

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

OMB No. 1545-0047

2010

Open to Public Inspection

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

A For the 2010 calendar year, or tax year beginning MAY 1, 2010 **and ending** APR 30, 2011

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization COMMUNITY FOUNDATION OF CENTRAL FLORIDA, INC. Doing Business As		D Employer identification number 59-3182886
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1411 EDGEWATER DRIVE 203		E Telephone number (407) 872-3050
	City or town, state or country, and ZIP + 4 ORLANDO, FL 32804-6361		G Gross receipts \$ 4,938,375.
	F Name and address of principal officer: MARK BREWER SAME AS C ABOVE		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			H(c) Group exemption number ▶
J Website: WWW.CFCFLORIDA.ORG			L Year of formation: 1993 M State of legal domicile: FL
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE COMMUNITY FOUNDATION OF CENTRAL FLORIDA PROVIDES PHILANTHROPIC DOLLARS (SEE SCHEDULE O)		
	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 individuals employed in calendar year 2010 (Part V, line 2a)	5	9
	6 Total number of volunteers (estimate if necessary)	6	30
	7 a Total 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)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	5,954,114.	2,511,625.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	690,848.	803,501.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	230,765.	1,622,264.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-8,310.	985.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6,867,417.	4,938,375.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	2,243,475.	2,530,336.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16 a Professional fundraising fees (Part IX, column (A), line 11e)	574,999.	558,505.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 290,416.	0.	28,000.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,159,679.	1,332,308.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,978,153.	4,449,149.
19 Revenue less expenses. Subtract line 18 from line 12	2,889,264.	489,226.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	48,166,104.	53,459,724.
	22 Net assets or fund balances. Subtract line 21 from line 20	1,625,232.	1,414,655.
		46,540,872.	52,045,069.

Part II Signature Block

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

Sign Here	Signature of officer		Date
	MARK BREWER, PRESIDENT/CEO		
Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	ANNE-MARIE BARRETT, CPA		
Firm's name ▶ CROSS, FERNANDEZ & RILEY, LLP		Check if self-employed <input type="checkbox"/>	PTIN
Firm's address ▶ 201 S. ORANGE AVE., SUITE 800		Firm's EIN ▶	
ORLANDO, FL 32801-3421		Phone no. (407) 841-6930	

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

Part III Statement of Program Service Accomplishments

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

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

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes 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 \$ 2,865,100. including grants of \$ 2,530,336.) (Revenue \$) GRANTS TO 253 NOT FOR PROFIT ORGANIZATIONS FOR VARIOUS CHARITABLE PURPOSES IN CENTRAL FLORIDA AND ACROSS THE UNITED STATES. PROVIDE A KNOWLEDGE BASE DESIGNED TO SUPPORT TRANSPARENCY BY DELIVERING WEB-BASED INFORMATION ABOUT THE FINANCIAL, OPERATIONAL AND PROGRAMMATIC HEALTH OF LOCAL NONPROFIT ORGANIZATIONS. THE KNOWLEDGE BASE IS A ONE-OF-A-KIND RESOURCE THAT CONNECTS PEOPLE WHO WANT TO MAKE A DIFFERENCE WITH LOCAL CHARITABLE ORGANIZATIONS DOING IMPORTANT WORK. THE COMMUNITY FOUNDATION WILL USE THE KNOWLEDGE BASE TO DRIVE RESULTS-ORIENTED PHILANTHROPY TO BUILD THE CAPACITY AND MEASURABLY IMPROVE THE PERFORMANCE OF LOCAL NONPROFIT ORGANZIATIONS.

4b (Code:) (Expenses \$ 807,583. including grants of \$) (Revenue \$ 803,501.) EXPENSES INCURRED TO ASSIST 400 CHARITABLE FUNDS WITH THEIR SOCIAL INVESTMENTS IN NONPROFIT ORGANIZATIONS.

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

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

4e Total program service expenses 3,672,683.

Part IV Checklist of Required Schedules

	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, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <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 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a 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
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>	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
b 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, Parts I and IV</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, Parts II and IV</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, Parts III and IV</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
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

Form 990 (2010)

COMMUNITY FOUNDATION OF CENTRAL FLORIDA,
INC.

Form 990 (2010)

59-3182886 Page 4

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
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d 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
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		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):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? 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)?	X	
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
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? Note. All Form 990 filers are required to complete Schedule O	X	

Form 990 (2010)

032004
12-21-10

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

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

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year		
1b Enter the number of voting members included in line 1a, above, who 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 governing documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a significant 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:		
a The governing body?	X	
b 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?		
11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11b 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
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
MARK BREWER PRESIDENT/CEO	50.00	X		X			121,657.	0.	18,095.	
ED TIMBERLAKE CHAIRMAN	2.00	X		X			0.	0.	0.	
STEPHEN ELKER VICE CHAIRMAN	2.00	X		X			0.	0.	0.	
MICHAEL HARBISON SECRETARY	2.00	X		X			0.	0.	0.	
KAKI RAWLS 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.	
EUGENE CAMPBELL 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.	
LYN BERELSMAN 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.	

COMMUNITY FOUNDATION OF CENTRAL FLORIDA,
INC.

Form 990 (2010)

59-3182886 Page 9

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	2511625.				
	g	Noncash contributions included in lines 1a-1f: \$		312,963.				
	h	Total. Add lines 1a-1f		2511625.				
Program Service Revenue	2 a	MANAGEMENT FEES	Business Code 561000	803,501.	803,501.			
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f		803,501.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		887,772.			887,772.	
	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				
			734182.	310.				
	b	Less: cost or other basis and sales expenses						
c	Gain or (loss)	734182.	310.					
d	Net gain or (loss)			734,492.		734,492.		
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	b						
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	b						
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	b						
c	Net income or (loss) from sales of inventory							
Miscellaneous Revenue				Business Code				
11 a	OTHER INCOME		900099	985.	985.			
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d			985.				
12	Total revenue. See instructions.			4938375.	804,486.	0.	1,622,264.	

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Form 990 (2010)

COMMUNITY FOUNDATION OF CENTRAL FLORIDA,
INC.

Form 990 (2010)

59-3182886 Page 10

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	2,478,665.	2,478,665.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	51,671.	51,671.		
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	213,477.	47,895.	40,130.	125,452.
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	198,253.	131,494.	41,615.	25,144.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	11,126.	4,848.	4,069.	2,209.
9 Other employee benefits	108,989.	47,486.	19,778.	41,725.
10 Payroll taxes	26,660.	11,616.	5,293.	9,751.
11 Fees for services (non-employees):				
a Management				
b Legal	10,836.		10,836.	
c Accounting	20,975.		20,975.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	28,000.			28,000.
f Investment management fees	177,301.		177,301.	
g Other	7,180.		300.	6,880.
12 Advertising and promotion	297.	297.		
13 Office expenses	5,054.		4,859.	195.
14 Information technology	70,692.	54,014.	4,322.	12,356.
15 Royalties				
16 Occupancy	74,146.	19,174.	38,551.	16,421.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	10,137.		4,139.	5,998.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	27,955.	12,180.	5,550.	10,225.
23 Insurance	3,426.		3,426.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a ADMINISTRATIVE FEES	807,583.	807,583.		
b UNFULFILLED CONTRIBUTIO	91,350.		91,350.	
c UTILITIES	9,012.	3,927.	1,789.	3,296.
d MAINTENANCE	8,149.		6,924.	1,225.
e PARKING AND MILEAGE	4,208.	1,833.	836.	1,539.
f All other expenses	4,007.		4,007.	
25 Total functional expenses. Add lines 1 through 24f	4,449,149.	3,672,683.	486,050.	290,416.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

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Form 990 (2010)

COMMUNITY FOUNDATION OF CENTRAL FLORIDA,
INC.

Form 990 (2010)

59-3182886 Page 11

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	119,422.	1	88,954.
	2	Savings and temporary cash investments	3,961,436.	2	3,073,585.
	3	Pledges and grants receivable, net	2,339,217.	3	387,500.
	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)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	9,712.	9	12,220.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 206,842.		
	b	Less: accumulated depreciation	10b 144,619.	10c 88,340.	62,223.
	11	Investments - publicly traded securities	21,942,396.	11	27,110,173.
	12	Investments - other securities. See Part IV, line 11	18,751,517.	12	21,344,156.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	954,064.	15	1,380,913.
16	Total assets. Add lines 1 through 15 (must equal line 34)	48,166,104.	16	53,459,724.	
Liabilities	17	Accounts payable and accrued expenses	2,128.	17	24,888.
	18	Grants payable	677,999.	18	759,575.
	19	Deferred revenue	16,854.	19	
	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	928,251.	25	630,192.
	26	Total liabilities. Add lines 17 through 25	1,625,232.	26	1,414,655.
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	44,926,945.	27	50,377,384.
	28	Temporarily restricted net assets	1,613,927.	28	1,667,685.
	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	46,540,872.	33	52,045,069.	
34	Total liabilities and net assets/fund balances	48,166,104.	34	53,459,724.	

Form 990 (2010)

COMMUNITY FOUNDATION OF CENTRAL FLORIDA,
INC.

Form 990 (2010)

59-3182886 Page 12

Part XI Reconciliation of Net Assets

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

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

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	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.	X	
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 separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> 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?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Form 990 (2010)

COMMUNITY FOUNDATION OF CENTRAL FLORIDA,

Schedule A (Form 990 or 990-EZ) 2010 INC.

59-3182886 Page 2

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	7,993,715.	3,998,820.	3,160,973.	5,954,114.	2,604,245.	23,711,867.
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	7,993,715.	3,998,820.	3,160,973.	5,954,114.	2,604,245.	23,711,867.
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)						2,307,173.
6 Public support. Subtract line 5 from line 4						21,404,694.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	7,993,715.	3,998,820.	3,160,973.	5,954,114.	2,604,245.	23,711,867.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,027,452.	1,350,517.	884,972.	796,365.	887,772.	4,947,078.
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.)	394.	908.		-8,310.	1,865.	-5,143.
11 Total support. Add lines 7 through 10						28,653,802.
12 Gross receipts from related activities, etc. (see instructions)					12	3,702,836.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 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 2010 (line 6, column (f) divided by line 11, column (f))	14	74.70	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	75.58	%
16a 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2009. 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 - 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			<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"/>

Schedule A (Form 990 or 990-EZ) 2010

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2010. 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 - 2009. 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

2010

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	80	9
2 Aggregate contributions to (during year)	1,577,968.	48,679.
3 Aggregate grants from (during year)	1,455,863.	79,183.
4 Aggregate value at end of year	18,394,562.	559,925.

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):
- | | |
|--|--|
| <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) | <input type="checkbox"/> Preservation of an historically important land area |
| <input type="checkbox"/> Protection of natural habitat | <input type="checkbox"/> Preservation of a certified historic structure |
| <input type="checkbox"/> 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, and not on a historic structure listed in the National Register | 2d |
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- 4 Number of states where property subject to conservation easement is located ▶ _____
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, 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 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) 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 (ASC 958) relating to these items:
- a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
- b Assets included in Form 990, Part X ▶ \$ _____

COMMUNITY FOUNDATION OF CENTRAL FLORIDA,
INC.

Schedule D (Form 990) 2010

59-3182886 Page 2

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 the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
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	35,619,101.	25,773,687.	34,369,305.		
b Contributions	801,598.	3,105,212.	2,693,548.		
c Net investment earnings, gains, and losses	5,413,004.	8,358,906.	-9,604,909.		
d Grants or scholarships	1,152,319.	904,545.	1,188,404.		
e Other expenditures for facilities and programs					
f Administrative expenses	846,093.	714,159.	495,853.		
g End of year balance	39,835,291.	35,619,101.	25,773,687.		

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

- a Board designated or quasi-endowment %
- b Permanent endowment 100.00 %
- 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		X
(ii) related organizations		X
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?		
3b		

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

Part VI 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		60,415.	24,493.	35,922.
d Equipment		146,427.	120,126.	26,301.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				62,223.

Schedule D (Form 990) 2010

COMMUNITY FOUNDATION OF CENTRAL FLORIDA,
INC.

Schedule D (Form 990) 2010

59-3182886 Page 3

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) STOCKS, BONDS, AND		
(B) ALTERNATIVE INVESTMENTS	21,344,156.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶	21,344,156.	

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

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

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

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) LIABILITY UNDER SPLIT INTEREST	
(3) AGREEMENTS	630,192.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	630,192.

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

032053
12-20-10

Schedule D (Form 990) 2010

COMMUNITY FOUNDATION OF CENTRAL FLORIDA,
INC.

Schedule D (Form 990) 2010

59-3182886 Page 4

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

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

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements	1	3,533,535.
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	264,199.
e	Add lines 2a through 2d	2e	264,199.
3	Subtract line 2e from line 1	3	3,269,336.
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	1,179,813.
c	Add lines 4a and 4b	4c	1,179,813.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	4,449,149.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, 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 202,448.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

MANAGEMENT FEE NETTED WITH REVENUE ON AUDITED FINANCIAL STATEMENTS -707,413.

CHANGE IN VALUE OF CHARITABLE REMAINDER TRUST 202,448.

032054
12-20-10

Schedule D (Form 990) 2010

Part XIV Supplemental Information (continued)

REVENUE RELATED TO THE N. DONALD DIEBEL, JR., MD GOOD
 SAMARITAN FUND, INC 150.
 REVENUE RELATED TO THE LAKE COMMUNITY FOUNDATION, INC. 198,074.
 REVENUE RELATED TO THE ISLEWORTH COMMUNITY TRUST, INC. 3,000.
 TOTAL TO SCHEDULE D, PART XII, LINE 2D -303,741.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

FUNDS HELD FOR AGENCIES CONTRIBUTIONS 374,128.
 FUNDS HELD FOR AGENCIES INTEREST AND DIVIDENDS 191,300.
 FUNDS HELD FOR AGENCIES REALIZED GAINS 174,612.
 OTHER 142.
 TOTAL TO SCHEDULE D, PART XII, LINE 4B 740,182.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

EXPENSE RELATED TO THE N. DONALD DIEBEL, JR., MD GOOD
 SAMARITAN FUND, INC 4,282.
 EXPENSE RELATED TO THE LAKE COMMUNITY FOUNDATION, INC. 258,021.
 EXPENSE RELATED TO THE ISLEWORTH COMMUNITY TRUST, INC. 1,896.
 TOTAL TO SCHEDULE D, PART XIII, LINE 2D 264,199.

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

FEEES RELATED TO MANAGING FUNDS HELD FOR AGENCIES 126,780.
 MANAGEMENT FEE NETTED WITH REVENUE ON AUDITED FINANCIAL
 STATEMENTS 707,413.
 GRANTS AUTHORIZED FOR FUNDS HELD FOR AGENCIES 345,480.
 OTHER 140.
 TOTAL TO SCHEDULE D, PART XIII, LINE 4B 1,179,813.

COMMUNITY FOUNDATION OF CENTRAL FLORIDA,

Schedule G (Form 990 or 990-EZ) 2010 INC.

59-3182886 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

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

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

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

9 Enter the state(s) in which the organization operates gaming activities: _____

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

b If "No," explain: _____

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

b If "Yes," explain: _____

COMMUNITY FOUNDATION OF CENTRAL FLORIDA,

Schedule G (Form 990 or 990-EZ) 2010 INC.

59-3182886 Page 3

- 11 Does the organization operate gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: WORTHINGTON EVERIDGE GROUP

(I) ADDRESS OF FUNDRAISER: 1127 EDGEWATER DR, ORLANDO , FL 32804

**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" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No. 1545-0047

2010

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. 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. Part II can be duplicated if additional space is needed.

1 (e) 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
ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION - 378 CENTERPOINTE CIRCLE, SUITE 1280 - ALTAMONTE SPRINGS, FL 32701	36-3487166	501(C)(3)	15,554.	0.			TO ESTABLISH A SPEAKERS BUREAU OF VOLUNTEERS TO SUPPORT COMMUNITY OUTREACH FOR THE LOCAL
AMERICAN CANCER SOCIETY 3709 WEST JETTON AVENUE TAMPA, FL 33629-5146	13-1788491	501(C)(3)	6,978.	0.			ANNUAL DISTRIBUTION GENERAL CONTRIBUTION, TO ESTABLISH A SPEAKERS BUREAU OF VOLUNTEERS TO SUPPORT COMMUNITY FOR NURSERY IMPROVEMENTS/PURCHASES FOR GENERAL ASSISTANCE FOR GIRLS ENROLLED IN THE
AMERICAN LUNG ASSOCIATION OF CENTRAL FLORIDA - 851 OUTER ROAD - ORLANDO, FL 32814	59-0662271	501(C)(3)	16,500.	0.			EATONVILLE BRANCH OF BOYS & GIRLS CLUB, GENERAL CONTRIBUTION
BETA CENTER, INC. 4680 LAKE UNDERHILL ROAD ORLANDO, FL 32807	23-7446558	501(C)(3)	13,553.	0.			TO PROVIDE A DAILY SUMMER CAMP PROGRAM
BOYS & GIRLS CLUB OF CENTRAL FLORIDA - P.O. BOX 2987 - ORLANDO, FL 32802	59-0951887	501(C)(3)	11,500.	0.			
BRIDGE TO INDEPENDENCE, INC. 580 WEST JACKSON STREET ORLANDO, FL 32805	16-1643585	501(C)(3)	16,667.	0.			
2 Enter total number of section 501(c)(3) and government organizations							78.
3 Enter total number of other organizations							1.

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) (2010)

COMMUNITY FOUNDATION OF CENTRAL FLORIDA,
INC.

Schedule I (Form 990)

59-3182886

Page 1

Part II 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
CAT PROTECTION SOCIETY, INC. P.O. BOX 1078 SORRENTO, FL 32776-1078	59-3413294	501(C)(3)	38,496.	0.			ANNUAL DISTRIBUTION
CENTRAL FLORIDA ZOOLOGICAL SOCIETY, INC. - P. O. BOX 470309 - LAKE MONROE, FL 32747-0309	59-1357197	501(C)(3)	55,678.	0.			ZOO TO YOU, ANNUAL DISTRIBUTION
COALITION FOR THE HOMELESS OF CENTRAL FLORIDA, INC. - 639 WEST CENTRAL BLVD. - ORLANDO, FL 32801-2507	59-2814255	501(C)(3)	7,853.	0.			TO PROVIDE SHELTER FOR THOSE IN NEED IN THE COMMUNITY, ANNUAL DISTRIBUTION, AGENCY
COMMUNITY VISION, INC. 704 GENERATION POINT, #101 KISSIMMEE, FL 34744	59-3896657	501(C)(3)	41,636.	0.			AGENCY ENDOWMENT DISTRIBUTION
EARLY LEARNING COALITION OF ORANGE COUNTY - P O BOX 540387 - ORLANDO, FL 32854	31-1759186	501(C)(3)	35,850.	0.			TO ENHANCE THE EARLY LEARNING OF YOUNG CHILDREN IN THE PARAMORE COMMUNITY.
FASTER SEALS FLORIDA, INC. 2010 MIZELL AVENUE WINTER PARK, FL 32792-4119	59-0637848	501(C)(3)	27,110.	0.			ANNUAL DISTRIBUTION, GENERAL CONTRIBUTION, CONTRIBUTION TO FLOWER POWER VERY IMPORTANT
EDGEWOOD CHILDREN'S RANCH 1451 EDGEWOOD RANCH ROAD ORLANDO, FL 32835	59-1150182	501(C)(3)	26,874.	0.			AGENCY ENDOWMENT DISTRIBUTION
FAMILY PROMISE OF GREATER ORLANDO, INC - 2313 1/2 N. ORANGE AVENUE - ORLANDO, FL 32804	59-3679904	501(C)(3)	10,000.	0.			INTERFAITH HOSPITALITY NETWORK - FUNDING FOR FOODBANK AND TEMPORARY HOUSING PROGRAMS
FARMWORKERS MINISTRY INC. P.O. BOX 1855 AUBURNDALE, FL 33823 LHA	59-2041344	501(C)(3)	10,000.	0.			GENERAL CONTRIBUTION

Schedule I (Form 990)

COMMUNITY FOUNDATION OF CENTRAL FLORIDA,
INC.

Schedule I (Form 990)

59-3182886

Page 1

Part II 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
FESTIVAL OF ORCHESTRAS INC 1073 WILIA SPRINGS DRIVE, SUITE 105 WINTER SPRINGS, FL 32708	59-2416916	501(C)(3)	6,265.	0.			AGENCY ENDOWMENT DISTRIBUTION
FIRST CHURCH OF CHRIST SCIENTIST 210 MASSACHUSETTS AVENUE, PO5-10 BOSTON, MA 02115-3195	04-2254742	501(C)(3)	7,638.	0.			ANNUAL DISTRIBUTION
FIRST PRESBYTERIAN CHURCH OF ORLANDO - 106 EAST CHURCH ST. ORLANDO, FL 32801	59-0624394	501(C)(3)	113,250.	0.			MIDDLE SCHOOL/HIGH SCHOOL INTERN FUND, UPWARD BASKETBALL FUND, SUNDAY SUNRISE HOMELESS
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.
FLORIDA STATE UNIVERSITY-STUDENT DISABILITY RESOURCE CENTER - 874 TRADITIONS WAY, 108 STUDENT SVCS. BLDG. - TALLAHASSEE, FL 32306	59-1961248	501(C)(3)	10,972.	0.			PURCHASE OF TIGER EMBOSSE, TIGER SOFTWARE AND INFY READER.
FOOD FOR THE POOR 6401 LYONS RD. COCONUT CREEK, FL 33073	59-2174510	501(C)(3)	5,000.	0.			GENERAL OPERATING SUPPORT
FOUNDATION FOR BUILDING COMMUNITY, INC. - 75 SOUTH IVANHOE BOULEVARD - ORLANDO, FL 32804	59-3678634	501(C)(3)	5,000.	0.			ANNUAL INVESTMENT IN THE CENTRAL FLORIDA PARTNERSHIP
FOUNDATION FOR ORANGE COUNTY PUBLIC SCHOOLS INC - 445 WEST AMELIA STREET, SUITE 901 - ORLANDO, FL 32812	59-2788435	501(C)(3)	15,153.	0.			FOR THE STUDENT SPACEFLIGHT EXPERIMENTS PROGRAM IN WINTER PARK MIDDLE SCHOOLS AND HIGH SCHOOLS
FOUNDATION FOR OSCEOLA EDUCATION, INC. - 2310 NEW BEGINNINGS ROAD, SUITE 118 - KISSIMMEE, FL 34744	59-2960396	501(C)(3)	42,118.	0.			ANNUAL DISTRIBUTION, ANNUAL DISTRIBUTION DESIGNATED FOR SCHOLARSHIPS FOR SENIORS

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Schedule I (Form 990)

COMMUNITY FOUNDATION OF CENTRAL FLORIDA,
INC.

Schedule I (Form 990)

59-3182886

Page 1

Part II 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
FRESH START MINISTRIES INC 4436 EDGEWATER DRIVE, SUITE 20 ORLANDO, FL 32804	59-2737376	501(C)(3)	5,000.	0.			GENERAL CONTRIBUTION
GATHERING/USA, INC. 1220 E. CONCORD STREET ORLANDO, FL 32803	59-2810392	501(C)(3)	8,500.	0.			GENERAL CONTRIBUTION, THE GATHERING OF WOMEN, FREDDIE LANGSTON MINISTRY
GLOBAL CONNECTIONS FOUNDATION 215 EAST LIVINGSTON STREET ORLANDO, FL 32801	59-3622494	501(C)(3)	10,000.	0.			INDIA PROGRAM
HARBOR HOUSE P.O. BOX 680748 ORLANDO, FL 32868	59-1712936	501(C)(3)	50,469.	0.			ANNUAL DISTRIBUTION, PHASE 2 IMPLEMENTATION FOR PROJECT COURAGE
HEALTH CARE CENTER FOR THE HOMELESS, INC. - 232 N. ORANGE BLOSSOM TRAIL - ORLANDO, FL 32805	59-3185020	501(C)(3)	6,683.	0.			AGENCY ENDOWMENT DISTRIBUTION, GENERAL CONTRIBUTION
HEALTH COUNCIL OF EAST CENTRAL FLORIDA, INC. - 2461 W. SR 426, SUITE 2041 - OVIEDO, FL 32765	59-2227752	501(C)(3)	50,000.	0.			THIS GRANT WILL INVEST IN THE INPUT, CLEANING, ANALYSIS AND REPORTING OF YOUTH AND FAMILY
HEART OF FLORIDA UNITED WAY DR. NELSON YING CENTER, 1940 TRAYLOR ORLANDO, FL 32804	59-0808854	501(C)(3)	92,697.	0.			BASIC NEEDS FUND, ANNUAL DISTRIBUTION, FOR GENERAL SUPPORT, GENERAL CONTRIBUTION, AGENCY
HOLOCAUST MEMORIAL RESOURCE & EDUCATION CENTER OF FLORIDA INC - 851 N MAITLAND AVENUE - MAITLAND, FL 32751	59-2219851	501(C)(3)	75,900.	0.			MAKE MY SCHOOL A BULLY-FREE ZONE
HOLY FAMILY CATHOLIC CHURCH 5129 S. APOPKA-VINELAND ROAD ORLANDO, FL 32819	53-0196617	501(C)(3)	37,000.	0.			OUR CATHOLIC APPEAL, PRO LIFE MINISTRY FOR THE "RESPECT LIFE BILLBOARD", ALIVE IN CHRIST CAMPAIGN

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Schedule I (Form 990)

COMMUNITY FOUNDATION OF CENTRAL FLORIDA,
INC.

59-3182886 Page 1

Schedule I (Form 990)

Part II 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
HOUSING AUTHORITY OF THE CITY OF WINTER PARK - 718 MARGARET SQUARE - WINTER PARK, FL 32789		GOVERNMENT ENTITY	12,723.	0.			ARTS FOR THE KIDS AT THE MEADOWS
JEWISH FAMILY SERVICES OF GREATER ORLANDO, IN - 2100 LEE ROAD - WINTER PARK, FL 32789	59-1873758	501(C)(3)	20,000.	0.			EMERGENCY FINANCIAL SERVICES, PEARLMAN FOOD PANTRY, AND FAMILY STABILIZATION PROGRAM.
LAKE HIGHLAND PREPARATORY SCHOOL 901 N. HIGHLAND AVENUE ORLANDO, FL 32803	59-0624431	501(C)(3)	8,000.	0.			GENERAL CONTRIBUTION, ANNUAL FUND
MAKE-A-WISH FOUNDATION OF CENTRAL & WESTERN NORTH CAROLINA - 212 S. TRYON ST., SUITE 1080 - CHARLOTTE, NC 28281	56-1492432	501(C)(3)	5,300.	0.			GENERAL SUPPORT FOR ORGANIZATION
MAYFLOWER RETIREMENT CENTER INC. 1620 MAYFLOWER COURT WINTER PARK, FL 32792	59-2617174	501(C)(3)	22,122.	0.			FUNDS ARE TO BE USED FOR THE SUPPORT AND MAINTENANCE OF THE MAYFLOWER BENEVOLENT ANNUAL DISTRIBUTION
MERIDIAN CLUB OF WINTER PARK, INC. C/O BROOKS HEWITT, P.O. BOX 1300 WINTER PARK, FL 32790-1300	59-1691696	501(C)(4)	6,853.	0.			RESTRICTED TO THE COLLEGE EDUCATION OF AFRICAN AMERICAN BOYS AND GIRLS.
MYERS PARK PRESBYTERIAN CHURCH 2501 OXFORD DRIVE CHARLOTTE, NC 28207	23-6393377	501(C)(3)	5,000.	0.			CAPITAL CAMPAIGN: WILLIAM M. & MARY C. WARREN
NEGRO SPIRITUAL SCHOLARSHIP FOUNDATION INC - PO BOX 547728 - ORLANDO, FL 32854-7728	59-3413380	501(C)(3)	5,000.	0.			SPONSORSHIP OF MASTER SINGERS PERFORMANCE SEASON
NEW HOPE FOR KIDS 205 EAST SR 436 FERN PARK, FL 32730	59-1791345	501(C)(3)	263,524.	0.			CENTER FOR GRIEVING CHILDREN - IN MEMORY OF MIKE GRADY, ANNUAL DISTRIBUTION

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Schedule I (Form 990)

COMMUNITY FOUNDATION OF CENTRAL FLORIDA,
INC.

Schedule I (Form 990)

59-3182886

Page 1

Part II 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
NEW IMAGE YOUTH CENTER 212 S. PARRAMORE AVENUE ORLANDO, FL 32805	56-2482818	501(C)(3)	60,000.	0.			TO PROVIDE A DAILY AFTER SCHOOL AND SUMMER CAMP PROGRAM
ORANGEWOOD CHRISTIAN SCHOOL 1300 W. MAITLAND BLVD. MAITLAND, FL 32751	20-5639902	501(C)(3)	5,000.	0.			EDUCATION BUILDING IMPROVEMENTS
ORLANDO AFTER SCHOOL ALL-STARS 400 SOUTH ORANGE AVENUE ORLANDO, FL 32801	59-3313614	501(C)(3)	25,000.	0.			TO PROVIDE A DAILY SUMMER CAMP PROGRAM FOR APPROXIMATELY 35-60 MIDDLE SCHOOL AGED YOUTH
ORLANDO BALLET, INC 1111 N. ORANGE AVENUE, SUITE 4 ORLANDO, FL 32804	23-7427817	501(C)(3)	7,576.	0.			AGENCY ENDOWMENT DISTRIBUTION, ANNUAL DISTRIBUTION
ORLANDO COMMUNITY & YOUTH TRUST, INC. - 595 N. PRIMROSE AVENUE - ORLANDO, FL 32803	65-0572536	501(C)(3)	162,500.	0.			GRASSROOTS OUTREACH AND COMMUNITY ORGANIZING THROUGHOUT PARRAMORE
ORLANDO HEALTH FOUNDATION 3160 SOUTHGATE COMMERCE BLVD., SUIT ORLANDO, FL 32806	59-2244943	501(C)(3)	26,000.	0.			GENERAL CONTRIBUTION, TO SUPPORT HUBBARD HOUSE'S NEEDED KITCHEN AND DINING AREA REPLACEMENTS AND ANNUAL DISTRIBUTION-TO SUPPORT EDUCATION PROGRAMS FOR CHILDREN THAT WILL BE IDENTIFIED
ORLANDO MUSEUM OF ART, INC. 2416 N. MILLS AVENUE ORLANDO, FL 32803-1483	59-0910352	501(C)(3)	27,929.	0.			RESEARCH NONPROFIT ORGANIZATIONS IN ORLANDO AREA WORKING WITH GIRLS 11 - 18 LIVING IN POVERTY ANNUAL DISTRIBUTION SHALL USE SAID FUNDS FOR ASSISTANCE TO NEEDY PEOPLE IN CENTRAL
PHILANTHROPY AND NONPROFIT LEADERSHIP CENTER - 1000 HOLT AVENUE # 2755 - WINTER PARK, FL 32789	59-0624440	501(C)(3)	5,000.	0.			
PREVENT BLINDNESS FLORIDA 1112 EAST KENNEDY TAMPA, FL 33602 LHA	59-6181662	501(C)(3)	6,983.	0.			

Schedule I (Form 990)

COMMUNITY FOUNDATION OF CENTRAL FLORIDA, INC.

59-3182886 Page 1

Schedule I (Form 990)

Part II 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
ROBERT R. MCCORMICK TRIBUNE FOUNDATION - 205 NORTH MICHIGAN AVE., SUITE 4300 - CHICAGO, IL 60601	36-3689171	501(C)(3)	6,360.	0.			GENERAL OPERATING CONTRIBUTION, ORLANDO SENTINEL FAMILY FUND'S UNITED PARTNERS CAMPAIGN.
ROCK PINK, INC. 8048 CLOVERGLEN CIRCLE ORLANDO, FL 32818	27-3097643	501(C)(3)	5,000.	0.			GENERAL CONTRIBUTION
ROLLINS COLLEGE ATTN: INVESTMENT OFFICE, CAMPUS BOX WINTER PARK, FL 32789	59-0624440	501(C)(3)	10,512.	0.			ANNUAL DISTRIBUTION AGENCY ENDOWMENT
ROTARY CLUB OF WINTER PARK CHARITABLE FOUNDATION INC. - P.O. BOX 1416 - WINTER PARK, FL 32790	57-0923231	501(C)(3)	11,923.	0.			DISTRIBUTION, CHARITABLE GRANTS, AGENCY ENDOWMENT DISTRIBUTION
RUNWAY TO HOPE 189 S. ORANGE AVE., SUITE 1800 ORLANDO, FL 32801	27-3272616	501(C)(3)	5,000.	0.			FASHION EVENT BENEFITTING PEDIATRIC ONCOLOGY PROGRAMS.
RUSSELL HOME FOR ATYPICAL CHILDREN 510 WEST HOLDEN AVENUE ORLANDO, FL 32839-2051	59-1051408	501(C)(3)	6,000.	0.			GENERAL CONTRIBUTION
SANFORD CRISIS PREGNANCY CENTER 1002 FRENCH AVENUE SANFORD, FL 32771	59-3458060	501(C)(3)	25,000.	0.			GENERAL CONTRIBUTION
SECOND HARVEST FOOD BANK OF CENTRAL FLORIDA INC - 2008 BRENGLA AVENUE - ORLANDO, FL 32808	59-2142315	501(C)(3)	27,891.	0.			TO SUPPORT THE PURCHASE OF FOOD FOR NEEDY FAMILIES, ANNUAL DISTRIBUTION - KIDS CAFE EMERGENCY HOME DELIVERED MEALS, GENERAL FUND, GENERAL FUND - CCE
SENIORS FIRST INC 5395 L.B. MCLEOD ROAD ORLANDO, FL 32811	59-2759603	501(C)(3)	63,953.	0.			IN-HOME SERVICES, AGENCY

Schedule I (Form 990)

COMMUNITY FOUNDATION OF CENTRAL FLORIDA, INC.

Schedule I (Form 990)

59-3182886

Page 1

Part II 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. APOPKA-VINELAND RD. ORLANDO, FL 32819	59-3420727	501(C)(3)	101,806.	0.			FOR HEALTH CARE SUPPORT FOR THE UNINSURED AT HUNGERFORD ELEMENTARY SCHOOL IN EATONVILLE, FL, TO HELP SPONSOR THE FURBALL, PETS RESCUING THE COMMUNITY - MATCH GRANT
SPCA OF CENTRAL FLORIDA, INC. 2727 CONROY ROAD ORLANDO, FL 32839	59-0637883	501(C)(3)	6,450.	0.			JACK GRENNAN ENDOWMENT SCHOLARSHIP
ST. AMBROSE UNIVERSITY 518 W. LOCUST ST DAVENPORT, IA 52803	42-0703280	501(C)(3)	25,000.	0.			GENERAL CONTRIBUTION, HOPE SCHOLARSHIP
STETSON UNIVERSITY 421 N. WOODLAND BOULEVARD, #8379 DELAND, FL 32720	59-0624416	501(C)(3)	51,000.	0.			BIG VILLAGE BASKET AND TWO FULL YEAR SCHOLARSHIPS FOR CHANTHEA TOUCH AND LYHUONG CHIV,
SUSTAINABLE CAMBODIA, INC. 101 SE 2ND. PLACE, SUITE 201-B GAINESVILLE, FL 32601	20-0175973	501(C)(3)	10,900.	0.			HUMAN SERVICES
THE MUSTARD SEED OF CENTRAL FLORIDA INC - 12 MUSTARD SEED LANE - ORLANDO, FL 32810-6271	59-2906383	501(C)(3)	5,000.	0.			ANNUAL DISTRIBUTION, AGENCY ENDORMENT
THE ORLANDO PHILHARMONIC ORCHESTRA, INC. - 812 EAST ROLLINS STREET, SUITE 300 - ORLANDO, FL 32803-1203	59-3058884	501(C)(3)	48,328.	0.			DISTRIBUTION - TO SUPPORT IT'S CONCERT OPERA
UCF OF CENTRAL FLORIDA, INC. 3305 S. ORANGE AVENUE ORLANDO, FL 32806	59-0799925	501(C)(3)	25,874.	0.			ANNUAL DISTRIBUTION - THESE FUNDS ARE TO BE USED BY UCF OF CENTRAL FLORIDA FOR THE CARE AND TRAINING DESIGNATED TO THE GARDEN THEATER, ORLANDO SCIENCE CENTER, ORLANDO MUSEUM OF ART, ORLANDO PHILHARMONIC
UNITED ARTS OF CENTRAL FLORIDA, INC. - 2450 MAITLAND CENTER PKWY., SUITE 201 - MAITLAND, FL 32751 LHA	59-1166446	501(C)(3)	88,500.	0.			

Schedule I (Form 990)

COMMUNITY FOUNDATION OF CENTRAL FLORIDA, INC.

59-3182886 Page 1

Schedule I (Form 990)

Part II 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
UNIVERSITY OF CENTRAL FLORIDA, OFFICE OF RESEARCH & COMMERCIALIZATION - 12201 RESEARCH PARKWAY, STE. 501 - ORLANDO, FL 32826	75-3157893	501(C)(3)	10,800.	0.			DESIGNATED FOR DISABILITY DEPT. TO PURCHASE ADAPTABLE FURNITURE; 10 TABLES AND 6 CHAIRS
UNIVERSITY OF CENTRAL FLORIDA FOUNDATION, INC - 12424 RESEARCH PARKWAY, SUITE 140 - ORLANDO, FL 32826	59-6211832	501(C)(3)	40,200.	0.			GRANT TO MEDICAL SCHOOL, GENERAL CONTRIBUTION TO THE ANNUAL FUND
UNIVERSITY OF FLORIDA FOUNDATION P.O. BOX 14425 GAINESVILLE, FL 32504	59-0974739	501(C)(3)	30,000.	0.			PEGASUS SOCIETY DR. PAUL SATZ PROFESSORSHIP IN CLINICAL NEUROPSYCHOLOGY, 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.			DORA WEXLER FAMILY SCHOLARSHIP FUND.
VICTIM SERVICE CENTER OF ORANGE COUNTY, INC. - 1801 LEE ROAD, SUITE 165 - WINTER PARK, FL 32789	75-2978885	501(C)(3)	6,000.	0.			DESIGNATED FOR S.A.F.E. BROCHURES AND OPERATING COST.
WEST ORANGE HABITAT FOR HUMANITY 114 SOUTH DILLARD STREET WINTER GARDEN, FL 34787	59-3046322	501(C)(3)	5,000.	0.			GENERAL CONTRIBUTION
WINTER PARK DAY NURSERY, INC. 741 SOUTH PENNSYLVANIA AVENUE WINTER PARK, FL 32789	59-0638506	501(C)(3)	14,683.	0.			WISH LIST FOR SCHOOL YEAR 2010-2011, TO ASSIST IN FUNDING THE GAP BETWEEN COST AND FEES FOR
WINTER PARK LIBRARY ASSOCIATION 460 E. NEW ENGLAND AVENUE WINTER PARK, FL 32789	59-0794396	501(C)(3)	34,482.	0.			ANNUAL DISTRIBUTION
WINTER PARK MEMORIAL HOSPITAL 200 N. LAKEMONT AVENUE WINTER PARK, FL 32792	59-3143908	501(C)(3)	59,685.	0.			ANNUAL DISTRIBUTION

LHA Schedule I (Form 990)

**COMMUNITY FOUNDATION OF CENTRAL FLORIDA,
INC.**

Schedule I (Form 990) (2010)

59-3182886

Page 2

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. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS	41	51,571.	0.		

Part IV

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

SCHEDULE I, PART I, LINE 2: THE COMMUNITY FOUNDATION OF CENTRAL FLORIDA MONITORS GRANTS BY CONDUCTING DUE DILLIGENCE 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.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT:

Part IV Supplemental Information

ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ESTABLISH A SPEAKERS BUREAU OF VOLUNTEERS TO SUPPORT COMMUNITY OUTREACH FOR THE LOCAL NON-PROFITS, AGENCY ENDOWMENT DISTRIBUTION

NAME OF ORGANIZATION OR GOVERNMENT:

AMERICAN LUNG ASSOCIATION OF CENTRAL FLORIDA

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL CONTRIBUTION, TO ESTABLISH A SPEAKERS BUREAU OF VOLUNTEERS TO SUPPORT COMMUNITY OUTREACH FOR THE LOCAL NON-PROFITS, TO SUPPORT THE ASTHMA EDUCATION PROGRAM, OPEN AIRWAYS FOR SCHOOLS.

NAME OF ORGANIZATION OR GOVERNMENT: BETA CENTER, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR NURSERY IMPROVEMENTS/PURCHASES FOR GENERAL ASSISTANCE FOR GIRLS ENROLLED IN THE PROGRAM, GENERAL CONTRIBUTION, ANNUAL DISTRIBUTION-DESIGNATED FOR YOUNG WOMEN AT THE BETA CENTER, PHOTOGRAPHY BACKDROP, STUDIO LIGHTING FOR PSYCHODRAMA CLASSES AND ART SUPPLIES, PROPS AND FACILITATOR FEES FOR PSYCHODRAMA, AGENCY ENDOWMENT DISTRIBUTION

NAME OF ORGANIZATION OR GOVERNMENT:

COALITION FOR THE HOMELESS OF CENTRAL FLORIDA, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE SHELTER FOR THOSE IN NEED IN THE COMMUNITY, ANNUAL DISTRIBUTION, AGENCY ENDOWMENT DISTRIBUTION, GENERAL CONTRIBUTION, TO PROVIDE SUPPORT FOR A YOUNG PROFESSIONAL FROM COALITION FOR THE HOMELESS OF CENTRAL FLORIDA STAFF TO PARTICIPATE IN COMMUNITY SERVICE AND LEADERSHIP OPPORTUNITIES, AGENCY ENDOWMENT DISTRIBUTION THAT IS INTENDED SPECIFICALLY FOR DAYCARE SERVICES AND THE

Part IV Supplemental Information

WOMEN'S RESIDENTIAL COUNSELING CENTER, FOOD AND SHELTER AS NEEDED,
GENERAL CONTRIBUTION

NAME OF ORGANIZATION OR GOVERNMENT: EASTER SEALS FLORIDA, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DISTRIBUTION, GENERAL
CONTRIBUTION, CONTRIBUTION TO FLOWER POWER VERY IMPORTANT PARTNERS
CAMPAGIN, SCHOLARSHIPS FOR DAY BREAK PROGRAM AT MILLER CENTER

NAME OF ORGANIZATION OR GOVERNMENT: FIRST PRESBYTERIAN CHURCH OF ORLANDO

(H) PURPOSE OF GRANT OR ASSISTANCE: MIDDLE SCHOOL/HIGH SCHOOL INTERN
FUND, UPWARD BASKETBALL FUND, SUNDAY SUNRISE HOMELESS BREAKFAST AND
SERVICE, KIDS ACROSS AMERICA - SUMMER CAMP, GENERAL CONTRIBUTION,
IMMEASUREABLY MORE CAMPAIGN, GENERAL CONTRIBUTION

NAME OF ORGANIZATION OR GOVERNMENT:

FOUNDATION FOR ORANGE COUNTY PUBLIC SCHOOLS INC

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE STUDENT SPACEFLIGHT
EXPERIMENTS PROGRAM IN WINTER PARK MIDDLE SCHOOLS AND HIGH SCHOOLS

NAME OF ORGANIZATION OR GOVERNMENT:

FOUNDATION FOR OSCEOLA EDUCATION, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DISTRIBUTION, ANNUAL
DISTRIBUTION DESIGNATED FOR SCHOLARSHIPS FOR SENIORS AT HIGH SCHOOLS IN
OSCEOLA COUNTY, FLORIDA

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,

Part IV Supplemental Information

CLEANING, ANALYSIS AND REPORTING OF YOUTH AND FAMILY PARTICIPATION DATA
GENERATED BY COMMUNITY-BASED ORGANIZATIONS THAT WORK UNDER THE PKZ
UMBRELLA.

NAME OF ORGANIZATION OR GOVERNMENT: HEART OF FLORIDA UNITED WAY

(H) PURPOSE OF GRANT OR ASSISTANCE: BASIC NEEDS FUND, ANNUAL
DISTRIBUTION, FOR GENERAL SUPPORT, GENERAL CONTRIBUTION, AGENCY
ENDOWMENT DISTRIBUTION

NAME OF ORGANIZATION OR GOVERNMENT: MAYFLOWER RETIREMENT CENTER INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDS ARE TO BE USED FOR THE SUPPORT
AND MAINTENANCE OF THE MAYFLOWER BENEVOLENT FUND, AGENCY ENDOWMENT
DISTRIBUTION

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-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: CENTER FOR GRIEVING CHILDREN - IN
MEMORY OF MIKE GRADY, ANNUAL DISTRIBUTION, UNRESTRICTED GRANT PAYABLE
QUARTERLY BEGINNING 1/1/2011, AGENCY ENDOWMENT DISTRIBUTION, TO PROVIDE
FUNDING FOR A WISH

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

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE A DAILY SUMMER CAMP PROGRAM FOR APPROXIMATELY 35-60 MIDDLE SCHOOL AGED YOUTH RESIDING IN THE PARRAMORE HERITAGE COMMUNITY.

NAME OF ORGANIZATION OR GOVERNMENT: ORLANDO HEALTH FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL CONTRIBUTION, TO SUPPORT HUBBARD HOUSE'S NEEDED KITCHEN AND DINING AREA REPLACEMENTS AND CONSUMABLES, KIDS' KIDNEY CENTER AT ARNOLD PALMER HOSPITAL FOR CHILDREN.

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

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DISTRIBUTION-TO SUPPORT EDUCATION PROGRAMS FOR CHILDREN THAT WILL BE IDENTIFIED BY THE MUSEUM, ARTS THE SPARK @ OMA PROGRAM, ANNUAL DISTRIBUTION-FOR THE SUPPORT AND MAINTENANCE OF THE ORLANDO MUSEUM OF ART

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:

ROBERT R. MCCORMICK TRIBUNE FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING CONTRIBUTION, ORLANDO SENTINEL FAMILY FUND'S UNITED PARTNERS CAMPAIGN, PURCHASE BACK TO SCHOOL SUPPLIES FOR DISADVANTAGED STUDENTS THROUGH THE ORLANDO SENTINEL "BACK TO SCHOOL CAMPAIGN".

NAME OF ORGANIZATION OR GOVERNMENT:

SECOND HARVEST FOOD BANK OF CENTRAL FLORIDA INC

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE PURCHASE OF FOOD FOR
NEEDY FAMILIES, ANNUAL DISTRIBUTION - KIDS CAFE REEVES TERRACE, TO ASSIST
WITH REPLENISHMENT OF FOOD ITEMS FOR THE FOOD PANTRY, PROVIDE MATCHING
FUNDS FOR RECENT PLEDGE DRIVE.

NAME OF ORGANIZATION OR GOVERNMENT: SENIORS FIRST INC

(H) PURPOSE OF GRANT OR ASSISTANCE: EMERGENCY HOME DELIVERED MEALS,
GENERAL FUND, GENERAL FUND - CCE IN-HOME SERVICES, AGENCY ENDOWMENT
DISTRIBUTION

NAME OF ORGANIZATION OR GOVERNMENT: SHEPHERD'S HOPE, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR HEALTH CARE SUPPORT FOR THE
UNINSURED AT HUNGERFORD ELEMENTARY SCHOOL IN EATONVILLE, FL, GENERAL
CONTRIBUTION

NAME OF ORGANIZATION OR GOVERNMENT: SUSTAINABLE CAMBODIA, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: BIG VILLAGE BASKET AND TWO FULL YEAR
SCHOLARSHIPS FOR CHANTHEA TOUCH AND LYHUONG CHIV, MATCHING FUNDS
PROMOTION OR AS NEEDED

NAME OF ORGANIZATION OR GOVERNMENT:

THE ORLANDO PHILHARMONIC ORCHESTRA, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DISTRIBUTION, AGENCY
ENDOWMENT DISTRIBUTION - TO SUPPORT IT'S CONCERT OPERA PERFORMANCES.,
ANNUAL DISTRIBUTION-TO SUPPORT EDUCATION PROGRAMS FOR CHILDREN THAT WILL
BE IDENTIFIED BY THE PHILHARMONIC.

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

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DISTRIBUTION--THESE FUNDS ARE TO BE USED BY UCP OF CENTRAL FLORIDA FOR THE CARE AND TRAINING OF CHILDREN, GENERAL CONTRIBUTION

NAME OF ORGANIZATION OR GOVERNMENT: UNITED ARTS OF CENTRAL FLORIDA, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: DESIGNATED TO THE GARDEN THEATER, ORLANDO SCIENCE CENTER, ORLANDO MUSEUM OF ART, ORLANDO PHILHARMONIC ORCHESTRA, ORLANDO PHILHARMONIC ORCHESTRA - CONCERT OPERA, TO THE GENERAL FUND & THE BACH FESTIVAL SOCIETY

NAME OF ORGANIZATION OR GOVERNMENT: WINTER PARK DAY NURSERY, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: WISH LIST FOR SCHOOL YEAR 2010-2011, TO ASSIST IN FUNDING THE GAP BETWEEN COST AND FEES FOR STUDENTS FROM LOW-INCOME, WORKING FAMILIES, ANNUAL DISTRIBUTION, FINANCIAL AID TO THE CHILDREN ATTENDING THE NURSERY.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2010

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 or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	7	312,963.	AVG FMV - 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 Acknowledgement **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 an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) (2010)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization

COMMUNITY FOUNDATION OF CENTRAL FLORIDA,
INC.

Employer identification number
59-3182886

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

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.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
932211
01-24-11

Schedule O (Form 990 or 990-EZ) (2010)

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

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

Employer identification number
59-3182886

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
N. DONALD DIEBEL, JR. M.D. GOOD SAMARITAN FUND, INC. - 20-0050131, 1150 VIA LUGANO, WINTER PARK, FL 32789	TO SUPPORT THE COMMUNITY FOUNDATION OF CENTRAL FLORIDA	FLORIDA	501C3	509A3 - I			X
ISLEWORTH COMMUNITY TRUST, INC. - 20-3507903 9350 CONROY WINDERMERE ROAD WINDERMERE, FL 34786	TO SUPPORT THE COMMUNITY FOUNDATION OF CENTRAL FLORIDA	FLORIDA	501C3	509A3 - I			X
LAKE COMMUNITY FOUNDATION, INC. - 51-0497006 PO BOX 1060 EUSTIS, FL 32727	RECEIVE GIFTS & ENDOWMENTS TO BE DISTRIBUTED TO THE LARGER CENT FL COMMUNITY	FLORIDA	501C3	509A3 - I			X
1904 FOUNDATION, INC. - 06-1669947 PO BOX 40 WINTER PARK, FL 32790	TO SUPPORT THE COMMUNITY FOUNDATION OF CENTRAL FLORIDA	FLORIDA	501C3	509A3 - II			X

COMMUNITY FOUNDATION OF CENTRAL FLORIDA,
INC.

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV 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 I-IV?

	Yes	No
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 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of other organization	(b) Transaction type (arr)	(c) Amount involved	(d) Method of determining amount involved
(1) NO REPORTABLE TRANSACTIONS		0.	
(2)			
(3)			
(4)			
(5)			
(6)			

Part VII Supplemental Information

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

Multiple horizontal lines for supplemental information.