

Form **990**

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

OMB No. 1545-0047

2013

Department of the Treasury
Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning MAY 1, 2013 and ending APR 30, 2014

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CENTRAL FLORIDA FOUNDATION INC. Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1411 EDGEWATER DRIVE 203 City or town, state or province, country, and ZIP or foreign postal code ORLANDO, FL 32804-6361 F Name and address of principal officer: MARK BREWER same as C above	D Employer identification number 59-3182886 E Telephone number (407) 872-3050 G Gross receipts \$ 5,752,187. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: WWW.CFFFOUND.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		
L Year of formation: 1993		M State of legal domicile: FL

Part I Summary

	1	Briefly describe the organization's mission or most significant activities: The Central Florida Foundation provides philanthropic dollars to support community (see Schedule O)		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3	15
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	14
	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	11
	6	Total number of volunteers (estimate if necessary)	6	28
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	2,477,008.	3,603,384.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	36,213.	24,711.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,573,017.	2,095,021.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	735.	29,071.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,086,973.	5,752,187.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	4,790,446.	3,891,498.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	764,528.	850,497.
	b	Total fundraising expenses (Part IX, column (D), line 25) 248,497.	0.	0.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	443,047.	623,621.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,998,021.	5,365,616.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	<911,048.>	386,571.
	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	55,157,448.	58,410,200.
	22	Net assets or fund balances. Subtract line 21 from line 20	1,546,741.	1,589,551.

Part II Signature Block

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

Sign Here	Signature of officer <i>Mark Brewer</i> MARK BREWER, PRESIDENT/CEO Type or print name and title	Date	9/11/14
Paid Preparer Use Only	Print/Type preparer's name MELANIE FERNANDEZ, CPA Preparer's signature <i>Melanie Fernandez</i> Date 9/12/14 Check if self-employed <input type="checkbox"/> PTIN P00071396 Firm's name CROSS, FERNANDEZ & RILEY, LLP Firm's EIN 59-3651466 Firm's address 201 S. ORANGE AVE., SUITE 800 ORLANDO, FL 32801-3421 Phone no. (407) 841-6930		

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