	6,683				AGENCY ENDOWMENT DISTRIBUTION, GENERAL CONTRIBUTION
HEALTH COUNCIL OF EAST CENTRAL FLORIDA INC 2461 W SR 426 SUITE 2041 OVIEDO, FL 32765	59-2227752	501(C)(3)	50,000				THIS GRANT WILL INVEST IN THE INPUT, CLEANING, ANALYSIS AND REPORTING OF YOUTH AND FAMILY PARTICIPATION DATA GENERATED BY COMMUNITY-BASED ORGANIZATIONS THAT WORK UNDER THE PKZ UMBRELLA
HEART OF FLORIDA UNITED WAY DR NELSON YING CENTER 1940 TRAYLOR BLVD ORLANDO, FL 32804	59-0808854	501(C)(3)	92,697				BASIC NEEDS FUND, ANNUAL DISTRIBUTION, FOR GENERAL SUPPORT, GENERAL CONTRIBUTION, AGENCY ENDOWMENT DISTRIBUTION
HOLOCAUST MEMORIAL RESOURCE & EDUCATION CENTER OF FLORIDA INC 851 N MAITLAND AVENUE MAITLAND, FL 32751	59-2219851	501(C)(3)	75,900				MAKE MY SCHOOL A BULLY-FREE ZONE
HOLY FAMILY CATHOLIC CHURCH 5129 S APOPKA-VINELAND ROAD ORLANDO, FL 32819	53-0196617	501(C)(3)	37,000				OUR CATHOLIC APPEAL, PRO LIFE MINISTRY FOR THE "RESPECT LIFE BILLBOARD", ALIVE IN CHRIST CAMPAIGN
HOUSING AUTHORITY OF THE CITY OF WINTER PARK 718 MARGARET SQUARE WINTER PARK, FL 32789		GOVERNMENT ENTITY	12,723				ARTS FOR THE KIDS AT THE MEADOWS
JEWISH FAMILY SERVICES OF GREATER ORLANDO INC 2100 LEE ROAD WINTER PARK, FL 32789	59-1873758	501(C)(3)	20,000				EMERGENCY FINANCIAL SERVICES, PEARLMAN FOOD PANTRY, AND FAMILY STABILIZATION PROGRAM
LAKE HIGHLAND PREPARATORY SCHOOL 901 N HIGHLAND AVENUE ORLANDO, FL 32803	59-0624431	501(C)(3)	8,000				GENERAL CONTRIBUTION, ANNUAL FUND

**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
MAKE-A-WISH FOUNDATION OF CENTRAL & WESTERN NORTH CAROLINA 212 S TRYON ST SUITE 1080 CHARLOTTE, NC 28281	56-1492432	501(C)(3)	5,300				GENERAL SUPPORT FOR ORGANIZATION
MAYFLOWER RETIREMENT CENTER INC 1620 MAYFLOWER COURT WINTER PARK, FL 32792	59-2617174	501(C)(3)	22,122				FUNDS ARE TO BE USED FOR THE SUPPORT AND MAINTENANCE OF THE MAYFLOWER BENEVOLENT FUND, AGENCY ENDOWMENT DISTRIBUTION
MERIDIAN CLUB OF WINTER PARK INCC/O BROOKS HEWITT PO BOX 1300 WINTER PARK, FL 327901300	59-1691696	501(C)(4)	6,853				ANNUAL DISTRIBUTION RESTRICTED TO THE COLLEGE EDUCATION OF AFRICAN AMERICAN BOYS AND GIRLS, 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
MYERS PARK PRESBYTERIAN CHURCH 2501 OXFORD DRIVE CHARLOTTE, NC 28207	23-6393377	501(C)(3)	5,000				CAPITAL CAMPAIGN WILLIAM M & MARY C WARREN
NEGRO SPIRITUAL SCHOLARSHIP FOUNDATION INC PO BOX 547728 ORLANDO, FL 328547728	59-3413380	501(C)(3)	5,000				SPONSORSHIP OF MASTER SINGERS PERFORMANCE SEASON
NEW HOPE FOR KIDS 205 EAST SR 436 FERN PARK, FL 32730	59-1791345	501(C)(3)	263,524				CENTER FOR GRIEVING CHILDREN - IN MEMORY OF MIKE GRADY, ANNUAL DISTRIBUTION, UNRESTRICTED GRANT PAYABLE QUARTERLY BEGINNING 1/1/2011, AGENCY ENDOWMENT DISTRIBUTION, TO PROVIDE FUNDING FOR A WISH
NEW IMAGE YOUTH CENTER 212 S PARRAMORE AVENUE ORLANDO, FL 32805	56-2482818	501(C)(3)	60,000				TO PROVIDE A DAILY AFTER SCHOOL AND SUMMER CAMP PROGRAM
ORANGEWOOD CHRISTIAN SCHOOL 1300 W MAITLAND BLVD MAITLAND, FL 32751	20-5639902	501(C)(3)	5,000				EDUCATION BUILDING IMPROVEMENTS
ORLANDO AFTER SCHOOL ALL-STARS 400 SOUTH ORANGE AVENUE ORLANDO, FL 32801	59-3313614	501(C)(3)	25,000				TO PROVIDE A DAILY SUMMER CAMP PROGRAM FOR APPROXIMATELY 35-60 MIDDLE SCHOOL AGED YOUTH RESIDING IN THE PARRAMORE HERITAGE COMMUNITY
ORLANDO BALLET INC 1111 N ORANGE AVENUE SUITE 4 ORLANDO, FL 32804	23-7427817	501(C)(3)	7,576				AGENCY ENDOWMENT DISTRIBUTION, ANNUAL DISTRIBUTION
ORLANDO COMMUNITY & YOUTH TRUST INC 595 N PRIMROSE AVENUE ORLANDO, FL 32803	65-0572536	501(C)(3)	162,500				GRASSROOTS OUTREACH AND COMMUNITY ORGANIZING THROUGHOUT PARRAMORE
ORLANDO HEALTH FOUNDATION 3160 SOUTHGATE COMMERCE BLVD SUITE 50 ORLANDO, FL 32806	59-2244943	501(C)(3)	26,000				GENERAL CONTRIBUTION, TO SUPPORT HUBBARD HOUSE'S NEEDED KITCHEN AND DINING AREA REPLACEMENTS AND CONSUMABLES, KIDS' KIDNEY CENTER AT ARNOLD PALMER HOSPITAL FOR CHILDREN

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

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ORLANDO MUSEUM OF ART INC2416 N MILLS AVENUE ORLANDO, FL 328031483	59-0910352	501(C)(3)	27,929				ANNUAL DISTRIBUTION-TO SUPPORT EDUCATION PROGRAMS FOR CHILDREN THAT WILL BE IDENTIFIED BY THE MUSEUM, ARTS THE SPARK @ OMA PROGRAM, ANNUAL DISTRIBUTION-FOR THE SUPPORT AND MAINTENANCE OF THE ORLANDO MUSEUM OF ART
PHILANTHROPY AND NONPROFIT LEADERSHIP CENTER1000 HOLT AVENUE 2755 WINTER PARK, FL 32789	59-0624440	501(C)(3)	5,000				RESEARCH NONPROFIT ORGANIZATIONS IN ORLANDO AREA WORKING WITH GIRLS 11 - 18 LIVING IN POVERTY
PREVENT BLINDNESS FLORIDA1112 EAST KENNEDY TAMPA, FL 33602	59-6181662	501(C)(3)	6,983				ANNUAL DISTRIBUTION-SHALL USE SAID FUNDS FOR ASSISTANCE TO NEEDY PEOPLE IN CENTRAL FLORIDA
ROBERT R MCCORMICK TRIBUNE FOUNDATION205 NORTH MICHIGAN AVE SUITE 4300 CHICAGO, IL 60601	36-3689171	501(C)(3)	6,360				GENERAL OPERATING CONTRIBUTION, ORLANDO SENTINEL FAMILY FUND'S UNITED PARTNERS CAMPAIGN, PURCHASE BACK TO SCHOOL SUPPLIES FOR DISADVANTAGED STUDENTS THROUGH THE ORLANDO SENTINEL "BACK TO SCHOOL CAMPAIGN"
ROCK PINK INC8048 CLOVERGLEN CIRCLE ORLANDO, FL 32818	27-3097643	501(C)(3)	5,000				GENERAL CONTRIBUTION
ROLLINS COLLEGEATTN INVESTMENT OFFICE CAMPUS BOX 2715 WINTER PARK, FL 32789	59-0624440	501(C)(3)	10,512				ANNUAL DISTRIBUTION
ROTARY CLUB OF WINTER PARK CHARITABLE FOUNDATION INCPO BOX 1416 WINTER PARK, FL 32790	57-0923231	501(C)(3)	11,923				AGENCY ENDOWMENT DISTRIBUTION, CHARITABLE GRANTS, AGENCY ENDOWMENT DISTRIBUTION
RUNWAY TO HOPE189 S ORANGE AVE SUITE 1800 ORLANDO, FL 32801	27-3272616	501(C)(3)	5,000				FASHION EVENT BENEFITING PEDIATIRC ONCOLOGY PROGRAMS
RUSSELL HOME FOR ATYPICAL CHILDREN510 WEST HOLDEN AVENUE ORLANDO, FL 328392051	59-1051408	501(C)(3)	6,000				GENERAL CONTRIBUTION
SANFORD CRISIS PREGNANCY CENTER1002 FRENCH AVENUE SANFORD, FL 32771	59-3458060	501(C)(3)	25,000				GENERAL CONTRIBUTION
SECOND HARVEST FOOD BANK OF CENTRAL FLORIDA INC2008 BRENGLE AVENUE ORLANDO, FL 32808	59-2142315	501(C)(3)	27,891				TO SUPPORT THE PURCHASE OF FOOD FOR NEEDY FAMILIES, ANNUAL DISTRIBUTION - KIDS CAFE REEVES TERRACE, TO ASSIST WITH REPLENISHMENT OF FOOD ITEMS FOR THE FOOD PANTRY, PROVIDE MATCHING FUNDS FOR RECENT PLEDGE DRIVE
SENIORS FIRST INC5395 LB MCLEOD ROAD ORLANDO, FL 32811	59-2759603	501(C)(3)	63,953				EMERGENCY HOME DELIVERED MEALS, GENERAL FUND, GENERAL FUND - CCE IN-HOME SERVICES, AGENCY ENDOWMENT 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
SHEPHERD'S HOPE INC 4851 S APOPKA-VINELAND RD ORLANDO, FL 32819	59-3420727	501(C)(3)	101,806				FOR HEALTH CARE SUPPORT FOR THE UNINSURED AT HUNGERFORD ELEMENTARY SCHOOL IN EATONVILLE, FL, GENERAL CONTRIBUTION
SPCA OF CENTRAL FLORIDA INC 2727 CONROY ROAD ORLANDO, FL 32839	59-0637883	501(C)(3)	6,450				TO HELP SPONSOR THE FURBALL, PETS RESCUING THE COMMUNITY - MATCH GRANT
ST AMBROSE UNIVERSITY 518 W LOCUST ST DAVENPORT, IA 52803	42-0703280	501(C)(3)	25,000				JACK GRENNAN ENDOWMENT SCHOLARSHIP
STETSON UNIVERSITY 421 N WOODLAND BOULEVARD 8379 DELAND, FL 32720	59-0624416	501(C)(3)	51,000				GENERAL CONTRIBUTION, HOPE SCHOLARSHIP
SUSTAINABLE CAMBODIA INC 101 SE 2ND PLACE SUITE 201-B GAINESVILLE, FL 32601	20-0175973	501(C)(3)	10,900				BIG VILLAGE BASKET AND TWO FULL YEAR SCHOLARSHIPS FOR CHANTHEA TOUCH AND LYHUONG CHIV, MATCHING FUNDS PROMOTION OR AS NEEDED
THE MUSTARD SEED OF CENTRAL FLORIDA INC 12 MUSTARD SEED LANE ORLANDO, FL 328106271	59-2906383	501(C)(3)	5,000				HUMAN SERVICES
THE ORLANDO PHILHARMONIC ORCHESTRA INC 812 EAST ROLLINS STREET SUITE 300 ORLANDO, FL 328031203	59-3058884	501(C)(3)	48,328				ANNUAL DISTRIBUTION, AGENCY ENDOWMENT DISTRIBUTION - TO SUPPORT IT'S CONCERT OPERA PERFORMANCES , ANNUAL DISTRIBUTION-TO SUPPORT EDUCATION PROGRAMS FOR CHILDREN THAT WILL BE IDENTIFIED BY THE PHILHARMONIC
UCP OF CENTRAL FLORIDA INC 3305 S ORANGE AVENUE ORLANDO, FL 32806	59-0799925	501(C)(3)	26,874				ANNUAL DISTRIBUTION- THESE FUNDS ARE TO BE USED BY UCP OF CENTRAL FLORIDA FOR THE CARE AND TRAINING OF CHILDREN, GENERAL CONTRIBUTION
UNITED ARTS OF CENTRAL FLORIDA INC 2450 MAITLAND CENTER PKWY SUITE 201 201 MAITLAND, FL 32751	59-1166446	501(C)(3)	88,500				DESIGNATED TO THE GARDEN THEATER, ORLANDO SCIENCE CENTER, ORLANDO MUSEUM OF ART, ORLANDO PHILHARMONIC ORCHESTRA, ORLANDO PHILHARMONIC ORCHESTRA - CONCERT OPERA, TO THE GENERAL FUND & THE BACH FESTIVAL SOCIETY
UNIVERSITY OF CENTRAL FLORIDA OFFICE OF RESEARCH & COMMERCIALIZATION 12201 RESEARCH PARKWAY STE 501 ORLANDO, FL 32826	75-3157893	501(C)(3)	10,800				DESIGNATED FOR DISABILITY DEPT TO PURCHASE ADAPTABLE FURNITURE 10 TABLES AND 6 CHAIRS
UNIVERSITY OF CENTRAL FLORIDA FOUNDATION INC 12424 RESEARCH PARKWAY SUITE 140 ORLANDO, FL 32826	59-6211832	501(C)(3)	40,200				GRANT TO MEDICAL SCHOOL, GENERAL CONTRIBUTION TO THE ANNUAL FUND - PEGASUS SOCIETY
UNIVERSITY OF FLORIDA FOUNDATION PO BOX 14425 GAINESVILLE, FL 32604	59-0974739	501(C)(3)	30,000				DR PAUL SATZ PROFESSORSHIP IN CLINICAL NEUROPSYCHOLOGY, COLLEGE OF LAW

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

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UNIVERSITY OF PENNSYLVANIA OFFICE OF GIFT PLANNING 3600 MARKET ST SUITE 135 PHILADELPHIA, PA 19104	23-1352685	501(C)(3)	25,000				DORA WEXLER FAMILY SCHOLARSHIP FUND
VICTIM SERVICE CENTER OF ORANGE COUNTY INC 1801 LEE ROAD SUITE 165 WINTER PARK, FL 32789	75-2978885	501(C)(3)	6,000				DESIGNATED FOR SAFE BROCHURES AND OPERATING COST
WEST ORANGE HABITAT FOR HUMANITY 114 SOUTH DILLARD STREET WINTER GARDEN, FL 34787	59-3046322	501(C)(3)	5,000				GENERAL CONTRIBUTION
WINTER PARK DAY NURSERY INC 741 SOUTH PENNSYLVANIA AVENUE WINTER PARK, FL 32789	59-0638506	501(C)(3)	14,683				WISH LIST FOR SCHOOL YEAR 2010-2011, TO ASSIST IN FUNDING THE GAP BETWEEN COST AND FEES FOR STUDENTS FROM LOW-INCOME, WORKING FAMILIES, ANNUAL DISTRIBUTION, FINANCIAL AID TO THE CHILDREN ATTENDING THE NURSERY
WINTER PARK LIBRARY ASSOCIATION 460 E NEW ENGLAND AVENUE WINTER PARK, FL 32789	59-0794396	501(C)(3)	34,482				ANNUAL DISTRIBUTION
WINTER PARK MEMORIAL HOSPITAL 200 N LAKEMONT AVENUE WINTER PARK, FL 32792	59-3143908	501(C)(3)	59,685				ANNUAL DISTRIBUTION
YOUNG FATHERS OF CENTRAL FLORIDA 511 WEST SOUTH STREET ORLANDO, FL 32805	71-1016365	501(C)(3)	10,000				FUNDS WILL BE USED TO SUPPORT THE OPERATION OF A TEEN FATHERHOOD ACADEMY

SCHEDULE M (Form 990)

NonCash Contributions

OMB No 1545-0047

2010

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 or items contributed, (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g, (d) Method of determining oncash contribution amounts. Row 9 is filled with X, 7, 312,963, and AVG FMV - GIFT DATE.

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

29

Table with 3 columns: Question, Yes, No. Contains questions 30a, 31, 32a, and 33 regarding contribution reporting and policies.

**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 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No 1545-0047

**2010**

**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		THE AUDIT COMMITTEE REVIEWS FORM 990 AND RECOMMENDS IT FOR APPROVAL TO THE FOUNDATION'S BOARD OF DIRECTORS A COPY OF THE FORM 990 WAS PROVIDED TO THE BOARD OF DIRECTORS FOR THEIR REVIEW, AS PART OF THE BOARD AGENDA FOR ITS AUGUST 2011 MEETING

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2010**

**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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
<b>(1)</b> N DONALD DIEBEL JR MD GOOD SAMARITAN FUND INC 1150 VIA LUGANO WINTER PARK, FL 32789 20-0050131	TO SUPPORT THE COMMUNITY FOUNDATION OF CENTRAL FLORIDA	FL	501C3	509A3 - I			No
<b>(2)</b> 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			No
<b>(3)</b> LAKE COMMUNITY FOUNDATION INC PO BOX 1060 EUSTIS, FL 32727 51-0497006	RECEIVE GIFTS & ENDOWMENTS TO BE DISTRIBUTED TO THE LARGER CENT FL COMMUNITY	FL	501C3	509A3 - I			No
<b>(4)</b> 1904 FOUNDATION INC PO BOX 40 WINTER PARK, FL 32790 06-1669947	TO SUPPORT THE COMMUNITY FOUNDATION OF CENTRAL FLORIDA	FL	501C3	509A3 - II			No

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, 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
<b>1a</b>		No
<b>1b</b>		No
<b>1c</b>		No
<b>1d</b>		No
<b>1e</b>		No
<b>1f</b>		No
<b>1g</b>		No
<b>1h</b>		No
<b>1i</b>		No
<b>1j</b>		No
<b>1k</b>		No
<b>1l</b>		No
<b>1m</b>		No
<b>1n</b>		No
<b>1o</b>		No
<b>1p</b>	Yes	
<b>1q</b>		No
<b>1r</b>		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	(d) Method of determining amount involved
<b>(1)</b> NO REPORTABLE TRANSACTIONS			
<b>(2)</b>			
<b>(3)</b>			
<b>(4)</b>			
<b>(5)</b>			
<b>(6)</b>			



**Part VII Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
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Identifier	Return Reference	Explanation
	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.

Identifier	Return Reference	Explanation
	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.

Identifier	Return Reference	Explanation
	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

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 4,811,874 DONATED SERVICES AND USE OF FACILITIES 649 CHANGE IN VALUE - SPLIT INTEREST AGREEMENT 202,448 TOTAL TO FORM 990, PART XI, LINE 5 5,014,971