

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2015

Open to Public Inspection

Form **990**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

Department of the Treasury
Internal Revenue Service

A For the 2015 calendar year, or tax year beginning 05/01, 2015, and ending 04/30, 2016

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.			D Employer identification number 59-3182886		
		Doing Business As			E Telephone number (407) 872-3050		
		Number and street (or P.O. box if mail is not delivered to street address)		Room/suite			
		800 NORTH MAGNOLIA AVENUE		1200			
City or town, state or province, country, and ZIP or foreign postal code			G Gross receipts \$ 8,533,856.				
ORLANDO, FL 32803			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
F Name and address of principal officer: MARK BREWER			H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No				
800 NORTH MAGNOLIA AVENUE 1200 ORLANDO, FL 32803			If "No," attach a list. (see instructions)				
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: WWW.CFFFOUND.ORG				H(c) Group exemption number ▶	
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

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: AS CENTRAL FLORIDA'S COMMUNITY FOUNDATION, WE FOCUS ON BUILDING COMMUNITY BY BUILDING PHILANTHROPY.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	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 2015 (Part V, line 2a)	5	11.
	6	Total number of volunteers (estimate if necessary)	6	32.
	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)	8,212,999.	5,969,974.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	37,690.	68,031.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,273,994.	2,495,851.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,934.	0.
	12		13,528,617.	8,533,856.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,802,502.	4,457,719.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	901,322.	890,640.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 270,616.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	564,783.	584,000.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,268,607.	5,932,359.	
19	Revenue less expenses. Subtract line 18 from line 12	8,260,010.	2,601,497.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	63,304,847.	62,127,373.
	22	Net assets or fund balances. Subtract line 21 from line 20	1,579,175.	1,990,556.
22		61,725,672.	60,136,817.	

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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		08/30/2016
	MARK BREWER	PRESIDENT/CEO	Date
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	ANNE MCHUGH, CPA		08/17/2016
	Firm's name ▶ BDO USA, LLP	Check <input type="checkbox"/> if self-employed	PTIN
Firm's address ▶ 201 S. ORANGE AVE., SUITE 800 ORLANDO, FL 32801	Firm's EIN ▶ 13-5381590	Phone no. 407-841-6930	P01066774

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2015)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

BUILDING COMMUNITY BY BUILDING PHILANTHROPY. WE ACCOMPLISH OUR MISSION BY PROVIDING LOCAL KNOWLEDGE AND CONNECTING PEOPLE, BUSINESSES, GOVERNMENTS, AND ORGANIZATIONS TO INITIATIVES THAT BUILD AND INSPIRE COMMUNITY IN CENTRAL FLORIDA AND BEYOND.

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 \$ 4,776,278. including grants of \$ 4,457,719.) (Revenue \$)

GRANTS TO 246 NOT FOR PROFIT ORGANIZATIONS FOR VARIOUS CHARITABLE PURPOSES IN CENTRAL FLORIDA AND ACROSS THE UNITED STATES. SCHOLARSHIPS TO 33 STUDENTS ATTENDING POST SECONDARY EDUCATION INCLUDING TECHNICAL AND CAREER EDUCATION, UNDER-GRADUATE AND GRADUATE PROGRAMS IN FLORIDA AND ACROSS THE UNITED STATES.

4b (Code:) (Expenses \$ 374,997. including grants of \$) (Revenue \$)

MANAGE CHARITABLE FUNDS FOR PEOPLE, BUSINESS, GOVERNMENTS AND ORGANIZATIONS. PROVIDE LOCAL KNOWLEDGE AND FOCUS ON INITIATIVES THAT BUILD AND INSPIRE COMMUNITY IN CENTRAL FLORIDA AND BEYOND.

4c (Code:) (Expenses \$ 125,284. including grants of \$) (Revenue \$)

PROVIDE A KNOWLEDGE BASE, CALLED NONPROFIT SEARCH, DESIGNED TO SUPPORT TRANSPARENCY BY DELIVERING WEB-BASED INFORMATION ABOUT THE FINANCIAL, OPERATIONAL AND PROGRAMMATIC HEALTH OF LOCAL NONPROFIT ORGANIZATIONS. NONPROFIT SEARCH IS A ONE-OF-A-KIND RESOURCE THAT CONNECTS PEOPLE WHO WANT TO MAKE A DIFFERENCE WITH LOCAL CHARITABLE ORGANIZATIONS DOING IMPORTANT WORK.

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 5,276,559.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i>	X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>		X
9 Did the organization report an amount in Part X, line 21, 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>		X
10 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>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>	X	
b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>	X	
c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, 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>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV.</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions).		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. 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 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
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 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
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
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
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	X	
30 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
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32 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
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	X	
34 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	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
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
36 Section 501(c)(3) organizations. 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
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for line numbers (1a-14b), descriptions of questions, and Yes/No response columns. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, and charitable contributions.

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 or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (15), 1b (14), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed FL,
18 Section 6104 requires an organization to make its 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.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: MEGHAN WARRICK, CFO 800 NORTH MAGNOLIA AVENUE, STE 1200 ORLANDO, FL 32803 (407)872-3050

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See 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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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) ROBERT F. THOMSON II CHAIR	2.00 0.	X		X				0.	0.	0.
(2) TONY JENKINS BOARD MEMBER	1.00 0.	X						0.	0.	0.
(3) ROBERT NEWLAND BOARD MEMBER	1.00 0.	X						0.	0.	0.
(4) WAYMON ARMSTRONG VICE CHAIR	2.00 0.	X		X				0.	0.	0.
(5) THOMASA SANCHEZ SECRETARY	2.00 0.	X		X				0.	0.	0.
(6) THOMAS V. DURKEE BOARD MEMBER	1.00 0.	X						0.	0.	0.
(7) MARK BREWER PRESIDENT/CEO	50.00 0.	X		X			156,374.	0.	21,619.	0.
(8) KRISTEN ARRINGTON BOARD MEMBER	1.00 0.	X						0.	0.	0.
(9) BRIAN BUTLER BOARD MEMBER	1.00 0.	X						0.	0.	0.
(10) JAY CHAUDHARI BOARD MEMBER	1.00 0.	X						0.	0.	0.
(11) MICHAEL FRUMKIN BOARD MEMBER	1.00 0.	X						0.	0.	0.
(12) JEFFERY Q. JONASEN BOARD MEMBER	1.00 0.	X						0.	0.	0.
(13) DAVID TORRE BOARD MEMBER	1.00 0.	X						0.	0.	0.
(14) KAKI RAWLS TREASURER	2.00 0.	X		X				0.	0.	0.

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions) . .	1e					
	f All other contributions, gifts, grants, and similar amounts not included above .	1f	5,969,974.				
	g Noncash contributions included in lines 1a-1f: \$		185,140.				
	h Total. Add lines 1a-1f ▶			5,969,974.			
Program Service Revenue	2a <u>MANAGEMENT FEES</u>			561000	-1,926.	-1,926.	
	b <u>GRANTMAKING SERVICES REVENUE</u>			561000	69,957.	69,957.	
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f ▶				68,031.		
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts). ▶				725,901.	
4 Income from investment of tax-exempt bond proceeds . ▶				0.			
5 Royalties ▶				0.			
			(i) Real	(ii) Personal			
6a Gross rents							
b Less: rental expenses							
c Rental income or (loss)							
d Net rental income or (loss) ▶				0.			
			(i) Securities	(ii) Other			
7a Gross amount from sales of assets other than inventory			1,769,950.				
b Less: cost or other basis and sales expenses							
c Gain or (loss)			1,769,950.				
d Net gain or (loss) ▶				1,769,950.		1,769,950.	
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 a							
b Less: direct expenses b							
c Net income or (loss) from fundraising events. ▶				0.			
9a Gross income from gaming activities. See Part IV, line 19 a							
b Less: direct expenses b							
c Net income or (loss) from gaming activities. ▶				0.			
10a Gross sales of inventory, less returns and allowances a							
b Less: cost of goods sold b							
c Net income or (loss) from sales of inventory. ▶				0.			
Miscellaneous Revenue			Business Code				
11a _____							
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d ▶				0.			
12 Total revenue. See instructions. ▶				8,533,856.	68,031.	2,495,851.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	4,439,081.	4,439,081.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	18,638.	18,638.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	283,750.	145,500.	53,550.	84,700.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	364,943.	223,566.	85,722.	55,655.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	18,082.	10,288.	3,882.	3,912.
9 Other employee benefits	179,362.	102,046.	38,508.	38,808.
10 Payroll taxes	44,503.	25,319.	9,555.	9,629.
11 Fees for services (non-employees):				
a Management	0.			
b Legal	18,153.		18,153.	
c Accounting	22,365.		22,365.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees	214,209.	214,209.		
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	23,000.		23,000.	
12 Advertising and promotion	24,760.			24,760.
13 Office expenses	16,063.	761.	10,203.	5,099.
14 Information technology	79,926.	56,094.	9,037.	14,795.
15 Royalties	0.			
16 Occupancy	97,058.	10,162.	82,790.	4,106.
17 Travel	0.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	29,250.	4,730.	5,849.	18,671.
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	23,625.	13,441.	5,072.	5,112.
23 Insurance	7,180.		7,180.	
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 -----	10,970.	7,157.	1,662.	2,151.
b MAINTENANCE -----	4,567.		4,567.	
c PARKING AND MILEAGE -----	9,572.	5,567.	1,661.	2,344.
d LICENSES AND FEES -----	2,077.		2,077.	
e All other expenses -----	1,225.		351.	874.
25 Total functional expenses. Add lines 1 through 24e	5,932,359.	5,276,559.	385,184.	270,616.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0.			

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	513,044.	1	325,694.
	2 Savings and temporary cash investments	3,796,936.	2	2,233,011.
	3 Pledges and grants receivable, net	22,812.	3	4,055,789.
	4 Accounts receivable, net	0.	4	0.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0.	5	0.
	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 instructions). Complete Part II of Schedule L	0.	6	0.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	0.	8	0.
	9 Prepaid expenses and deferred charges	36,559.	9	31,692.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	192,033.		
	b Less: accumulated depreciation	118,196.		
		97,461.	10c	73,837.
	11 Investments - publicly traded securities	42,797,055.	11	41,440,231.
	12 Investments - other securities. See Part IV, line 11	14,941,939.	12	13,862,483.
	13 Investments - program-related. See Part IV, line 11	0.	13	0.
	14 Intangible assets	0.	14	0.
15 Other assets. See Part IV, line 11	1,099,041.	15	104,636.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	63,304,847.	16	62,127,373.	
Liabilities	17 Accounts payable and accrued expenses	50,878.	17	98,680.
	18 Grants payable	1,124,048.	18	1,611,062.
	19 Deferred revenue	0.	19	0.
	20 Tax-exempt bond liabilities	0.	20	0.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	404,249.	25	280,814.
	26 Total liabilities. Add lines 17 through 25	1,579,175.	26	1,990,556.
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	60,377,457.	27	60,031,358.
	28 Temporarily restricted net assets	1,348,215.	28	105,459.
	29 Permanently restricted net assets	0.	29	0.
	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 Total net assets or fund balances	61,725,672.	33	60,136,817.	
34 Total liabilities and net assets/fund balances	63,304,847.	34	62,127,373.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,533,856.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,932,359.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,601,497.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	61,725,672.
5	Net unrealized gains (losses) on investments	5	-3,907,836.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-282,516.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	60,136,817.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

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

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization CENTRAL FLORIDA FOUNDATION INC.	Employer identification number 59-3182886
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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 (Form 990 or 990-EZ).)
- 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990 or 990-EZ) 2015

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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5,652,144.	2,477,008.	3,603,384.	8,212,999.	5,969,974.	25,915,509.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3.	5,652,144.	2,477,008.	3,603,384.	8,212,999.	5,969,974.	25,915,509.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). ATTCH 1						4,300,568.
6 Public support. Subtract line 5 from line 4.						21,614,941.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	5,652,144.	2,477,008.	3,603,384.	8,212,999.	5,969,974.	25,915,509.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,098,899.	707,870.	556,976.	565,938.	725,901.	3,655,584.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	25,585.	735.	29,071.	3,934.		59,325.
11 Total support. Add lines 7 through 10						29,630,418.
12 Gross receipts from related activities, etc. (see instructions)					12	1,018,670.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	72.95%
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	78.02%
16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I 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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2015. 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 - 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test. Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).			

Schedule A (Form 990 or 990-EZ) 2015

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

Schedule of Contributors

2015

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

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

Organization type (check one):

Filers of:

Section:

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

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____	\$ 325,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____	\$ 3,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____	\$ 221,389.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **CENTRAL FLORIDA FOUNDATION INC.**

Employer identification number

59-3182886

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

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

Name of organization **CENTRAL FLORIDA FOUNDATION INC.**

Employer identification number

59-3182886

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

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

2015

Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

CENTRAL FLORIDA FOUNDATION INC.

59-3182886

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate value of contributions, grants, and end of year, and two questions about donor advisement.

Part II Conservation Easements.

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

Form for Part II Conservation Easements. Includes questions about purpose of easements, number of easements, acreage, and monitoring expenses. Includes a table for 'Held at the End of the Tax Year'.

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

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

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting works of art and historical treasures.

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

Schedule D (Form 990) 2015

JSA 5E1268 1.000

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

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

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	43,061,890.	43,445,071.	40,925,381.	38,123,624.	39,835,291.
b Contributions	3,699,344.	418,500.	791,645.	609,419.	760,576.
c Net investment earnings, gains, and losses	-1,278,709.	1,386,344.	4,105,116.	4,312,022.	-683,296.
d Grants or scholarships	1,266,057.	1,431,616.	1,545,818.	1,139,614.	990,749.
e Other expenditures for facilities and programs					
f Administrative expenses	800,837.	756,409.	831,253.	980,070.	798,198.
g End of year balance	43,415,631.	43,061,890.	43,445,071.	40,925,381.	38,123,624.

- 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 100.0000 %
 - c** Temporarily restricted endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

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

	Yes	No
(i) unrelated organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(ii) related organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" on line 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.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		19,642.	3,316.	16,326.
d Equipment		172,391.	114,880.	57,511.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				73,837.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) STOCKS, BONDS, & ALT. INV.	13,862,483.	FMV
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	13,862,483.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LIABILITY UNDER SPLIT INT. AGMTS.	280,814.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	280,814.

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

Part XIII Supplemental Information (continued)

PART V, LINE 4:

ENDOWMENT FUNDS PROVIDE SUSTAINABLE FUNDING FOR CHARITABLE PROJECTS IN
CENTRAL FLORIDA AND ACROSS THE UNITED STATES.

PART X, LINE 2:

THE FOUNDATION IS SUBJECT TO THE ACCOUNTING STANDARDS ON ACCOUNTING FOR
UNCERTAINTY IN INCOME TAXES, WHICH ADDRESSES THE DETERMINATION OF WHETHER
TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE
RECORDED IN THE FINANCIAL STATEMENTS. MANAGEMENT EVALUATED THE TAX
POSITIONS FOR THE FOUNDATION AND CONCLUDED THAT THE FOUNDATION HAS TAKEN
NO UNCERTAIN INCOME TAX POSITIONS THAT REQUIRE ADJUSTMENTS TO THE
FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE. THE
FOUNDATION'S OPEN TAX YEARS SUBJECT TO EXAMINATION BY THE INTERNAL
REVENUE SERVICE GENERALLY REMAIN OPEN FOR THREE YEARS FROM THE DATE OF
FILING.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

INTERNAL ADMINISTRATIVE FEES	125,843
CHANGE IN VALUE OF CHARITABLE REMAINDER TRUST	-282,516
REVENUE RELATED TO THE N. DONALD DIEBEL, JR., MD	
GOOD SAMARITAN FUND, INC.	14,380
REVENUE RELATED TO THE LAKE COMMUNITY FOUNDATION, INC.	-470,615
REVENUE RELATED TO THE ISLEWORTH COMMUNITY TRUST, INC.	4,000
REVENUE RELATED TO THE 1904 FOUNDATION	401,451
TOTAL TO SCHEDULE D, PART XI, LINE 2D:	-207,457

Part XIII Supplemental Information (continued)

PART XI, LINE 4B - OTHER ADJUSTMENTS:

FUNDS HELD FOR AGENCIES CONTRIBUTIONS	273,444
FUNDS HELD FOR AGENCIES INTEREST AND DIVIDENDS	137,214
FUNDS HELD FOR AGENCIES ON REALIZED GAINS	395,899
TOTAL TO SCHEDULE D, PART XI, LINE 4B:	806,557

PART XII, LINE 2D - OTHER ADJUSTMENTS:

EXPENSE RELATED TO THE N. DONALD DIEBEL, JR., MD GOOD SAMARITAN FUND, INC.	9,793
EXPENSE RELATED TO THE LAKE COMMUNITY FOUNDATION, INC.	143,175
EXPENSE RELATED TO THE ISLEWORTH COMMUNITY TRUST, INC.	2,541
EXPENSE RELATED TO THE 1904 FOUNDATION	388,525
TOTAL TO SCHEDULE D, PART XII, LINE 2D:	544,034

PART XII, LINE 4B - OTHER ADJUSTMENTS:

FEEES RELATED TO MANAGING FUNDS HELD FOR AGENCIES & AGENCY AUTHORIZED GRANTS	429,359
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**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
- ▶ Attach to Form 990.
- ▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

CENTRAL FLORIDA FOUNDATION INC.

Employer identification number

59-3182886

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

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

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

3 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
(1) CENTRAL AMERICA/CARIBBEAN			INVESTMENTS		9,343,316.
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total					9,343,316.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					9,343,316.

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

Schedule F (Form 990) 2015

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

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

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

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

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

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

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* Yes No

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

CENTRAL FLORIDA FOUNDATION INC.

Employer identification number

59-3182886

Part I General Information on Grants and Assistance

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

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

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
(1) ALBIN POLASEK FOUNDATION, INC. 633 OSCEOLA AVENUE WINTER PARK, FL 32789	59-1102352	501(C)(3)	11,500.				DEVELOPMENT OF A MARKETING PLAN, SOCI
(2) AMERICAN CANCER SOCIETY NATIONAL OFFICE OF PROBATE AND TRUST MANAGE	13-1788491	501(C)(3)	6,475.				OPERATING SUPPORT
(3) ARTHRITIS FOUNDATION 1330 WEST PEACHTREE ST., SUITE 100	58-1341679	501(C)(3)	55,392.				OPERATING SUPPORT
(4) ASTRONAUT SCHOLARSHIP FOUNDATION MAIL CODE ASF-1	59-2448775	501(C)(3)	10,000.				SCHOLARS GIVE BACK
(5) BACH FESTIVAL SOCIETY OF WINTER PARK, INC. 1000 HOLT AVE - 2763 ROLLINS COLLEGE	59-6015959	501(C)(3)	7,136.				OPERATING SUPPORT
(6) BLUEFIELD COLLEGE 3000 COLLEGE DRIVE BLUEFIELD, VA 24605	54-0568200	501(C)(3)	7,688.				OPERATING SUPPORT
(7) BNY MELLON CHARITABLE GIFT FUND 201 WASHINGTON STREET, SUITE 024-0035	30-0748315	501(C)(3)	401,354.				OPERATING SUPPORT
(8) BOY SCOUTS OF AMERICA GULF RIDGE COUNCIL 13228 N CENTRAL AVE TAMPA, FL 33612	59-0624406	501(C)(3)	7,892.				OPERATING SUPPORT
(9) BRIDGES OF LIGHT FOUNDATION 37 N. ORANGE AVENUE, SUITE 800B	34-2000924	501(C)(3)	50,000.				OPERATING SUPPORT
(10) CAT PROTECTION SOCIETY, INC. P.O. BOX 1078 SORRENTO, FL 32776	59-3413294	501(C)(3)	36,153.				OPERATING SUPPORT
(11) CENTRAL FLORIDA YOUNG MEN'S CHRISTIAN ASSOC 433 N. MILLS AVENUE ORLANDO, FL 32803	59-0624430	501(C)(3)	11,000.				SUPPORT OF SCHOLARSH
(12) CENTRAL FLORIDA ZOOLOGICAL SOCIETY, INC. P. O. BOX 470309 LAKE MONROE, FL 32747	59-1357197	501(C)(3)	16,511.				OPERATING SUPPORT

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

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

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

Schedule I (Form 990) (2015)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

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

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
(1) COALITION FOR THE HOMELESS OF CENTRAL FLORIDA 639 W. CENTRAL BLVD. ORLANDO, FL 32801	59-2814255	501(C)(3)	17,262.				DAYCARE SERVICES, WO
(2) COMMUNITY COORDINATED CARE FOR CHILDREN, INC. 3500 WEST COLONIAL DRIVE ORLANDO, FL 32808	59-1371754	501(C)(3)	252,391.				OPERATING SUPPORT, C
(3) COMMUNITY FOUNDATION OF WESTERN NORTH CAROLINA 4 VANDERBILT PARK DRIVE, SUITE 300	56-1223384	501(C)(3)	35,843.				JAY "SKIP" WILSON, C
(4) COMMUNITY VISION, INC. 704 GENERATION POINT, SUITE 101	59-2896657	501(C)(3)	40,779.				OPERATING SUPPORT
(5) CORNERSTONE HOSPICE & PALLIATIVE CARE 2445 LANE PARK RD TAVARES, FL 32778	59-2330114	501(C)(3)	6,698.				HOSPICE CARE CERTIFI
(6) CORPORATION FOR SUPPORTIVE HOUSING 61 BROADWAY, SUITE 2300	13-3600232	501(C)(3)	135,000.				ONGOING EXPERTISE AN
(7) CREALDE ARTS INC 600 SAINT ANDREWS BOULEVARD	59-1887887	501(C)(3)	11,597.				REBRANDING PROCESS,
(8) DR. PHILLIPS CENTER FOR THE PERFORMING ARTS 155 E. ANDERSON STREET ORLANDO, FL 32801	20-0695917	501(C)(3)	5,888.				OPERATING SUPPORT
(9) DR. PHILLIPS HIGH SCHOOL 6500 TURKEY LAKE RD. ORLANDO, FL 32819	59-6000771	501(C)(3)	7,484.				DR. PHILLIPS THEATRE
(10) EARLY LEARNING COALITION OF ORANGE COUNTY P O BOX 540387 ORLANDO, FL 32854	31-1759186	501(C)(3)	36,499.				BABY INSTITUTE PROGR
(11) EDGEWOOD CHILDREN'S RANCH 1451 EDGEWOOD RANCH ROAD ORLANDO, FL 32835	59-1150182	501(C)(3)	27,082.				OPERATING SUPPORT
(12) FIRST CHURCH OF CHRIST SCIENTIST 210 MASSACHUSETTS AVENUE, PO5-10	04-2254742	501(C)(3)	6,871.				OPERATING SUPPORT

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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Schedule I (Form 990) (2015)

**SCHEDULE I
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(1) FIRST CONGREGATIONAL CHURCH OF WINTER PARK 225 S. INTERLACHEN AVENUE	59-0637840	501(C)(3)	50,000.				CAPITAL FUNDS CAMPAI
(2) FIRST TEE OF CENTRAL FLORIDA 199 E. WELBOURNE AVENUE, SUITE 201	27-0149539	501(C)(3)	11,000.				OPERATING SUPPORT
(3) FLORIDA AFTER SCHOOL ALLIANCE, INC. P.O. BOX 5614 PLANT CITY, FL 33563	59-3062864	501(C)(3)	5,486.				OPERATING SUPPORT
(4) FLORIDA HOSPITAL FOUNDATION 550 E. ROLLINS ST., 6TH FLOOR	59-2219301	501(C)(3)	21,000.				FLORIDA HOSPITAL CAN
(5) FLORIDA LITERACY COALITION, INC. 250 N. ORANGE AVENUE ORLANDO, FL 32801	59-2588924	501(C)(3)	28,946.				OPERATING SUPPORT
(6) FLORIDA OPERA THEATRE, INC. PO BOX 547937 ORLANDO, FL 32854	27-0406958	501(C)(3)	5,323.				SUMMER OPERA INSTITU
(7) FLORIDA PHILANTHROPIC NETWORK 1211 N. WESTSHORE BOULEVARD, SUITE 314	20-1328734	501(C)(3)	7,000.				SPONSORSHIP OF A PAR
(8) FLORIDA POLYTECHNIC UNIVERSITY FOUNDATION P.O. BOX 2790 LAKELAND, FL 33806	46-1426289	501(C)(3)	15,000.				J.D. ALEXANDER SCHOL
(9) FOUNDATION FOR FOSTER CHILDREN 2265 LEE RD., STE. 203	26-1682601	501(C)(3)	31,750.				OPERATING SUPPORT
(10) FOUNDATION FOR OSCEOLA EDUCATION, INC. 2310 NEW BEGINNINGS ROAD, SUITE 118	59-2960396	501(C)(3)	50,775.				SCHOLARSHIPS FOR HIG
(11) GIVEWELL COMMUNITY FOUNDATION, INC. 1501 SOUTH FLORIDA AVE. LAKELAND, FL 33803	59-3649871	501(C)(3)	10,072.				FOR MEDICAL, HOSPITA
(12) HARBOR HOUSE OF CENTRAL FLORIDA, INC. P.O. BOX 680748 ORLANDO, FL 32868	59-1712936	501(C)(3)	28,425.				PAWS FOR PEACE KENNE

- Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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Schedule I (Form 990) (2015)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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OMB No. 1545-0047

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Department of the Treasury
Internal Revenue Service

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Name of the organization

CENTRAL FLORIDA FOUNDATION INC.

Employer identification number

59-3182886

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- 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
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(1) HEALTH CARE CENTER FOR THE HOMELESS, INC. 232 N. ORANGE BLOSSOM TRAIL	59-3185020	501(C)(3)	908,629.				FOR ORGANIZATIONAL C
(2) HEART OF FLORIDA UNITED WAY 1940 TRAYLOR BOULEVARD ORLANDO, FL 32804	59-0808854	501(C)(3)	77,199.				OPERATING SUPPORT
(3) HOLOCAUST MEMORIAL RESOURCE & EDUCATION CEN 851 N MAITLAND AVENUE	59-2219851	501(C)(3)	25,000.				DEVELOPMENT OF AN EN
(4) HOMELESS SERVICES NETWORK OF CENTRAL FLORID 4065-D L.B. MCLEOD ROAD	59-3213827	501(C)(3)	335,000.				TO EXPAND THE INVENT
(5) HOPE COMMUNITY CENTER, INC. 1016 N. PARK AVENUE APOPKA, FL 32712	56-2551312	501(C)(3)	29,500.				AMERICORPS VOLUNTEER
(6) ITN ORLANDO 988 WOODCOCK ROAD, SUITE 200	20-5160870	501(C)(3)	9,500.				PROFESSIONAL ASSISTA
(7) LAKE HIGHLAND PREPARATORY SCHOOL 901 N. HIGHLAND AVENUE ORLANDO, FL 32803	59-0624431	501(C)(3)	6,000.				OPERATING SUPPORT
(8) MARY LEE DEPUGH NURSING HOME ASSN. 550 W. MORSE BOULEVARD	59-1104552	501(C)(3)	12,275.				OPERATING SUPPORT
(9) MAYFLOWER RETIREMENT CENTER INC. 1620 MAYFLOWER COURT WINTER PARK, FL 32792	59-2617174	501(C)(3)	23,520.				MAYFLOWER BENEVOLENT
(10) MEALS ON WHEELS ETC, INC. 2801 S. FINANCIAL CT. SANFORD, FL 32773	59-2977907	501(C)(3)	8,010.				BOARD DEVELOPMENT TR
(11) MENTAL HEALTH ASSOCIATION OF CENTRAL FLORID 1525 E. ROBINSON STREET ORLANDO, FL 32801	59-0816432	501(C)(3)	23,473.				TECHNOLOGY, RECRUITM
(12) MERIDIAN CLUB OF WINTER PARK SCHOLARSHIP FU PO BOX 1300 WINTER PARK, FL 32790	51-0205095	501(C)(3)	6,362.				SCHOLARSHIPS

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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Schedule I (Form 990) (2015)

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**Grants and Other Assistance to Organizations,
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(1) MIAMI UNIVERSITY 725 E. CHESTNUT STREET OXFORD, OH 45056	31-6402089	501(C)(3)	5,107.				ORTON K. STARK FUND
(2) NATIONAL HOUSE OF HOPE INC P.O. BOX 560484 ORLANDO, FL 32856	59-3740026	501(C)(3)	7,153.				OPERATING SUPPORT
(3) NEW HOPE FOR KIDS 544 MAYO AVE MAITLAND, FL 32751	59-1791345	501(C)(3)	249,378.				OPERATING SUPPORT
(4) NEW IMAGE YOUTH CENTER 212 S. PARRAMORE AVENUE ORLANDO, FL 32805	56-2482818	501(C)(3)	75,000.				AFTER SCHOOL AND SUM
(5) ORLANDO BALLET INC. 415 E. PRINCETON ST. ORLANDO, FL 32803	23-7427817	501(C)(3)	7,819.				OPERATING SUPPORT
(6) ORLANDO COMMUNITY & YOUTH TRUST, INC. 595 N. PRIMROSE AVENUE ORLANDO, FL 32803	65-0572536	501(C)(3)	326,362.				YOUTH DEVELOPMENT PR
(7) ORLANDO DAY NURSERY ASSOCIATION 626 LAKE DOT CIRCLE ORLANDO, FL 32801	59-0651096	501(C)(3)	42,472.				FACILITY MAINTENANCE
(8) ORLANDO HEALTH FOUNDATION INC. 3160 SOUTHGATE COMMERCE BLVD., SUITE 50	59-2244943	501(C)(3)	62,393.				OPERATING SUPPORT, G
(9) ORLANDO MUSEUM OF ART, INC. 2416 N. MILLS AVENUE ORLANDO, FL 32803	59-0910352	501(C)(3)	11,633.				EDUCATION PROGRAMS F
(10) ORLANDO NEIGHBORHOOD IMPROVEMENT CORPORATIO 101 SOUTH TERRY AVENUE ORLANDO, FL 32805	59-2669952	501(C)(3)	25,150.				AMERICORPS VOLUNTEER
(11) ORLANDO PHILHARMONIC ORCHESTRA, INC. 425 N. BUMBY AVE. ORLANDO, FL 32803	59-3058884	501(C)(3)	57,896.				CONCERT OPERA SERIES
(12) ORLANDO SCIENCE CENTER INC 777 EAST PRINCETON STREET ORLANDO, FL 32803	59-0896343	501(C)(3)	17,562.				OPERATING SUPPORT, Y

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

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Schedule I (Form 990) (2015)

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**Grants and Other Assistance to Organizations,
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Name of the organization

CENTRAL FLORIDA FOUNDATION INC.

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59-3182886

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(1) ORLANDO UNION RESCUE MISSION INC. 1525 WEST WASHINGTON STREET	59-1035082	501(C)(3)	24,529.				OPERATING SUPPORT
(2) PREVENT BLINDNESS FLORIDA P.O. BOX 7448 SEMINOLE, FL 33775	59-6181662	501(C)(3)	6,479.				OPERATING SUPPORT
(3) ROBERT R. MCCORMICK TRIBUNE FOUNDATION 205 NORTH MICHIGAN AVE., SUITE 4300	36-3689171	501(C)(3)	10,000.				SENTINEL FAMILY FUND
(4) ROLLINS COLLEGE 1000 HOLT AVENUE - 2711	59-0624440	501(C)(3)	14,858.				OPERATING SUPPORT
(5) SECOND HARVEST FOOD BANK OF CENTRAL FLORIDA 411 MERCY DRIVE ORLANDO, FL 32805	59-2142315	501(C)(3)	8,111.				OPERATING SUPPORT
(6) SENIORS FIRST INC 5395 L.B. MCLEOD ROAD ORLANDO, FL 32811	59-2759603	501(C)(3)	26,320.				OPERATING SUPPORT
(7) SHEPHERD'S HOPE, INC. 4851 S. APOPKA-VINELAND RD.	59-3420727	501(C)(3)	17,434.				OPERATING SUPPORT
(8) STETSON UNIVERSITY INC. 421 N. WOODLAND BOULEVARD, UNIT 8258	59-0624416	501(C)(3)	69,067.				OPERATING SUPPORT, H
(9) TAMPA BAY SPORTS COMMISSION INC 401 E. JACKSON ST., SUITE 2100	59-3468367	501(C)(3)	10,000.				OPERATING SUPPORT
(10) TRINITY PREPARATORY SCHOOL 5700 TRINITY PREP LANE	59-1156418	501(C)(3)	13,500.				CAPITAL CAMPAIGN, OP
(11) UCP OF CENTRAL FLORIDA, INC. 1221 W COLONIAL DR, SUITE 300	59-0799925	501(C)(3)	6,880.				OPERATING SUPPORT, T
(12) UNIVERSITY OF CENTRAL FLORIDA FOUNDATION IN 12424 RESEARCH PARKWAY, SUITE 250	59-6211832	501(C)(3)	43,784.				UCF COLLEGE OF MEDIC

- Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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Schedule I (Form 990) (2015)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2015

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Department of the Treasury
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(1) URBAN THINK! FOUNDATION INC. P.O. BOX 533709 ORLANDO, FL 32853	26-2534274	501(C)(3)	10,000.				AFTER SCHOOL HOMEWOR
(2) VOLUNTEERS FOR COMMUNITY IMPACT INC. 3545 LAKE BREEZE DRIVE ORLANDO, FL 32808	59-1626348	501(C)(3)	9,245.				DEVELOPMENT OF A FUN
(3) WILLOW CREEK CHURCH 4725 EAST LAKE DRIVE	59-2825243	501(C)(3)	50,000.				OPERATING SUPPORT
(4) WINTER PARK LIBRARY ASSN. 460 E. NEW ENGLAND AVENUE	59-0794396	501(C)(3)	33,440.				OPERATING SUPPORT, C
(5) WINTER PARK MEMORIAL HOSPITAL 200 N. LAKEMONT AVENUE	59-3143908	501(C)(3)	55,384.				OPERATING SUPPORT, H
(6) WOMAN'S CLUB OF WINTER PARK SCHOLARSHIP FUN P.O. BOX 1433 WINTER PARK, FL 32790	23-7010314	501(C)(3)	23,529.				OPERATING SUPPORT
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 78.

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

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

Schedule I (Form 990) (2015)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 EDUCATION	33.	18,638.			EDUCATION SCHOLARSHI
2					
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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.

PART I, LINE 2:

THE FOUNDATION MONITORS GRANTS BY CONDUCTING DUE DILIGENCE ON GRANTEE ORGANIZATIONS BEFORE GRANTS ARE APPROVED. GRANT AGREEMENTS ACCOMPANY CERTAIN GRANTS AS CONSIDERED APPROPRIATE. PRE-GRANT MEETINGS, MID-YEAR AND FINAL EVALUATIONS ARE INCLUDED IN OUR GRANT MONITORING PROCESS AS THE CIRCUMSTANCES OF EACH GRANT WARRANT.

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
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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.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT:

ALBIN POLASEK FOUNDATION, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: DEVELOPMENT OF A MARKETING PLAN,
SOCIAL MEDIA/WEBSITE DESIGN AND MARKETING, OPERATING SUPPORT. MARKETING,
OPERATING SUPPORT.

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

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

NAME OF ORGANIZATION OR GOVERNMENT: CENTRAL FL YOUNG MENS CHRISTIAN ASSOC.

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT OF SCHOLARSHIPS

NAME OF ORGANIZATION OR GOVERNMENT: COALITION FOR THE HOMELESS OF CENTRAL

(H) PURPOSE OF GRANT OR ASSISTANCE: DAYCARE SERVICES, WOMEN'S RESIDENTIAL COUNSELING CENTER, OPERATING SUPPORT

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

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

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY COORDINATED CARE FOR CHILDRE

(H) PURPOSE OF GRANT OR ASSISTANCE: OPERATING SUPPORT, CHILDCARE

ENROLLMENT SERVICES, SUBSIDY MANAGEMENT AND CHILD DEVELOPMENT SCREENING

FOR CHILDREN IN PARRAMORE

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY FOUNDATION OF WESTERN NC

(H) PURPOSE OF GRANT OR ASSISTANCE: JAY "SKIP" WILSON, CAROL P. WILSON &

JAY M. WILSON, II FAMILY CHARITABLE FUND

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

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

NAME OF ORGANIZATION OR GOVERNMENT: CORNERSTONE HOSPICE & PALLIATIVE CARE

(H) PURPOSE OF GRANT OR ASSISTANCE: HOSPICE CARE CERTIFICATION

NAME OF ORGANIZATION OR GOVERNMENT: CORPORATION FOR SUPPORTIVE HOUSING

(H) PURPOSE OF GRANT OR ASSISTANCE: ONGOING EXPERTISE AND ASSISTANCE ON

THE DEPLOYMENT, EXECUTION, AND CAPACITY BUILDING NEEDED UNDER THE

HOMELESS IMPACT FUND

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

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

NAME OF ORGANIZATION OR GOVERNMENT: CREALDE ARTS, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: REBRANDING PROCESS, WEBSITE
DEVELOPMENT; OPERATING SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: DR. PHILLIPS HIGH SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: DR. PHILLIPS THEATRE MAGNET PROGRAM,
VISUAL ARTS EDUCATION MAGNET PROGRAM

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

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

NAME OF ORGANIZATION OR GOVERNMENT: EARLY LEARNING COALITION OF ORANGE CTY

(H) PURPOSE OF GRANT OR ASSISTANCE: BABY INSTITUTE PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: FIRST CONGREGATIONAL CHURCH OF WINTER

(H) PURPOSE OF GRANT OR ASSISTANCE: CAPITAL FUNDS CAMPAIGN

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

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

NAME OF ORGANIZATION OR GOVERNMENT: FLORIDA HOSPITAL FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: FLORIDA HOSPITAL CANCER INSTITUTE ;
FLORIDA HOSPITAL CARDIOVASCULAR INSTITUTE

NAME OF ORGANIZATION OR GOVERNMENT: FLORIDA OPERA THEATRE, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: SUMMER OPERA INSTITUTE, OPERATING
SUPPORT

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

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

NAME OF ORGANIZATION OR GOVERNMENT: FLORIDA PHILANTHROPIC NETWORK

(H) PURPOSE OF GRANT OR ASSISTANCE: SPONSORSHIP OF A PARTIAL SCHOLARSHIP
TO ANNUAL SUMMIT, OPERATING SUPPORT, MEMBERSHIP RENEWAL

NAME OF ORGANIZATION OR GOVERNMENT: FL POLYTECHNIC UNIVERSITY FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: J.D. ALEXANDER SCHOLARSHIP FUND

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

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

NAME OF ORGANIZATION OR GOVERNMENT: FOUNDATION FOR OSCEOLA EDUCATION, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: SCHOLARSHIPS FOR HIGH SCHOOL SENIORS
IN OSCEOLA COUNTY

NAME OF ORGANIZATION OR GOVERNMENT: GIVEWELL COMMUNITY FOUNDATION, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR MEDICAL, HOSPITAL AND OTHER CARE
FOR SICK AND INJURED PERSONS IN THE CITY OF WINTER HAVEN AND VICINITY WHO
ARE NOT FINANCIALLY ABLE TO OBTAIN MEDICAL, HOSPITAL AND OTHER CARE

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

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

NAME OF ORGANIZATION OR GOVERNMENT: HARBOR HOUSE OF CENTRAL FLORIDA, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: PAWS FOR PEACE KENNEL REPLICATION PACKAGE, UPGRADE TO THE R3 APP, OPERATING SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: HEALTH CARE CENTER FOR THE HOMELESS

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR ORGANIZATIONAL CAPACITY AND SERVICES NEEDED FOR INTENSIVE CASE MANAGEMENT FOR THE DELIVERY OF PERMANENT SUPPORTIVE HOUSING SERVICES TO 100 CHRONICALLY HOMELESS INDIVIDUALS, GAP FUNDING FOR OUTREACH TO THE HOMELESS IN ORDER TO ASSESS THEM AND ENTER THEM INTO THE COORDINATED ENTRY SYSTEM FOR HOUSING

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

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

REFERRAL, AND FUNDING TO SCALE THE PLAN TO HOUSE 100, OPERATING SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: HOLOCAUST MEMORIAL RESOURCE & EDUCATIO

(H) PURPOSE OF GRANT OR ASSISTANCE: DEVELOPMENT OF AN ENTERPRISE WEBSITE,

UPGRADE OF LIBRARY CIRCULATION TO FIT WEBSITE REDESIGN

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

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

NAME OF ORGANIZATION OR GOVERNMENT: HOMELESS SERVICES NETWORK OF CENTRAL

(H) PURPOSE OF GRANT OR ASSISTANCE: TO EXPAND THE INVENTORY OF HOUSING

FOR CHRONICALLY HOMELESS INDIVIDUALS AND HOMELESS FAMILIES USING A

HOUSING LOCATOR TEAM, CAPACITY BUILDING

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

(H) PURPOSE OF GRANT OR ASSISTANCE: AMERICORPS VOLUNTEER, POPULAR

EDUCATION TRAININGS, FOLLOW-UP SKILLS IMPLEMENTATION PROJECTS,

CERTIFICATE IN LEADERSHIP PRACTICE, OPERATING SUPPORT

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

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

NAME OF ORGANIZATION OR GOVERNMENT: ITN ORLANDO

(H) PURPOSE OF GRANT OR ASSISTANCE: PROFESSIONAL ASSISTANCE WITH CREATING
A STRATEGIC PLAN WITH A PLANNED GIVING COMPONENT

NAME OF ORGANIZATION OR GOVERNMENT: MAYFLOWER RETIREMENT CENTER, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: MAYFLOWER BENEVOLENT FUND, OPERATING
SUPPORT

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

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

NAME OF ORGANIZATION OR GOVERNMENT: MEALS ON WHEELS ETC, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: BOARD DEVELOPMENT TRAINING,
TECHNOLOGY AND TABLETS TO EXPEDITE ORDER SYSTEM FOR TOP HATS CATERING

NAME OF ORGANIZATION OR GOVERNMENT: MENTAL HEALTH ASSOCIATION OF CENTRAL

(H) PURPOSE OF GRANT OR ASSISTANCE: TECHNOLOGY, RECRUITMENT AND TRAINING,
AND INFRASTRUCTURE UPGRADES TO SUPPORT THE MENTAL HEALTH CONNECTIONS
PROGRAM, OPERATING SUPPORT

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

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

NAME OF ORGANIZATION OR GOVERNMENT: NEW IMAGE YOUTH CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: AFTER SCHOOL AND SUMMER PROGRAMS

NAME OF ORGANIZATION OR GOVERNMENT: ORLANDO COMMUNITY & YOUTH TRUST, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: YOUTH DEVELOPMENT PROGRAMS, FAMILY

ECONOMIC ASSISTANCE, YOUTH SPORTS PROGRAMS, INTENSIVE ACADEMIC CASE

MANAGEMENT, AFTER SCHOOL MEAL PROGRAM AT REEVES TERRACE COMMUNITY CENTER

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

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

NAME OF ORGANIZATION OR GOVERNMENT: ORLANDO DAY NURSERY ASSOCIATION

(H) PURPOSE OF GRANT OR ASSISTANCE: FACILITY MAINTENANCE, YOUTH TEACHING
INTERNS

NAME OF ORGANIZATION OR GOVERNMENT: ORLANDO HEALTH FOUNDATION, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: OPERATING SUPPORT, GRADUATE MEDICAL
RESIDENCY PROGRAM, UF HEALTH CANCER CENTER

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

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

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

(H) PURPOSE OF GRANT OR ASSISTANCE: EDUCATION PROGRAMS FOR CHILDREN,
OPERATING SUPPORT, MAINTENANCE

NAME OF ORGANIZATION OR GOVERNMENT: ORLANDO NEIGHBORHOOD IMPROVEMENT CORP.

(H) PURPOSE OF GRANT OR ASSISTANCE: AMERICORPS VOLUNTEER, NEIGHBORWORKS
TRAINING, CREATION AND IMPLEMENTATION OF SISTERS CIRCLE LEADERSHIP
PROGRAM FOR GIRLS, AND CERTIFICATE IN LEADERSHIP PRACTICE

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

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

NAME OF ORGANIZATION OR GOVERNMENT: ORLANDO PHILHARMONIC ORCHESTRA, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: CONCERT OPERA SERIES, OPERATING SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: ORLANDO SCIENCE CENTER, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: OPERATING SUPPORT, YOUNG ENTREPRENEURS ACADEMY (YEA!)

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

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

NAME OF ORGANIZATION OR GOVERNMENT: STETSON UNIVERSITY, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: OPERATING SUPPORT, HARLAN L. PAUL FAMILY SCHOLARSHIP FUND, HARLAN L. PAUL FAMILY ENDOWED SCHOLARSHIP FUND, RINKER WELCOME CENTER

NAME OF ORGANIZATION OR GOVERNMENT: TRINITY PREPARATORY SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: CAPITAL CAMPAIGN, OPERATING SUPPORT

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

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

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

(H) PURPOSE OF GRANT OR ASSISTANCE: OPERATING SUPPORT, THE CARE AND TRAINING OF THE CHILDREN ENROLLED AND WHO ATTEND THE SCHOOL

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF CENTRAL FL FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: UCF COLLEGE OF MEDICINE'S MEDICAL STUDENT SCHOLARSHIP PROGRAM, SCHOLARSHIP FOR THE INTERNATIONAL MEDICAL SAMARITANS PROGRAM, LOCAL MEDICAL SAMARITANS (STUDENT-RUN FREE CLINIC), CENTER FOR ENTREPRENEURSHIP AND INNOVATIONS, UCF DOWNTOWN CAMPUS EXPANSION PROJECT

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

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

NAME OF ORGANIZATION OR GOVERNMENT: URBAN THINK! FOUNDATION, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: AFTER SCHOOL HOMEWORK ROOM WHICH PROVIDES ACADEMIC TUTORING

NAME OF ORGANIZATION OR GOVERNMENT: VOLUNTEERS FOR COMMUNITY IMPACT, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: DEVELOPMENT OF A FUNDRAISING PLAN, PURCHASE OF DONOR RESEARCH SOFTWARE, REDESIGN OF WEBSITE

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

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

NAME OF ORGANIZATION OR GOVERNMENT: WINTER PARK LIBRARY ASSOCIATION

(H) PURPOSE OF GRANT OR ASSISTANCE: OPERATING SUPPORT, CAPITAL CAMPAIGN

NAME OF ORGANIZATION OR GOVERNMENT: WINTER PARK MEMORIAL HOSPITAL

(H) PURPOSE OF GRANT OR ASSISTANCE: OPERATING SUPPORT, HELP AND

ASSISTANCE OF THE AFRICAN-AMERICAN POPULATION OF THE CITY OF WINTER PARK

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Name of the organization

CENTRAL FLORIDA FOUNDATION INC.

Employer identification number

59-3182886

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** 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.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported on 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.

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2015

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
MARK BREWER 1 PRESIDENT/CEO	(i)	156,374.	0.	0.	6,400.	15,219.	177,993.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2015

**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.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

CENTRAL FLORIDA FOUNDATION INC.

Employer identification number

59-3182886

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	4 .	185,140 .	AVG FMV ON GIFT DATE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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 through 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.		

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

Schedule M (Form 990) (2015)

JSA

5E1298 1.000

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

2015

**Open to Public
Inspection**

Name of the organization

CENTRAL FLORIDA FOUNDATION INC.

Employer identification number

59-3182886

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 2016 MEETING.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION'S CONFLICT OF INTEREST POLICY DISCLOSURE STATEMENT IS COMPLETED ANNUALLY BY BOARD AND COMMITTEE MEMBERS. UPDATES ARE MADE THROUGHOUT THE YEAR AS CIRCUMSTANCES WARRANT. STAFF AND COMMITTEE CHAIRS MONITOR COMPLIANCE WITH THE POLICY AS POTENTIAL CONFLICTS ARISE.

FORM 990, PART VI, SECTION B, LINE 15A:

THE PRESIDENT/CEO'S SALARY IS REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS. SECTOR BASED DATA IS USED TO DETERMINE THE COMPARABILITY OF THE SALARY TO SIMILAR POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS. WRITTEN MINUTES OF ALL BOARD OF DIRECTORS MEETINGS ARE KEPT.

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS OF THE CENTRAL FLORIDA FOUNDATION ARE MADE AVAILABLE UPON REQUEST. THESE DOCUMENTS ARE ALSO AVAILABLE ON THE ORGANIZATION'S WEBSITE.

Name of the organization

Employer identification number

CENTRAL FLORIDA FOUNDATION INC.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN VALUE - SPLIT INTEREST AGREEMENT: -282,516

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

CENTRAL FLORIDA FOUNDATION INC.

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Employer identification number

59-3182886

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) COMMUNITY FOUNDATION OF CENTRAL FL, LLC 800 NORTH MAGNOLIA AVENUE, SUI ORLANDO, FL 32803	SUPPORT CFF	FL	0.	0.	CFF, INC.
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) N. DONALD DIEBEL, JR. M.D. GOOD SAMARITA 20-0050131 1150 VIA LUGANO WINTER PARK, FL 32789	SUPPORT CFF	FL	501(C)(3)	509A3 - I	CFF, INC.	X	
(2) ISLEWORTH COMMUNITY TRUST, INC. 20-3507903 9350 CONROY WINDERMERE ROAD WINDERMERE, FL 34786	SUPPORT CFF	FL	501(C)(3)	509A3 - I	CFF, INC.	X	
(3) LAKE COMMUNITY FOUNDATION, INC. 51-0497006 P.O. BOX 1060 EUSTIS, FL 32727	SUPPORT CFF	FL	501(C)(3)	509A3 - I	CFF, INC.	X	
(4) 1904 FOUNDATION, INC. 06-1669947 P.O. BOX 40 WINTER PARK, FL 32790	SUPPORT CFF	FL	501(C)(3)	509A3 - I	CFF, INC.	X	
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2015

JSA

5E1307 1.000

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

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

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

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

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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII **Supplemental Information**

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