

Form **990**

# 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

2012

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A** For the 2012 calendar year, or tax year beginning **MAY 1, 2012** and ending **APR 30, 2013**

<b>B</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	<b>C</b> Name of organization <b>COMMUNITY FOUNDATION OF CENTRAL FLORIDA, INC.</b> Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>1411 EDGEWATER DRIVE 203</b> City, town, or post office, state, and ZIP code <b>ORLANDO, FL 32804-6361</b> <b>F</b> Name and address of principal officer: <b>MARK BREWER</b> <b>same as C above</b>	<b>D</b> Employer identification number <b>59-3182886</b> <b>E</b> Telephone number <b>(407)872-3050</b> <b>G</b> Gross receipts \$ <b>5,086,973.</b> <b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> 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		
<b>J</b> Website: ▶ <b>WWW.CFCFLORIDA.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1993</b> <b>M</b> State of legal domicile: <b>FL</b>

Part I Summary			Prior Year	Current Year
<b>Part I</b>	<b>Summary</b>			
<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>The Community Foundation of Central Florida provides philanthropic dollars to (see Schedule O)</b> <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>17</b>	
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>16</b>	
	<b>5</b> Total number of individuals employed in calendar year 2012 (Part V, line 2a)	<b>5</b>	<b>11</b>	
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>29</b>	
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>	
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>5,652,144.</b>	<b>2,477,008.</b>	
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>852,025.</b>	<b>36,213.</b>	
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>2,319,276.</b>	<b>2,573,017.</b>	
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>25,585.</b>	<b>735.</b>	
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>8,849,030.</b>	<b>5,086,973.</b>	
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>4,070,990.</b>	<b>4,790,446.</b>	
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>	
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>638,164.</b>	<b>764,528.</b>	
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>32,000.</b>	<b>0.</b>	
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>236,497.</b>			
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>1,319,702.</b>	<b>443,047.</b>	
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>6,060,856.</b>	<b>5,998,021.</b>	
	<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>2,788,174.</b>	<b>-911,048.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>53,535,979.</b>	<b>55,157,448.</b>	
	<b>21</b> Total liabilities (Part X, line 26)	<b>1,673,989.</b>	<b>1,546,741.</b>	
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>51,861,990.</b>	<b>53,610,707.</b>	

**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.

<b>Sign Here</b>	Signature of officer <b>MARK BREWER, PRESIDENT/CEO</b> Type or print name and title	Date		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>Anne-Marie Barrett, CPA</b>	Preparer's signature <i>Anne-Marie Barrett</i>	Date <b>9/10/13</b>	Check if self-employed <input type="checkbox"/> PTIN
	Firm's name ▶ <b>CROSS, FERNANDEZ &amp; RILEY, LLP</b>	Firm's EIN ▶		
	Firm's address ▶ <b>201 S. ORANGE AVE., SUITE 800 ORLANDO, FL 32801-3421</b>	Phone no. <b>(407)841-6930</b>		

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

See Schedule O for Organization Mission Statement Continuation

**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  
If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: \_\_\_\_\_) (Expenses \$ 5,110,311. including grants of \$ 4,790,446.) (Revenue \$ 36,213.)  
Grants to 228 not for profit organizations for various charitable purposes in Central Florida, across the United States and internationally. Provide a knowledge base designed to support transparency by delivering web-based information about the financial, operational and programmatic health of local nonprofit organizations. The knowledge base is a one-of-a-kind resource that connects people who want to make a difference with local charitable organizations doing important work.

**4b** (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

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

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

**4e** Total program service expenses **▶** 5,110,311.

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

Form 990 (2012)

59-3182886 Page **3**

**Part IV Checklist of Required Schedules**

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

Form **990** (2012)

COMMUNITY FOUNDATION OF CENTRAL FLORIDA,  
INC.

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

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
<b>23</b> 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? <i>If "Yes," complete Schedule J</i>	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
<b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>24c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>24d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
<b>25b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>28a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>28b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>28c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
<b>35b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

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

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

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable <span style="float:right">21</span>		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable <span style="float:right">0</span>		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return <span style="float:right">11</span>		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>4b</b>	If "Yes," enter the name of the foreign country: <span style="float:right">▶</span> See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>5c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
<b>7g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	N/A	A
<b>7h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	N/A	A
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the organization make any taxable distributions under section 4966?		X
<b>9b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		X
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12 <span style="float:right">N/A</span>		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11a</b>	Gross income from members or shareholders <span style="float:right">N/A</span>		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year <span style="float:right">N/A</span>		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	N/A	
<b>13b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
<b>13c</b>	Enter the amount of reserves on hand		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>14b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

Form 990 (2012)

**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
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	17		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent		
	16		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **None**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, 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**

COMMUNITY FOUNDATION OF CENTRAL FLORIDA,  
INC.

Form 990 (2012)

59-3182886 Page 7

**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 (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) STEPHEN ELKER CHAIRMAN	2.00	X		X				0.	0.	0.
(2) SUSAN ARKIN VICE CHAIRMAN	2.00	X		X				0.	0.	0.
(3) MARTY RUBIN SECRETARY	2.00	X		X				0.	0.	0.
(4) KAKI RAWLS TREASURER	2.00	X		X				0.	0.	0.
(5) AARON GOROVITZ BOARD MEMBER	1.00	X						0.	0.	0.
(6) ROB PANEPINTO BOARD MEMBER	1.00	X						0.	0.	0.
(7) EUGENE CAMPBELL BOARD MEMBER	1.00	X						0.	0.	0.
(8) ROBERT F. THOMSON II BOARD MEMBER	1.00	X						0.	0.	0.
(9) ALEXIS PUGH BOARD MEMBER	1.00	X						0.	0.	0.
(10) LYN BERELSMAN BOARD MEMBER	1.00	X						0.	0.	0.
(11) STACEY PRINCE-TROUTMAN BOARD MEMBER	1.00	X						0.	0.	0.
(12) DEREK BRUCE BOARD MEMBER	1.00	X						0.	0.	0.
(13) ROBIN ROBERTS BOARD MEMBER	1.00	X						0.	0.	0.
(14) AVANISH AGGARWAL BOARD MEMBER	1.00	X						0.	0.	0.
(15) WAYMON ARMSTRONG BOARD MEMBER	1.00	X						0.	0.	0.
(16) PAULA SHIVES BOARD MEMBER	1.00	X						0.	0.	0.
(17) MARK BREWER PRESIDENT/CEO	50.00	X		X				137,483.	0.	14,143.



COMMUNITY FOUNDATION OF CENTRAL FLORIDA,  
INC.

Form 990 (2012)

59-3182886 Page 9

**Part VIII** Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns	<b>1a</b>						
	<b>b</b> Membership dues	<b>1b</b>						
	<b>c</b> Fundraising events	<b>1c</b>						
	<b>d</b> Related organizations	<b>1d</b>						
	<b>e</b> Government grants (contributions)	<b>1e</b>						
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	2,477,008.					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		186,486.					
	<b>h Total. Add lines 1a-1f</b>			2,477,008.				
Program Service Revenue	<b>2 a</b> MANAGEMENT FEES	Business Code	561000	36,213.	36,213.			
	<b>b</b>							
	<b>c</b>							
	<b>d</b>							
	<b>e</b>							
	<b>f</b> All other program service revenue							
	<b>g Total. Add lines 2a-2f</b>			36,213.				
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			707,870.			707,870.	
	<b>4</b> Income from investment of tax-exempt bond proceeds							
	<b>5</b> Royalties							
	<b>6 a</b> Gross rents	(i) Real	(ii) Personal					
		<b>b</b> Less: rental expenses						
		<b>c</b> Rental income or (loss)						
		<b>d</b> Net rental income or (loss)						
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
				1,865,147.				
		<b>b</b> Less: cost or other basis and sales expenses		0.				
		<b>c</b> Gain or (loss)		1,865,147.				
	<b>d</b> Net gain or (loss)			1,865,147.			1,865,147.	
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>a</b>						
		<b>b</b> Less: direct expenses						
<b>c</b> Net income or (loss) from fundraising events								
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>							
	<b>b</b> Less: direct expenses							
	<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>							
	<b>b</b> Less: cost of goods sold							
	<b>c</b> Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code					
<b>11 a</b> Returned Grants		900099	735.	735.				
<b>b</b>								
<b>c</b>								
<b>d</b> All other revenue								
<b>e Total. Add lines 11a-11d</b>			735.					
<b>12 Total revenue. See instructions.</b>			5,086,973.	36,948.	0.	2,573,017.		

COMMUNITY FOUNDATION OF CENTRAL FLORIDA,  
INC.

Form 990 (2012)

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	4,727,920.	4,727,920.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	47,526.	47,526.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	15,000.	15,000.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	145,000.	36,250.	20,300.	88,450.
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	418,844.	140,000.	228,310.	50,534.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	11,432.	3,574.	5,040.	2,818.
9 Other employee benefits	156,178.	48,819.	68,862.	38,497.
10 Payroll taxes	33,074.	10,338.	14,583.	8,153.
11 Fees for services (non-employees):				
a Management				
b Legal	990.		990.	
c Accounting	20,475.		20,475.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	192,948.		188,948.	4,000.
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	2,275.		2,275.	
12 Advertising and promotion	1,875.		1,875.	
13 Office expenses	7,261.		7,261.	
14 Information technology	75,818.	50,452.	13,190.	12,176.
15 Royalties				
16 Occupancy	80,482.	16,700.	48,490.	15,292.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	11,447.	2,875.	814.	7,758.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	18,556.	5,800.	8,182.	4,574.
23 Insurance	3,710.		3,710.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Utilities	10,051.	3,142.	4,432.	2,477.
b Maintenance	8,225.		8,165.	60.
c Parking and Mileage	5,006.	1,565.	2,207.	1,234.
d				
e All other expenses	3,928.	350.	3,104.	474.
25 Total functional expenses. Add lines 1 through 24e	5,998,021.	5,110,311.	651,213.	236,497.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

COMMUNITY FOUNDATION OF CENTRAL FLORIDA,  
INC.

Form 990 (2012)

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	99,335.	1	134,287.
	2	Savings and temporary cash investments	3,136,950.	2	3,122,249.
	3	Pledges and grants receivable, net	22,123.	3	21,548.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other 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 instr). Complete Part II of Sch L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	10,821.	9	22,818.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 193,955.		
	b	Less: accumulated depreciation	10b 158,095.	10c 43,774.	35,860.
	11	Investments - publicly traded securities	35,102,718.	11	34,758,590.
	12	Investments - other securities. See Part IV, line 11	13,880,944.	12	15,845,256.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	1,239,314.	15	1,216,840.
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	53,535,979.	16	55,157,448.	
Liabilities	17	Accounts payable and accrued expenses	13,507.	17	12,200.
	18	Grants payable	1,007,382.	18	824,972.
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other 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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	653,100.	25	709,569.
	26	<b>Total liabilities.</b> Add lines 17 through 25	1,673,989.	26	1,546,741.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	50,266,197.	27	51,857,445.
	28	Temporarily restricted net assets	1,595,793.	28	1,753,262.
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), 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	<b>Total net assets or fund balances</b>	51,861,990.	33	53,610,707.	
34	<b>Total liabilities and net assets/fund balances</b>	53,535,979.	34	55,157,448.	

Form 990 (2012)

**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	5,086,973.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,998,021.
3	Revenue less expenses. Subtract line 2 from line 1	3	-911,048.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	51,861,990.
5	Net unrealized gains (losses) on investments	5	2,652,471.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	7,294.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	53,610,707.

**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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
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
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

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

OMB No. 1545-0047

**2012**

**Open to Public Inspection**

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

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

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

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

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

  - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? \_\_\_\_\_
  - (ii) A family member of a person described in (i) above? \_\_\_\_\_
  - (iii) A 35% controlled entity of a person described in (i) or (ii) above? \_\_\_\_\_
- h Provide the following information about the supported organization(s).

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

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

Schedule A (Form 990 or 990-EZ) 2012

COMMUNITY FOUNDATION OF CENTRAL FLORIDA,

Schedule A (Form 990 or 990-EZ) 2012 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	3,160,973.	5,954,114.	2,604,245.	5,652,144.	2,477,008.	19,848,484.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	3,160,973.	5,954,114.	2,604,245.	5,652,144.	2,477,008.	19,848,484.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						3,654,820.
<b>6 Public support.</b> Subtract line 5 from line 4.						16,193,664.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>7</b> Amounts from line 4 .....	3,160,973.	5,954,114.	2,604,245.	5,652,144.	2,477,008.	19,848,484.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	884,972.	796,365.	887,772.	1,098,899.	707,870.	4,375,878.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....		-8,310.	1,865.	25,585.	735.	19,875.
<b>11 Total support.</b> Add lines 7 through 10 .....						24,244,237.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	3,087,891.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	66.79 %
<b>15</b> Public support percentage from 2011 Schedule A, Part II, line 14 .....	<b>15</b>	66.26 %
<b>16a 33 1/3% support test - 2012.</b> 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>b 33 1/3% support test - 2011.</b> 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"/>
<b>17a 10% -facts-and-circumstances test - 2012.</b> 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>b 10% -facts-and-circumstances test - 2011.</b> 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"/>
<b>18 Private foundation.</b> 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) 2012

**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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**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**

<b>15</b> Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2011 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2011 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2012.** 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 - 2011.** 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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2012**  
**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	85	16
2 Aggregate contributions to (during year)	1,809,385.	84,268.
3 Aggregate grants from (during year)	3,297,646.	51,950.
4 Aggregate value at end of year	18,540,249.	2,797,605.
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?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

Complete if the organization answered "Yes" 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 XIII, 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) 2012

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" 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 XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" 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	38,123,624.	39,835,291.	35,619,101.	25,773,687.	34,369,305.
b Contributions	609,419.	760,576.	801,598.	3,105,212.	2,693,548.
c Net investment earnings, gains, and losses	4,312,022.	-683,296.	5,413,004.	8,358,906.	-9,604,909.
d Grants or scholarships	1,139,614.	990,749.	1,152,319.	904,545.	1,188,404.
e Other expenditures for facilities and programs					
f Administrative expenses	980,070.	798,198.	846,093.	714,159.	495,853.
g End of year balance	40,925,381.	38,123,624.	39,835,291.	35,619,101.	25,773,687.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  \_\_\_\_\_ %
  - b Permanent endowment  100.00 %
  - c Temporarily restricted endowment  \_\_\_\_\_ %
- The percentages in lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes                      | No                                  |
|---|--------------------------|-------------------------------------|
| (i) unrelated organizations   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) related organizations  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input type="checkbox"/>            |

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		60,416.	44,087.	16,329.
d Equipment		133,539.	114,008.	19,531.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				35,860.

COMMUNITY FOUNDATION OF CENTRAL FLORIDA,  
INC.

Schedule D (Form 990) 2012

**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) <b>Stocks, Bonds, &amp;</b>		
(B) <b>Alternative Investments</b>	15,845,256.	End-of-Year Market Value
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	15,845,256.	

**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)		
<b>Total.</b> (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)	
<b>Total.</b> (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) Book value
(1) Federal income taxes	
(2) <b>LIABILITY UNDER SPLIT INTEREST</b>	
(3) <b>AGREEMENTS</b>	709,569.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	709,569.

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

COMMUNITY FOUNDATION OF CENTRAL FLORIDA,  
INC.

Schedule D (Form 990) 2012

59-3182886 Page 4

<b>Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return</b>			
<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	6,625,169.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains on investments	<b>2a</b>	1,930,675.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	553,494.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	2,484,169.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	4,141,000.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	945,973.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	945,973.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	5,086,973.

<b>Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return</b>			
<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	5,854,187.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	351,517.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	351,517.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	5,502,670.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	495,351.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	495,351.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	5,998,021.

**Part XIII 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, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**Part V, line 4: Endowment funds provide sustainable funding for**  
charitable projects in Central Florida and across the United States.

**Part X, Line 2: The Foundation is subject to the accounting standards**  
on accounting for uncertainty in income taxes, which addresses the  
determination of whether tax benefits claimed or expected to be claimed on  
a tax return should be recorded in the financial statements. Management  
evaluated the tax positions for the Foundation and concluded that the

Schedule D (Form 990) 2012

COMMUNITY FOUNDATION OF CENTRAL FLORIDA,  
INC.

Schedule D (Form 990) 2012

59-3182886 Page 5

**Part XIII** Supplemental Information (continued)

Foundation has taken no uncertain income tax positions that require adjustments to the financial statements to comply with the provisions of this guidance. The Foundation's open tax years subject to examination by the Internal Revenue Service generally remain open for three years from the date of filing.

Part XI, Line 2d - Other Adjustments:

Internal administrative fees	117,215.
Change in value of charitable remainder trust	349,544.
Revenue related to the N. Donald Diebel, Jr., MD Good Samaritan Fund, Inc	-5,000.
Revenue related to the Lake Community Foundation, Inc.	88,735.
Revenue related to the Isleworth Community Trust, Inc.	3,000.
Total to Schedule D, Part XI, Line 2d	553,494.

Part XI, Line 4b - Other Adjustments:

Funds held for Agencies Contributions	382,133.
Funds held for Agencies Interest and Dividends	153,038.
Funds held for Agencies on Realized Gains	410,802.
Total to Schedule D, Part XI, Line 4b	945,973.

Part XII, Line 2d - Other Adjustments:

Expense related to the N. Donald Diebel, Jr., MD Good Samaritan Fund, Inc	14,657.
Expense related to the Lake Community Foundation, Inc.	216,696.
Expense related to the Isleworth Community Trust, Inc.	2,949.
Internal administrative fees	117,215.
Total to Schedule D, Part XII, Line 2d	351,517.

**Part XIII** Supplemental Information (continued)

Part XII, Line 4b - Other Adjustments:

Fees related to managing funds held for agencies & agency

authorized grants

495,351.

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

OMB No. 1545-0047

**2012**

Open to Public  
Inspection

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

Employer identification number

**59-3182886**

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
North America	0	0	Investments		4,075,000.
Central America and the Caribbean	0	0	Investments		5,453,000.
Europe (Including Iceland & Greenland)	0	0	Investments		1,091,000.
<b>3 a</b> Sub-total .....	0	0			10,619,000.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			10,619,000.

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

Schedule F (Form 990) 2012





**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* .....  Yes  No
  
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* .....  Yes  No
  
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)* .....  Yes  No
  
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* .....  Yes  No
  
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)* .....  Yes  No
  
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report. (see Instructions for Form 5713)* .....  Yes  No

**Part V Supplemental Information**

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

Schedule F, Part I, Line 2: The Foundation monitors the use of grant funds outside of the United States through a grant agreement. A grant agreement identifies the designation and intended use of the grant. The grant agreement also requires a completed evaluation of the progress of the investment within a year of the grant.

Multiple horizontal lines for supplemental information.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

OMB No. 1545-0047

**2012**

**Open to Public  
Inspection**

**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.

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

**Part I General Information on Grants and Assistance**

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Alzheimer's & Dementia Resource Center, Inc. - 1506 Lake Highland Drive - Orlando, FL 32803	59-2496511	501(c)(3)	34,000.	0.			Staffing Costs for First Year of Maturing Minds Clinic
American Cancer Society National Office of Probate and Trust Management Services, PO Box 720366 - Ok	13-1788491	501(c)(3)	8,571.	0.			In memory of Charlotte Simon; Designated for Florida Division
American Red Cross of Central Florida - P.O. Box 536726 - Orlando, FL 32853-6276	53-0196605	501(c)(3)	10,534.	0.			To support Hurricane Sandy relief efforts; Operating; Annual Distribution
Arthritis Foundation 408 West 12th Street Bradenton, FL 34205	59-0816892	501(c)(3)	22,628.	0.			2013 Agency Endowment Distribution
B.A.S.E. Camp Children's Cancer Foundation - 2020 W. Fairbanks Avenue, Suite 101 - Winter Park, FL 32789	59-3152723	501(c)(3)	6,000.	0.			General contribution to assist families dealing with children with malignancies
Bach Festival Society Of Winter Park, Inc. - 1000 Holt Ave - 2763, Rollins College - Winter Park, FL 32789-4499	59-6015959	501(c)(3)	6,386.	0.			Annual Distribution; Primary consideration for the needs of the Bach Festival Choir

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **91.**

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

Schedule I (Form 990) (2012)

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.  
See Part IV for Column (h) descriptions 32

COMMUNITY FOUNDATION OF CENTRAL FLORIDA, INC.

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
Bags of Hope Central Florida, Inc P O Box 915732 Longwood, FL 32791	27-1634938	501(c)(3)	10,000.	0.			For the expansion of the children served by the Kid's Club
Bank of America Charitable Gift Fund - PO Box 55850, MA5-100-16-06 - Boston, MA 02205	04-6010342	501(c)(3)	618,354.	0.			to establish a fund to support their vision of kindness to animals builds a better world for all of us.
Best Friends Animal Society 5001 Angel Canyon Road Kanab, UT 84741	23-7147797	501(c)(3)	7,000.	0.			
Big Potato Foundation 882 Jackson St Winter Park, FL 32789	45-2994545	501(c)(3)	10,000.	0.			Karing for Kathy
Boys & Girls Clubs of Central Florida - 101 E. Colonial Drive - Orlando, FL 32801	59-0951887	501(c)(3)	12,000.	0.			This grant designated specifically for the Eatonville branch of Boys & Girls Club; General
Brooksville Elementary School 885 N. Broad Street Brooksville, FL 34601		Governmental Entity	9,110.	0.			Aerospace Connections in Education (ACE) Program; 20 new tablets for the first graders
Camaraderie Foundation Inc. PO Box 547276 Orlando, FL 32854	27-0593856	501(C)(3)	6,840.	0.			Program Evaluation; General Contribution
Cat Protection Society, Inc. P.O. Box 1078 Sorrento, FL 32776-1078	59-3413294	501(c)(3)	36,107.	0.			Annual Distribution
Central Florida Hotel & Lodging Association Foundation, Inc. - 6675 Westwood Blvd., Suite 210 - Orlando, FL 32821	26-4207486	501(C)(3)	11,702.	0.			General contribution

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
Central Florida Zoological Society, Inc. - P. O. Box 470309 - Lake Monroe, FL 32747-0309	59-1357197	501(c)(3)	19,196.	0.			One horn rhino exhibit; Annual Distribution
Christian Sharing Center Inc 600 North Highway 17-92 Suite 158 Longwood, FL 32750-3638	59-2744535	501(c)(3)	9,782.	0.			General Contribution
Coalition For The Homeless of Central Florida, Inc. - 639 West Central Blvd. - Orlando, FL 32801-2507	59-2814255	501(c)(3)	13,274.	0.			Operating; General contribution; Unrestricted; Annual Distribution; 2013 Agency
Community Coordinated Care For Children, Inc. - 3500 West Colonial Drive - Orlando, FL 32808	59-1371754	501(c)(3)	184,255.	0.			To provide child care management, placement services and child care subsidies; 2013 Agency
Community Foundation of Greater Lakeland, Inc. - 1501 South Florida Avenue - Lakeland, FL 33803-1152	59-3649871	501(c)(3)	9,770.	0.			To the Community Foundation of Greater Winter Haven for medical, hospital and other care
Community Vision, Inc. 704 Generation Point, #101 Kissimmee, FL 34744	59-2896657	501(c)(3)	39,489.	0.			2013 Agency Endowment Distribution
Early Learning Coalition of Orange County - P O Box 540387 - Orlando, FL 32854	31-1759186	501(c)(3)	135,000.	0.			The Parramore Kidz Zone (PKZ) Baby Institute
Edgewood Children's Ranch 1451 Edgewood Ranch Road, Orlando, FL 32835	59-1150182	501(c)(3)	25,818.	0.			2013 Agency Endowment Distribution
Elmhurst College Office of the President 190 Prospect Elmhurst, IL 60126	36-2169145	501(c)(3)	15,000.	0.			Barbara and Robert W. Swords Memorial Endowment Fund

Schedule I (Form 990)

**COMMUNITY FOUNDATION OF CENTRAL FLORIDA,**

Schedule I (Form 990) **59-3182886** Page 1

**INC.**

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
First Academy Inc. 2667 Bruton Blvd. Orlando, FL 32805	20-3860569	501(c)(3)	25,000.	0.			for the middle school gym expansion.
First Church of Christ Scientist 210 Massachusetts Avenue P05-10 Boston, MA 02115-3195	04-2254742	501(c)(3)	6,923.	0.			Annual distribution
First Presbyterian Church of Orlando - 106 East Church St., - Orlando, FL 32801	59-0624394	501(c)(3)	5,250.	0.			Gathering of Women; General contribution
First Tee of Central Florida 9685 Lake Nona Village Place Suite Orlando, FL 32827	27-0149539	501(C)(3)	5,000.	0.			General contribution
Florida After School Alliance, Inc. - P.O. Box 20425 - St. Petersburg, FL 33742-0425	59-3062864	501(c)(3)	5,237.	0.			2013 Agency Endowment Distribution
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 in honor of Dr Linda Lukman
Food for the Poor 6401 Lyons Rd. Coconut Creek, FL 33073	59-2174510	501(c)(3)	32,000.	0.			HOMES FOR HAITI /ORLANDO GALA
Foundation for Building Community, Inc. - 75 South Ivanhoe Boulevard - Orlando, FL 32804	59-3678634	501(c)(3)	5,000.	0.			As the 2013 Investment in The Central Florida Partnership.
Foundation for Foster Children 2265 Iee Rd., Ste. 203 Winter Park, FL 32789	26-1682601	501(c)(3)	30,537.	0.			General purpose

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
Foundation for Osceola Education, Inc. - 2310 New Beginnings Road Suite 118 - Kissimmee, FL 34744	59-2960396	501(c)(3)	46,200.	0.			for scholarships for up to four years for seniors at high schools in Osceola County.
Girls For a Change P.O. Box 1436 San Jose, CA 95109	26-0035835	501(c)(3)	7,100.	0.			"Change Your World" training and experience for Central Florida girls and their agency staff
Harbor House of Central Florida, Inc. - P.O. Box 680748 - Orlando, FL 32868	59-1712936	501(c)(3)	20,438.	0.			Paws for Peace Kennel Operating Support; To Men of Courage; Annual Distribution
Haywood Arts Repertory Theater P.O. Box 1024 Waynesville, NC 28786	58-1652524	501(C)(3)	50,000.	0.			to support the Hart Theater Stage II Capital Campaign.
Health Council of East Central Florida, Inc. - 2461 W. SR 426, Suite 2041 - Oviedo, FL 32765	59-2227752	501(c)(3)	10,000.	0.			For the input, analysis and reporting of data generated by numerous community-based
Heart of Florida United Way Dr. Nelson Ying Center, 1940 Traylor Boulevard - Orlando, FL 32804	59-0808854	501(c)(3)	83,928.	0.			General Contribution; Operating; Annual Distribution; 2013 Agency Endowment Distribution
Holy Family Catholic Church 5129 S. Apopka-Vineland Road Orlando, FL 32819	53-0196617	501(c)(3)	10,000.	0.			Security Camera for the Church Property
Homes for our Troops, Inc. 6 Main St. Taunton, MA 02780	54-2143612	501(C)(3)	8,666.	0.			To support the Orlando Projects.
Hospice of the Comforter Inc. 605 Montgomery Rd Altamonte Springs, FL 32714	59-2935928	501(c)(3)	19,566.	0.			A donation in the name of Harold Catto; Education and Training for Hospice RN's; General

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
Kids Beating Cancer a.k.a John Voight Foundation - 615 East Princeton Street, Suite 400 - Orlando, FL 32803	59-3136203	501(c)(3)	19,266.	0.			To help with transplantation for children in need; General Contribution; Capacity
Kingsford Elementary School 1400 Dean Street Mulberry, FL 33860		Governmental Entity	9,250.	0.			Science classes with LEGO Education WeDo Robotics; Non-Fiction Leveled Libraries; Build a Book
Lake Baldwin Community Church 1300 Lake Baldwin Lane Orlando, FL 32814	20-0871726	501(C)(3)	25,000.	0.			General purpose
Lake Highland Preparatory School 901 N. Highland Avenue Orlando, FL 32803	59-0624431	501(c)(3)	6,000.	0.			General Contribution; Football Gift Account
Legacy of Hope International Inc PO Box 3145 Irmo, SC 29063	55-0850360	501(c)(3)	25,000.	0.			General contribution
Make-A-Wish Foundation of Central & Western North Carolina - 212 S. Tryon St., Suite 1080 - Charlotte, NC 28281	56-1492432	501(c)(3)	18,500.	0.			To support Fund-A-Wish; General Support for Organization; To meet match for Season of
Make-A-Wish Foundation of Georgia and Alabama - 1775 The Exchange S.E., Suite 200 - Atlanta, GA 30339	58-2146828	501(c)(3)	10,000.	0.			Wishes Can't Wait Campaign
Mayflower Retirement Center Inc. 1620 Mayflower Court Winter Park, FL 32792	59-2617174	501(c)(3)	22,889.	0.			2013 Agency Endowment Distribution; For support and maintenance of the Mayflower Benevolent Fund
Meridian Club of Winter Park Scholarship Fund - PO Box 1300 - Winter Park, FL 32790	51-0205095	501(C)(3)	6,357.	0.			Annual Distribution; To be administered as a general scholarship fund; Scholarships are

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
Mount Saint Mary Academy 1645 Route 22 West at Terrill Road Watchung, NJ 07069	22-2981173	501(c)(3)	10,000.	0.			Scholarships for underprivileged young girls
Nap Ford Community School 648 W. Livingston St. Orlando, FL 32801	59-3662275	501(c)(3)	18,000.	0.			To hire up to 2 youth(s) who reside in the Parramore Heritage Community to serve as
National Christian Foundation Orlando - 200 E. Robinson Street, Suite 750 - Orlando, FL 32801	58-1493949	501(c)(3)	1,275,821.	0.			To establish a donor advised fund named the Edward E. Haddock Jr. Family Foundation Fund.
New Hope For Kids 900 N. Maitland Avenue Maitland, FL 32751	59-1791345	501(c)(3)	339,363.	0.			2013 Agency Endowment Distribution; General contribution; Unrestricted; Annual
New Image Youth Center 212 S. Parramore Avenue Orlando, FL 32805	56-2482818	501(c)(3)	70,000.	0.			To provide a daily after school & summer camp program
Ohio Wesleyan University Office of the President, University Hall 101 - Delaware, OH 43015	31-4379585	501(c)(3)	33,000.	0.			General contribution to the Ohio Wesleyan Fund
Operation Smile 6435 Tidewater Dr. Norfolk, VA 23509	54-1460147	501(c)(3)	10,000.	0.			General purposes Annual distribution; Winner of the Most Viewed Portrait (increased visit over November for a
Orlando Ballet Inc. 1111 N. Orange Avenue, Suite 4 Orlando, FL 32804	23-7427817	501(c)(3)	8,526.	0.			To offer comprehensive youth development programs
Orlando Community & Youth Trust, Inc. - 595 N. Primrose Avenue - Orlando, FL 32803	65-0572536	501(c)(3)	140,000.	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
Orlando Day Nursery Association 626 Lake Dot Circle Orlando, FL 32801	59-0651096	501(c)(3)	9,000.	0.			To hire up to 4 youth(s) who reside in the Parramore Heritage Community to serve as
Orlando Health Foundation 3160 Southgate Commerce Blvd., Suite Orlando, FL 32806	59-2244943	501(c)(3)	11,477.	0.			General contribution; To support the NICU expansion at Winnie Palmer
Orlando Museum of Art, Inc. 2416 N. Mills Avenue Orlando, FL 32803-1483	59-0910352	501(c)(3)	11,426.	0.			Annual distribution; support and maintenance; to support education programs for children
Orlando Philharmonic Orchestra, Inc. - 812 East Rollins Street, Suite 300 - Orlando, FL 32803-1203	59-3058884	501(c)(3)	46,715.	0.			Annual Distribution; To support the concert opera series; To support education programs for
Orlando Union Rescue Mission Inc, 1521 W. Washington Street Orlando, FL 32805	59-1035082	501(c)(3)	22,670.	0.			Annual Distribution; To provide 800 Meals to hungry men, women and children
Parkview Outreach Community Center 1205 Dr. Martin L. King, Jr. Way Haines City, FL 33844	01-0790991	501(c)(3)	25,000.	0.			To acquire an EKG machine and to provide funds for Laboratory testing
Prevent Blindness Florida 800 2nd Avenue South, Suite 390 St. Petersburg, FL 33701	59-6181662	501(c)(3)	6,476.	0.			For assistance to needy people in Central Florida
Robert R. McCormick Tribune Foundation - 205 North Michigan Ave., Suite 4300 - Chicago, IL 60601	36-3689171	501(c)(3)	6,000.	0.			General contribution to the Sentinel Family Fund; Orlando Sentinel Family Fund's United Partners
Rollins College 1000 Holt Avenue - 2711 Winter Park, FL 32789-4499	59-0624440	501(c)(3)	42,747.	0.			Annual distribution; to support the Venture Plan Competition; Gold membership to the Donors

Schedule I (Form 990)

**COMMUNITY FOUNDATION OF CENTRAL FLORIDA,**

Schedule I (Form 990) **INC.**

**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
Rollins College Philanthropy and Nonprofit Leadership Center - 1000 Holt Avenue # 2755 - Winter Park, FL 32789	59-0624440	501(c)(3)	18,500.	0.			Capacity Building Work with Freedom Ride, Inc.; Coordinate and manage specific efforts for 200
Rollins College, Center for Advanced Entrepreneurship - 1000 Holt Avenue #2722 - Winter Park, FL 32789	59-0624440	501(C)(3)	12,500.	0.			Educational Support for 2 MBA Interns
Sanford-Burnham Medical Research Institute - 6400 Sanger Rd - Orlando, FL 32827	51-0197108	501(C)(3)	10,000.	0.			To support melanoma research.
Second Harvest Food Bank Of Central Florida Inc - 411 Mercy Drive - Orlando, FL 32805	59-2142315	501(c)(3)	43,387.	0.			For the Kids Cafe Reeves Terrace; General Contribution; Provide matching funds for recent
Seniors First Inc 5395 L.B. McLeod Road Orlando, FL 32811	59-2759603	501(c)(3)	23,228.	0.			Development Position; 2013 Agency Endowment Distribution
Shepherd's Hope, Inc. 4851 S. Apopka-Vineland Rd. Orlando, FL 32819	59-3420727	501(c)(3)	128,264.	0.			2012 Agency Endowment Distribution; Call to Hope Society; 2013 Agency Endowment Distribution
St. Andre Bessette Parish 291 Union Ave Laconia, NH 03246	53-0196617	501(c)(3)	25,000.	0.			General Contribution to the charitable assistance account
Steppin Stone Farm, Inc. 8421 Pritchard Road Lithia, FL 33547	23-7348139	501(C)(3)	10,000.	0.			General Contribution
Stetson University College of Law 1401 61st Street South Gulfport, FL 33707	59-0624416	501(C)(3)	100,000.	0.			for the Hope Scholarship.

**Schedule I (Form 990)**

**COMMUNITY FOUNDATION OF CENTRAL FLORIDA,**

Schedule I (Form 990) **INC.**

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
SunSystem Development Corporation 2809 N. Orange Avenue Orlando, FL 32804	59-2219301	501(c)(3)	25,000.	0.			To support the Florida Center for Pediatric Dermatology.
The Boggy Creek Gang, Inc. 30500 Brantley Branch Road Eustis, FL 32736	59-3012889	501(c)(3)	10,666.	0.			General Contribution
The Mustard Seed Of Central Florida Inc - 12 Mustard Seed Lane - Orlando, FL 32810-6271	59-2906383	501(c)(3)	25,000.	0.			General contribution
The Nature Conservancy in Florida 222 S. Westmonte Dr., Ste. 300 Altamonte Springs, FL 32714	53-0242652	501(c)(3)	51,000.	0.			General contribution; Operating
UCF College of Medicine Health Sciences Campus at Lake Nona, 6850 Lake Nona Boulevard, 3rd Floor - O		Governmental Entity	30,000.	0.			for the Diebel Legacy Fund Medical Samaritan Program
UCP of Central Florida, Inc. 1221 W Colonial Dr, Suite 300 Orlando, FL 32804	59-0799925	501(C)(3)	37,715.	0.			East Orange building campaign; for the care and training of the children enrolled and who as follows: \$2,500 to the General Fund and \$2,500 designated to the Bach Festival Society.
United Arts of Central Florida, Inc. - 2450 Maitland Center Parkway, Suite 201 - Maitland, FL 32751	59-1166446	501(c)(3)	5,000.	0.			Pine Hills Nutrition Study; to Public Administration for the sponsorship of three
University of Central Florida Foundation, Inc - 12424 Research Parkway, Suite 250 - Orlando, FL 32826	59-6211832	501(c)(3)	12,620.	0.			Tina's Heart Memorial Scholarship; Orange County Take Stock in Children for the 2013
Valencia College Foundation, Inc. 190 S. Orange Avenue Orlando, FL 32801	23-7442785	501(c)(3)	5,500.	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
Washington High School 1111 South Ave. B Washington, IA 52353		Governmental Entity	10,000.	0.			This grant will transform the WHS library/media room
Winter Park Library Assn. 460 E. New England Avenue Winter Park, FL 32789	59-0794396	501(c)(3)	31,956.	0.			Operating costs; Annual Distribution
Winter Park Memorial Hospital 200 N. Lakemont Avenue Winter Park, FL 32792	59-3143908	501(c)(3)	55,351.	0.			Annual distribution; Help and assistance of the African-American population of the City of
Woman's Club of Winter Park Scholarship Fund - P.O. Box 1433 - Winter Park, FL 32790	23-7010314	501(C)(3)	21,670.	0.			Annual Distribution

Schedule I (Form 990)

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

59 - 3182886

Schedule I (Form 990) (2012)

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
Educational Scholarships to Individuals	24	47,526.	0.		

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

Schedule I, Part I, Line 2: The Community Foundation of Central Florida monitors grants by conducting due diligence on grantee organizations before grants are approved. Grant contracts accompany certain grants as considered appropriate. Pre-grant meetings, mid-year and final evaluations are included in our grant monitoring process as the circumstances of each grant warrant.

Part II, line 1, Column (h):

Name of Organization or Government: Boys & Girls Clubs Of Central Florida

**Part IV** Supplemental Information

(h) Purpose of Grant or Assistance: This grant designated specifically for the Eatonville branch of Boys & Girls Club; General Contribution

Name of Organization or Government:

Coalition For The Homeless of Central Florida, Inc.

(h) Purpose of Grant or Assistance: Operating; General contribution; Unrestricted; Annual Distribution; 2013 Agency Endowment Distribution; For daycare services and the Women's Residential Counseling Center

Name of Organization or Government:

Community Coordinated Care For Children, Inc.

(h) Purpose of Grant or Assistance: To provide child care management, placement services and child care subsidies; 2013 Agency Endowment Distribution

Name of Organization or Government:

Community Foundation of Greater Lakeland, Inc.

(h) Purpose of Grant or Assistance: To the Community Foundation of Greater Winter Haven for medical, hospital and other care for sick and injured persons

Name of Organization or Government:

Health Council of East Central Florida, Inc.

(h) Purpose of Grant or Assistance: For the input, analysis and reporting of data generated by numerous community-based organizations that work under the PKZ umbrella.

Name of Organization or Government: Hospice of the Comforter Inc.

**Part IV** Supplemental Information

(h) Purpose of Grant or Assistance: A donation in the name of Harold Catto; Education and Training for Hospice RN's; General Contribution

Name of Organization or Government:

Kids Beating Cancer a.k.a John Voight Foundation

(h) Purpose of Grant or Assistance: To help with transplantation for children in need; General Contribution; Capacity Building and Outreach and Education Plan

Name of Organization or Government: Kingsford Elementary School

(h) Purpose of Grant or Assistance: Science classes with LEGO Education WeDo Robotics; Non-Fiction Leveled Libraries; Build a Book kits for 60 families and books for home libraries; 6 Letters Alive kits

Name of Organization or Government:

Make-A-Wish Foundation of Central & Western North Carolina

(h) Purpose of Grant or Assistance: To support Fund-A-Wish; General Support for Organization; To meet match for Season of Wishes Campaign

Name of Organization or Government:

Meridian Club of Winter Park Scholarship Fund

(h) Purpose of Grant or Assistance: Annual Distribution; To be administered as a general scholarship fund; Scholarships are restricted to the college education of African American boys and girls

Name of Organization or Government: Nap Ford Community School

(h) Purpose of Grant or Assistance: To hire up to 2 youth(s) who reside in the Parramore Heritage Community to serve as Teacher Assistants

**Part IV** Supplemental Information

Name of Organization or Government: New Hope For Kids

(h) Purpose of Grant or Assistance: 2013 Agency Endowment Distribution;  
General contribution; Unrestricted; Annual distribution; A new money  
matching grant; New money match grant; in memory of Robert Patrick  
Sullivan and Ann Hagen

Name of Organization or Government: Orlando Ballet Inc.

(h) Purpose of Grant or Assistance: Annual distribution; Winner of the  
Most Viewed Portrait (increased visit over November for a referral site)  
contest for December; 2013 Agency Endowment Distribution

Name of Organization or Government: Orlando Day Nursery Association

(h) Purpose of Grant or Assistance: To hire up to 4 youth(s) who reside  
in the Parramore Heritage Community to serve as Teaching Interns

Name of Organization or Government: Orlando Philharmonic Orchestra, Inc.

(h) Purpose of Grant or Assistance: Annual Distribution; To support the  
concert opera series; To support education programs for children; 2012  
Agency Endowment Distribution; 2013 Agency Endowment Distribution

Name of Organization or Government:

Robert R. McCormick Tribune Foundation

(h) Purpose of Grant or Assistance: General contribution to the Sentinel  
Family Fund; Orlando Sentinel Family Fund's United Partners Campaign

Name of Organization or Government: Rollins College

(h) Purpose of Grant or Assistance: Annual distribution; to support the

**Part IV** Supplemental Information

Venture Plan Competition; Gold membership to the Donors Forum of Central Florida; Annual Distribution; Center for Advanced Entrepreneurship

Name of Organization or Government:

Rollins College Philanthropy and Nonprofit Leadership Center

(h) Purpose of Grant or Assistance: Capacity Building Work with Freedom Ride, Inc.; Coordinate and manage specific efforts for 200 Central Florida low-income girls ages 11-18 to receive a day of training called "Changing Your World"

Name of Organization or Government:

Second Harvest Food Bank Of Central Florida Inc

(h) Purpose of Grant or Assistance: For the Kids Cafe Reeves Terrace; General Contribution; Provide matching funds for recent pledge drive; 2013 Agency Endowment Distribution; To assist with replenishment of food items for the food pantry for the holidays

Name of Organization or Government: UCP of Central Florida, Inc.

(h) Purpose of Grant or Assistance: East Orange building campaign; for the care and training of the children enrolled and who attend; 2013 Agency Endowment Distribution

Name of Organization or Government:

University of Central Florida Foundation, Inc

(h) Purpose of Grant or Assistance: Pine Hills Nutrition Study; to Public Administration for the sponsorship of three students for the Public Administration Research

**Part IV** Supplemental Information

Name of Organization or Government: Valencia College Foundation, Inc.

(h) Purpose of Grant or Assistance: Tina's Heart Memorial Scholarship;  
Orange County Take Stock in Children for the 2013 Take Stock in Children  
Golf Tournament

Name of Organization or Government: Winter Park Memorial Hospital

(h) Purpose of Grant or Assistance: Annual distribution; Help and  
assistance of the African-American population of the City of Winter Park;  
To support programs and facilities

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2012**

**Open to Public Inspection**

Name of the organization

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

Employer identification number

**59-3182886**

**Part I Questions Regarding Compensation**

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

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

Schedule J (Form 990) 2012



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2012**

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	3	186,486.	Average FMV on gift
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) (2012)

**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

**2012**

**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:

support community projects in the areas of healthcare, human services,  
arts and humanities, education, religion, community improvement,  
environment and animals, and philanthropy and voluntarism.

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 2013 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.

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

Employer identification number  
**59-3182886**

Form 990, Part XI, line 9, Changes in Net Assets:

Change in Value - Split Interest Agreement 7,294.

Multiple horizontal lines for additional entries.





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, 35b, 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 II-IV?

**a** Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity

**b** Gift, grant, or capital contribution to related organization(s)

**c** Gift, grant, or capital contribution from related organization(s)

**d** Loans or loan guarantees to or for related organization(s)

**e** Loans or loan guarantees by related organization(s)

**f** Dividends from related organization(s)

**g** Sale of assets to related organization(s)

**h** Purchase of assets from related organization(s)

**i** Exchange of assets with related organization(s)

**j** Lease of facilities, equipment, or other assets to related organization(s)

**k** Lease of facilities, equipment, or other assets from related organization(s)

**l** Performance of services or membership or fundraising solicitations for related organization(s)

**m** Performance of services or membership or fundraising solicitations by related organization(s)

**n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

**o** Sharing of paid employees with related organization(s)

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

**q** Reimbursement paid by related organization(s) for expenses

**r** Other transfer of cash or property to related organization(s)

**s** Other transfer of cash or property from related organization(s)

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

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



