

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

**Return of Organization Exempt From Income Tax**  
**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)**

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

OMB No 1545-0047  
**2011**  
**Open to Public Inspection**

**A For the 2011 calendar year, or tax year beginning 05-01-2011 and ending 04-30-2012**

**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) Room/suite: 1411 EDGEWATER DRIVE No 203  
 City or town, state or country, and ZIP + 4: ORLANDO, FL 328046361

**D** Employer identification number: 59-3182886  
**E** Telephone number: (407) 872-3050  
**G** Gross receipts \$ 8,849,030

**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)  501(c) ( ) (insert no )  4947(a)(1) or  527

**J** Website: WWW.CFCFLORIDA.ORG

**K** Form of organization:  Corporation  Trust  Association  Other ▶ \_\_\_\_\_  
**L** Year of formation: 1993 **M** State of legal domicile: FL

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> 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		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	16
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	15
	<b>5</b> Total number of individuals employed in calendar year 2011 (Part V, line 2a)	<b>5</b>	10
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	26
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	0	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	2,511,625	5,652,144
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	803,501	852,025
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,622,264	2,319,276
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	985	25,585
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,938,375	8,849,030
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	2,530,336	4,070,990
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	0
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	558,505	638,164
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 258,577	28,000	32,000
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,332,308	1,319,702
	<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	4,449,149	6,060,856
<b>19</b> Revenue less expenses Subtract line 18 from line 12	489,226	2,788,174	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	53,459,724	53,535,979
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20	1,414,655	1,673,989

**Part II Signature Block**

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

**Sign Here**  
 Signature of officer: \*\*\*\*\*  
 Date: 2012-09-10  
 Mark Brewer PRESIDENT/CEO  
 Type or print name and title

**Paid Preparer's Use Only**  
 Preparer's signature: Anne-Marie Barrett CPA  
 Date: \_\_\_\_\_  
 Check if self-employed   
 Preparer's taxpayer identification number (see instructions): P00546302  
 Firm's name (or yours if self-employed), address, and ZIP + 4: CROSS FERNANDEZ & RILEY LLP, 201 S ORANGE AVE SUITE 800, ORLANDO, FL 328013421  
 EIN: 59-3651466  
 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 organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 \$ 4,408,549 including grants of \$ 4,070,990 ) (Revenue \$ )

Grants to 226 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

**4b** (Code ) (Expenses \$ 867,777 including grants of \$ ) (Revenue \$ 852,025 )

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 \$ 5,276,326

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> <input checked="" type="checkbox"/>	Yes	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? <input checked="" type="checkbox"/>	Yes	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		No
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>		No
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>		No
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i> <input checked="" type="checkbox"/>	Yes	
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i> <input checked="" type="checkbox"/>		No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> <input checked="" type="checkbox"/>		No
<b>9</b> Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i> <input checked="" type="checkbox"/>		No
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> <input checked="" type="checkbox"/>	Yes	
<b>11</b> If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> <input checked="" type="checkbox"/>	Yes	
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i> <input checked="" type="checkbox"/>	Yes	
<b>c</b> Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i> <input checked="" type="checkbox"/>		No
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i> <input checked="" type="checkbox"/>		No
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> <input checked="" type="checkbox"/>	Yes	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> <input checked="" type="checkbox"/>	Yes	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> <input checked="" type="checkbox"/>		No
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> <input checked="" type="checkbox"/>	Yes	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		No
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Part I.</i>		No
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? <i>If "Yes," complete Schedule F, Part II and IV.</i>		No
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S? <i>If "Yes," complete Schedule F, Part III and IV.</i>		No
<b>17</b> Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> <input checked="" type="checkbox"/>	Yes	
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i> <input checked="" type="checkbox"/>		No
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i> <input checked="" type="checkbox"/>		No
<b>20a</b> Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>		No
<b>b</b> If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements.		
<b>20b</b>		

**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 questions 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</b>	<b>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 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> . . . . .	<b>29</b>		No
<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> . . . . .	<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> . . . . .	<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>35a</b>	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	<b>35a</b>	Yes	
<b>b</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"/>	<b>35b</b>		No
<b>36</b>	<b>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. 25		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. 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, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return. 10		
<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 or securities 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>a</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> All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.		
<b>13b</b>	Enter the aggregate 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 aggregate 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>1b</b>	Enter the number of voting members included in line 1a, above, who are independent . . . . .		
<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>	Did the organization have members or stockholders? . . . . .		No
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .		No
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .		No
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
<b>8a</b>	The governing body? . . . . .	Yes	
<b>8b</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>	Did the organization have local chapters, branches, or affiliates? . . . . .		No
<b>10b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . .		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	Yes	
<b>11b</b>	Describe in Schedule O the process, if any, used by the organization to review the Form 990 . . . . .		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	Yes	
<b>12b</b>	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	Yes	
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .	Yes	
<b>13</b>	Did the organization have a written whistleblower policy? . . . . .	Yes	
<b>14</b>	Did 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>15a</b>	The organization's CEO, Executive Director, or top management official . . . . .	Yes	
<b>15b</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>16b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .		

**Section C. Disclosure**

- 17** List the States with which a copy of this Form 990 is required to be filed
- 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 made 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 made 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, or 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 organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) STEPHEN ELKER CHAIRMAN	2 00	X		X				0	0	0
(2) ED TIMBERLAKE IMMEDIATE PAST CHAIR	2 00	X		X				0	0	0
(3) SUSAN ARKIN 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) ROBERT F THOMSON II 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) STACEY PRINCE-TROUTMAN BOARD MEMBER	1 00	X						0	0	0
(13) DEREK BRUCE BOARD MEMBER	1 00	X						0	0	0
(14) ROBIN ROBERTS BOARD MEMBER	1 00	X						0	0	0
(15) MARTY RUBIN BOARD MEMBER	1 00	X						0	0	0
(16) AVANISH AGGARWAL BOARD MEMBER	1 00	X						0	0	0
(17) MARK BREWER PRESIDENT/CEO	50 00	X		X				129,339	0	19,615

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

Table with 6 main columns: (A) Name and Title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes entry for MEGHAN WARRICK.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 1

Table with 3 columns: Question number, Question text, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

Section B. Independent Contractors

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

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Includes header row and empty rows for data entry.

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

**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514		
<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>	5,652,144					
	<b>g</b>	Noncash contributions included in lines 1a-1f \$ _____						
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . . <b>▶</b>	5,652,144					
<b>Program Service Revenue</b>	<b>2a</b>	MANAGEMENT FEES	561000	852,025	852,025			
	<b>b</b>	_____						
	<b>c</b>	_____						
	<b>d</b>	_____						
	<b>e</b>	_____						
	<b>f</b>	All other program service revenue						
	<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . . <b>▶</b>		852,025				
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest and other similar amounts) . . . . . <b>▶</b>		1,098,899		1,098,899		
	<b>4</b>	Income from investment of tax-exempt bond proceeds . . . . . <b>▶</b>						
	<b>5</b>	Royalties . . . . . <b>▶</b>						
	<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>▶</b>						
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities	1,220,377				
			(ii) Other					
			<b>b</b>	Less cost or other basis and sales expenses	0			
			<b>c</b>	Gain or (loss)	1,220,377			
	<b>d</b>	Net gain or (loss) . . . . . <b>▶</b>		1,220,377		1,220,377		
	<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>▶</b>							
<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>▶</b>							
<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 . . . . . <b>▶</b>							
	Miscellaneous Revenue	Business Code						
<b>11a</b>	Returned Grants	900099	25,585	25,585				
<b>b</b>	_____							
<b>c</b>	_____							
<b>d</b>	All other revenue . . . . .							
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . . <b>▶</b>		25,585					
<b>12</b>	<b>Total revenue.</b> See Instructions . . . . . <b>▶</b>		8,849,030	877,610	0	2,319,276		

**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)

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>		<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b>	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	3,996,980	3,996,980		
<b>2</b>	Grants and other assistance to individuals in the United States See Part IV, line 22	74,010	74,010		
<b>3</b>	Grants and other assistance to governments, organizations, and individuals outside the United States 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 . . . . .	135,000	40,500	4,050	90,450
<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	338,006	141,146	160,372	36,488
<b>8</b>	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	9,632	3,661	3,371	2,600
<b>9</b>	Other employee benefits . . . . .	130,823	50,277	45,453	35,093
<b>10</b>	Payroll taxes . . . . .	24,703	9,487	8,587	6,629
<b>11</b>	Fees for services (non-employees)				
<b>a</b>	Management . . . . .				
<b>b</b>	Legal . . . . .	5,239	3,225	2,014	
<b>c</b>	Accounting . . . . .	20,476		20,476	
<b>d</b>	Lobbying . . . . .				
<b>e</b>	Professional fundraising See Part IV, line 17 . . . . .	32,000			32,000
<b>f</b>	Investment management fees . . . . .	179,186		179,186	
<b>g</b>	Other . . . . .	3,443		1,071	2,372
<b>12</b>	Advertising and promotion . . . . .	1,250			1,250
<b>13</b>	Office expenses . . . . .	7,355		7,148	207
<b>14</b>	Information technology . . . . .	80,778	57,187	10,136	13,455
<b>15</b>	Royalties . . . . .				
<b>16</b>	Occupancy . . . . .	77,262	17,693	43,653	15,916
<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 . . . . .	21,856		9,983	11,873
<b>20</b>	Interest . . . . .				
<b>21</b>	Payments to affiliates . . . . .				
<b>22</b>	Depreciation, depletion, and amortization . . . . .	23,114	8,876	8,035	6,203
<b>23</b>	Insurance . . . . .	3,532		3,532	
<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	867,777	867,777		
<b>b</b>	Utilities	9,797	3,762	3,406	2,629
<b>c</b>	Maintenance	8,126		7,934	192
<b>d</b>	Parking and Mileage	4,545	1,745	1,580	1,220
<b>e</b>					
<b>f</b>	All other expenses	5,966		5,966	
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24f	6,060,856	5,276,326	525,953	258,577
<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 . . . . .	88,954	<b>1</b>	99,335
	<b>2</b> Savings and temporary cash investments . . . . .	3,073,585	<b>2</b>	3,136,950
	<b>3</b> Pledges and grants receivable, net . . . . .	387,500	<b>3</b>	22,123
	<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)) and persons described in section 4958(c)(3)(B) Complete Part II of 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 . . . . .	12,220	<b>9</b>	10,821
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	199,651		
	<b>b</b> Less accumulated depreciation . . . . .	155,877	<b>10c</b>	43,774
	<b>11</b> Investments—publicly traded securities . . . . .	27,110,173	<b>11</b>	35,102,718
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .	21,344,156	<b>12</b>	13,880,944
	<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 . . . . .	1,380,913	<b>15</b>	1,239,314
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	53,459,724	<b>16</b>	53,535,979	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	24,888	<b>17</b>	13,507
	<b>18</b> Grants payable . . . . .	759,575	<b>18</b>	1,007,382
	<b>19</b> Deferred revenue . . . . .		<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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D . . . . .	630,192	<b>25</b>	653,100
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	1,414,655	<b>26</b>	1,673,989
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	50,377,384	<b>27</b>	50,266,197
	<b>28</b> Temporarily restricted net assets . . . . .	1,667,685	<b>28</b>	1,595,793
	<b>29</b> Permanently restricted net assets . . . . .		<b>29</b>	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> 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 . . . . .	52,045,069	<b>33</b>	51,861,990	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	53,459,724	<b>34</b>	53,535,979	

**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>	8,849,030
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	6,060,856
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	2,788,174
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	52,045,069
<b>5</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>5</b>	-2,971,253
<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>	51,861,990

**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**

OMB No 1545-0047

**2011**

**Open to Public Inspection**

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

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
COMMUNITY FOUNDATION OF CENTRAL FLORIDA INC

Employer identification number  
59-3182886

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

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

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

	Yes	No
<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 IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	3,998,820	3,160,973	5,954,114	2,604,245	5,652,144	21,370,296
<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	3,998,820	3,160,973	5,954,114	2,604,245	5,652,144	21,370,296
<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)						3,872,519
<b>6 Public Support.</b> Subtract line 5 from line 4						17,497,777

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>7</b> Amounts from line 4	3,998,820	3,160,973	5,954,114	2,604,245	5,652,144	21,370,296
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,350,517	884,972	796,365	887,772	1,098,899	5,018,525
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income (Explain in Part IV ) Do not include gain or loss from the sale of capital assets	908		-8,310	1,865	25,585	20,048
<b>11 Total support</b> (Add lines 7 through 10)						26,408,869
<b>12</b> Gross receipts from related activities, etc (See instructions )					<b>12</b>	3,860,015

**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 2011 (line 6 column (f) divided by line 11 column (f))	<b>14</b>	66.260%
<b>15</b> Public Support Percentage for 2010 Schedule A, Part II, line 14	<b>15</b>	74.700%

**16a 33 1/3% support test—2011.** 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—2010.** 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—2011.** 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—2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization **18 Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

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

(Complete only if you checked the box on line 9 of Part I 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 501(c)(3) organization, check this box and <b>stop here</b> <input type="checkbox"/>						

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

<b>15</b> Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2010 Schedule A, Part III, line 15	<b>16</b>	

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

<b>17</b> Investment income percentage for <b>2011</b> (line 10c column (f) divided by line 13 column (f))	<b>17</b>	
<b>18</b> Investment income percentage from <b>2010</b> Schedule A, Part III, line 17	<b>18</b>	

- 19a 33 1/3% support tests—2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

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

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

OMB No 1545-0047

Supplemental Financial Statements

2011

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. 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...
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes...

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 titled 'Held at the End of the Year' with 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...

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
1b 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 . . . . .	39,835,291	35,619,101	25,773,687	34,369,305	
<b>b</b> Contributions . . . . .	760,576	801,598	3,105,212	2,693,548	
<b>c</b> Investment earnings or losses . . . . .	-683,296	5,413,004	8,358,906	-9,604,909	
<b>d</b> Grants or scholarships . . . . .	990,749	1,152,319	904,545	1,188,404	
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .	798,198	846,093	714,159	495,853	
<b>g</b> End of year balance . . . . .	38,123,624	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 Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .				
<b>b</b> Buildings . . . . .				
<b>c</b> Leasehold improvements . . . . .		60,415	34,290	26,125
<b>d</b> Equipment . . . . .		139,236	121,587	17,649
<b>e</b> Other . . . . .				
<b>Total.</b> Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . .				43,774

**Part VII Investments—Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other (A) STOCKS, BONDS, AND ALTERNATIVE INVESTMENTS	13,880,944	F
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 12 )	13,880,944	

**Part VIII Investments—Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 13 )		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
<b>Total.</b> (Column (b) should equal Form 990, Part X, col.(B) line 15.)	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
LIABILITY UNDER SPLIT INTEREST AGREEMENTS	653,100
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 25 )	653,100

**2.** Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

**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>	8,849,030
<b>2</b>	Total expenses (Form 990, Part IX, column (A), line 25)	<b>2</b>	6,060,856
<b>3</b>	Excess or (deficit) for the year Subtract line 2 from line 1	<b>3</b>	2,788,174
<b>4</b>	Net unrealized gains (losses) on investments	<b>4</b>	-2,786,076
<b>5</b>	Donated services and use of facilities	<b>5</b>	
<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>	-185,177
<b>9</b>	Total adjustments (net) Add lines 4 - 8	<b>9</b>	-2,971,253
<b>10</b>	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	<b>10</b>	-183,079

**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>	2,736,929
<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>	-2,100,538
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV) . . . . .	<b>2d</b>	-2,714,576
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	-4,815,114
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	7,552,043
<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>	1,296,987
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	1,296,987
<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>	8,849,030

**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>	5,043,275
<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>	242,046
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	242,046
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	4,801,229
<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>	1,259,627
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	1,259,627
<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>	6,060,856

**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
Description of Intended Use of Endowment Funds	Part V, Line 4	Endowment funds provide sustainable funding for charitable projects in Central Florida and across the United States
Description of Uncertain Tax Positions Under FIN 48	Part X	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
Part XI, Line 8 - Other Adjustments		Change in value of split interest agreements -185,177
Part XII, Line 2d - Other Adjustments		Management fee netted with revenue on audited financial statements -756,519 Change in value of charitable remainder trust -185,177 Revenue related to the N Donald Diebel, Jr , MD Good Samaritan Fund, Inc 2,310 Revenue related to the Lake Community Foundation, Inc -1,780,190 Revenue related to the Isleworth Community Trust, Inc 5,000
Part XII, Line 4b - Other Adjustments		Funds held for Agencies Contributions 770,582 Funds held for Agencies Interest and Dividends 245,783 Funds held for Agencies on Realized Gains 280,622
Part XIII, Line 2d - Other Adjustments		Expense related to the N Donald Diebel, Jr , MD Good Samaritan Fund, Inc 9,397 Expense related to the Lake Community Foundation, Inc 226,832 Expense related to the Isleworth Community Trust, Inc 5,817
Part XIII, Line 4b - Other Adjustments		Fees related to managing funds held for Agencies 137,515 Management fee netted with revenue on audited financial statements 756,519 Grants authorized for funds held for agencies 365,593

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2011

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... 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.

Table with 6 columns: (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. Includes entry for Worthington Everidge Group.

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>Direct Expenses</b>	<b>2</b> Cash prizes . . . . .				
	<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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**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.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) Scholarships	30	74,010			

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

Identifier	Return Reference	Explanation
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**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Accessible Solutions at Avalon Park 661 Highland Drive Altamonte Springs, FL 32701	86-1113333	501(c)(3)	5,000				To support new patients
American Cancer Society 3709 West Jetton Avenue Tampa, FL 336295146	13-1788491	501(c)(3)	6,786				Annual Distribution

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

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Bach Festival Society Of Winter Park 1000 Holt Ave - 2763 Rollins College Winter Park, FL 327894499	59-6015959	501(c)(3)	12,739				Annual Distribution, General Contribution, Grant designated to support the mission of Festival of Orchestra, Inc which was to bring the world's greatest symphony orchestras to Central Florida
Bluefield College 3000 College Drive Bluefield, VA 24605	54-0568200	501(c)(3)	60,000				Sign and Tower Project

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Boy Scouts of America 1951 S Orange Blossom Trail Apopka, FL 32703	59-0624376	501(c)(3)	20,200				131 Faces of the Future, General Contribution
Bridge to Independence 580 West Jackson Street Orlando, FL 32805	16-1643585	501(c)(3)	21,000				To provide a daily after school program for approximately 25 school aged children and a summer program for approximately 50 school aged children residing in the Parramore Heritage Community

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Cat Protection Society PO Box 1078 Sorrento, FL 327761078	59-3413294	501(c)(3)	37,863				Annual Distribution
Central Florida Zoological Society P O Box 470309 Lake Monroe, FL 327470309	59-1357197	501(c)(3)	18,727				These funds are to be used only in support of the building of the rhino exhibit

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

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Christian Sharing Center 600 North Highway 17-92 Suite 158 Longwood, FL 327503638	59-2744535	501(c)(3)	8,666				General Contribution
Community Coordinated Care For Children 3500 West Colonial Drive Orlando, FL 32808	59-1371754	501(c)(3)	185,000				To provide child care management, placement services and child care subsidies

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

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Community Foundation of Greater Lakeland 1053 South Florida Avenue Lakeland, FL 338031152	59-3649871	501(c)(3)	10,452				For Community Foundation of Greater Winter Haven for medical, hospital and other care for sick and injured persons in the City of Winter Haven and vicinity who are not financially able to obtain medical, hospital and other care
Community Vision 704 Generation Point 101 Kissimmee, FL 34744	59-2896657	501(c)(3)	40,970				2012 Agency Endowment Distribution

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

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Doctors without Borders - USA 333 Seventh Avenue 2nd floor New York, NY 10001	13-3433452	501(c)(3)	20,000				General Contribution
Dr Phillips Center for the Performing Arts 455 South Orange Avenue Suite 410 Orlando, FL 32801	20-0695917	501(c)(3)	1,000,000				To be made in whole or in part (s) up to 1 million by no later than 12/31/2011 contingent upon completion of all inter-local and other agreements, no change in the "three venue" master plan and no changes in current approved financial plan

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Early Learning Coalition of Orange County P O Box 540387 Orlando, FL 32854	31-1759186	501(c)(3)	166,625				Baby Institute in the Parramore Kidz Zone and Case Manager Support for Baby Institute
Edgewood Children's Ranch 1451 Edgewood Ranch Road Orlando, FL 32835	59-1150182	501(c)(3)	26,508				2012 Agency Endowment Distribution

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Farmworkers Ministry PO Box 1855 Auburndale, FL 33823	59-2041344	501(c)(3)	10,367				General Contribution
Figgtree Youth Recording Academy 1540 Cedar Hill Douglasville, GA 301343266	58-2607312	501(c)(3)	7,500				General Contribution

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

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First Church of Christ Scientist 210 Massachusetts Avenue PO 5-10 Boston, MA 02115 3195	04-2254742	501(c)(3)	7,349				Annual Distribution
First Presbyterian Church of Orlando 106 East Church St Orlando, FL 32801	59-0624394	501(c)(3)	83,500				SHINE Children's Building Project and General Contribution

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

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Florida After School Alliance PO Box 20425 St Petersburg, FL 33742 20425	59-3062864	501(c)(3)	5,316				2012 Agency Endowment Distribution
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

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

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Florida Philanthropic Network 1211 N Westshore Boulevard Suite 314 Tampa, FL 33607	20-1328734	501(c)(3)	8,500				Florida Transfer of Wealth Study, designated for 2012
Food for the Poor 6401 Lyons Rd Coconut Creek, FL 33073	59-2174510	501(c)(3)	35,500				A Celebration of Hope Gala, General Contribution

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

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Foundation for Building Community 75 South Ivanhoe Boulevard Orlando, FL 32804	59-3678634	501(c)(3)	8,000				To be used as \$2500 for the workshop and \$500 for the social capital project, 2012 Investment
Foundation for Osceola Education 2310 New Beginnings Road Suite 118 Kissimmee, FL 34744	59-2960396	501(c)(3)	89,177				Scholarships for High School students in Osceola County

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Fresh Start Ministries 4436 Edgewater Drive Suite 20 Orlando, FL 32804	59-2737376	501(c)(3)	20,000				To help with your mission
GatheringUSA 1220 E Concord Street Orlando, FL 32803	59-2810392	501(c)(3)	5,000				General Contribution

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

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Global Connections Foundation 215 East Livingston Street Orlando, FL 32801	59-3622494	501(c)(3)	10,000				Support India Program
Heart of Florida United Way Dr Nelson Ying Center 1940 Traylor Boulevard Orlando, FL 32804	59-0808854	501(c)(3)	86,942				General Contribution, Basic Needs Fund, 2012 Agency Endowment Distribution, Annual Distribution

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

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Hindu Society of Central Florida 1980 Lake Drive Casselberry, FL 32707	39-1945997	501(c)(3)	10,000				General Donation
Homes for our Troops 6 Main St Taunton, MA 02780	54-2143612	501(c)(3)	8,666				To support the Orlando Project - Luis Puertas

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

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Hope CommUnity Center 1016 N Park Avenue Apopka, FL 32712	56-2551312	501(c)(3)	33,230				To provide funds for a new van, general operating
Hospice of the Comforter 605 Montgomery Rd Altamonte Springs, FL 32714	59-2935928	501(c)(3)	9,581				2012 Agency Endowment Distribution, General Contribution

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

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Jewish Family Services of Greater Orlando 2100 Lee Road Winter Park, FL 32789	59-1873758	501(c)(3)	10,000				Designated for foodbank and family stabilization program expenses
Juvenile Diabetes Research Foundation (JDRF) 370 Center Point Circle Suite 1154 Altamonte Springs, FL 32701	23-1907729	501(c)(3)	5,000				General Contribution

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Kids Beating Cancer aka John Voight Foundation 615 East Princeton Street Suite 400 400 Orlando, FL 32803	59-3136203	501(c)(3)	8,666				General Contribution
Lake Highland Preparatory School 901 N Highland Avenue Orlando, FL 32803	59-0624431	501(c)(3)	7,000				Annual Fund, Football Gift Account - Football Helmets, Arts League, General Contribution

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

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Make-A-Wish Foundation of Central and Western North Carolina 212 South Tryon Street Suite 1080 Charlotte, NC 28281	56-1492432	501(c)(3)	50,000				To meet \$50,000 Challenge
Mary Lee Depugh Nursing Home Association 550 W Morse Boulevard Winter Park, FL 32789	59-1104552	501(c)(3)	22,385				Fund for Leadership Staff Recruitment and Placement, Annual Distribution

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Mayflower Retirement Center 1620 Mayflower Court Winter Park, FL 32792	59-2617174	501(c)(3)	22,695				Funds are to be used for the support and maintenance of the Mayflower Benevolent Fund, 2012 Agency Endowment Distribution
Meridian Club of Winter Park/o Brooks Hewitt PO Box 3244 Winter Park, FL 32790	59-1691696	501(c)(4)	6,665				Annual Distribution, Annual Distribution restricted to the college education of African American boys and girls, Annual Distribution as a general scholarship for students selected on the basis of their potential as judged by their teachers

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

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Nap Ford Community School 648 W Livingston St Orlando, FL 32801	59-3662275	501(c)(3)	7,760				To provide a two-week Gifted and Talented Summer Academy for approximately 35 school aged children residing in the Parramore Heritage Community
NC IDEA 334 Blackwell Street Durham, NC 27701	01-0702442	501(c)(3)	5,000				support for Fall 2011 FL IDEA grant cycle

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

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New Hope For Kids 205 East SR 436 Fern Park, FL 32730	59- 1791345	501(c)(3)	163,898				Annual Distribution, Unrestricted grant, 2012 Agency Endowment Distribution
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 for approximately 50 school aged children residing in the Parramore Heritage Community

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

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New Missions8054 Presidents Drive Orlando, FL 32809	23-7365066	501(c)(3)	10,000				To support the Medical Clinic Fund in Haiti
New York Says Thank You275 W 96th St Apt 9F New York, NY 10025	20-1554830	501(c)(3)	10,000				General Contribution

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Nonprofit Center of Northeast Florida 1301 Riverplace Boulevard Suite 301 301 Jacksonville, FL 32207	59-3700428	501(c)(3)	5,000				contribution to Florida Nonprofit Alliance
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 programs

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Orlando Ballet 1111 N Orange Avenue Suite 4 Orlando, FL 32804	23-7427817	501(c)(3)	57,720				Annual Distribution, To enhance the development program at the Ballet in an effort to expand contributed income, 2012 Agency Endowment Distribution
Orlando Community & Youth Trust 595 N Primrose Avenue Orlando, FL 32803	65-0572536	501(c)(3)	162,500				To offer comprehensive youth development programs, academic case management, family economic assistance, youth sports programs, neighborhood outreach, and capacity building in the Parramore Heritage Community as part of Parramore Kidz Zone

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Orlando Health Foundation 3160 Southgate Commerce Blvd Suite 50 Orlando, FL 32806	59-2244943	501(c)(3)	41,000				Arnold Palmer Medical Center Foundation, \$10,000 to support Hematology & Oncology Outpatient Unit at Arnold Palmer Hospital
Orlando Museum of Art 2416 N Mills Avenue Orlando, FL 32803 1483	59-0910352	501(c)(3)	7,315				Annual Distribution-to support education programs for children that will be identified by the Museum, Annual Distribution- to be used for the support and maintenance of the Orlando Museum of Art

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

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Orlando Union Rescue Mission 1521 W Washington Street Orlando, FL 32805	59-1035082	501(c)(3)	20,475				Annual Distribution, General Contribution
Pandora Genomics LLC 518 South Magnolia Ave Suite 100 Orlando, FL 32801	45-2132252	Other	35,000				Florida IDEA Fall 2011 Grant Cycle

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

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Pisgah Legal Services P O Box 2276 Asheville, NC 28802	56-1191115	501(c)(3)	6,000				General Contribution
Prevent Blindness Florida 800 2nd Avenue South Suite 390 St Petersburg, FL 33701	59-6181662	501(c)(3)	6,790				Annual Distribution-for assistance to needy people in Central Florida

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Pure Water for All Foundation 403 West Main Street Washington, IA 52353	26-0328102	501(c)(3)	10,000				To provide a way to make all drinking water perfectly safe to drink to any person at anytime and stop the death of millions of people and children
Rillip 2213 Pine Tree Drive Edgewater, FL 32141	45-2908079	Other	25,000				Florida IDEA Fall 2011 Grant Cycle

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Robert R McCormick Tribune Foundation 205 North Michigan Ave Suite 4300 Chicago, IL 60601	36-3689171	501(c)(3)	5,000				Orlando Sentinel Family Fund's United Partners Campaign, Sentinel Family Fund - General Contribution
Rollins College 1000 Holt Ave 2755 Winter Park, FL 32789	59-0624440	501(c)(3)	77,221				2012 Donor's Forum membership, \$20,000 to support the Rollins MBA Venture Challenge \$10,000 to support the operations of the CFAE, Capacity Building Workshops and Coaching for Winter Park Nonprofits @ Philanthropy & Nonprofit Leadership Ctr , Annual Distribution

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Rotary Club Of Winter Park Charitable Foundation PO Box 1416 Winter Park, FL 32790	57-0923231	501(c)(3)	7,178				General Contribution and Scholarships
Sanford-Burnham Medical Research Institute 6400 Sanger Rd Orlando, FL 32827	51-0197108	501(c)(3)	18,000				Will go towards naming 8 chairs in the auditorium, To support breast cancer research

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Second Harvest Food Bank Of Central Florida 2008 Brengle Avenue Orlando, FL 32808	59-2142315	501(c)(3)	34,245				Annual Distribution - Kids Cafe Reeves Terrace, DLR Group Inc 's fundraising for the Canstrution's Annual Orlando Design/Build Competition which puts a visual spotlight on hunger, Provide matching funds for recent pledge drive, General Contribution
Seniors First5395 LB McLeod Road Orlando, FL 32811	59-2759603	501(c)(3)	137,676				Emergency Home Delivered Meals, General Fund - CCE In-Home Services, 2012 Distribution, for the purchase of 14 GPS units including installation & monitoring charges for the 16 vehicle fleet for one year

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Steppin Stone Farm 8421 Pritcher Road Lithia, FL 33547	23-7348139	501(c)(3)	10,000				General Contribution
Stetson University 421 N Woodland Boulevard DeLand, FL 32723	59-0624416	501(c)(3)	52,000				General Contribution, Hope Scholarship

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

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Suffolk University Office of Advancement 8 Ashburton Place Boston, MA 02108	04-2133255	501(c)(3)	10,000				General Contribution
Sun System Development Corporation Florida Hospital for Children 2809 N Orange Avenue Orlando, FL 32804	59-2219301	501(c)(3)	200,000				Pediatric Dermatology Center

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Surprise Lake Camp 307 7th Avenue Suite 900 New York, NY 10001	13-1623869	501(c)(3)	18,000				Designation towards the capital campaign to fund scholarships for needy children to attend the camp
Sustainable Cambodia 101 SE 2nd Place Suite 201-B Gainesville, FL 32601	20-0175973	501(c)(3)	5,900				New Big Village Basket and renewal of scholarships for Chanthea, Lyhuong and Visa

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
The Boggy Creek Gang 30500 Brantley Branch Road Eustis, FL 32736	59-3012889	501(c)(3)	15,666				General Contribution
The Christ School 106 E Church Street Orlando, FL 32801	59-3364919	501(c)(3)	7,500				General Contribution

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
The Orlando Philharmonic Orchestra 812 East Rollins Street Suite 300 Orlando, FL 32803 1203	59-3058884	501(c)(3)	13,227				Annual Distribution, Annual Distribution-to support education programs for children that will be identified by the Philharmonic, Annual Distribution - in support of Opera
UCP of Central Florida 1221 W Colonial Dr Suite 300 Orlando, FL 32804	59-0799925	501(c)(3)	8,184				Annual Distribution-for the care and training of children, To permit UCP to purchase additional curriculum materials to support its inclusive PreK-3rd Grade education program, General Contribution

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
United Arts of Central Florida 2450 Maitland Center Pkwy Suite 201 201 Maitland, FL 32751	59-1166446	501(c)(3)	19,250				"Orlando Science Center, General Fund, Bach Festival Society, Crealde School of Art, Enzian Theater, Orange County Regional History Center, Orlando Museum of Art, Orlando Philharmonic, Orlando Repertory Theatre, Orlando Shakespeare Theater

**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

**2011**

**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 2012 meeting.
	Form 990, Part VI, Section B, line 12c	The organization's conflict of interest policy disclosure statement is completed annually by board and committee members. Updates are made throughout the year as circumstances warrant. Staff and committee chairs monitor compliance with the policy as potential conflicts arise.
	Form 990, Part VI, Section B, line 15a	The President/CEO's salary is reviewed and approved by the board of directors. Sector based data is used to determine the comparability of the salary to similar positions at similarly situated organizations. Written minutes of all board of directors meetings are kept.
	Form 990, Part VI, Section C, line 19	Governing documents, conflict of interest policy, and financial statements of the Community Foundation of Central Florida are made available upon request. These documents are also available on the organization's website.
Changes in Net Assets or Fund Balances	Form 990, Part XI, line 5	Net unrealized losses on investments -2,786,076 Change in value of split interest agreements -185,177 Total to Form 990, Part XI, Line 5 -2,971,253

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2011**

**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 related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

- f** Sale of assets to related organization(s)
- g** Purchase of assets from related organization(s)
- h** Exchange of assets with related organization(s)
- i** Lease of facilities, equipment, or other assets to related organization(s)
- j** Lease of facilities, equipment, or other assets from related organization(s)
- k** Performance of services or membership or fundraising solicitations for related organization(s)
- l** Performance of services or membership or fundraising solicitations by related organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- n** Sharing of paid employees with related organization(s)

- o** Reimbursement paid to related organization(s) for expenses
- p** Reimbursement paid by related organization(s) for expenses

- q** Other transfer of cash or property to related organization(s)
- r** Other transfer of cash or property from related 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****Schedule R (Form 990) 2011**

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 59-3182886

**Name:** COMMUNITY FOUNDATION OF CENTRAL FLORIDA INC

**Form 990, Special Condition Description:**

**Special Condition Description**