

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2014, or fiscal year beginning MAY 1, 2014, and ending APR 30, 2015

2014

Department of the Treasury
Internal Revenue Service

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

▶ Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo

Name of exempt organization

Employer identification number

CENTRAL FLORIDA FOUNDATION INC.

59-3182886

Name and title of officer

**MARK BREWER
PRESIDENT/CEO**

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

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

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>13,528,617.</u>
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	<input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2014 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize BDO USA, LLP to enter my PIN 53210
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2014 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2014 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ *Mark Brewer* Date ▶ 9/1/15

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

59150701466
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2014 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ *Eric H. King* Date ▶ 9/1/2015

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

Return of Organization Exempt From Income Tax
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.

A For the 2014 calendar year, or tax year beginning **MAY 1, 2014** and ending **APR 30, 2015**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CENTRAL FLORIDA FOUNDATION INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 800 NORTH MAGNOLIA AVENUE 1200 City or town, state or province, country, and ZIP or foreign postal code ORLANDO, FL 32803 F Name and address of principal officer: MARK BREWER SAME AS C ABOVE	D Employer identification number 59-3182886 E Telephone number (407) 872-3050 G Gross receipts \$ 13,528,617. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.CFFFOUND.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation: 1993		M State of legal domicile: FL

Part I Summary

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 13 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 12 5 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 5 10 6 Total number of volunteers (estimate if necessary) 6 33 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	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: right;">Prior Year</th> <th style="text-align: right;">Current Year</th> </tr> </thead> <tbody> <tr> <td>8 Contributions and grants (Part VIII, line 1h)</td> <td style="text-align: right;">3,603,384.</td> <td style="text-align: right;">8,212,999.</td> </tr> <tr> <td>9 Program service revenue (Part VIII, line 2g)</td> <td style="text-align: right;">24,711.</td> <td style="text-align: right;">37,690.</td> </tr> <tr> <td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td> <td style="text-align: right;">2,095,021.</td> <td style="text-align: right;">5,273,994.</td> </tr> <tr> <td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td style="text-align: right;">29,071.</td> <td style="text-align: right;">3,934.</td> </tr> <tr> <td>12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td style="text-align: right;">5,752,187.</td> <td style="text-align: right;">13,528,617.</td> </tr> </tbody> </table>		Prior Year	Current Year	8 Contributions and grants (Part VIII, line 1h)	3,603,384.	8,212,999.	9 Program service revenue (Part VIII, line 2g)	24,711.	37,690.	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,095,021.	5,273,994.	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	29,071.	3,934.	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,752,187.	13,528,617.							
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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 MARK BREWER, PRESIDENT/CEO Type or print name and title	Date 			
Paid Preparer Use Only	Print/Type preparer's name ANNE MCHUGH, CPA	Preparer's signature 	Date 9/1/15	Check if self-employed <input type="checkbox"/>	PTIN P01066774
	Firm's name ▶ BDO USA, LLP Firm's address ▶ 201 S. ORANGE AVE., SUITE 800 ORLANDO, FL 32801-3421	Firm's EIN ▶ 13-5381590 Phone no. (407) 841-6930			

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response 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

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

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 \$ 4,158,795. including grants of \$ 3,765,124.) (Revenue \$ 41,624.) GRANTS TO 266 NOT FOR PROFIT ORGANIZATIONS FOR VARIOUS CHARITABLE PURPOSES IN CENTRAL FLORIDA AND ACROSS THE UNITED STATES. 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.

4b (Code:) (Expenses \$ 37,378. including grants of \$ 37,378.) (Revenue \$) CENTRAL FLORIDA FOUNDATION AWARDED 73 SCHOLARSHIPS TO STUDENTS ATTENDING POST SECONDARY EDUCATION INCLUDING TECHNICAL AND CAREER EDUCATION, AND UNDER-GRADUATE PROGRAMS IN FLORIDA AND ACROSS THE UNITED STATES.

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

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

4e Total program service expenses 4,196,173.

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>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i>	2 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>	3	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>	4	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>	5	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>	6 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>	7	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>	8	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>	9	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>	10 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>	11a 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>	11b 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>	11c	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>	11d	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>	11e 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>	11f 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>	12a	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>	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	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>	14b 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>	15	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>	16	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>	17	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>	18	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>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV Checklist of Required Schedules (continued)

	Yes	No
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?	X	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O

Table with columns for question numbers (1a-14b), descriptions, and Yes/No checkboxes. Includes questions about Form 1096, Form W-2G, Form W-3, and various IRS forms like 8886-T, 8282, 8899, 1098-C, 4966, 720, and 709.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	13	
b	Enter the number of voting members included in line 1a, above, who are independent	12	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **MEGHAN WARRICK, CFO - (407)-872-3050**
800 NORTH MAGNOLIA AVENUE, SUITE 1200, ORLANDO, FL 32803

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 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) MARTY RUBIN CHAIR	2.00	X		X				0.	0.	0.
(2) KAKI RAWLS TREASURER	2.00	X		X				0.	0.	0.
(3) AARON GOROVITZ BOARD MEMBER	1.00	X						0.	0.	0.
(4) ROB PANEPINTO VICE CHAIR	2.00	X		X				0.	0.	0.
(5) EUGENE CAMPBELL BOARD MEMBER	1.00	X						0.	0.	0.
(6) ROBERT F. THOMSON II SECRETARY	2.00	X		X				0.	0.	0.
(7) TONY JENKINS BOARD MEMBER	1.00	X						0.	0.	0.
(8) STACEY PRINCE-TROUTMAN BOARD MEMBER	1.00	X						0.	0.	0.
(9) ROBERT NEWLAND BOARD MEMBER	1.00	X						0.	0.	0.
(10) WAYMON ARMSTRONG BOARD MEMBER	1.00	X						0.	0.	0.
(11) THOMASA SANCHEZ BOARD MEMBER	1.00	X						0.	0.	0.
(12) THOMAS V. DURKEE BOARD MEMBER	1.00	X						0.	0.	0.
(13) MARK BREWER PRESIDENT/CEO	50.00	X		X				154,568.	0.	15,905.
(14) MEGHAN WARRICK EVP/CFO	45.00			X				113,991.	0.	14,597.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total							268,559.	0.	30,502.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							268,559.	0.	30,502.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **2**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	8,212,999.				
	g Noncash contributions included in lines 1a-1f: \$		410,576.				
	h Total. Add lines 1a-1f			8,212,999.			
Program Service Revenue	2 a MANAGEMENT FEES	Business Code	561000	37,690.	37,690.		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			37,690.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			565,938.			565,938.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		4,708,056.					
		b Less: cost or other basis and sales expenses		0.			
		c Gain or (loss)		4,708,056.			
	d Net gain or (loss)			4,708,056.			4,708,056.
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses	b				
		c Net income or (loss) from fundraising events					
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code				
11 a RETURNED GRANTS		900099	3,934.	3,934.			
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			3,934.			
12 Total revenue. See instructions.			13,528,617.	41,624.	0.	5,273,994.	

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	3,765,124.	3,765,124.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	37,378.	37,378.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	280,000.	64,000.	114,400.	101,600.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	365,677.	151,274.	156,898.	57,505.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	19,541.	6,515.	8,211.	4,815.
9 Other employee benefits	191,597.	63,880.	80,505.	47,212.
10 Payroll taxes	44,507.	14,839.	18,701.	10,967.
11 Fees for services (non-employees):				
a Management				
b Legal	7,263.		7,263.	
c Accounting	21,578.		21,578.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	196,810.		196,810.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	35,755.			35,755.
13 Office expenses	26,467.	539.	17,309.	8,619.
14 Information technology	103,502.	55,347.	22,349.	25,806.
15 Royalties				
16 Occupancy	76,652.	15,675.	47,141.	13,836.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	31,953.	6,948.	2,363.	22,642.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	22,882.	7,629.	9,615.	5,638.
23 Insurance	4,524.		4,524.	
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 MAINTENANCE	11,734.		11,734.	
b UTILITIES	11,344.	3,782.	4,766.	2,796.
c PARKING AND MILEAGE	9,427.	3,143.	3,961.	2,323.
d LICENSES AND FEES	2,405.		2,405.	
e All other expenses	2,487.	100.	2,312.	75.
25 Total functional expenses. Add lines 1 through 24e	5,268,607.	4,196,173.	732,845.	339,589.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

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	140,308.	1	513,044.
	2 Savings and temporary cash investments	2,347,526.	2	3,796,936.
	3 Pledges and grants receivable, net	136,773.	3	22,812.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	24,179.	9	36,559.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 192,033.		
	b Less: accumulated depreciation	10b 94,572.	10c	97,461.
	11 Investments - publicly traded securities	37,137,282.	11	42,797,055.
	12 Investments - other securities. See Part IV, line 11	17,402,094.	12	14,941,939.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	1,175,465.	15	1,099,041.
16 Total assets. Add lines 1 through 15 (must equal line 34)	58,410,200.	16	63,304,847.	
Liabilities	17 Accounts payable and accrued expenses	21,106.	17	50,878.
	18 Grants payable	883,202.	18	1,124,048.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	685,243.	25	404,249.
	26 Total liabilities. Add lines 17 through 25	1,589,551.	26	1,579,175.
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	55,043,421.	27	60,377,457.
	28 Temporarily restricted net assets	1,777,228.	28	1,348,215.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	56,820,649.	33	61,725,672.	
34 Total liabilities and net assets/fund balances	58,410,200.	34	63,304,847.	

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	13,528,617.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,268,607.
3	Revenue less expenses. Subtract line 2 from line 1	3	8,260,010.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	56,820,649.
5	Net unrealized gains (losses) on investments	5	-3,215,662.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-139,325.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	61,725,672.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2014)

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.

OMB No. 1545-0047

2014

Open to Public Inspection

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

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

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box 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 or IRC section (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		
Total						

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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,604,245.	5,652,144.	2,477,008.	3,603,384.	8,212,999.	22,549,780.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3	2,604,245.	5,652,144.	2,477,008.	3,603,384.	8,212,999.	22,549,780.
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)						1,930,854.
6 Public support. Subtract line 5 from line 4.						20,618,926.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	2,604,245.	5,652,144.	2,477,008.	3,603,384.	8,212,999.	22,549,780.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...	887,772.	1,098,899.	707,870.	556,976.	565,938.	3,817,455.
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	1,865.	25,585.	735.	29,071.	3,934.	61,190.
11 Total support. Add lines 7 through 10						26,428,425.
12 Gross receipts from related activities, etc. (see instructions)					12	1,754,140.
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 2014 (line 6, column (f) divided by line 11, column (f))	14	78.02 %
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	66.26 %
16a 33 1/3% support test - 2014. 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 - 2013. 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 - 2014. 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 - 2013. 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 2014 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2014. 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 - 2013. 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 on 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 (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) 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 IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</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).</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 9(a)) 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 9(a)) 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 IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer (b) 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. 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, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) 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

- 1 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	
7	<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) 2014

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 2014 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-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2014:			
a			
b			
c			
d			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2014 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2015. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c			
d Excess from 2013			
e Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2014

Open to Public Inspection

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	83	19
2 Aggregate value of contributions to (during year)	1,455,423.	6,146,034.
3 Aggregate value of grants from (during year)	2,517,036.	299,602.
4 Aggregate value at end of year	18,826,264.	8,806,316.

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space
- 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
- | | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register | 2d |
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- 4 Number of states where property subject to conservation easement is located ▶ _____
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No
- 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
 (i) Revenue included in Form 990, Part VIII, line 1 ▶ \$ _____
 (ii) Assets included in Form 990, Part X ▶ \$ _____
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
 a Revenue included in Form 990, Part VIII, line 1 ▶ \$ _____
 b Assets included in Form 990, Part X ▶ \$ _____

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

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

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

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

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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, 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 in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	43,445,071.	40,925,381.	38,123,624.	39,835,291.	35,619,101.
b Contributions	418,500.	791,645.	609,419.	760,576.	801,598.
c Net investment earnings, gains, and losses	1,386,344.	4,105,116.	4,312,022.	-683,296.	5,413,004.
d Grants or scholarships	1,431,616.	1,545,818.	1,139,614.	990,749.	1,152,319.
e Other expenditures for facilities and programs					
f Administrative expenses	756,409.	831,253.	980,070.	798,198.	846,093.
g End of year balance	43,061,890.	43,445,071.	40,925,381.	38,123,624.	39,835,291.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment 100.00 %
- c Temporarily restricted endowment _____ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

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

	Yes	No
(i) unrelated organizations		X
(ii) related organizations		X
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to 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		19,641.	255.	19,386.
d Equipment		172,392.	94,317.	78,075.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				97,461.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to 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, &		
(B) ALTERNATIVE INVESTMENTS	14,941,939.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	14,941,939.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to 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. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" to 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" to 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 INTEREST	
(3) AGREEMENTS	404,249.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	404,249.

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 XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	10,186,790.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-2,321,706.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	421,127.
e	Add lines 2a through 2d	2e	-1,900,579.
3	Subtract line 2e from line 1	3	12,087,369.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	1,441,248.
c	Add lines 4a and 4b	4c	1,441,248.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	13,528,617.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	5,123,952.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	380,764.
e	Add lines 2a through 2d	2e	380,764.
3	Subtract line 2e from line 1	3	4,743,188.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	525,419.
c	Add lines 4a and 4b	4c	525,419.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	5,268,607.

Part XIII Supplemental Information.

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

PART V, LINE 4:

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

PART X, LINE 2:

THE FOUNDATION IS SUBJECT TO THE ACCOUNTING STANDARDS ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, WHICH ADDRESSES THE DETERMINATION OF WHETHER TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN THE FINANCIAL STATEMENTS. MANAGEMENT EVALUATED THE TAX POSITIONS FOR THE FOUNDATION AND CONCLUDED THAT THE FOUNDATION HAS TAKEN NO UNCERTAIN INCOME TAX POSITIONS THAT REQUIRE ADJUSTMENTS TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE. THE

Part XIII Supplemental Information (continued)

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	135,337.
CHANGE IN VALUE OF CHARITABLE REMAINDER TRUST	-138,724.
REVENUE RELATED TO THE N. DONALD DIEBEL, JR., MD GOOD SAMARITAN FUND, INC	12,054.
REVENUE RELATED TO THE LAKE COMMUNITY FOUNDATION, INC.	101,001.
REVENUE RELATED TO THE ISLEWORTH COMMUNITY TRUST, INC.	3,000.
REVENUE RELATED TO THE 1904 FOUNDATION	308,459.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	421,127.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

FUNDS HELD FOR AGENCIES CONTRIBUTIONS	92,927.
FUNDS HELD FOR AGENCIES INTEREST AND DIVIDENDS	118,050.
FUNDS HELD FOR AGENCIES ON REALIZED GAINS	1,231,172.
OTHER INCOME RETURNED GRANTS	-901.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	1,441,248.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

EXPENSE RELATED TO THE N. DONALD DIEBEL, JR., MD GOOD SAMARITAN FUND, INC	7,431.
EXPENSE RELATED TO THE LAKE COMMUNITY FOUNDATION, INC.	239,118.
EXPENSE RELATED TO THE ISLEWORTH COMMUNITY TRUST, INC.	3,098.
EXPENSE RELATED TO THE 1904 FOUNDATION	131,117.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	380,764.

Part XIII Supplemental Information *(continued)*

PART XII, LINE 4B - OTHER ADJUSTMENTS:

FEEs RELATED TO MANAGING FUNDS HELD FOR AGENCIES & AGENCY

AUTHORIZED GRANTS 525,419.

Multiple horizontal lines for supplemental information.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ 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.

OMB No. 1545-0047

2014

Open to Public Inspection

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
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		10,346,115.
3 a Sub-total	0	0			10,346,115.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			10,346,115.

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)

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)

Part IV Foreign Forms

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

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; 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 file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* Yes No

Schedule F (Form 990) 2014

Part V Supplemental Information

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

Multiple horizontal lines for supplemental information.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2014

**Open to Public
Inspection**

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" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
A GIFT FOR TEACHERS, INC. 6501 MAGIC WAY, BUILDING 400C ORLANDO, FL 32809	59-3515162	501(C)(3)	51,933.	0.			PENCIL BOY EXPRESS, OPERATING SUPPORT
ACCESSIBLE SOLUTIONS AT AVALON PARK, INC. - 661 HIGHLAND DRIVE, - ALTAMONTE SPRINGS, FL 32701	86-1113333	501(C)(3)	8,000.	0.			OPERATING SUPPORT
AMERICAN CANCER SOCIETY P.O. BOX 720366 OKLAHOMA CITY, OK 73162	13-1788491	501(C)(3)	6,792.	0.			OPERATING SUPPORT
AMERICAN LUNG ASSOCIATION OF THE SOUTHEAST - 851 OUTER ROAD - ORLANDO, FL 32814	59-0662271	501(C)(3)	7,700.	0.			OPERATING SUPPORT, TECHNOLOGY FOR COMMUNITY PRESENTATION
BACH FESTIVAL SOCIETY OF WINTER PARK, INC. - 1000 HOLT AVE - 2763 ROLLINS COLLEGE - WINTER PARK, FL 32789-4499	59-6015959	501(C)(3)	10,377.	0.			OPERATING SUPPORT, "GOT BACH" PROGRAM, CHILDREN'S ARTS PROGRAMS
BETA CENTER, INC. 4680 LAKE UNDERHILL ROAD ORLANDO, FL 32807	23-7446558	501(C)(3)	18,118.	0.			CHILDCARE STIPENDS, NURTURING PARENTING PROGRAM, OPERATING SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **94.**

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

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

Schedule I (Form 990) (2014)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BIG BROTHERS BIG SISTERS OF CENTRAL FLORIDA - 807 S. ORLANDO AVE, SUITE L - WINTER PARK, FL 32789	59-6555007	501(C)(3)	38,000.	0.			FUNDRAISING PLAN, CREATION OF OUTREACH MATERIALS, SUPPORT FOR AN OUTREACH COORDINATOR,
BLUEFIELD COLLEGE 3000 COLLEGE AVE. BLUEFIELD, VA 24605	54-0568200	501(C)(3)	11,922.	0.			OPERATING SUPPORT
BORN TO FLY INTERNATIONAL PO BOX 952949 LAKE MARY, FL 32795	51-0456601	501(C)(3)	25,000.	0.			OPERATING SUPPORT
BOY SCOUTS OF AMERICA CENTRAL FLORIDA COUNCIL - 1951 S. ORANGE BLOSSOM TRAIL - APOPKA, FL 32703-7747	59-0624376	501(C)(3)	8,000.	0.			OPERATING SUPPORT
BOYS & GIRLS CLUBS OF CENTRAL FLORIDA - 101 E. COLONIAL DRIVE - ORLANDO, FL 32801	59-0951887	501(C)(3)	16,720.	0.			OPERATING SUPPORT, TECHNOLOGY FOR WALT DISNEY WORLD BRANCH
CAT PROTECTION SOCIETY, INC. P.O. BOX 1078 SORRENTO, FL 32776-1078	59-3413294	501(C)(3)	37,918.	0.			OPERATING SUPPORT
CENTRAL FLORIDA YOUNG MEN'S CHRISTIAN ASSOCIATION - 433 N. MILLS AVENUE - ORLANDO, FL 32803	59-0624430	501(C)(3)	35,000.	0.			SCHOLARSHIPS FOR CHILD SWIMMING SAFTEY PROGRAM, CAPITAL CAMPAIGN SUPPORT
CENTRAL FLORIDA ZOOLOGICAL SOCIETY, INC. - P. O. BOX 470309 - LAKE MONROE, FL 32747-0309	59-1357197	501(C)(3)	12,610.	0.			OPERATING SUPPORT
CHELONIAN RESEARCH INSTITUTE 402 SOUTH CENTRAL AVENUE OVIEDO, FL 32765	59-3661056	501(C)(3)	10,000.	0.			EDUCATION

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COALITION FOR THE HOMELESS OF CENTRAL FLORIDA, INC. - 639 WEST CENTRAL BLVD. - ORLANDO, FL 32801-2507	59-2814255	501(C)(3)	41,740.	0.			DAYCARE SERVICES, WOMEN'S RESIDENTIAL COUNSELING CENTER, OPERATING SUPPORT, BREAKFAST
COMMUNITY COMMUNICATIONS, INC. (WMFE) - 11510 EAST COLONIAL DRIVE - ORLANDO, FL 32817	59-6155012	501(C)(3)	20,360.	0.			OPERATING SUPPORT
COMMUNITY COORDINATED CARE FOR CHILDREN, INC. - 3500 WEST COLONIAL DRIVE - ORLANDO, FL 32808	59-1371754	501(C)(3)	219,047.	0.			OPERATING SUPPORT, CHILDCARE ENROLLMENT SERVICES, SUBSIDY MANAGEMENT AND CHILD
COMMUNITY VISION, INC. 111 E. MONUMENT AVENUE, #401 KISSIMMEE, FL 34741	59-2896657	501(C)(3)	42,315.	0.			OPERATING SUPPORT
CORNERSTONE HOSPICE & PALLIATIVE CARE - 2445 LANE PARK RD - TAVARES, FL 32778	59-2330114	501(C)(3)	7,486.	0.			HOSPICE CARE CERTIFICATION TRAINING
DR. PHILLIPS CENTER FOR THE PERFORMING ARTS - 155 E. ANDERSON STREET - ORLANDO, FL 32801	20-0695917	501(C)(3)	641,315.	0.			OPERATING SUPPORT
DR. PHILLIPS HIGH SCHOOL 6500 TURKEY LAKE ROAD ORLANDO, FL 32819		GOVERNMENT	5,000.	0.			THEATER MAGNET PROGRAM
EARLY LEARNING COALITION OF ORANGE COUNTY - P O BOX 540387 - ORLANDO, FL 32854	31-1759186	501(C)(3)	45,593.	0.			BABY INSTITUTE PROGRAM
EASTER SEALS FLORIDA, INC. 2010 MIZELL AVENUE WINTER PARK, FL 32792-4119	59-0637848	501(C)(3)	11,111.	0.			TECHNOLOGY AND ELECTRONICS, PAINT AND SUPPLIES, STAFF TRAINING FOR THE DAY BREAK THE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EDGEWOOD CHILDREN'S RANCH 1451 EDGEWOOD RANCH ROAD ORLANDO, FL 32835	59-1150182	501(C)(3)	28,360.	0.			OPERATING SUPPORT, SUPPLIES FOR PROJECTS WITH KIDS
EUGENE EDUCATION FOUNDATION P.O. BOX 1015 EUGENE, OR 97440	93-1128220	501(C)(3)	5,000.	0.			STAFFING FOR ADAMS ELEMENTARY SCHOOL
FIRST CHURCH OF CHRIST SCIENTIST 210 MASSACHUSETTS AVENUE PO5-10 BOSTON, MA 02115-3195	04-2254742	501(C)(3)	7,211.	0.			OPERATING SUPPORT
FIRST PRESBYTERIAN CHURCH OF ORLANDO - 106 EAST CHURCH ST. - ORLANDO, FL 32801	59-0624394	501(C)(3)	28,250.	0.			OPERATING SUPPORT, ARISE & BUILD CAMPAIGN
FLORIDA AFTER SCHOOL ALLIANCE, INC. - P.O. BOX 5614 - PLANT CITY, FL 33563	59-3062864	501(C)(3)	5,687.	0.			OPERATING SUPPORT
FLORIDA COUNSELING FOUNDATION INC. 258 WILSHIRE BLVD. CASSELBERRY, FL 32707		501(C)(3)	5,000.	0.			CHRISTIAN COUNSELING
FLORIDA OPERA THEATRE, INC. P.O. BOX 547937 ORLANDO, FL 32854	27-0406958	501(C)(3)	5,390.	0.			SUMMER CAMP FOR HIGH SCHOOL AND COLLEGE STUDENTS, OPERATING SUPPORT
FLORIDA PHILANTHROPIC NETWORK 1211 N. WESTSHORE BOULEVARD, SUITE TAMPA, FL 33607	20-1328734	501(C)(3)	6,750.	0.			SPONSORSHIP OF A PARTIAL SCHOLARSHIP TO ANNUAL SUMMIT, OPERATING SUPPORT, MEMBERSHIP
FLORIDA SYMPHONY YOUTH ORCHESTRA, INC - P.O. BOX 2328 - WINTER PARK, FL 32790-2328	59-2225301	501(C)(3)	9,807.	0.			OPERATING SUPPORT, VIOLINS TO BE USED FOR LOW INCOME YOUTH AND MAINTENANCE COSTS,

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOOD FOR THE POOR, INC. 6401 LYONS RD. COCONUT CREEK, FL 33073	59-2174510	501(C)(3)	32,000.	0.			OPERATING SUPPORT
FOUNDATION FOR BUILDING COMMUNITY, INC. - 75 SOUTH IVANHOE BOULEVARD - ORLANDO, FL 32804	59-3678634	501(C)(3)	27,800.	0.			INVESTMENT IN CENTRAL FLORIDA PARTNERSHIP, YOUNG ENTREPRENEURS ACADEMY PROGRAM
FOUNDATION FOR FOSTER CHILDREN 2265 LEE RD., STE. 203 WINTER PARK, FL 32789	26-1682601	501(C)(3)	26,650.	0.			OPERATING SUPPORT, FOSTER CARE EDUCATION AND NORMALCY
FOUNDATION FOR OSCEOLA EDUCATION, INC. - 2310 NEW BEGINNINGS ROAD, SUITE 118 - KISSIMMEE, FL 34744	59-2960396	501(C)(3)	98,760.	0.			SCHOLARSHIPS FOR HIGH SCHOOL SENIORS IN OSCEOLA COUNTY
FRIENDS OF THE WEKIVA RIVER P.O. BOX 6196 LONGWOOD, FL 32791		501(C)(3)	6,000.	0.			OPERATING SUPPORT
GIVE WELL COMMUNITY FOUNDATION, INC. - 1501 SOUTH FLORIDA AVENUE - LAKELAND, FL 33803-1152	59-3649871	501(C)(3)	20,434.	0.			FOR MEDICAL, HOSPITAL AND OTHER CARE FOR SICK AND INJURED PERSONS IN THE CITY OF WINTER HAVEN AND
HEART OF FLORIDA UNITED WAY DR. NELSON YING CENTER, 1940 TRAYLOR BOULEVARD - ORLANDO, FL 32804	59-0808854	501(C)(3)	103,066.	0.			OPERATING SUPPORT, DRESS2LEARN
HINDU UNIVERSITY OF AMERICA, INC. 113 N. ECONOLOCKHATCHEE TRAIL ORLANDO, FL 32825	59-2977691	501(C)(3)	50,000.	0.			OPERATING SUPPORT
HOPE COMMUNITY CENTER, INC. 1016 N. PARK AVENUE APOPKA, FL 32712	56-2551312	501(C)(3)	26,000.	0.			SIN FRONTERAS YOUTH GROUP, OPERATING SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOSPICE OF THE COMFORTER INC. 480 WEST CENTRAL BLVD. ALTAMONTE SPRINGS, FL 32714	59-2935928	501(C)(3)	8,450.	0.			COMMUNICATION & CONNECTION PROGRAM TRAINING AND TOOLKITS, VISITING NURSES
LAKE HIGHLAND PREPARATORY SCHOOL 901 N. HIGHLAND AVENUE ORLANDO, FL 32803	59-0624431	501(C)(3)	6,500.	0.			OPERATING SUPPORT
LAKESIDE BEHAVIORAL HEALTHCARE, INC. - 1800 MERCY DRIVE, SUITE 100 - ORLANDO, FL 32808	59-2301233	501(C)(3)	37,000.	0.			NEW VEHICLE, TRANSLATION OF MEDICAL FORMS
LEGACY OF HOPE INTERNATIONAL INC PO BOX 3145 IRMO, SC 29063	55-0850360	501(C)(3)	5,000.	0.			OPERATING SUPPORT
LIBERTY INSTITUTE 2001 W. PLANO PARKWAY, SUITE 1600 PLANO, TX 75075	75-1403169	501(C)(3)	20,000.	0.			OPERATING SUPPORT
MAKE-A-WISH FOUNDATION OF AMERICA 4742 N. 24TH STREET, SUITE 400 PHOENIX, AZ 85016-4862	86-0481941	501(C)(3)	150,150.	0.			TO ESTABLISH AN ENDOWMENT FUND, OPERATING SUPPORT
MARY'S PLACE, INC. 600 E. ALTAMONTE DRIVE, SUITE 1200 ALTAMONTE SPRINGS, FL 32701	30-0436392	501(C)(3)	10,000.	0.			LEAD SPONSOR FOR ANNUAL BANQUET
MAYFLOWER RETIREMENT CENTER INC. 1620 MAYFLOWER COURT WINTER PARK, FL 32792	59-2617174	501(C)(3)	24,421.	0.			MAYFLOWER BENEVOLENT FUND, OPERATING SUPPORT
MAYNARD EVANS HIGH SCHOOL 4949 SILVER STAR RD. ORLANDO, FL 32808		GOVERNMENT	14,000.	0.			HEALTHY SNACKS TO STOCK SNAX CENTERS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEAD BOTANICAL GARDEN INC. P.O. BOX 1227 WINTER PARK, FL 32790	20-0198427	501(C)(3)	21,200.	0.			OPERATING SUPPORT, PROFESSIONAL DEVELOPMENT, MARKETING PLAN
MERIDIAN CLUB OF WINTER PARK SCHOLARSHIP FUND - P.O. BOX 1300 - WINTER PARK, FL 32790	51-0205095	501(C)(3)	6,674.	0.			SCHOLARSHIPS
MIAMI UNIVERSITY 725 CHESTNUT STREET OXFORD, OH 45056	31-6402089	501(C)(3)	5,052.	0.			ORTON K. STARK FUND
MOUNT DORA COMMUNITY TRUST P. O. BOX 1451 MOUNT DORA, FL 32756	23-7227875	501(C)(3)	5,000.	0.			HOOPS LIFE PROGRAM
NEW HOPE FOR KIDS 544 MAYO AVE MAITLAND, FL 32751	59-1791345	501(C)(3)	261,334.	0.			OPERATING SUPPORT, CAPITAL CAMPAIGN
NEW IMAGE YOUTH CENTER 212 S. PARRAMORE AVENUE ORLANDO, FL 32805	56-2482818	501(C)(3)	93,750.	0.			AFTER SCHOOL AND SUMMER PROGRAMS
NORTH COUNTRY ANIMAL LEAGUE 16 MOUNTAIN VIEW MEADOW MORRISVILLE, VT 05661	03-0344067	501(C)(3)	7,000.	0.			BURN THE MORTGAGE CAMPAIGN
ORANGE SEMINOLE FOSTER CHILDREN ASSOCIATION INC. - 5338 N. WOODCREST DRIVE - WINTER PARK, FL 32792	59-3139892	501(C)(3)	5,000.	0.			CHRISTMAS GIFTS FOR FOSTER CHILDREN
ORLANDO BALLET INC. 415 E. PRINCETON ST. ORLANDO, FL 32803	23-7427817	501(C)(3)	8,114.	0.			OPERATING SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ORLANDO COMMUNITY & YOUTH TRUST, INC. - 595 N. PRIMROSE AVENUE - ORLANDO, FL 32803	65-0572536	501(C)(3)	220,858.	0.			YOUTH DEVELOPMENT PROGRAMS, FAMILY ECONOMIC ASSISTANCE, YOUTH SPORTS PROGRAMS, INTENSIVE
ORLANDO DAY NURSERY ASSOCIATION 626 LAKE DOT CIRCLE ORLANDO, FL 32801	59-0651096	501(C)(3)	21,251.	0.			YOUTH TEACHING INTERNS, INSTALLATION OF A NEW CARPET
ORLANDO HEALTH FOUNDATION INC. 3160 SOUTHGATE COMMERCE BLVD., SUITE ORLANDO, FL 32806	59-2244943	501(C)(3)	25,000.	0.			SUPPORT FOR THE ARNOLD PALMER HOSPITAL NEONATAL UNIT
ORLANDO MUSEUM OF ART, INC. 2416 N. MILLS AVENUE ORLANDO, FL 32803-1483	59-0910352	501(C)(3)	12,150.	0.			OPERATING SUPPORT, EDUCATION PROGRAM FOR CHILDREN
ORLANDO PHILHARMONIC ORCHESTRA, INC. - 812 EAST ROLLINS STREET, SUITE 300 - ORLANDO, FL 32803-1203	59-3058884	501(C)(3)	34,591.	0.			CONCERT OPERA SERIES, OPERATING SUPPORT
ORLANDO UNION RESCUE MISSION INC. 1521 W. WASHINGTON STREET ORLANDO, FL 32805	59-1035082	501(C)(3)	24,960.	0.			OPERATING SUPPORT
PATHWAYS DROP IN CENTER, INC P.O. BOX 560942 ORLANDO, FL 32856-0942	59-3180070	501(C)(3)	19,000.	0.			PART-TIME PROJECT MANAGER TO FACILITATE THE DEMOLITION AND REBUILDING OF PATHWAYS PATIENT
PET ALLIANCE OF GREATER ORLANDO, INC. - 2727 CONROY ROAD - ORLANDO, FL 32839	59-0637883	501(C)(3)	25,650.	0.			CALL CENTER SET-UP, OPERATING SUPPORT
PISGAH LEGAL SERVICES P O BOX 2276 ASHEVILLE, NC 28802	56-1191115	501(C)(3)	6,000.	0.			OPERATING SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PREVENT BLINDNESS FLORIDA 800 2ND AVENUE SOUTH, SUITE 390 ST. PETERSBURG, FL 33701	59-6181662	501(C)(3)	6,796.	0.			ASSISTANCE TO NEEDY PEOPLE IN CENTRAL FLORIDA
ROBERT R. MCCORMICK TRIBUNE FOUNDATION - 205 NORTH MICHIGAN AVE., SUITE 4300 - CHICAGO, IL 60601	36-3689171	501(C)(3)	8,000.	0.			SENTINEL FAMILY FUND
ROLLINS COLLEGE 1000 HOLT AVENUE - 2711 WINTER PARK, FL 32789-4499	59-0624440	501(C)(3)	15,483.	0.			OPERATING SUPPORT, WINTER PARK INSTITUTE
SECOND HARVEST FOOD BANK OF CENTRAL FLORIDA, INC. - 411 MERCY DRIVE - ORLANDO, FL 32805	59-2142315	501(C)(3)	8,742.	0.			OPERATING SUPPORT
SENIORS FIRST INC 5395 L.B. MCLEOD ROAD ORLANDO, FL 32811	59-2759603	501(C)(3)	177,804.	0.			OPERATING SUPPORT, IN-HOME SERVICES, EMERGENCY MEALS ON WHEELS, DEVELOPMENT
SHARE THE CARE, INC. 1524 FORMOSA AVE. WINTER PARK, FL 32789	56-2313443	501(C)(3)	40,000.	0.			CAREGIVER.CENTRAL.ORG UPGRADE, PART-TIME SUPPORT STAFF POSITION
SHEPHERD'S HOPE, INC. 4851 S. APOPKA-VINELAND RD. ORLANDO, FL 32819	59-3420727	501(C)(3)	17,615.	0.			OPERATING SUPPORT
STATE UNIVERSITY OF IOWA FOUNDATION - P.O. BOX 4550 - IOWA CITY, IA 52244-4550	42-0796760	501(C)(3)	10,000.	0.			IOWA CHILDREN'S HOSPITAL
SUFFOLK UNIVERSITY OFFICE OF ADVANCEMENT, 8 ASHBURTON BOSTON, MA 02108	04-2133255	501(C)(3)	10,000.	0.			SCHOLARSHIP NEEDS AND CURRICULUM ENHANCEMENT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SUNSYSTEM DEVELOPMENT CORPORATION 550 EAST ROLLINS STREET ORLANDO, FL 32803	59-2219301	501(C)(3)	20,000.	0.			FLORIDA HOSPITAL FOUNDATION FOR SUPPORT OF FLORIDA HOSPITAL CANCER INSTITUTE, SUPPORT OF
SUPPORT EMANUEL UNIVERSITY, INC. 1033 SHINNECOCK HILLS OVIEDO, FL 32765	26-0802150	501(C)(3)	10,000.	0.			EDUCATION, ECONOMIC AND SOCIAL WELFARE OF ROMANIANS
THE GATHERING/USA, INC. 1220 E. CONCORD STREET ORLANDO, FL 32803	59-2810392	501(C)(3)	7,000.	0.			GATHERING OF MEN, GATHERING OF WOMEN, FREDDIE LANGSTON MINISTRY
THE MUSTARD SEED OF CENTRAL FLORIDA INC - 12 MUSTARD SEED LANE - ORLANDO, FL 32810-6271	59-2906383	501(C)(3)	25,000.	0.			MATTRESS RECYCLING PROGRAM
THE NATURE CONSERVANCY IN FLORIDA 222 S. WESTMONTE DR., SUITE 300 ALTAMONTE SPRINGS, FL 32714	53-0242652	501(C)(3)	95,600.	0.			OPERATING SUPPORT
THE PARK CITY FOUNDATION P.O. BOX 681499 PARK CITY, UT 84068	30-0171971	501(C)(3)	10,500.	0.			JOSEPH JAMES MORELLI SCHOLARSHIP FUND
UCP OF CENTRAL FLORIDA, INC. 1221 W COLONIAL DR SUITE 300 ORLANDO, FL 32804	59-0799925	501(C)(3)	6,692.	0.			CARE AND TRAINING OF THE CHILDREN ENROLLED AND WHO ATTEND
UNITED ARTS OF CENTRAL FLORIDA, INC. - 2450 MAITLAND CENTER PARKWAY, SUITE 201 - MAITLAND, FL 32751	59-1166446	501(C)(3)	8,360.	0.			OPERATING SUPPORT, BACH FESTIVAL SOCIETY, ORLANDO SCIENCE CENTER, MARKETING AND SALES EFFORTS,
UNIVERSITY OF CENTRAL FLORIDA FOUNDATION, INC. - 12424 RESEARCH PARKWAY, SUITE 250 - ORLANDO, FL 32826	59-6211832	501(C)(3)	50,000.	0.			UCF COLLEGE OF MEDICINE'S MEDICAL STUDENT SCHOLARSHIP PROGRAM, SCHOLARSHIP FOR THE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
URBAN THINK! FOUNDATION INC. P.O. BOX 533709 ORLANDO, FL 32853	26-2534274	501(C)(3)	12,500.	0.			AFTER SCHOOL HOMEWORK ROOM WHICH PROVIDES ACADEMIC TUTORING
WASHINGTON IOWA BETTERMENT FOUNDATION - P.O. BOX 22 - WASHINGTON, IA 52353	42-1444876	501(C)(3)	15,500.	0.			WASHINGTON HIGH SCHOOL AUDITORIUM PROJECT
WESTSIDE ELEMENTARY SCHOOL 1210 JIMMY ANN DRIVE DAYTONA BEACH, FL 32117		GOVERNMENT	7,000.	0.			EARLY ACT GARDEN
WESTSIDE ELEMENTARY SCHOOL PTA 1210 JIMMY ANN DRIVE DAYTONA BEACH, FL 32117	59-1856879	501(C)(3)	12,000.	0.			IRRIGATION SYSTEM FOR EARLY ACT GARDEN, EARLY ACT GARDEN
WINTER PARK LIBRARY ASSN. 460 E. NEW ENGLAND AVENUE WINTER PARK, FL 32789	59-0794396	501(C)(3)	33,506.	0.			OPERATING SUPPORT
WINTER PARK MEMORIAL HOSPITAL 200 N. LAKEMONT AVENUE WINTER PARK, FL 32792	59-3143908	501(C)(3)	58,094.	0.			OPERATING SUPPORT, HELP AND ASSISTANCE OF THE AFRICAN-AMERICAN POPULATION OF THE CITY OF
WOMAN'S CLUB OF WINTER PARK SCHOLARSHIP FUND - P.O. BOX 1433 - WINTER PARK, FL 32790	23-7010314	501(C)(3)	23,360.	0.			OPERATING SUPPORT

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
EDUCATION	54	37,378.	0.		EDUCATIONAL SCHOLARSHIPS

Part IV Supplemental Information. 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 II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT:

Part IV Supplemental Information

BIG BROTHERS BIG SISTERS OF CENTRAL FLORIDA

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDRAISING PLAN, CREATION OF OUTREACH MATERIALS, SUPPORT FOR AN OUTREACH COORDINATOR, UPDATE OF WEBSITE

NAME OF ORGANIZATION OR GOVERNMENT:

COALITION FOR THE HOMELESS OF CENTRAL FLORIDA, INC.

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

NAME OF ORGANIZATION OR GOVERNMENT:

COMMUNITY COORDINATED CARE FOR CHILDREN, INC.

(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: EASTER SEALS FLORIDA, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TECHNOLOGY AND ELECTRONICS, PAINT AND SUPPLIES, STAFF TRAINING FOR THE DAY BREAK THE MILLER CENTER, OPERATING SUPPORT

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: FLORIDA SYMPHONY YOUTH ORCHESTRA, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: OPERATING SUPPORT, VIOLINS TO BE USED FOR LOW INCOME YOUTH AND MAINTENANCE COSTS, SCHOLARSHIPS

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: GIVE WELL 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

NAME OF ORGANIZATION OR GOVERNMENT: HOSPICE OF THE COMFORTER INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: COMMUNICATION & CONNECTION PROGRAM TRAINING AND TOOLKITS, VISITING NURSES ASSOCIATION OF AMERICA CLINICAL PROCEDURE MANUAL

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

NAME OF ORGANIZATION OR GOVERNMENT: PATHWAYS DROP IN CENTER, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: PART-TIME PROJECT MANAGER TO FACILITATE THE DEMOLITION AND REBUILDING OF PATHWAYS PATIENT RECREATION CENTER

NAME OF ORGANIZATION OR GOVERNMENT: SENIORS FIRST INC

(H) PURPOSE OF GRANT OR ASSISTANCE: OPERATING SUPPORT, IN-HOME SERVICES, EMERGENCY MEALS ON WHEELS, DEVELOPMENT POSITION, GUARDIANSHIP WARDS EXPENSES

NAME OF ORGANIZATION OR GOVERNMENT: SUNSYSTEM DEVELOPMENT CORPORATION

(H) PURPOSE OF GRANT OR ASSISTANCE: FLORIDA HOSPITAL FOUNDATION FOR

Part IV Supplemental Information

SUPPORT OF FLORIDA HOSPITAL CANCER INSTITUTE, SUPPORT OF PEDIATRIC DERMATOLOGY

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

(H) PURPOSE OF GRANT OR ASSISTANCE: OPERATING SUPPORT, BACH FESTIVAL SOCIETY, ORLANDO SCIENCE CENTER, MARKETING AND SALES EFFORTS, INCREASE AWARENESS OF AND ENGAGEMENT IN CENTRAL FLORIDA'S ARTS AND CULTURAL OFFERINGS FROM RESIDENTS AND VISITORS

NAME OF ORGANIZATION OR GOVERNMENT:

UNIVERSITY OF CENTRAL FLORIDA FOUNDATION, INC.

(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)

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)**

Compensation Information

OMB No. 1545-0047

2014

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

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 in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> 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 in 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 in 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 in 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" to line 6a or 6b, describe in Part III.

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

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

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
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2014

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 in 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 in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MARK BREWER PRESIDENT/CEO	(i)	154,568.	0.	0.	0.	15,905.	170,473.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2014

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	5	410,576.	AVERAGE FMV ON GIFT
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (_____)				
26	Other ▶ (_____)				
27	Other ▶ (_____)				
28	Other ▶ (_____)				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 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.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2014)

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.

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

OMB No. 1545-0047

2014

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 2015 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.

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

CHANGE IN VALUE - SPLIT INTEREST AGREEMENT -139,325.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

2014

Open to Public
Inspection

Name of the organization **CENTRAL FLORIDA FOUNDATION INC.** 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
COMMUNITY FOUNDATION OF CENTRAL FLORIDA LLC 800 NORTH MAGNOLIA AVENUE, SUITE 1200 ORLANDO, FL 32803	SUPPORT CENTRAL FLORIDA FOUNDATION	FLORIDA	0.	0.	CENTRAL FLORIDA FOUNDATION, INC.

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
N. DONALD DIEBEL, JR. M.D. GOOD SAMARITAN FUND, INC. - 20-0050131, 1150 VIA LUGANO, WINTER PARK, FL 32789	TO SUPPORT THE CENTRAL FLORIDA FOUNDATION	FLORIDA	501C3	509A3 - I	CENTRAL FLORIDA FOUNDATION, INC.	X	
ISLEWORTH COMMUNITY TRUST, INC. - 20-3507903 9350 CONROY WINDERMERE ROAD WINDERMERE, FL 34786	TO SUPPORT THE CENTRAL FLORIDA FOUNDATION	FLORIDA	501C3	509A3 - I	CENTRAL FLORIDA FOUNDATION, INC.	X	
LAKE COMMUNITY FOUNDATION, INC. - 51-0497006 PO BOX 1060 EUSTIS, FL 32727	TO SUPPORT THE CENTRAL FLORIDA FOUNDATION	FLORIDA	501C3	509A3 - I	CENTRAL FLORIDA FOUNDATION, INC.	X	
1904 FOUNDATION, INC. - 06-1669947 PO BOX 40 WINTER PARK, FL 32790	TO SUPPORT THE CENTRAL FLORIDA FOUNDATION	FLORIDA	501C3	509A3 - I	CENTRAL FLORIDA FOUNDATION, INC.	X	

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

Schedule R (Form 990) 2014

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	

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

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		0.	
(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 sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate 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	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions).

Multiple horizontal lines for supplemental information.