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 private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2021

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning 05-01-2021 , and ending 04-30-2022

B Check if applicable:
- [x] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Final return/terminated
- [ ] Amended return
- [ ] Application pending

C Name of organization
CENTRAL FLORIDA FOUNDATION INC

% MEGHAN WARRICK CFO

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) 800 North Magnolia Ave Ste 1700

Room/suite

City or town, state or province, country, and ZIP or foreign postal code
Orlando, FL 32803

D Employer identification number
59-3182886

E Telephone number
(407) 872-3050

G Gross receipts $ 114,002,811

F Name and address of principal officer:
MARK BREWER
800 N Magnolia Ave Ste 1700
Orlando,FL 32803

H(a) Is this a group return for subordinates? [ ] Yes [x] No

H(b) Are all subordinates included? [ ] Yes [ ] No
If "No," attach a list. See instructions.

H(c) Group exemption number ▶

I Tax-exempt status: [x] 501(c)(3) [ ] 501(c) ( ) ◀ (insert no.) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ WWW.CFFOUND.ORG

K Form of organization: [x] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation: 1993

M State of legal domicile: FL

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
AS CENTRAL FLORIDA'S COMMUNITY FOUNDATION, WE FOCUS ON BUILDING COMMUNITY BY BUILDING PHILANTHROPY.

2 Check this box ▶ [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	22
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	21
5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	**5**	12
6	Total number of volunteers (estimate if necessary)	**6**	146
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	**7b**	

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	4,738,334	83,316,839
9	Program service revenue (Part VIII, line 2g)	84,607	13,100
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,964,619	7,707,680
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	52,714	21,000
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,840,274	91,058,619
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	4,856,222	5,791,038
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,152,329	1,232,748
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶498,947		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	872,351	1,125,127
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	6,880,902	8,148,913
19	Revenue less expenses. Subtract line 18 from line 12	959,372	82,909,706

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	80,276,418	137,928,112
21	Total liabilities (Part X, line 26)	2,169,366	2,829,139
22	Net assets or fund balances. Subtract line 21 from line 20	78,107,052	135,098,973

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: 2022-09-15

MARK BREWER PRESIDENT/CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
				P01240455

Firm's name ▶ BDO USA LLP — Firm's EIN ▶

Firm's address ▶ 450 S Orange Ave Suite 550
Orlando, FL 32801

Phone no. (407) 841-6930

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☑

1 Briefly describe the organization's mission:

CENTRAL FLORIDA FOUNDATION HAS SERVED AS THE REGION'S COMMUNITY FOUNDATION FOR OVER 25 YEARS. WITH THAT, OUR ROLE IS TO INCREASE PHILANTHROPY TO ADDRESS PRESSING SOCIAL ISSUES IN OUR COMMUNITY.

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 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 $ 6,100,444 including grants of $ 5,699,038) (Revenue $ 13,100)

The Foundation gave grants to 314 nonprofits for a variety of charitable purposes in Central Florida and across the United States. These grants help to address a variety of areas from the day to day operating needs of nonprofits all the way to addressing the root causes of the most pressing social issues in Central Florida. The grant-making program includes awarding scholarships to students furthering their education through technical and career education, undergraduate and graduate programs locally and beyond.

4b (Code:) (Expenses $ 522,295 including grants of $ 0) (Revenue $ 0)

The Foundation stewards charitable funds for individuals, families, businesses, governments and organizations to help them address the social issues that matter most to them in Central Florida and beyond. This program also helps people to consider their legacy and how it will live on after their passing to continue to improve the quality of life in Central Florida.

4c (Code:) (Expenses $ 32,448 including grants of $ 0) (Revenue $ 0)

Nonprofit Search is an online searchable database of profiles with information provided by nonprofits and validated by Foundation staff. Our Nonprofit Search is designed to help people easily find nonprofits in order to make stronger giving decisions. In collaboration with other community foundations around the country, Central Florida Foundation was one of the pioneers of this resource and was one of the first in the country to use it.

4d Other program services (Describe in Schedule O.)
(Expenses $ 351,520 including grants of $ 92,000) (Revenue $ 0)

4e **Total program service expenses** ▶ 7,006,707

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L,* Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L,* Part I	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L,* Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O.	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V ☐

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	20		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	12		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			**2b**	Yes
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**3a**	No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*			**3b**	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			**4a**	No
b	If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			**5a**	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			**5c**	
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			**6a**	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**	
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			**7f**	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**	
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			**8**	No
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?			**9a**	No
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			**9b**	No
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O.			**13a**	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*			**14b**	
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule O.			**15**	No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.			**16**	No
17	**Section 501(c)(21) organizations.** Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.			**17**	

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 or note to any line in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	**1a**	22		
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	21		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		**2**		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		**5**		No
6	Did the organization have members or stockholders?		**6**		No
7a	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?		**7a**		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		**7b**		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?		**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?		**8b**	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		**9**		No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**		No
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?	**10b**		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**	Yes	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did the organization have a written document retention and destruction policy?	**14**	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	**15a**	Yes	
b	Other officers or key employees of the organization	**15b**	Yes	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**16a**		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	**16b**		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ FL

18 Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 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 ☐ Other (explain in Schedule O)

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 during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records: ▶MEGHAN WARRICK CFO 800 NORTH MAGNOLIA AVENUE STE 1700 ORLANDO,FL 32803 (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 or note to any line 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. 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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Mark Brewer President/CEO	50.0 0.0	X		X				188,277	0	27,745
(2) Nicole Donelson Vice President of Philanthropy	45.0 0.0				X			128,346	0	23,292
(3) Meghan Warrick EVP/CFO	40.0 0.0			X				111,266	0	21,128
(4) Jeffery Q Jonasen Immediate Past Chair	2.0 0.0	X		X				0	0	0
(5) Thomasa Sanchez Chair	2.0 0.0	X		X				0	0	0
(6) Ashley Hill Treasurer	2.0 0.0	X		X				0	0	0
(7) Kay Rawlins Secretary	2.0 0.0	X		X				0	0	0
(8) Brian Butler Board Member	1.0 0.0	X						0	0	0
(9) Jay Chaudhari Board Member	1.0 0.0	X						0	0	0
(10) Carlos Carbonell Board Member	1.0 0.0	X						0	0	0
(11) Avani Desai Board Member	1.0 0.0	X						0	0	0
(12) Michael Frumkin Board Member	1.0 0.0	X						0	0	0
(13) Robert Newland Board Member	1.0 0.0	X						0	0	0
(14) Tajiana Ancora-Brown Board Member	1.0 0.0	X						0	0	0
(15) Waymon Armstrong Board Member	1.0 0.0	X						0	0	0
(16) Rebecca True Board Member	1.0 0.0	X						0	0	0
(17) Achal Aggarwal Board Member	1.0 0.0	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
(18) John Martinez Board Member	1.00	X						0	0	0
(19) Lourdes Mola Board Member	1.00	X						0	0	0
(20) Sean DeMartino Board Member	1.00	X						0	0	0
(21) David Torre Board Member	1.00	X						0	0	0
(22) Shari Dingle Constantini Board Member	1.00	X						0	0	0
(23) Giti Khalsa Board Member	1.00	X						0	0	0
(24) Robert Panepinto Board Member	1.00	X						0	0	0
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								427,889	0	72,165

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 ▶ 3

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
CapFinancial, PO Box 600071 RALEIGH, NC 27675	Investment Mgmt	118,100

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 ▶ 1

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . . . ☐

	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants, and OtherAmt Similar Amounts				
1a Federated campaigns . . 1a				
b Membership dues . . 1b				
c Fundraising events . . 1c				
d Related organizations 1d				
e Government grants (contributions) 1e	193,400			
f All other contributions, gifts, grants, and similar amounts not included above 1f	83,123,439			
g Noncash contributions included in lines 1a - 1f:$ 1g	73,208,042			
h **Total.** Add lines 1a-1f . . . . . ▶	83,316,839			
Program Service Revenue	Business Code			
2a GRANTMAKING SERVICES REVENUE	561000	13,100	13,100	
b				
c				
d				
e				
f All other program service revenue.				
g **Total.** Add lines 2a–2f. . . . . ▶	13,100			
3 Investment income (including dividends, interest, and other similar amounts)		1,651,345		1,651,345
4 Income from investment of tax-exempt bond proceeds ▶		0		
5 Royalties . . . . . ▶		0		
	(i) Real	(ii) Personal		
6a Gross rents 6a				
b Less: rental expenses 6b				
c Rental income or (loss) 6c	0	0		
d Net rental income or (loss) . . . . . ▶		0		
	(i) Securities	(ii) Other		
7a Gross amount from sales of assets other than inventory 7a	29,000,527			
b Less: cost or other basis and sales expenses 7b	22,944,192			
c Gain or (loss) 7c	6,056,335			
d Net gain or (loss) . . . . . ▶		6,056,335		6,056,335
Other Revenue 8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . 8a	0			
b Less: direct expenses 8b	0			
c Net income or (loss) from fundraising events . . ▶		0		
9a Gross income from gaming activities. See Part IV, line 19 . . . 9a	0			
b Less: direct expenses 9b	0			
c Net income or (loss) from gaming activities . . ▶		0		
10a Gross sales of inventory, less returns and allowances . . 10a	0			
b Less: cost of goods sold . . 10b	0			
c Net income or (loss) from sales of inventory . . ▶		0		
Miscellaneous Revenue	Business Code			
11a BOARD DUES	900099	19,000		19,000
b SPONSORSHIP REVENUE	900099	2,000		2,000
c				
d All other revenue				
e **Total.** Add lines 11a–11d . . . . . ▶		21,000		
12 **Total revenue.** See instructions . . . . ▶		91,058,619	13,100	7,728,680

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).

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	5,614,749	5,614,749		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	176,289	176,289		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	457,406	185,385	113,282	158,739
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	471,669	239,569	153,577	78,523
7 Other salaries and wages	0			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	29,448	13,470	8,458	7,520
9 Other employee benefits	208,989	95,590	60,029	53,370
10 Payroll taxes	65,236	29,839	18,738	16,659
11 Fees for services (non-employees):				
a Management	0			
b Legal	18,298		18,298	
c Accounting	30,100		30,100	
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	319,417	319,417		
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	205,923	205,923		
12 Advertising and promotion	131,640	25,957		105,683
13 Office expenses	77,258	19,457	38,641	19,160
14 Information technology	102,528	42,583	28,907	31,038
15 Royalties	0			
16 Occupancy	122,925	13,780	102,277	6,868
17 Travel	0			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	23,869	8,075	6,305	9,489
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	17,039	7,794	4,894	4,351
23 Insurance	13,814		13,814	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PARKING AND MILEAGE	6,401	2,793	2,186	1,422
b LICENSES AND FEES	8,086		8,086	
c DUES & SUBSCRIPTIONS	12,494	150	10,860	1,484
d UTILITIES AND TELEPHONE	16,972	5,887	6,444	4,641
e All other expenses	18,363		18,363	
25 **Total functional expenses.** Add lines 1 through 24e	8,148,913	7,006,707	643,259	498,947
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		784,173	1	691,320
	2	Savings and temporary cash investments		2,369,795	2	1,865,702
	3	Pledges and grants receivable, net		143,086	3	575,123
	4	Accounts receivable, net		0	4	0
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		0	6	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		0	8	0
	9	Prepaid expenses and deferred charges		7,284	9	1,017
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 139,485			
	b	Less: accumulated depreciation	10b 28,769	9,522	10c	110,716
	11	Investments—publicly traded securities		69,930,125	11	127,193,692
	12	Investments—other securities. See Part IV, line 11		6,394,202	12	5,999,655
	13	Investments—program-related. See Part IV, line 11		521,061	13	432,807
	14	Intangible assets		0	14	0
	15	Other assets. See Part IV, line 11		117,170	15	1,058,080
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		80,276,418	16	137,928,112
Liabilities	17	Accounts payable and accrued expenses		7,161	17	26,169
	18	Grants payable		2,048,476	18	1,715,305
	19	Deferred revenue		0	19	0
	20	Tax-exempt bond liabilities		0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		0	21	0
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	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		113,729	25	1,087,665
	26	**Total liabilities.** Add lines 17 through 25		2,169,366	26	2,829,139
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		78,032,758	27	135,026,184
	28	Net assets with donor restrictions		74,294	28	72,789
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		78,107,052	32	135,098,973
	33	Total liabilities and net assets/fund balances		80,276,418	33	137,928,112

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	**1**	91,058,619
2	Total expenses (must equal Part IX, column (A), line 25)	**2**	8,148,913
3	Revenue less expenses. Subtract line 2 from line 1	**3**	82,909,706
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) . .	**4**	78,107,052
5	Net unrealized gains (losses) on investments	**5**	-25,915,993
6	Donated services and use of facilities	**6**	1,200
7	Investment expenses	**7**	
8	Prior period adjustments	**8**	
9	Other changes in net assets or fund balances (explain in Schedule O)	**9**	-2,992
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column	**10**	135,098,973

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . . ☐

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	**2a**		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	**2b**	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	**2c**	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	**3a**		No
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.	**3b**		

Additional Data

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

SCHEDULE A (Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
CENTRAL FLORIDA FOUNDATION 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 12, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)

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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:

10 ☐ 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.)

11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

12 ☐ 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations . . . . . .

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)** (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .	5,880,096	6,694,288	3,304,586	4,738,334	11,892,063	32,509,367
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						0
4 **Total.** Add lines 1 through 3	5,880,096	6,694,288	3,304,586	4,738,334	11,892,063	32,509,367
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . .						3,411,308
6 **Public support.** Subtract line 5 from line 4.						29,098,059

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4. .	5,880,096	6,694,288	3,304,586	4,738,334	11,892,063	32,509,367
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . .	1,205,068	1,436,635	1,557,040	1,173,189	1,256,441	6,628,373
9 Net income from unrelated business activities, whether or not the business is regularly carried on. .						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). .	0	23,734	94,799	52,714	21,120	192,367
11 **Total support.** Add lines 7 through 10						39,330,107

12	Gross receipts from related activities, etc. (see instructions)	12	373,703

13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ▶☐

Section C. Computation of Public Support Percentage

14	Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f))	14	73.984 %
15	Public support percentage for 2020 Schedule A, Part II, line 14	15	73.701 %

16a **33 1/3% support test—2021.** 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—2020.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶☐

17a **10%-facts-and-circumstances test—2021.** 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶☐

b **10%-facts-and-circumstances test—2020.** 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶☐

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

(Complete only if you checked the box on line 10 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. .						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 **Total support.** (Add lines 9, 10c, 11, and 12.). .						

14 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**. . . . . ▶☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2021 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2020 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2021** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2020** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests-2021.** 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—2020.** 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 Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990) .*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*	10b		

Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on 11a above?	11b		
c	A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to 11a, 11b, or 11c, provide detail in* ***Part VI****.*	11c		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.*	2		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	1		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	2		
3	By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**:

- **a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- **b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- **c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. **Answer lines 2a and 2b below.**

			Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		

3 Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No", provide details in* ***Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard.*	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 *(explain in **Part VI**)*. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income

			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount

			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (*explain in detail in **Part VI***):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount

			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D - Distributions		**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	**1**	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	**2**	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	**3**	
4 Amounts paid to acquire exempt-use assets	**4**	
5 Qualified set-aside amounts (*prior IRS approval required - provide details in* ***Part VI***)	**5**	
6 Other distributions (*describe in* ***Part VI***). See instructions	**6**	
7 **Total annual distributions.** Add lines 1 through 6.	**7**	
8 Distributions to attentive supported organizations to which the organization is responsive (*provide details in* ***Part VI***). See instructions	**8**	
9 Distributable amount for 2021 from Section C, line 6	**9**	
10 Line 8 amount divided by Line 9 amount	**10**	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2021**	**(iii) Distributable Amount for 2021**
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required-- *explain in* ***Part VI***). See instructions.			
3 Excess distributions carryover, if any, to 2021:			
a From 2016.			
b From 2017.			
c From 2018.			
d From 2019.			
e From 2020.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, *explain in* ***Part VI***. See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, *explain in* ***Part VI***. See instructions.			
7 **Excess distributions carryover to 2022.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017.			
b Excess from 2018.			
c Excess from 2019.			
d Excess from 2020.			
e Excess from 2021.			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation

Additional Data

Return to Form

Software ID:

Software Version:

Schedule B

(Form 990)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ **Attach to Form 990, 990-EZ, or 990-PF.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2021

Name of the organization
CENTRAL FLORIDA FOUNDATION INC

Employer identification number
59-3182886

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	☐ 501(c)( ) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	☐ 527 political organization
Form 990-PF	☐ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33$^{1}/_{3}$% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year . . . . . ▶ $ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
CENTRAL FLORIDA FOUNDATION INC

Employer identification number
59-3182886

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

Contributors

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED		$ RESTRICTED	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)

Name of organization
CENTRAL FLORIDA FOUNDATION INC

Employer identification number
59-3182886

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	

Name of organization
CENTRAL FLORIDA FOUNDATION INC

Employer identification number
59-3182886

Part III ***Exclusively*** **religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of $1,000 or less for the year. (Enter this information once. See instructions.)** ▶ **$** _____

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift Transferee's name, address, and ZIP 4		Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift Transferee's name, address, and ZIP 4		Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift Transferee's name, address, and ZIP 4		Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift Transferee's name, address, and ZIP 4		Relationship of transferor to transferee

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE C (Form 990)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶**Complete if the organization is described below.** ▶**Attach to Form 990 or Form 990-EZ.**
▶**Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2021

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of the organization	**Employer identification number**
CENTRAL FLORIDA FOUNDATION INC	59-3182886

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities."

2 Political campaign activity expenditures. See instructions ▶ $

3 Volunteer hours for political campaign activities. See instructions

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 $

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ $

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

	(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds. If none, enter -0-.	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1					
2					
3					
4					
5					
6					

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)	4,500	
c Total lobbying expenditures (add lines 1a and 1b)	4,500	
d Other exempt purpose expenditures	8,144,413	
e Total exempt purpose expenditures (add lines 1c and 1d)	8,148,913	
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	557,446	

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e.
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000.
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000.
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000.
Over $17,000,000	$1,000,000.

g Grassroots nontaxable amount (enter 25% of line 1f)	139,362	
h Subtract line 1g from line 1a. If zero or less, enter -0-.		
i Subtract line 1f from line 1c. If zero or less, enter -0-.		

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount			225	557,446	557,671
b Lobbying ceiling amount (150% of line 2a, column(e))					836,507
c Total lobbying expenditures			4,275	4,500	8,775
d Grassroots nontaxable amount			123,511	139,362	262,873
e Grassroots ceiling amount (150% of line 2d, column (e))					394,310
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?			
j	Total. Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures. See Instructions	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
PART II-A	THE FOUNDATION SUPPORTS A NATIONWIDE INITIATIVE TO SUPPORT THE OPERATIONS OF COMMUNITY FOUNDATIONS ACROSS THE COUNTRY.

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**
▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
CENTRAL FLORIDA FOUNDATION 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" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	87	24
2	Aggregate value of contributions to (during year)	76,789,625	168,224
3	Aggregate value of grants from (during year)	3,499,863	233,318
4	Aggregate value at end of year	75,638,988	3,557,376

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☑ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☑ Yes ☐ No

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

		Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

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 FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

3 Using the organization's acquisition, 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 XIII.

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" on 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 XIII and complete the following table:

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . ☐ **Yes** ☐ **No**

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . . ☐

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	62,584,309	49,389,455	50,552,410	48,754,788	46,083,039
b	Contributions . . .	3,925,397	201,314	2,147,828	1,322,738	563,982
c	Net investment earnings, gains, and losses	-1,468,489	15,622,624	-762,414	3,008,389	4,470,748
d	Grants or scholarships . . .	1,518,271	1,525,310	1,570,491	1,612,132	1,438,174
e	Other expenditures for facilities and programs . . .					
f	Administrative expenses	1,304,184	1,103,774	977,878	921,373	924,807
g	End of year balance	62,218,762	62,584,309	49,389,455	50,552,410	48,754,788

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

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

The percentages on lines 2a, 2b, and 2c should equal 100%.

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

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. 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
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		139,485	28,769	110,716
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* . . ▶				110,716

Part VII Investments - Other Securities.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11b.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)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶		

Part VIII Investments - Program Related.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 13.)* ▶		

Part IX Other Assets.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* ▶	

Part X Other Liabilities.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.
See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
LIABILITY UNDER SPLIT INT. AGM	76,635
LEASE LIABILITY	1,011,030
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	1,087,665

2. Liability for uncertain tax positions. In Part XIII, 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). Check here if the text of the footnote has been provided in Part XIII ☑

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	62,139,153
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	-23,365,668		
b	Donated services and use of facilities	2b	1,200		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	324,011		
e	Add lines **2a** through **2d**			2e	-23,040,457
3	Subtract line **2e** from line **1**			3	85,179,610
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	247,417		
b	Other (Describe in Part XIII.)	4b	5,631,592		
c	Add lines **4a** and **4b**			4c	5,879,009
5	Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.)			5	91,058,619

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	7,384,354
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	37,861		
e	Add lines **2a** through **2d**			2e	37,861
3	Subtract line **2e** from line **1**			3	7,346,493
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	247,417		
b	Other (Describe in Part XIII.)	4b	555,003		
c	Add lines **4a** and **4b**			4c	802,420
5	Total expenses. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18.)			5	8,148,913

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part lV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
PART V, LINE 4:	ENDOWMENT FUNDS PROVIDE SUSTAINABLE FUNDING FOR CHARITABLE PROJECTS IN CENTRAL FLORIDA AND ACROSS THE UNITED STATES.
PART X, LINE 2:	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's open tax years subject to examination by the Internal Revenue Service generally remain open for three years from the date of filing.
PART XI, LINE 2D - OTHER ADJUSTMENTS:	Internal administrative fees $203,546 Revenue from CFRHT (just 3rd party contributions) $102,724 Revenue related to the LCF $ 20,750 Change in value of split interest agreements ($ 1,504) OTHER ($ 1,505) TOTAL TO SCHEDULE D, PART XI, LINE 2D: $324,011
PART XI, LINE 4B - OTHER ADJUSTMENTS:	Funds held for Nonprofits Contributions $3,693,039 Funds held for Nonprofits Interest and Dividends $ 394,783 Funds held for Nonprofits on Realized Gains $1,543,770 TOTAL TO SCHEDULE D, PART XI, LINE 4B: $5,631,592
PART XII, LINE 2D - OTHER ADJUSTMENTS:	Expense related to the Lake Community Foundation, Inc. $35,297 Expense related to the Isleworth Community Trust, Inc. $ 2,564 TOTAL TO SCHEDULE D, PART XII, LINE 2D: $37,861
PART XII, LINE 4B - OTHER ADJUSTMENTS:	AGENCY BANK/BROKER FEES $ 72,000 AGENCY AUTHORIZED GRANTS $391,003 GRANTS TO CFRHT $ 92,000 PART XII, LINE 4B - OTHER ADJUSTMENTS: $555,003

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.**

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
CENTRAL FLORIDA FOUNDATION INC

Employer identification number
59-3182886

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☐ **Yes** ☐ **No**

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activites per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

	(a) Region	**(b)** Number of offices in the region	**(c)** Number of employees, agents, and independent contractors in the region	**(d)** Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	**(e)** If activity listed in (d) is a program service, describe specific type of service(s) in the region	**(f)** Total expenditures for and investments in the region
(1)	Central America and the Caribbean			Investments		3,663,393
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
3a	Sub-total					3,663,393
b	Total from continuation sheets to Part I . . .					
c	**Totals** (add lines 3a and 3b)					3,663,393

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

1	**(a)** Name of organization	**(b)** IRS code section and EIN (if applicable)	**(c)** Region	**(d)** Purpose of grant	**(e)** Amount of cash grant	**(f)** Manner of cash disbursement	**(g)** Amount of noncash assistance	**(h)** Description of noncash assistance	**(i)** Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶

3 Enter total number of other organizations or entities . . . . . ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	**(b)** Region	**(c)** Number of recipients	**(d)** Amount of cash grant	**(e)** Manner of cash disbursement	**(f)** Amount of noncash assistance	**(g)** Description of noncash assistance	**(h)** Method of valuation (book, FMV, appraisal, other)
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								
(17)								
(18)								

Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	☐ Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)*	☑ Yes	☐ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* .	☑ Yes	☐ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).*	☐ Yes	☑ No

Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

ReturnReference	Explanation

Additional Data

Software ID:

Software Version:

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
CENTRAL FLORIDA FOUNDATION INC

Employer identification number
59-3182860

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) 306 Foundation Inc PO Box 3643 Winter Park,FL 32790	45-3936807	501 (c)(3)	10,000				Operating Support
(2) Aaronthewalls Foundation Inc 1900 Pinetree Orlando,FL 32803	59-2219301	501 (c)(3)	75,071				Operating Support
(3) Aja Khan Foundation Usa 5826 S Orange Ave Jacksonville,FL 32244	52-1231983	501 (c)(3)	19,250				Operating Support
(4) Alexander Muss High School in Israel Jeff Rennicki-Admin Of Boca Raton,FL 33497	59-0173782	501 (c)(3)	10,000				Operating Support
(5) Alliance for Community Health 3170 Citrus Tower Blvd Clermont,FL 34711	46-5434423	501 (c)(3)	80,000				CareC360
(6) Alzheimer's & Dementia Alliance of Fl Inc 14154 Globe St Winter Park,FL 32789	59-2496511	501 (c)(3)	9,500				Operating Support
(7) American Red Cross Natl Office of FTW Oklahoma City,OK 73162	13-1788491	501 (c)(3)	6,774				Operating Support
(8) Area Agency On Aging Of Pasco-Pinellas 3165 Maguire Blvd Orlando,FL 32803	59-3144723	501 (c)(3)	59,500				See Part IV
(9) Arthritis Foundation 1355 Peachtree St NE Atlanta,GA 30309	58-1341679	501 (c)(3)	12,590				See Part IV
(10) Astronaut Scholarship Foundation 651 Danville Dr Orlando,FL 32825	59-2448775	501 (c)(3)	25,000				Operating Support
(11) Bach Festival Society Of Winter Park Inc 1000 West Fairbanks Ave Winter Park,FL 327894499	59-6015959	501 (c)(3)	8,150				See Part IV
(12) Back to Nature Wildlife Refuge 10525 Copp Simms Duda Rd Dover,FL 33527 Orlando,FL 32832	59-2961216	501 (c)(3)	7,000				See Part IV
(13) Bethune-Cookman University ATTN Fin Aid/Scholarships Daytona Beach,FL 32114	59-0704726	501 (c)(3)	25,000				See Part IV
(14) Bluefield College 3000 College Ave Bluefield,VA 24605	54-0568200	501 (c)(3)	40,000				Operating Support
(15) CASI-FLORIDA INC 8076 N 56th St Tampa,FL 33617	65-1110616	501 (c)(3)	22,300				See Part IV
(16) Cat Protection Society PO Box 1078 Sonoma,FL 327761078	59-3412294	501 (c)(3)	37,825				Operating Support
(17) Central Florida Regional Housing Trust Inc 800 N Magnolia Ave 1700 Orlando,FL 32803	32-4107825	501 (c)(3)	92,000				Operating Support
(18) Central Florida Zoological Society Inc PO Box 470309 Lake Monroe,FL	59-1357197	501 (c)(3)	18,019				See Part IV
(19) Change Everything Initiative Inc 255 S Orange Ave Orlando,FL 32801	82-3991560	501 (c)(3)	419,510				See Part IV
(20) Coalition For Children Inc PO Box 3467 Orlando,FL 328023467	59-2814255	501 (c)(3)	27,742				Operating Support
(21) Community Coordinated Care For Children Inc 1014 N Mills Ave Orlando,FL 32808	59-1371754	501 (c)(3)	324,777				See Part IV
(22) Council on Foundations 1255 23rd St NW Washington,DC 20037	13-6068327	501 (c)(3)	6,750				See Part IV
(23) Crooked Gainesville Golf Club Inc Gainesville,FL 32627	82-1946648	501 (c)(3)	10,000				See Part IV
(24) Dr Phillips Center for the Performing Arts 155 E Anderson St Orlando,FL 32801	20-0695917	501 (c)(3)	31,970				See Part IV
(25) Early Learning Coalition Of Orange County 7700 Southland Blvd Orlando,FL 32809	31-1759186	501 (c)(3)	240,878				See Part IV
(26) East Central Florida Regional Planning Council 1011 Wilson Blvd Orlando,FL 32801	59-3679904	501 (c)(3)	10,870				See Part IV
(27) Edgewood Children's Ranch 1451 Edgewood Ranch Rd Orlando,FL 32835	59-1150182	501 (c)(3)	31,213				See Part IV
(28) Edyth Bush Inst for Philanthropy & Nonprofit Lead 1000 Holt Ave 2755 Winter Park,FL 32789	59-0624440	501 (c)(3)	7,000				See Part IV
(29) Elevate Orlando Inc 1900 S Orlando Ave Maitland,FL 32794	26-3330456	501 (c)(3)	10,000				See Part IV
(30) Family Promise of Greater Orlando Inc 1000 Clay St Winter Park,FL 32789	59-3679904	501 (c)(3)	6,232				See Part IV
(31) First Church of Christ Scientist 210 Massachusetts Ave Boston,MA 021151195	04-2254742	501 (c)(3)	7,186				See Part IV
(32) First Tee of Central Florida 1900 Rio Rd Orlando,FL 32810	27-0149539	501 (c)(3)	25,000				See Part IV
(33) Florida After School Alliance Inc PO Box 5614 Winter Park,FL 33563	59-3062864	501 (c)(3)	6,149				See Part IV
(34) Florida Philanthropic Network 1191 W Linebaugh Ave Tampa,FL 33626	20-1328734	501 (c)(3)	12,000				See Part IV
(35) Foundation for Foster Children 2200 Lee Rd Winter Park,FL 32789	26-1682601	501 (c)(3)	65,000				See Part IV
(36) Foundation For Orange County Public Schools Inc 445 W Amelia St Orlando,FL 32801	59-2788435	501 (c)(3)	11,969				See Part IV
(37) Foundation for Orlando's Future 200 S Orange Ave Orlando,FL 32801	59-3678634	501 (c)(3)	150,000				"Pipeline" Project
(38) Gateway Services for Osceola Education Inc 2310 New Beginnings Rd Kissimmee,FL 34744	59-2960396	501 (c)(3)	65,985				Operating Support
(39) GiveBest Community Foundation Inc 5501 S Florida Ave Lakeland,FL 338031152	59-3649071	501 (c)(3)	10,666				Operating Support
(40) Grove Hold Fast Rescue 4713 Sundell Rd Lakeland,FL 33810	47-1587380	501 (c)(3)	6,000				See Part IV
(41) Habitat for Horse of Central Florida Inc PO Box 680746 Orlando,FL 32868	59-1712936	501 (c)(3)	11,461				See Part IV
(42) Heart of Florida United Way 1940 Cannery Way Orlando,FL 32804	59-0808854	501 (c)(3)	142,639				See Part IV
(43) Helen Nutrition Consultants Inc 1900 Summit Tree Blvd Orlando,FL 32835	59-3258397	501 (c)(3)	7,500				See Part IV
(44) Holden Heights Community Development Corporation 1400 Holden Ave Orlando,FL 32839	37-1882614	501 (c)(3)	100,000				Orlando Kidz Zones
(45) Holocaust Memorial Resource & Edu Ctr of FL Inc 851 N Maitland Ave Maitland,FL 32751	59-2219851	501 (c)(3)	14,713				Operating Support
(46) Homeless Services Network of Central Florida 142 E Jackson St Orlando,FL 32801	59-3213027	501 (c)(3)	13,762				Operating Support
(47) Inside Out Jail Ministries PO Box 164 Goldenrod,FL 32733	46-4629727	501 (c)(3)	25,000				See Part IV
(48) Jewish Federation of Greater Orlando 851 N Maitland Ave Maitland,FL 32751	59-0944923	501 (c)(3)	16,000				Operating Support
(49) Johnson & Wales University 8 Abbott Park Pl Providence,RI 02903	05-0304206	501 (c)(3)	10,000				See Part IV
(50) Junior League of Greater Orlando Inc 1771 Lee Rd Winter Park,FL 32792	59-0774674	501 (c)(3)	12,000				Operating Support
(51) La Amistad Foundation Inc 8400 La Amistad Cove Fern Park,FL 32730	59-1300982	501 (c)(3)	7,591				Operating Support
(52) Lake Silver Elementary School 2401 N Rio Grande Ave Orlando,FL 32804			10,000				Media Center
(53) LIFT Orlando 2043 Jacoba Place Orlando,FL 32826	46-3607865	501 (c)(3)	115,000				See Part IV
(54) Mayflower Retirement Center Inc 1620 Mayflower Court Winter Park,FL 32792	59-2617174	501 (c)(3)	26,061				Operating Support
(55) Meridian Club of Winter Park Scholarship Fund PO Box 2124 Winter Park,FL 32790	51-0205095	501 (c)(3)	6,650				Scholarships
(56) Miami University 725 E Chestnut St Oxford,OH 45056	31-6402089	501 (c)(3)	5,811				Orlon K. Stark Fund
(57) Mission Inn Foundation Eko/Mion Foundation 2590 Gouldelle-Frank Rd N Naples,FL 34103	65-1001650	501 (c)(3)	25,000				See Part IV
(58) New Hope for Kids Inc PO Box 1719 Maitland,FL 32751	59-3441565	501 (c)(3)	62,259				See Part IV
(59) New Image Youth Center 212 S Parramore Avenue Orlando,FL 32805	56-2482818	501 (c)(3)	105,000				Orlando Kidz Zones
(60) One Orlando Alliance Inc PO Box 533005 Orlando,FL 32853	82-1069142	501 (c)(3)	10,000				Operating Support
(61) OneFuture Foundation 125 N Lucerne Cir E Orlando,FL 32801	81-3142847	501 (c)(3)	10,000				Educational Programs
(62) One Purse PO Box 2281 Orlando,FL 32802	45-2860786	501 (c)(3)	25,000				See Part IV
(63) Opera Orlando PO Box 533974 Orlando,FL 32854	27-0406958	501 (c)(3)	16,912				Operating Support
(64) Orlando Relief Inc 600 N Lake Formosa Dr Orlando,FL 32803	23-7427817	501 (c)(3)	8,735				See Part IV
(65) Orlando Community & Youth Trust Inc 595 N Primrose Ave Orlando,FL 32803	45-0572536	501 (c)(3)	1,201,965				Orlando Kidz Zones
(66) Orlando Day Nursery Association 626 Lake Dot Cir Orlando,FL 32801	59-0651096	501 (c)(3)	43,850				Operating Support
(67) Orlando Health Foundation Inc 3160 Southgate Commerce Blvd Orlando,FL 32806	59-2244943	501 (c)(3)	50,000				See Part IV
(68) Orlando Magic Youth Foundation 8701 Maggie Lynnett Blvd Orlando,FL 32810	59-2940230	501 (c)(3)	60,000				See Part IV
(69) Orlando Museum of Art Inc 2416 N Mills Ave Orlando,FL 328034483	59-0910352	501 (c)(3)	18,149				See Part IV
(70) Orlando Philharmonic Orchestra Inc 425 N Bumby Ave Orlando,FL 32803	59-3058884	501 (c)(3)	49,873				See Part IV
(71) Orlando Science Center Inc 777 E Princeton St Orlando,FL 32803	59-0896343	501 (c)(3)	5,471				See Part IV
(72) Orlando Shakespeare Theater Inc 812 E Rollins St Orlando,FL 32803	59-2931698	501 (c)(3)	7,500				See Part IV
(73) Orlando Union Rescue Mission Inc 1521 W Washington St Orlando,FL 32805	59-1035082	501 (c)(3)	25,233				See Part IV
(74) Orlando Youth Alliance Inc PO Box 1943 Orlando,FL 32802	59-3666953	501 (c)(3)	6,220				Scholarships
(75) Osceola Center for the Arts 2411 E Irlo Bronson Hwy Kissimmee,FL 34744	59-6179937	501 (c)(3)	12,117				See Part IV
(76) Parkinson Association of the Carolinas PO Box 3327 Winter Park,FL 327903327	45-5464483	501 (c)(3)	12,000				See Part IV
(77) Pet Alliance of Greater Orlando Inc 1101 Bennett Rd Orlando,FL 32803	59-0637883	501 (c)(3)	59,159				See Part IV
(78) Planned Parenthood Of SW and Central FL Inc 736 Central Ave Sarasota,FL 34236	59-1274328	501 (c)(3)	16,159				See Part IV
(79) Poverty Solutions Group Inc 1000 Lincoln Terr Winter Garden,FL 34787	84-5151564	501 (c)(3)	109,625				See Part IV
(80) Preserve Vision Florida Inc 1500 Seminole Blvd Seminole,FL 33772	59-6181662	501 (c)(3)	6,779				See Part IV
(81) Ridge Technical College 7700 State Rd 544 Winter Haven,FL 33881	59-6000807	501 (c)(3)	12,345				Scholarships
(82) Rollins College 1000 Holt Ave 2743 Winter Park,FL 327894499	59-0624440	501 (c)(3)	80,891				See Part IV
(83) Rotary Club Of Winter Park Charitable Fdn Inc 2200 Aloma Ave Winter Park,FL 32792	57-0923231	501 (c)(3)	6,500				See Part IV
(84) Rotary Foundation 860 Dover Meadows Boone,NC 28607	58-1437002	501 (c)(3)	10,000				Haiti Relief
(85) Shepherd's Hope Inc 455 9th St Winter Garden,FL 34787	59-3420727	501 (c)(3)	46,523				See Part IV
(86) SNJP II of Central Florida 3096 Michigan Ave Kissimmee,FL 34744	59-3760425	501 (c)(3)	12,000				See Part IV
(87) Southeastern Univ - Office of Student Fin Aid 1000 Longfellow Blvd Lakeland,FL 33801	59-0722789	501 (c)(3)	11,080				Scholarships
(88) Spay the Strays PO Box 700112 St Cloud,FL 34770	20-4735793	501 (c)(3)	18,000				See Part IV
(89) Stetson University 421 N Woodland Blvd 1401 61st St S Gulfport,FL 33707	59-0624416	501 (c)(3)	11,000				See Part IV
(90) Strengthen Orlando Inc 400 S Orange Ave Orlando,FL 32801	27-1964941	501 (c)(3)	50,000				See Part IV
(91) Suffolk University Financial Aid Office Boston,MA 02108	04-2133255	501 (c)(3)	10,000				Scholarships
(92) Support Our Scholars PO Box 1965 Winter Park,FL 32790	26-0711355	501 (c)(3)	35,000				See Part IV
(93) The Foundation Inc 210 N Park Ave Winter Park,FL 32789	47-4062831	501 (c)(3)	12,500				Operating Support
(94) The Chamber Foundation Inc 1 Church St Kissimmee,FL 34744	59-3183973	501 (c)(3)	45,572				See Part IV
(95) The CLIC 9401 W Colonial Dr Ocoee,FL 34761	81-0912857	501 (c)(3)	10,000				See Part IV
(96) The Gardens at Gwyuh Nursing Center 1900 Summit Road Winter Park,FL 32789	59-1104552	501 (c)(3)	13,547				Operating Support
(97) The LGBT Center Orlando Inc 946 N Mills Ave Orlando,FL 32803	59-1884445	501 (c)(3)	79,932				Operating Support
(98) The Nature Conservancy Florida Chapter 1055 S Semoran Blvd Ste 2 1021 B Winter Park,FL 32792	53-0242652	501 (c)(3)	293,500				See Part IV
(99) The Nemours Foundation 6535 Nemours Pkwy Orlando,FL 32827	59-0634433	501 (c)(3)	22,500				See Part IV
(100) UCF of Central Florida Inc 4190 Dole Ct Orlando,FL 32817	59-0799925	501 (c)(3)	62,665				See Part IV
(101) United Arts of Central Florida Inc 216 Pasadena Pl Orlando,FL 32803	59-1166446	501 (c)(3)	19,399				See Part IV
(102) University of Central Florida Inc 12424 Research Pkwy Orlando,FL 32826	59-6211832	501 (c)(3)	59,599				See Part IV
(103) Urban Think Foundation Inc 1200 S Rio Grande Orlando,FL 32833	26-2534274	501 (c)(3)	30,000				See Part IV
(104) Vail Valley Foundation Inc PO Box 3822 Avon,CO 81620	74-2215035	501 (c)(3)	10,000				See Part IV
(105) Valencia College Foundation PO Box 3028 Orlando,FL 32802	23-7442785	501 (c)(3)	29,000				See Part IV
(106) West Virginia University Foundation 1 Waterfront Pl 9th Flr Morgantown,WV 26507-6450	55-6017181	501 (c)(3)	15,000				See Part IV
(107) Winter Park Library Associate 460 New England Ave Winter Park,FL 32789	59-0794396	501 (c)(3)	50,915				See Part IV
(108) Women's Club of Winter Park Inc PO Box 1433 Winter Park,FL 327901433	59-0951590	501 (c)(3)	28,751				Scholarship Fund

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 108

3 Enter total number of other organizations listed in the line 1 table 0

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) EDUCATION	40	176,289			EDUC SCHOLARSHIP
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
PART I, LINE 2:	The Foundation monitors grants by conducting due diligence on grantee organizations before grants are approved. Grant agreements accompany certain grants as considered appropriate. Pre-grant meetings, mid-year and final evaluations are included in our grant monitoring process as the circumstances of each grant warrant.
PART II, LINE 1, COLUMN (H):	NAME OF ORGANIZATION OR GOVERNMENT: AREA AGENCY ON AGING OF CENTRAL FL INC H) PURPOSE OF GRANT OR ASSISTANCE: SCENT EVIDENCE K-9 TO ASSIST IN LOCATING LOST ALZHEIMER & DEMENTIA INDIVIDUALS. NAME OF ORGANIZATION OR GOVERNMENT: BACK TO NATURE WILDLIFE REFUGE H) PURPOSE OF GRANT OR ASSISTANCE: FACILITY UPGRADES, PURCHASE DONOR MANAGEMENT SOFTWARE. NAME OF ORGANIZATION OR GOVERNMENT: BETHUNE-COOKMAN UNIVERSITY H) PURPOSE OF GRANT OR ASSISTANCE: BOB BILLINGSLEA SCHOOL OF HOSPITALITY MANAGEMENT NAME OF ORGANIZATION OR GOVERNMENT: CAIR-FLORIDA, INC. H) PURPOSE OF GRANT OR ASSISTANCE: CULTURAL COMPETENCY TRAINING FOR HOSPICE RNS CARING FOR MUSLIM PATIENTS IN CENTRAL FLORIDA. NAME OF ORGANIZATION OR GOVERNMENT: CHANGE EVERYTHING INITIATIVE, INC. H) PURPOSE OF GRANT OR ASSISTANCE: EXPANSION OF PROJECT OPIOID. NAME OF ORGANIZATION OR GOVERNMENT: CREATED GAINESVILLE H) PURPOSE OF GRANT OR ASSISTANCE: COUNSELING ROOM/CLOTHING CLOSET/STAFF OFFICE RENOVATION FOR RESIDENTIAL PROGRAM. NAME OF ORGANIZATION OR GOVERNMENT: DR. PHILLIPS CENTER FOR THE PERFORMING ARTS H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT OF ARTS PROGRAMMING AND ARTS EDUCATION. NAME OF ORGANIZATION OR GOVERNMENT: EARLY LEARNING COALITION OF ORANGE COUNTY H) PURPOSE OF GRANT OR ASSISTANCE: TEACHER TRANING AND RETENTION TO BE PILOTED AT 5 NONPROFIT EARLY CHILDCARE CENTERS IN WINTER PARK. NAME OF ORGANIZATION OR GOVERNMENT: EAST CENTRAL FLORIDA REGIONAL PLANNING COUNCIL H) PURPOSE OF GRANT OR ASSISTANCE: TWO YEAR MYSIDEWALK DASHBOARD CONTRACT NAME OF ORGANIZATION OR GOVERNMENT: ELEVATE ORLANDO INC. H) PURPOSE OF GRANT OR ASSISTANCE: EDUCATIONAL SUPPORT FOR UNDERSERVED YOUTH NAME OF ORGANIZATION OR GOVERNMENT: FAMILY PROMISE OF GREATER ORLANDO, INC H) PURPOSE OF GRANT OR ASSISTANCE: WORK WITH HOMELESS FAMILIES. NAME OF ORGANIZATION OR GOVERNMENT: FIRST TEE OF CENTRAL FLORIDA H) PURPOSE OF GRANT OR ASSISTANCE: YOUTH GOLF EDUCATION PROGRAMS. NAME OF ORGANIZATION OR GOVERNMENT: FOUNDATION FOR FOSTER CHILDREN H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT SERVICES FOR LOCAL FOSTER YOUTH. NAME OF ORGANIZATION OR GOVERNMENT: GRUNE HEIDI FARM RESCUE H) PURPOSE OF GRANT OR ASSISTANCE: MATCHING DONATION PROMOTION FOR RAINBOW BRIDGE PROGRAM. NAME OF ORGANIZATION OR GOVERNMENT: HEBNI NUTRITIONAL CONSULTANTS, INC. H) PURPOSE OF GRANT OR ASSISTANCE: FRESH STOP MOBILE FARMERS MARKET NAME OF ORGANIZATION OR GOVERNMENT: INSIDE OUT JAIL MINISTRIES H) PURPOSE OF GRANT OR ASSISTANCE: THE INSIDE MEN'S COORDINATOR ROLE TO ALLOW FOR EXPANDED SERVICES. NAME OF ORGANIZATION OR GOVERNMENT: JOHNSON & WALES UNIVERSITY H) PURPOSE OF GRANT OR ASSISTANCE: THE MARTIN FAMILY SCHOLARSHIP NAME OF ORGANIZATION OR GOVERNMENT: GRUNE HEIDI FARM RESCUE H) PURPOSE OF GRANT OR ASSISTANCE: MATCHING DONATION PROMOTION FOR RAINBOW BRIDGE PROGRAM. NAME OF ORGANIZATION OR GOVERNMENT: NAPLES CHILDREN & EDUCATION FOUNDATION H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT EDUCATION AND SCHOLARSHIP OPPORTUNITIES FOR NAPLES YOUTH IN NEED. NAME OF ORGANIZATION OR GOVERNMENT: ORLANDO HEALTH FOUNDATION INC. H) PURPOSE OF GRANT OR ASSISTANCE: UKRAINE CRISIS RELIEF FUND NAME OF ORGANIZATION OR GOVERNMENT: ORLANDO MAGIC YOUTH FOUNDATION H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT YOUTH PROGRAMS IN CENTRAL FLORIDA NAME OF ORGANIZATION OR GOVERNMENT: ORLANDO MUSEUM OF ART, INC. H) PURPOSE OF GRANT OR ASSISTANCE: EDUCATION PROGRAMS FOR CHILDREN IDENTIFIED BY THE MUSEUM. NAME OF ORGANIZATION OR GOVERNMENT: ORLANDO SHAKESPEARE THEATER INC H) PURPOSE OF GRANT OR ASSISTANCE: GALA PADDLE FOR EDUCATIONAL PROGRAMS. NAME OF ORGANIZATION OR GOVERNMENT: POVERTY SOLUTIONS GROUP INC H) PURPOSE OF GRANT OR ASSISTANCE: YEAR 1 AND 2 PILOT OF CIRCLES PROGRAM NAME OF ORGANIZATION OR GOVERNMENT: PRESERVE VISION FLORIDA, INC. H) PURPOSE OF GRANT OR ASSISTANCE: DESIGNATED TO ASSIST NEEDY PEOPLE IN CENTRAL FLORIDA NAME OF ORGANIZATION OR GOVERNMENT: SNIP-IT OF CENTRAL FLORIDA H) PURPOSE OF GRANT OR ASSISTANCE: SPAY AND NEUTER STRAY CATS NAME OF ORGANIZATION OR GOVERNMENT: STETSON UNIVERSITY COLLEGE OF LAW H) PURPOSE OF GRANT OR ASSISTANCE: BRUCE JACOBS ENDOWMENT FUND NAME OF ORGANIZATION OR GOVERNMENT: STRENGTHEN ORLANDO INC. H) PURPOSE OF GRANT OR ASSISTANCE: THE CITY OF ORLANDO FARMING PROJECT NAME OF ORGANIZATION OR GOVERNMENT: SUPPORT OUR SCHOLARS H) PURPOSE OF GRANT OR ASSISTANCE: CAMPUS HOUSING ASSISTANCE PROGRAM NAME OF ORGANIZATION OR GOVERNMENT: THE CLIC H) PURPOSE OF GRANT OR ASSISTANCE: THE "MORE THAN WHAT YOU SEE" DOCUMENTARY AND MEDIA PROGRAM NAME OF ORGANIZATION OR GOVERNMENT: THE NEMOURS FOUNDATION H) PURPOSE OF GRANT OR ASSISTANCE: JENNIFER LYNN SCHOTT CHILDHOOD ARTHRITIS CLINIC AT NEMOURS CHILDREN'S HOSPITAL IN ORLANDO, FL. NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF CENTRAL FLORIDA FOUNDATION INC H) PURPOSE OF GRANT OR ASSISTANCE: THRIVE CENTRAL FLORIDA COMMUNITY IMPACT FELLOWSHIPS NAME OF ORGANIZATION OR GOVERNMENT: URBAN THINK! FOUNDATION INC. H) PURPOSE OF GRANT OR ASSISTANCE: PAGE 15 ORLANDO KIDZ ZONES NAME OF ORGANIZATION OR GOVERNMENT: VAIL VALLEY FOUNDATION, INC. H) PURPOSE OF GRANT OR ASSISTANCE: VILAR PERFORMING ARTS CTR NAME OF ORGANIZATION OR GOVERNMENT: VALENCIA COLLEGE FOUNDATION, INC. H) PURPOSE OF GRANT OR ASSISTANCE: EXPANSION OF THE CRC NETWORK AND TRAUMA INFORMED COMMUNITY WORK NAME OF ORGANIZATION OR GOVERNMENT: WEST VIRGINIA UNIVERSITY FOUNDATION H) PURPOSE OF GRANT OR ASSISTANCE: WOMEN OF WVU DAY OF GIVING CHALLENGE MATCH

Additional Data

Return to Form

Software ID:

Software Version:

Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
CENTRAL FLORIDA FOUNDATION INC

Employer identification number
59-3182886

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e.g., maid, chauffeur, chef)		
b	If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☐ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☑ Compensation survey or study		
	☑ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		**(B)** Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
1 Mark Brewer President/CEO	**(i)**	188,277	0	0	8,000	19,745	216,022	0
	(ii)	0	0	0	0	0	0	0
2 Nicole Donelson Vice President of Philanthropy	**(i)**	128,346	0	0	5,401	17,891	151,638	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶**Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**
▶**Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
CENTRAL FLORIDA FOUNDATION INC

Employer identification number
59-3182886

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	15	73,208,042	AVG FMV ON GIFT DATE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

			Yes	No
29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29		
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	30a		No
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		No
b	If "Yes," describe in Part II.			
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ **Attach to Form 990 or 990-EZ.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
CENTRAL FLORIDA FOUNDATION INC

Employer identification number
59-3182886

Return Reference	Explanation
FORM 990, PART III, LINE 1:	WE CONNECT PEOPLE, BUSINESSES, GOVERNMENTS AND ORGANIZATIONS TO INITIATIVES THAT BUILD AND INSPIRE COMMUNITY.
FORM 990, PART III, LINE 4D:	Rally: The Social Enterprise Accelerator combines experience, mentorship, resources, community, networking, and funding to help early-stage social entrepreneurs develop their ideas and build sustainable ventures that make a difference in the community. EXPENSES: $214,077 GRANTS: $NONE REVENUE: $281,700 Housd, the Central Florida regional housing trust, will offer more attainable prices on housing for renters and buyers as areas around Orlando develop and property values increase. With nearly 1,500 people moving to the region every week, Central Florida needs more housing inventory at all levels to ensure access to secure and stable housing for everyone. EXPENSES: $45,443 GRANTS: $92,000 REVENUE: $NONE
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 2022 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 CENTRAL FLORIDA FOUNDATION ARE MADE AVAILABLE UPON REQUEST. THESE DOCUMENTS ARE ALSO AVAILABLE ON THE ORGANIZATION'S WEBSITE.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	Change in value of split interest agreements ($1,504) Other ($1,488) Total ($2,992)

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
▶ **Attach to Form 990.**
▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
CENTRAL FLORIDA FOUNDATION 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 (if applicable) 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
(1) Community Foundation of Central FL LLC 800 N Magnolia Ave Ste 1700 Orlando, FL 32803	Support CFF	FL	0	0	CFF INC
(2) CFF I LLC 800 N Magnolia Ave Ste 1700 ORLANDO, FL 32803	ACCELERATOR	FL	304,200	287,537	CFF INC

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 entity? Yes	(g) No
(1) Isleworth Community Trust Inc 9350 Conroy Windermere Road Windermere, FL 34786 20-3507903	SUPPORT CFF	FL	501(C)(3)	509A3 - I	CFF INC	Yes	
(2) Lake Community Foundation Inc PO Box 1060 Eustis, FL 32727 51-0497006	SUPPORT CFF	FL	501(C)(3)	509A3 - I	CFF INC	Yes	
(3) Central Florida Regional Housing Trust 800 North Magnolia Avenue Suite 17 Orlando, FL 32803 38-4107828	Reg. Housing	FL	501(C)(3)	170(B)(1)(A	CFF INC	Yes	

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) Disproprtionate 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	(i) Section 512(b)(13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

		Yes	No
1	During the tax year, did the orgranization 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, or **(iv)** rent from a controlled entity	1a	No
b	Gift, grant, or capital contribution to related organization(s)	1b	Yes
c	Gift, grant, or capital contribution from related organization(s)	1c	No
d	Loans or loan guarantees to or for related organization(s)	1d	No
e	Loans or loan guarantees by related organization(s)	1e	No
f	Dividends from related organization(s)	1f	No
g	Sale of assets to related organization(s)	1g	No
h	Purchase of assets from related organization(s)	1h	No
i	Exchange of assets with related organization(s)	1i	No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	No
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l	No
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m	No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	No
o	Sharing of paid employees with related organization(s)	1o	No
p	Reimbursement paid to related organization(s) for expenses	1p	No
q	Reimbursement paid by related organization(s) for expenses	1q	Yes
r	Other transfer of cash or property to related organization(s)	1r	No
s	Other transfer of cash or property from related organization(s)	1s	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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) CENTRAL FLORIDA REGIONAL HOUSING TRUST	B	92,000	

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate 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		Yes	No	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Return Reference	Explanation

Additional Data

Return to Form

Software ID:

Software Version: