

Form **8879-EO**

**IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2009, or fiscal year beginning MAY 1, 2009, and ending APR 30, 20 10

2009

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **See instructions.**

Name of exempt organization

COMMUNITY FOUNDATION OF CENTRAL FLORIDA,
INC.

Employer identification number

59-3182886

Name and title of officer

MARK BREWER
PRESIDENT/CEO

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	6867417
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2009 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize CROSS, FERNANDEZ & RILEY, LLP

ERO firm name

to enter my PIN

Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2009 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2009 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ Mark Brewer

Date ▶ 11/3/10

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2009 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ Jane-Mel Barrett, CPA

Date ▶ 11/6/10

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

LHA For Paperwork Reduction Act Notice, see instructions.
923051
03-02-10

Form **8879-EO** (2009)

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2009 calendar year, or tax year beginning **MAY 1, 2009** and ending **APR 30, 2010**

<p>B Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Terminated</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p>Please use IRS label or print or type.</p> <p>See Specific Instructions.</p>	<p>C Name of organization COMMUNITY FOUNDATION OF CENTRAL FLORIDA, INC.</p> <p>Doing Business As _____</p> <p>Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1411 EDGEWATER DRIVE 203</p> <p>City or town, state or country, and ZIP + 4 ORLANDO, FL 32804-6361</p> <p>F Name and address of principal officer: MARK BREWER SAME AS C ABOVE</p>	<p>D Employer identification number 59-3182886</p> <p>E Telephone number (407) 872-3050</p> <p>G Gross receipts \$ 7,433,017.</p> <p>H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)</p> <p>H(c) Group exemption number ▶ _____</p>
<p>I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</p>		<p>J Website: ▶ WWW.CFCFLORIDA.ORG</p>	
<p>K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ _____</p>		<p>L Year of formation: 1993 M State of legal domicile: FL</p>	

Part I Summary				
	1	Briefly describe the organization's mission or most significant activities: THE COMMUNITY FOUNDATION OF CENTRAL FLORIDA PROVIDES PHILANTHROPIC DOLLARS (SEE SCHEDULE O)		
Activities & Governance	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	17
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	16
	5	Total number of employees (Part V, line 2a)	5	9
	6	Total number of volunteers (estimate if necessary)	6	29
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
Revenue	8	Contributions and grants (Part VIII, line 1h)	3,160,973.	5,954,114.
	9	Program service revenue (Part VIII, line 2g)	705,304.	690,848.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-100,777.	230,765.
	11	Other revenue (Part VIII, column (A), lines 5, 8c, 8c, 9c, 10c, and 11e)		-8,310.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,765,500.	6,867,417.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,499,945.	2,243,475.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	576,399.	574,999.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 353,789.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,113,080.	1,159,679.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,189,424.	3,978,153.
	19	Revenue less expenses. Subtract line 18 from line 12	-1,423,924.	2,889,264.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	36,207,007.	48,166,104.
	21	Total liabilities (Part X, line 26)	2,574,724.	1,625,232.
	22	Net assets or fund balances. Subtract line 21 from line 20	33,632,283.	46,540,872.

Part II Signature Block

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

Sign Here	<p>Signature of officer _____</p> <p>MARK BREWER, PRESIDENT/CEO</p> <p>Type or print name and title</p>	Date _____	
Paid Preparer's Use Only	<p>Preparer's signature _____</p> <p>Firm's name (or yours if self-employed), address, and ZIP + 4 CROSS, FERNANDEZ & RILEY, LLP 201 S. ORANGE AVE., SUITE 800 ORLANDO, FL 32801-3421</p>	Date _____	<p>Check if self-employed <input type="checkbox"/></p> <p>Preparer's identifying number (see instructions) _____</p> <p>EIN ▶ _____</p> <p>Phone no. ▶ (407) 841-6930</p>

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

Part III Statement of Program Service Accomplishments

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 2,500,200. including grants of \$ 2,243,475.) (Revenue \$) GRANTS TO 228 NOT FOR PROFIT ORGANIZATIONS FOR VARIOUS CHARITABLE PURPOSES IN AND AROUND CENTRAL FLORIDA AND ACROSS THE UNITED STATES. ESTABLISHED A KNOWLEDGE BASE DESIGNED TO SUPPORT TRANSPARENCY BY DELIVERING WEB-BASED INFORMATION ABOUT THE FINANCIAL, OPERATIONAL AND PROGRAMMATIC HEALTH OF LOCAL NONPROFIT ORGANIZATIONS. THE KNOWLEDGE BASE IS A ONE-OF-A-KIND RESOURCE THAT CONNECTS PEOPLE WHO WANT TO MAKE A DIFFERENCE WITH LOCAL CHARITABLE ORGANIZATIONS DOING IMPORTANT WORK. THE COMMUNITY FOUNDATION WILL USE THE KNOWLEDGE BASE TO DRIVE RESULTS-ORIENTED PHILANTHROPY TO BUILD THE CAPACITY AND MEASURABLY IMPROVE THE PERFORMANCE OF LOCAL NONPROFIT ORGANIZATIONS.

4b (Code:) (Expenses \$ 697,644. including grants of \$) (Revenue \$ 690,848.) EXPENSES INCURRED TO ASSIST 400 CHARITABLE FUNDS WITH THEIR SOCIAL INVESTMENTS.

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

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

4e Total program service expenses \$ 3,197,844.

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>	N/A	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
	• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		
	• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		
	• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
	• 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? <i>If "Yes," complete Schedule D, Part X.</i>		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
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? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	X	
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		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
25b 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		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
28a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
28b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
28c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	X	
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		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	X	

Note. All Form 990 filers are required to complete Schedule O.

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	1a 23		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
	1c		
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 9		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
	3a		
b	If "Yes," has it filed a Form 990-T for this year? If "No," 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)?		X
	4a		
b	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
	4b		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
	5a		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
	5b		
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
	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?		X
	6a		
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?		X
	7a		
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?		X
	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
	8		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4968?		X
	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		X
	9b		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 N/A	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 N/A	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
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		X

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed **NONE**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **MEGHAN WARRICK, CFO - (407)-872-3050**
1411 EDGEWATER DR., STE 203, ORLANDO, FL 32804

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

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

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

Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
MARK BREWER PRESIDENT/CEO	50.00	X		X			113,630.	0.	15,256.	
ED TIMBERLAKE CHAIRMAN	2.00	X		X			0.	0.	0.	
RICHARD BOGUE VICE CHAIRMAN	2.00	X		X			0.	0.	0.	
LYN BERELSMAN SECRETARY	2.00	X		X			0.	0.	0.	
STEPHEN ELKER TREASURER	2.00	X		X			0.	0.	0.	
AARON GOROVITZ BOARD MEMBER	1.00	X					0.	0.	0.	
ROB PANEPINTO BOARD MEMBER	1.00	X					0.	0.	0.	
JOHN SABOOR BOARD MEMBER	1.00	X					0.	0.	0.	
RITA LOWNDES BOARD MEMBER	1.00	X					0.	0.	0.	
ALEXIS PUGH BOARD MEMBER	1.00	X					0.	0.	0.	
MICHAEL HARBISON BOARD MEMBER	1.00	X					0.	0.	0.	
RICK HURT BOARD MEMBER	1.00	X					0.	0.	0.	
SUSAN ARKIN BOARD MEMBER	1.00	X					0.	0.	0.	
DEREK BRUCE BOARD MEMBER	1.00	X					0.	0.	0.	
ROBIN ROBERTS BOARD MEMBER	1.00	X					0.	0.	0.	
MARTY RUBIN BOARD MEMBER	1.00	X					0.	0.	0.	
AVANISH AGGARWAL BOARD MEMBER	1.00	X					0.	0.	0.	

Part VIII Statement of Revenue			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	5,954,114.			
	g	Noncash contributions included in lines 1a-1f: \$		141,869.			
	h	Total. Add lines 1a-1f		5,954,114.			
Program Service Revenue	2 a	MANAGEMENT FEES	Business Code 561000	690,848.	690,848.		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		690,848.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		796,365.		796,365.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross Rents	(i) Real	(ii) Personal			
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	b	Less: cost or other basis and sales expenses	565,600.				
	c	Gain or (loss)	-565,600.				
	d	Net gain or (loss)		-565,600.		-565,600.	
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		b	Less: direct expenses				
		c	Net income or (loss) from fundraising events				
9 a	Gross income from gaming activities. See Part IV, line 19	a					
		b	Less: direct expenses				
		c	Net income or (loss) from gaming activities				
10 a	Gross sales of inventory, less returns and allowances	a					
		b	Less: cost of goods sold				
		c	Net income or (loss) from sales of inventory				
Miscellaneous Revenue			Business Code				
11 a	OTHER INCOME	900099	-8,310.		-8,310.		
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		-8,310.				
12	Total revenue. See instructions.		6,857,417.	690,848.	0.	222,455.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	2,176,122.	2,176,122.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	67,353.	67,353.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	117,000.	28,080.	11,700.	77,220.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	307,402.	114,186.	94,497.	98,719.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	7,930.	2,696.	1,983.	3,251.
9 Other employee benefits	112,389.	37,637.	28,124.	46,628.
10 Payroll taxes	30,278.	10,150.	7,576.	12,552.
11 Fees for services (non-employees):				
a Management				
b Legal	5,116.		5,116.	
c Accounting	20,790.		20,790.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	169,726.		169,726.	
g Other	14,240.			14,240.
12 Advertising and promotion	13,313.	2,695.		10,618.
13 Office expenses	13,403.		9,711.	3,692.
14 Information technology	73,979.	32,677.	10,511.	30,791.
15 Royalties				
16 Occupancy	71,155.	14,569.	37,187.	19,399.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	21,465.		3,386.	18,079.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	29,166.	9,777.	7,298.	12,091.
23 Insurance	3,391.		3,391.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a ADMINISTRATIVE FEES	697,644.	697,644.		
b UTILITIES	9,256.	3,103.	2,316.	3,837.
c MAINTENANCE	9,045.		7,802.	1,243.
d PARKING AND MILEAGE	3,447.	1,155.	863.	1,429.
e LICENSES & FEES	2,421.		2,421.	
f All other expenses	2,122.		2,122.	
25 Total functional expenses. Add lines 1 through 24f	3,978,153.	3,197,844.	426,520.	353,789.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	112,219.	1	119,422.
	2 Savings and temporary cash investments	462,918.	2	3,961,436.
	3 Pledges and grants receivable, net	509,866.	3	2,339,217.
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	20,069.	9	9,712.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 205,166.		
	b Less: accumulated depreciation	10b 116,826.	112,380.	10c 88,340.
	11 Investments - publicly traded securities	20,422,958.	11	21,942,396.
	12 Investments - other securities. See Part IV, line 11	13,624,714.	12	18,751,517.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	941,883.	15	954,064.
16 Total assets. Add lines 1 through 15 (must equal line 34)	36,207,007.	16	48,166,104.	
Liabilities	17 Accounts payable and accrued expenses	40,492.	17	2,128.
	18 Grants payable	1,176,071.	18	677,999.
	19 Deferred revenue	20,466.	19	16,854.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	1,337,695.	25	928,251.
	26 Total liabilities. Add lines 17 through 25	2,574,724.	26	1,625,232.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	32,317,316.	27	44,926,945.
	28 Temporarily restricted net assets	1,314,967.	28	1,613,927.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	33,632,283.	33	46,540,872.	
34 Total liabilities and net assets/fund balances	36,207,007.	34	48,166,104.	

Part XI Financial Statements and Reporting

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 in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____

b Were the organization's financial statements audited by an independent accountant? _____

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? _____
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

Separate basis Consolidated basis Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____

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. _____

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2009)

SCHEDULE A
(Form 990 or 990-EZ)

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. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

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

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

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

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

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		
 - (ii) A family member of a person described in (i) above? _____
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above? _____
- h Provide the following information about the supported organization(s).

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

LHA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2009

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6,260,870.	7,993,715.	3,998,820.	3,160,973.	5,954,114.	27,368,492.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	6,260,870.	7,993,715.	3,998,820.	3,160,973.	5,954,114.	27,368,492.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						3,122,938.
6 Public support. Subtract line 5 from line 4						24,245,554.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	6,260,870.	7,993,715.	3,998,820.	3,160,973.	5,954,114.	27,368,492.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	647,724.	1,027,452.	1,350,517.	884,972.	796,365.	4,707,030.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	10,378.	394.	908.		-8,310.	3,370.
11 Total support. Add lines 7 through 10						32,078,892.
12 Gross receipts from related activities, etc. (see instructions)					12	3,462,372.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	75.58 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	78.40 %
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶

b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public
Inspection

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

Employer identification number
59-3182886

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	82	19
2 Aggregate contributions to (during year)	2,286,309.	881,204.
3 Aggregate grants from (during year)	1,428,193.	200,070.
4 Aggregate value at end of year	16,077,590.	2,591,645.

- 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" to Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or pleasure) 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 Tax 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 8/17/06	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, and enforcing conservation easements during the year ▶ _____
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No
- 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
 (i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
 (ii) Assets included in Form 990, Part X ▶ \$ _____
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:
 a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
 b Assets included in Form 990, Part X ▶ \$ _____

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

- 3 Using the organization's 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 XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIV and complete the following table:
- | | Amount |
|---------------------------------|--------|
| 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? Yes No
- b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	25,773,687.	34,369,305.			
b Contributions	3,105,212.	2,693,548.			
c Net investment earnings, gains, and losses	8,358,906.	-9,604,909.			
d Grants or scholarships	904,545.	1,188,404.			
e Other expenditures for facilities and programs					
f Administrative expenses	714,159.	495,853.			
g End of year balance	35,619,101.	25,773,687.			

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment %
 - b Permanent endowment 100.00 %
 - c Term endowment %
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|-----------------------------|--------------------------|-------------------------------------|
| (i) unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? Yes No
- 4 Describe in Part XIV the intended uses of the organization's endowment funds.

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		60,416.	14,596.	45,720.
d Equipment		144,750.	102,130.	42,620.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				88,340.

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

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

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

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

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

1	Total expenses and losses per audited financial statements	1	3,266,257.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	275,544.
e	Add lines 2a through 2d	2e	275,544.
3	Subtract line 2e from line 1	3	2,990,713.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	987,440.
c	Add lines 4a and 4b	4c	987,440.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	3,978,153.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS: 387292.

RETURNED GRANTS: 500.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

MANAGEMENT FEE NETTED WITH REVENUE ON AUDITED FINANCIAL

STATEMENTS: -618415.

Part XIV Supplemental Information (continued)

CHANGE IN VALUE OF CHARITABLE REMAINDER TRUST: 387293.

REVENUE RELATED TO THE N. DONALD DIEBEL, JR., MD GOOD SAMARITAN

FUND, INC : 64990.

REVENUE RELATED TO THE LAKE COMMUNITY FOUNDATION, INC.: 4000.

REVENUE RELATED TO THE ISLEWORTH COMMUNITY TRUST, INC.: 79197.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

FUNDS HELD FOR AGENCIES CONTRIBUTIONS: 1107162.

FUNDS HELD FOR AGENCIES INTEREST AND DIVIDENDS: 150583.

FUNDS HELD FOR AGENCIES REALIZED GAINS: -111217.

FUNDS HELD FOR AGENCIES TRANSFERS: 46649.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

EXPENSE RELATED TO THE N. DONALD DIEBEL, JR., MD GOOD SAMARITAN

FUND, INC : 57014.

EXPENSE RELATED TO THE LAKE COMMUNITY FOUNDATION, INC.: 3782.

EXPENSE RELATED TO THE ISLEWORTH COMMUNITY TRUST, INC.: 210997.

OTHER: 3751.

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

FEES RELATED TO MANAGING FUNDS HELD FOR AGENCIES: 80651.

MANAGEMENT FEE NETTED WITH REVENUE ON AUDITED FINANCIAL

STATEMENTS: 618415.

GRANTS AUTHORIZED FOR FUNDS HELD FOR AGENCIES: 288374.

THE FOUNDATION IS SUBJECT TO THE ACCOUNTING STANDARDS ON ACCOUNTING FOR

UNCERTAINTY IN INCOME TAXES, WHICH ADDRESSES THE DETERMINATION OF WHETHER

TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE

Part XIV Supplemental Information (continued)

RECORDED IN THE FINANCIAL STATEMENTS. MANAGEMENT EVALUATED THE TAX
POSITIONS FOR THE FOUNDATION AND CONCLUDED THAT THE FOUNDATION HAS TAKEN
NO UNCERTAIN INCOME TAX POSITIONS THAT REQUIRE ADJUSTMENTS TO THE
FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE. THE
FOUNDATION IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS FOR TAX YEARS
BEFORE 2007, WHICH IS THE STANDARD STATUTE OF LIMITATIONS LOOK-BACK
PERIOD.

**SCHEDULE I
(Form 990)**

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.

OMB No. 1545-0047

2009

Open to Public
Inspection

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

Part I General information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN CANCER SOCIETY 3709 WEST JETTON AVENUE TAMPA, FL 33629-5146	13-1788491	501 (C) (3)	7,121.	0.			ANNUAL DISTRIBUTION
AMERICAN RED CROSS OF CENTRAL FLORIDA - P.O. BOX 536726 - ORLANDO, FL 32853-6276	59-0624351	501 (C) (3)	21,537.	0.			GENERAL CONTRIBUTION, ANNUAL DISTRIBUTION, HAITI RELIEF AND DEVELOPMENT FUND
BAGS OF HOPE CENTRAL FLORIDA, INC 120 ESSEX DR. LONGWOOD, FL 32779	27-1634938	501 (C) (3)	32,890.	0.			PURCHASE TRUCK OR VAN FOR SERVICE WORK
BISHOP MOORE CATHOLIC HIGH SCHOOL 3901 EDgewater DRIVE ORLANDO, FL 32804	26-2361648	501 (C) (3)	100,000.	0.			DONATION TO ENDOWMENT
BOARDSOURCE 1828 L. STREET, NW, STE. 900 WASHINGTON, DC 20036	52-1681375	501 (C) (3)	5,000.	0.			BRONZE SPONSORSHIP TO UNDERWRITE THE 15TH ANNUAL BOARDSOURCE LEADERSHIP FORUM IN
BORN 2 FLY INTERNATIONAL PO BOX 952949 LAKE MARY, FL 32795	51-0456601	501 (C) (3)	7,500.	0.			GENERAL FUNDS

- 2** Enter total number of section 501(c)(3) and government organizations **75.**
- 3** Enter total number of other organizations **1.**

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS	20	67,353.	0.		
<p>Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.</p> <p>SCHEDULE I, PART I, LINE 2: THE COMMUNITY FOUNDATION OF CENTRAL FLORIDA</p> <p>MONITORS GRANTS BY CONDUCTING DUE DILIGENCE ON GRANTEE ORGANIZATIONS BEFORE GRANTS ARE APPROVED. GRANT CONTRACTS ACCOMPANY CERTAIN GRANTS AS CONSIDERED APPROPRIATE. PRE-GRANT MEETINGS, MID-YEAR AND FINAL EVALUATIONS ARE INCLUDED IN OUR GRANT MONITORING PROCESS AS THE CIRCUMSTANCES OF EACH GRANT WARRANT.</p>					

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

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047
2009
Open to Public
Inspection

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

Employer identification number
59-3182886

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS & GIRLS CLUB OF CENTRAL FLORIDA - 801 N. MAGNOLIA AVENUE, SUITE 305 - ORLANDO, FL 32803	59-0951887	501 (C) (3)	5,200.	0.			GENERAL CONTRIBUTION, PROVIDE TEN \$100.00 SCHOLARSHIPS TO YOUTH OF THE YEAR FINALISTS IN
BOYS AND GIRLS CLUBS OF LAKE AND SUMTER COUNTIES INC. - 400 EXECUTIVE BLVD. - LEEBSBURG, FL 34748	59-1524504	501 (C) (3)	5,000.	0.			FOR NORTHEAST LAKE COUNT UNIT
CAMP BOGGY CREEK 30500 BRANTLEY BRANCH ROAD EUSTIS, FL 32736	59-3012889	501 (C) (3)	25,349.	0.			GENERAL CONTRIBUTION, SCHOLARSHIPS
CAF PROTECTION SOCIETY, INC. P.O. BOX 1078 SORRENTO, FL 32776-1078	59-3413294	501 (C) (3)	38,983.	0.			ANNUAL DISTRIBUTION
CENTRAL FLORIDA ZOOLOGICAL SOCIETY, INC. - P. O. BOX 470309 - LAKE MONROE, FL 32747-0309	59-1357197	501 (C) (3)	5,103.	0.			ANNUAL DISTRIBUTION
CHRISTIAN SERVICE CENTER FOR CENTRAL FLORIDA INC - 808 W. CENTRAL BLVD. - ORLANDO, FL 32805	59-13553031	501 (C) (3)	27,000.	0.			GENERAL CONTRIBUTION
CHRISTIAN SHARING CENTER INC 600 NORTH HIGHWAY 17-92, SUITE 158 LONGWOOD, FL 32750-3638	59-2744535	501 (C) (3)	14,512.	0.			GENERAL CONTRIBUTION MATCH GRANT \$5000, TO HIRE UNITED ARTS TO FACILITATE PLANNING NEGOTIATIONS FOR MAITLAN
CITY OF MAITLAND PARKS & RECREATION LEISURE SERVICES, 1776 INDEPENDENCE LANE - MAITLAND, FL		GOVERNMENT ENTIT	5,300.	0.			

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule I-1 (Form 990) 2009**

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

Department of the Treasury
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)
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Name of the organization

COMMUNITY FOUNDATION OF CENTRAL FLORIDA,
INC.

Employer identification number

59-3182886

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part I)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY CONCEPTS SERVICES, INC. 649 WEST LIVINGSTON STREET ORLANDO, FL 32801	42-1602142	501 (C) (3)	100,838.	0.			THIS INVESTMENT WILL PROVIDE A COMPREHENSIVE, ON-GOING, GRASSROOTS OUTREACH AND MARKETING ANNUAL DISTRIBUTION - INCOME FROM THE FUND IS TO BE USED FOR MEDICAL, HOSPITAL AND OTHER CARE TO ESTABLISH AND OPERATE A DEMONSTRATION PROJECT TO PROVIDE EMPLOYMENT TRAINING AND
COMMUNITY FOUNDATION OF GREATER WINTER HAVEN - BELLS ALLEY, 1141 FIRST STREET S. - WINTER HAVEN, FL 33880	59-3649871	501 (C) (3)	10,670.	0.			
COMMUNITY SERVICE CENTER OF CENTRAL FLORIDA, INC. - 621 WILKS AVE - ORLANDO, FL 32809	59-1499489	501 (C) (3)	16,717.	0.			
COMMUNITY VISION, INC. 704 GENERATION POINT, 101 KISSIMMEE, FL 34744	59-2896657	501 (C) (3)	41,885.	0.			2010 ANNUAL DISTRIBUTION
DOMINICUS PRESS, INC. 1422 SWEETBRIAR RD. ORLANDO, FL 32806	20-1946489	501 (C) (3)	12,000.	0.			GENERAL OPERATIONS
DR. PHILLIPS LITTLE LEAGUE, INC. 5516 BROOKLINE DR. ORLANDO, FL 32819	22-2605141	501 (C) (3)	15,000.	0.			HELP WITH CAPITAL IMPROVEMENTS AT COMPLEX
EDGEWOOD CHILDREN'S RANCH 1451 EDGEWOOD RANCH ROAD ORLANDO, FL 32835	59-1150182	501 (C) (3)	28,509.	0.			2010 ANNUAL DISTRIBUTION GENERAL CONTRIBUTION
EDUCATIONAL FOUNDATION OF LAKE COUNTY - 910 E. DIXIE AVENUE - LEESEBURG, FL 34748	59-2764174	501 (C) (3)	30,000.	0.			UNRESTRICTED

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I-1 (Form 990) 2009

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

Continuation Sheet for Schedule I (Form 990)
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OMB No. 1545-0047
2009
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Name of the organization

COMMUNITY FOUNDATION OF CENTRAL FLORIDA,
INC.

Employer identification number
59-3182886

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY SERVICES OF METRO ORLANDO 2600 TECHNOLOGY DRIVE, SUITE 250 ORLANDO, FL 32804	22-3881793	501 (C) (3)	7,188.	0.			UNDESIGNATED CONTRIBUTION FOR MERGER BETWEEN COMMUNITY SERVICE CENTER AND FAMILY SERVICES OF
FESTIVAL OF ORCHESTRAS INC 1353 PALMETTO AVENUE, SUITE 100 WINTER PARK, FL 32789	59-2416916	501 (C) (3)	6,239.	0.			2010 ANNUAL DISTRIBUTION
FIRST CHURCH OF CHRIST SCIENTIST 210 MASSACHUSETTS AVENUE, POS-10 BOSTON, MA 02115-3195	04-2254742	501 (C) (3)	7,868.	0.			ANNUAL DISTRIBUTION
FIRST PRESBYTERIAN CHURCH OF ORLANDO - 106 EAST CHURCH ST. - ORLANDO, FL 32801	59-0624394	501 (C) (3)	25,250.	0.			THE WEEKDAY SCHOOL FOR TUITION ASSISTANCE FUND SILVER PATRON, UNMEASURABLY MORE
FLORIDA BAR FOUNDATION POST OFFICE BOX 1553 ORLANDO, FL 32802-1553	59-1004604	501 (C) (3)	20,479.	0.			ANNUAL DISTRIBUTION, GENERAL CONTRIBUTION
FLORIDA HOSPITAL FOUNDATION 2809 N. ORANGE AVENUE ORLANDO, FL 32804	59-6151162	501 (C) (3)	10,000.	0.			TO BE DIRECTED TO THE FLORIDA HOSPITAL CANCER INSTITUTE.
FOOD FOR THE POOR 6401 LYONS RD. COCOONUT CREEK, FL 33073	59-2174510	501 (C) (3)	5,000.	0.			GENERAL OPERATING SUPPORT LEADERSHIP ORLANDO CLASS
FOUNDATION FOR BUILDING COMMUNITY, INC. - 75 SOUTH IVANHOE BOULEVARD - ORLANDO, FL 32804	59-3678634	501 (C) (3)	8,000.	0.			79 TUITION INVOICE - CENTRAL FLORIDA PARTNERSHIP, CENTRAL

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

Schedule I-1 (Form 990) 2009

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

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2009
Open to Public
Inspection

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

Employer identification number
59-3182886

Part I		Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II).						
(a) Name and address of organization of government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
FOUNDATION FOR FOSTER CHILDREN 2807 EDGEWATER DRIVE ORLANDO, FL 32804	26-1682601	501 (C) (3)	103,250.	0.			HUMAN SERVICES, GENERAL CONTRIBUTION, PROVIDE EMERGENCY DUFFELS AND BACKPACKS FOR CHILDREN	
FRESH START MINISTRIES INC 4436 EDGEWATER DRIVE, SUITE 20 ORLANDO, FL 32804	59-2737376	501 (C) (3)	5,000.	0.			GENERAL CONTRIBUTION	
FRIENDS OF MEAD GARDEN INC P. O. BOX 1227 WINTER PARK, FL 32790	20-0198427	501 (C) (3)	10,800.	0.			CAPITAL CAMPAIGN PLAN	
GLOBAL CONNECTIONS FOUNDATION 215 EAST LIVINGSTON STREET ORLANDO, FL 32801	59-3622494	501 (C) (3)	5,000.	0.			GENERAL CONTRIBUTION	
GRACE MEDICAL HOME 51 PENNSYLVANIA ST. ORLANDO, FL 32806	26-1817966	501 (C) (3)	14,887.	0.			GENERAL CONTRIBUTION, TO ASSIST WITH THE OPENING OF A COMPREHENSIVE PEDIATRIC MEDICAL CENTER	
HABITAT FOR HUMANITY OF WINTER PARK/MAITLAND - P.O. BOX 1196 - WINTER PARK, FL 32790	59-3213310	501 (C) (3)	6,000.	0.			GENERAL CONTRIBUTIONS	
HANUMAN SIDDHI MANDALI & CULTURAL CENTER DBA SHREE HANUMAN MANDIR - PO BOX 555008 - ORLANDO, FL 32855	59-3476256	501 (C) (3)	20,000.	0.			FOR CEILING AND FLOORING	
HARBOR HOUSE P.O. BOX 680748 ORLANDO, FL 32868	59-1712936	501 (C) (3)	110,479.	0.			ANNUAL DISTRIBUTION, COMMUNITY ENGAGEMENT PROJECT	

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

Schedule I-1 (Form 990) 2009

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2009
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Inspection

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

Employer identification number
59-3182886

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEALTH COUNCIL OF EAST CENTRAL FLORIDA, INC. - 2461 W. SR 426, SUITE 2041 - ORLANDO, FL 32765	59-2227752	501 (C) (3)	10,000.	0.			THIS GRANT WILL INVEST IN THE INPUT, ANALYSIS AND REPORTING OF DATA GENERATED BY NUMEROUS
HEART OF FLORIDA UNITED WAY							
DR. NELSON YING CENTER 1940 TRAYLOR BOULEVARD - ORLANDO, FL 32804	59-0808854	501 (C) (3)	81,963.	0.			GENERAL CONTRIBUTIONS, 2010 ANNUAL DISTRIBUTION
HOPE COMMUNITY CENTER, INC. 1016 N. PARK AVENUE APOEKA, FL 32712	56-2551312	501 (C) (3)	55,000.	0.			GENERAL OPERATING EXPENSE, TO FUND A PROJECT IN SR. CATHY'S MEMORY, TO PROVIDE FUNDS
HOSPICE OF THE COMFORTER INC. 480 WEST CENTRAL PARKWAY ALTAMONTE SPRINGS, FL 32714	59-2935928	501 (C) (3)	14,512.	0.			GENERAL CONTRIBUTION
INDIA HOUSE, INC. 8888 W. BELLFORT ST. HOUSTON, TX 77031	05-0577825	501 (C) (3)	25,000.	0.			FOR SENIOR SERVICES, YOUTH AND HEALTHCARE FOR SURROUNDING AREAS OF THE FACILITY
LAKE HIGHLAND PREPARATORY SCHOOL 901 N. HIGHLAND AVENUE ORLANDO, FL 32803	59-0624431	501 (C) (3)	11,500.	0.			GENERAL CONTRIBUTION, FO THE VARSITY BOYS BASKETBALL PROGRAM, LHPS ANNUAL FUND
LCRC FOUNDATION 100 EAST GRAND AVENUE, SUITE 200 LIFE CARE RETIREMENT COMMUNITIES - DES MOI	42-1370848	501 (C) (3)	5,078.	0.			ANNUAL DESIGNATED DISTRIBUTION - BREDE-WILKINS SCHOLARSHI FOUNDATION (2005-2009),
LUTHERAN COUNSELING SERVICES, INC. 1600 SOUTH ORLANDO AVENUE WINTER PARK, FL 32789	59-2994060	501 (C) (3)	32,000.	0.			"GOING TO THE CHURCHES" MENTAL HEALTH EDUCATION TO THE LEADERSHIP OF UNDER-SERVED

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

Department of the Treasury
Internal Revenue Service

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

CMB No. 1545-0047

2009
Open to Public
Inspection

Name of the organization

COMMUNITY FOUNDATION OF CENTRAL FLORIDA,
INC.

Employer identification number
59-3182886

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAKE-A-WISH FOUNDATION OF AMERICA 3550 NORTH CENTRAL AVENUE, SUITE PHOENIX, AZ 85012	86-0481941	501 (C) (3)	5,000.	0.			BOARD DONATION ANNUAL DISTRIBUTION RESTRICTED TO THE COLLEGE EDUCATION OF AFRICAN AMERICAN BOYS AND GIRLS,
MERIDIAN CLUB OF WINTER PARK, INC. P.O. BOX 1300 C/O BROOKS HEWITT WINTER PARK, FL 32790-1300	59-1691696	501 (C) (4)	6,993.	0.			GENERAL CONTRIBUTION, IN SUPPORT OF THE MUSIC ACADEMY
NEGRO SPIRITUAL SCHOLARSHIP FOUNDATION INC - PO BOX 547728 - ORLANDO, FL 32854-7728	59-3413380	501 (C) (3)	34,171.	0.			2010 ANNUAL DISTRIBUTION UNRESTRICTED GRANT PAYABLE QUARTERLY BEGINNING 1/2010, NEW TO PROVIDE A DAILY AFTER SCHOOL AND SUMMER CAMP PROGRAM FOR APPROXIMATELY 45 SCHOOL AGED CHILDREN
NEW HOPE FOR KIDS 205 EAST SR 436 FERN PARK, FL 32730	59-1791345	501 (C) (3)	264,369.	0.			TO FUND SURGERIES FOR CLEFT PALATES. TO ESTABLISH AND OPERATE A SUMMER CAMP PROGRAM ATTENDED BY MIDDLE SCHOOL AGED CHILDREN RESIDING IN
NEW IMAGE YOUTH CENTER 212 S. PARRAMORE AVENUE ORLANDO, FL 32805	56-2482818	501 (C) (3)	36,000.	0.			ANNUAL DISTRIBUTION, 201 ANNUAL DISTRIBUTION
OPERATION SMILE 6435 TIDEWATER DR. NORFOLK, VA 23509	54-1460147	501 (C) (3)	25,000.	0.			
ORLANDO AFTER SCHOOL ALL-STARS 400 SOUTH ORANGE AVENUE ORLANDO, FL 32801	59-3313614	501 (C) (3)	14,059.	0.			
ORLANDO BALLET, INC 1111 N. ORANGE AVENUE, SUITE 4 ORLANDO, FL 32804	23-7427817	501 (C) (3)	7,021.	0.			

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

Schedule I-1 (Form 990) 2009

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

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047
2009
 Open to Public
 Inspection

Name of the organization

COMMUNITY FOUNDATION OF CENTRAL FLORIDA,
 INC.

Employer identification number

59-3182886

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ORLANDO HEALTH FOUNDATION 3160 SOUTHWGATE COMMERCE BLVD., SUI ORLANDO, FL 32806	59-2244943	501 (C) (3)	14,667.	0.			M. D. ANDERSON CANCER CENTER ORLANDO, TO PROVIDE WEEKLY PARENT SUPPORT GROUP SESSIONS, GENERAL CONTRIBUTION, ANNUAL DISTRIBUTION-INCOME FROM THIS FUND IS TO BE USED ANNUAL DISTRIBUTION-SHAL USE SAID FUNDS FOR ASSISTANCE TO NEEDY PEOPLE IN CENTRAL ORLANDO SENTINEL FAMILY FUND'S UNITED PARTNERS CAMPAIGN, GENERAL OPERATING CONTRIBUTION
ORLANDO MUSEUM OF ART, INC. 2416 N. MILLS AVENUE ORLANDO, FL 32803-1483	59-0910352	501 (C) (3)	8,109.	0.			
PREVENT BLINDNESS FLORIDA 1112 EAST KENNEDY TAMPA, FL 33602	59-6181662	501 (C) (3)	7,126.	0.			
ROBERT R. MCCORMICK TRIBUNE FOUNDATION - 435 NORTH MICHIGAN AVENUE, SUITE 770 - CHICAGO, IL 60611	36-3689171	501 (C) (3)	5,000.	0.			
ROLLINS COLLEGE ATTN: INVESTMENT OFFICE, CAMPUS BO WINTER PARK, FL 32789	59-0624440	501 (C) (3)	10,727.	0.			
SECOND HARVEST FOOD BANK OF CENTRAL FLORIDA INC - 2008 BRENGLER AVENUE - ORLANDO, FL 32808	59-2142315	501 (C) (3)	33,784.	0.			ANNUAL DISTRIBUTION 2010 ANNUAL DISTRIBUTION PROVIDE MATCHING FUNDS FOR RECENT PLEDGE DRIVE, TO ASSIST WITH
SENIORS FIRST INC 5395 L.B. MCLEOD ROAD ORLANDO, FL 32811	59-2759603	501 (C) (3)	49,845.	0.			2010 ANNUAL DISTRIBUTION EMERGENCY MEALS ON WHEEL SERVING 13 SENIORS.
SERVING THIS GENERATION 1 SOUTH COTTAGE HILL RD ORLANDO, FL 32801	59-3128652	501 (C) (3)	30,000.	0.			TO BRING SERVICES OF THE COMMUNITY, WHETHER SPONSORED BY GOV'T OR PRIVATE ORGANIZATIONS, T

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

Schedule I-1 (Form 990) 2009

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047
2009
Open to Public
Inspection

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

Part I	Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)						
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHEPHERD'S HOPE, INC. 4851 S. APOPEA-VINELAND RD. ORLANDO, FL 32819	59-3420727	501 (C) (3)	25,000.	0.			TO SERVE 373 INDIVIDUALS AT \$67 PER PERSON
SPECTRUM CENTER FOR AUTISM AND RELATED DISORDERS, INC. - 217 GRACELAND DRIVE, SUITE 1 - DOTHAN, AL 36305	26-3566780	501 (C) (3)	5,000.	0.			GENERAL CONTRIBUTION
ST. AMBROSE UNIVERSITY 518 W. LOCUST ST DAVENPORT, IA 52803	42-0703280	501 (C) (3)	6,000.	0.			JACK GRENNE SCHOLARSHIP FUND
THE CHILD PROTECTION CENTER 720 SOUTH ORANGE AVE. SARASOTA, FL 34236	59-2113850	501 (C) (3)	25,000.	0.			GENERAL CONTRIBUTION
THE GATHERING/USA, INC. 1220 E. CONCORD STREET ORLANDO, FL 32803	59-2810392	501 (C) (3)	8,500.	0.			GENERAL CONTRIBUTION, FREDDIE LANGSTON MINISTRY, THE GATHERING OF WOMEN
THE HENRY NEHRLING SOCIETY 712 MAIN STREET WINDERMERE, FL 34786	59-3617338	501 (C) (3)	50,000.	0.			AS A PLEDGE TO THE HENRY NEHRLING SOCIETY ON THE CONDITION THAT THEY ARE ABLE TO CLOSE THE
THE ORLANDO PHILHARMONIC ORCHESTRA, INC. - 812 EAST ROLLINS STREET, SUITE 300 - ORLANDO, FL 32803-1203	59-3058884	501 (C) (3)	29,190.	0.			ANNUAL DISTRIBUTION, FOR UNFUNDED EQUIPMENT I
UCF OF CENTRAL FLORIDA, INC. 3305 S. ORANGE AVENUE ORLANDO, FL 32806	59-0799925	501 (C) (3)	21,515.	0.			THE CLASSROOMS & EAST ORANGE/BAILES CAMPUS, ANNUAL DISTRIBUTION-THES

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I-1 (Form 990) 2009

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

Continuation Sheet for Schedule I (Form 990)
▶ Attach to Form 990 to list additional information for
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OMB No. 1545-0047
2009
Open to Public
Inspection

Name of the organization

COMMUNITY FOUNDATION OF CENTRAL FLORIDA,
INC.

Employer identification number
59-3182886

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED ARTS OF CENTRAL FLORIDA 2450 MAITLAND CENTER PKWY., SUITE MAITLAND, FL 32751	59-1166446	501 (C) (3)	12,200.	0.			\$1,000 FESTIVAL OF ORCHESTRAS;\$200 ORANGE COUNTY REGIONAL HISTORY CENTER;\$1,000 ORLANDO
UNIVERSITY OF FLORIDA FOUNDATION 100 BRYAN HALL GAINESVILLE, FL 32611	59-0974739	501 (C) (3)	30,000.	0.			DR. PAUL SATZ FUND, COLLEGE OF LAW
UNIVERSITY OF PENNSYLVANIA OFFICE OF GIFT PLANNING 3600 MARKET ST., SUITE 135 - PHILADELPHIA, PA 19104	23-1352685	501 (C) (3)	25,000.	0.			THE DORA WEXLER FAMILY SCHOLARSHIP FUND
WEBSTER UNIVERSITY 470 EAST LOCKWOOD ST. LOUIS, MO 63119-3194	43-0662529	501 (C) (3)	10,000.	0.			FRANCETTA BARBERIS AND JACQUELINE GRENNER WEXLE SCHOLARSHIP FUND
WINTER PARK LIBRARY ASSN 460 E. NEW ENGLAND AVENUE WINTER PARK, FL 32789	59-0794396	501 (C) (3)	39,235.	0.			ANNUAL DISTRIBUTION, WINTER PARK CHALLENGE FUND
WINTER PARK MEMORIAL HOSPITAL 200 N. LAKEMONT AVENUE WINTER PARK, FL 32792	59-3143908	501 (C) (3)	60,903.	0.			ANNUAL DISTRIBUTION

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

Schedule I-1 (Form 990) 2009

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: BRONZE SPONSORSHIP TO UNDERWRITE THE

15TH ANNUAL BOARDSOURCE LEADERSHIP FORUM IN ORLANDO 11/20-21/2009.

BRONZE SPONSORSHIP TO UNDERWRITE THE 15TH ANNUAL BOARDSOURCE LEADERSHIP

FORUM IN ORLANDO 11/20-21/2009.

NAME OF ORGANIZATION OR GOVERNMENT: BOYS & GIRLS CLUB OF CENTRAL FLORIDA

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL CONTRIBUTION, PROVIDE TEN

\$100.00 SCHOLARSHIPS TO YOUTH OF THE YEAR FINALISTS IN 2010.

NAME OF ORGANIZATION OR GOVERNMENT: CITY OF MAITLAND

(H) PURPOSE OF GRANT OR ASSISTANCE: MATCH GRANT \$5000, TO HIRE UNITED

ARTS TO FACILITATE PLANNING NEGOTIATIONS FOR MAITLAND ARTS CENTER &

MAITLAND HISTORICAL SOCIETY, GRANT TO PAY FOR POSTAGE FOR BELLAMY PARK

CITIZEN SURVEY

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

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS INVESTMENT WILL PROVIDE A

COMPREHENSIVE, ON-GOING, GRASSROOTS OUTREACH AND MARKETING PROGRAM IN

FARRAMORE, TO POSITIVELY "BRAND" PKZ, INFORM RESIDENTS AND YOUTH, ON AN

ON-GOING BASIS, ABOUT SERVICES AVAILABLE FROM PKZ, AND ACTIVELY ENGAGE

RESIDENTS. GRASSROOTS NEIGHBORHOOD OUTREACH - YEAR 3-FIRST QUARTER

NAME OF ORGANIZATION OR GOVERNMENT:

COMMUNITY FOUNDATION OF GREATER WINTER HAVEN

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DISTRIBUTION - INCOME FROM

THE FUND IS TO BE USED FOR MEDICAL, HOSPITAL AND OTHER CARE FOR SICK AND

INJURED PERSONS IN THE CITY OF WINTER HAVEN AND VICINITY WHO ARE NOT

FINANCIALLY ABLE TO OBTAIN MEDICAL, HOSPITAL AND OTHER CARE.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

COMMUNITY SERVICE CENTER OF CENTRAL FLORIDA, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ESTABLISH AND OPERATE A

DEMONSTRATION PROJECT TO PROVIDE EMPLOYMENT TRAINING AND OPPORTUNITIES TO

AT-RISK YOUTH WHO RESIDE IN THE PARRAMORE HERITAGE COMMUNITY, IN

COORDINATION WITH THE CITY OF ORLANDO'S PARRAMORE KIDZ ZONE (PKZ)

PROJECT.

NAME OF ORGANIZATION OR GOVERNMENT: FAMILY SERVICES OF METRO ORLANDO

(H) PURPOSE OF GRANT OR ASSISTANCE: UNDESIGNATED CONTRIBUTION FOR MERGER

BETWEEN COMMUNITY SERVICE CENTER AND FAMILY SERVICES OF METRO ORLANDO,

2010 ANNUAL DISTRIBUTION

NAME OF ORGANIZATION OR GOVERNMENT: FIRST PRESBYTERIAN CHURCH OF ORLANDO

(H) PURPOSE OF GRANT OR ASSISTANCE: THE WEEKDAY SCHOOL FOR TUITION

ASSISTANCE FUND SILVER PATRON, IMMEASURABLY MORE CAMPAIGN

NAME OF ORGANIZATION OR GOVERNMENT:

FOUNDATION FOR BUILDING COMMUNITY, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: LEADERSHIP ORLANDO CLASS 79 TUITION

INVOICE - CENTRAL FLORIDA PARTNERSHIP, CENTRAL FLORIDA PARTNERSHIP

NAME OF ORGANIZATION OR GOVERNMENT: FOUNDATION FOR FOSTER CHILDREN

(H) PURPOSE OF GRANT OR ASSISTANCE: HUMAN SERVICES, GENERAL

CONTRIBUTION, PROVIDE EMERGENCY DUFFELS AND BACKPACKS FOR CHILDREN WHO

HAVE BEEN REMOVED FROM THEIR HOMES DUE TO ABUSE OR NEGLECT AND ARE

ENTERING THE FOSTER CARE SYSTEM., MATCHING GRANT FOR UP TO \$100,000 TO

Part IV Supplemental Information

FOUNDATION FOR FOSTER CHILDREN TO BE USED AS A DOLLAR FOR DOLLAR MATCH

FOR CONTRIBUTIONS FROM NEW DONORS AND ADDITIONAL CONTRIBUTIONS FROM

EXISTING DONORS BY DECEMBER 31, 2010.

NAME OF ORGANIZATION OR GOVERNMENT: GRACE MEDICAL HOME

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL CONTRIBUTION, TO ASSIST WITH

THE OPENING OF A COMPREHENSIVE PEDIATRIC MEDICAL CENTER FOR DISADVANTAGED

CHILDREN, LAB EQUIPMENT, PROVIDE MEDICAL CARE TO LOW-INCOME FAMILIES AND

CHILDREN WITHOUT INSURANCE

NAME OF ORGANIZATION OR GOVERNMENT:

HEALTH COUNCIL OF EAST CENTRAL FLORIDA, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT WILL INVEST IN THE INPUT,

ANALYSIS AND REPORTING OF DATA GENERATED BY NUMEROUS COMMUNITY-BASED

ORGANIZATIONS WHO WORK UNDER THE PRZ UMBRELLA. THE DATA COVERS YOUTH AND

FAMILY PARTICIPATION IN PARRAMORE KIDZ ZONE.

NAME OF ORGANIZATION OR GOVERNMENT: HOPE COMMUNITY CENTER, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING EXPENSE, TO FUND A

PROJECT IN SR. CATHY'S MEMORY, TO PROVIDE FUNDS FOR THE NEW COMMUNITY

CENTER GENERAL PURPOSES

NAME OF ORGANIZATION OR GOVERNMENT: LCRC FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DESIGNATED DISTRIBUTION-

BREDE-WILKINS SCHOLARSHIP FOUNDATION (2005-2009), ANNUAL DISTRIBUTION FOR

BREDE-WILKINS SCHOLARSHIP FOUNDATION

NAME OF ORGANIZATION OR GOVERNMENT: LUTHERAN COUNSELING SERVICES, INC.

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: "GOING TO THE CHURCHES" MENTAL HEALTH EDUCATION TO THE LEADERSHIP OF UNDER-SERVED CONGREGATIONS/FAITH COMMUNITIES ACROSS DENOMINATIONAL/FAITH GROUP THROUGHOUT CENTRAL FLORIDA, MINORITY CONGREGATIONS.

NAME OF ORGANIZATION OR GOVERNMENT: MERIDIAN CLUB OF WINTER PARK, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DISTRIBUTION RESTRICTED TO THE COLLEGE EDUCATION OF AFRICAN AMERICAN BOYS AND GIRLS, ANNUAL DISTRIBUTION, ANNUAL DISTRIBUTION-THE FUND IS "TO BE ADMINISTERED AS A GENERAL SCHOLARSHIP FUND FOR STUDENTS SELECTED ON THE BASIS OF THEIR POTENTIAL AS JUDGED BY THEIR TEACHERS.

NAME OF ORGANIZATION OR GOVERNMENT: NEW HOPE FOR KIDS

(H) PURPOSE OF GRANT OR ASSISTANCE: 2010 ANNUAL DISTRIBUTION, UNRESTRICTED GRANT PAYABLE QUARTERLY BEGINNING 1/2010, NEW MONEY MATCHING GRANT. MONEY CAN BE EITHER NEW (MORE) MONEY FROM EXISTING DONORS OR NEW MONEY FROM NEW DONORS

NAME OF ORGANIZATION OR GOVERNMENT: NEW IMAGE YOUTE CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE A DAILY AFTER SCHOOL AND SUMMER CAMP PROGRAM FOR APPROXIMATELY 45 SCHOOL AGED CHILDREN RESIDING IN THE PARRAMORE HERITAGE COMMUNITY, IN COORDINATION WITH THE CITY OF ORLANDO'S PARRAMORE KIDZ ZONE (PKZ). THE PROGRAM WILL OFFER TUTORING PROVIDED

NAME OF ORGANIZATION OR GOVERNMENT: ORLANDO AFTER SCHOOL ALL-STARS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ESTABLISH AND OPERATE A SUMMER CAMP PROGRAM ATTENDED BY MIDDLE SCHOOL AGED CHILDREN RESIDING IN THE

Part IV Supplemental Information

PARRAMORE HERITAGE COMMUNITY IN COORDINATION WITH THE CITY OF ORLANDO'S

PARRAMORE KIDZ ZONE (PKZ) PROJECT AT THE CALLAHAN NEIGHBORHOOD CENTER

NAME OF ORGANIZATION OR GOVERNMENT: ORLANDO HEALTH FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: M.D. ANDERSON CANCER CENTER ORLANDO,

TO PROVIDE WEEKLY PARENT SUPPORT GROUP SESSIONS, INCLUDING PARENT-CHILD

INTERACTION TRAINING, AT THE CALLAHAN NEIGHBORHOOD CENTER, IN

COORDINATION WITH PARRAMORE KIDZ ZONE. THE SESSIONS WILL BE FACILITATED

BY THE HFO CHILD DEVELOPMENT SPECIALIST.

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

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL CONTRIBUTION, ANNUAL

DISTRIBUTION-INCOME FROM THIS FUND IS TO BE USED FOR THE SUPPORT AND

MAINTENANCE OF THE ORLANDO MUSEUM OF ART, ANNUAL DISTRIBUTION--TO SUPPORT

EDUCATION PROGRAMS FOR CHILDREN THAT WILL BE IDENTIFIED BY THE MUSEUM

NAME OF ORGANIZATION OR GOVERNMENT: PREVENT BLINDNESS FLORIDA

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DISTRIBUTION--SHALL USE SAID

FUNDS FOR ASSISTANCE TO NEEDY PEOPLE IN CENTRAL FLORIDA.

NAME OF ORGANIZATION OR GOVERNMENT:

SECOND HARVEST FOOD BANK OF CENTRAL FLORIDA INC

(H) PURPOSE OF GRANT OR ASSISTANCE: 2010 ANNUAL DISTRIBUTION, PROVIDE

MATCHING FUNDS FOR RECENT PLEDGE DRIVE, TO ASSIST WITH REPLENISHMENT OF

FOOD ITEMS FOR THE FOOD PANTRY, ANNUAL DISTRIBUTION - KIDS CAFE REEVES

TERRACE

NAME OF ORGANIZATION OR GOVERNMENT: SERVING THIS GENERATION

Part IV Supplemental Information

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

NAME OF ORGANIZATION OR GOVERNMENT: THE HENRY NEHLING SOCIETY

(H) PURPOSE OF GRANT OR ASSISTANCE: AS A PLEDGE TO THE HENRY NEHLING SOCIETY ON THE CONDITION THAT THEY ARE ABLE TO CLOSE THE CONTRACT TO PURCHASE THE PROPERTY DESCRIBED IN A PROPOSAL ON OR BEFORE DECEMBER 31, 2009.

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

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR UNFUNDED EQUIPMENT IN THE CLASSROOMS @ EAST ORANGE/BAILES CAMPUS, ANNUAL DISTRIBUTION- THESE FUNDS ARE TO BE USED BY UCP OF CENTRAL FLORIDA FOR THE CARE AND TRAINING OF CHILDREN, CHILDREN'S CENTER ON UNIVERSITY BLVD, SUPPORT EARLY INTERVENTION EDUCATION AND PEDIATRIC THERAPY FOR CHILDREN WITH SPECIAL NEEDS, ANNUAL DISTRIBUTION- THESE FUNDS ARE TO BE USED BY UCP OF CENTRAL FLORIDA FOR THE CARE AND TRAINING OF CHILDREN

NAME OF ORGANIZATION OR GOVERNMENT: UNITED ARTS OF CENTRAL FLORIDA

(H) PURPOSE OF GRANT OR ASSISTANCE: \$1,000 FESTIVAL OF ORCHESTRAS; \$200 ORANGE COUNTY REGIONAL HISTORY CENTER; \$1,000 ORLANDO MUSEUM OF ART; \$500 CONCERT OPERA (ORLANDO PHILHARMONIC); \$500, ORLANDO BALLET, ORLANDO SCIENCE CENTER, 50%, \$2,500 TO THE GENERAL FUND 50%, \$2,500 DESIGNATED TO THE BACH FESTIVAL SOCIETY,

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**

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

Part I Types of Property				
	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	6	141,869.	AVG SH PRICE-GIFT DATE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ()				
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2009

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

Open to Public
Inspection

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

Employer identification number
59-3182886

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

TO SUPPORT COMMUNITY PROJECTS IN THE AREAS OF HEALTH, HUMAN SERVICES,

ARTS/CULTURE, EDUCATION, RELIGION, PUBLIC-SOCIETY, AND

ENVIRONMENT/ANIMALS.

FORM 990, PART VI, SECTION B, LINE 11: A COPY OF THE FORM 990 WAS PROVIDED

TO THE BOARD OF DIRECTORS FOR THEIR REVIEW, AS PART OF THE BOARD AGENDA FOR

THE OCTOBER 2010 MEETING.

FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION'S CONFLICT OF

INTEREST POLICY DISCLOSURE STATEMENT IS COMPLETED ANNUALLY BY BOARD AND

COMMITTEE MEMBERS. UPDATES ARE MADE THROUGHOUT THE YEAR AS CIRCUMSTANCES

WARRANT. STAFF AND COMMITTEE CHAIRS MONITOR COMPLIANCE WITH THE POLICY AS

POTENTIAL CONFLICTS ARISE.

FORM 990, PART VI, SECTION B, LINE 15A: THE PRESIDENT/CEO'S SALARY IS

REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS. SECTOR BASED DATA IS USED

TO DETERMINE THE COMPARABILITY OF THE SALARY TO SIMILAR POSITIONS AT

SIMILARLY SITUATED ORGANIZATIONS. WRITTEN MINUTES OF ALL BOARD OF

DIRECTORS MEETINGS ARE KEPT.

FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS, CONFLICT OF

INTEREST POLICY, AND FINANCIAL STATEMENTS OF THE COMMUNITY FOUNDATION OF

CENTRAL FLORIDA ARE MADE AVAILABLE UPON REQUEST. THESE DOCUMENTS ARE ALSO

AVAILABLE ON THE ORGANIZATION'S WEBSITE.

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

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
b	Gift, grant, or capital contribution to other organization(s)		X
c	Gift, grant, or capital contribution from other organization(s)		X
d	Loans or loan guarantees to or for other organization(s)		X
e	Loans or loan guarantees by other organization(s)		X
f	Sale of assets to other organization(s)		X
g	Purchase of assets from other organization(s)		X
h	Exchange of assets		X
i	Lease of facilities, equipment, or other assets to other organization(s)		X
j	Lease of facilities, equipment, or other assets from other organization(s)		X
k	Performance of services or membership or fundraising solicitations for other organization(s)		X
l	Performance of services or membership or fundraising solicitations by other organization(s)		X
m	Sharing of facilities, equipment, mailing lists, or other assets		X
n	Sharing of paid employees		X
o	Reimbursement paid to other organization for expenses		X
p	Reimbursement paid by other organization for expenses		X
q	Other transfer of cash or property to other organization(s)		X
r	Other transfer of cash or property from other organization(s)		X

2	(a) Name of other organization(s)	(b) Transaction type (art)	(c) Amount involved
(1)	NO REPORTABLE TRANSACTIONS		0.
(2)			
(3)			
(4)			
(5)			
(6)			

