

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2023

Open to Public Inspection

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

A For the **2023** calendar year, or tax year beginning 05/01/2023 and ending 04/30/2024

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 <u>CENTRAL FLORIDA FOUNDATION</u>		D Employer identification number <u>59-3182886</u>
	Doing business as		E Telephone number <u>(407) 872-3050</u>
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <u>800 NORTH MAGNOLIA AVE</u> <u>1700</u>		
	City or town, state or province, country, and ZIP or foreign postal code <u>ORLANDO, FL 32803</u>		G Gross receipts \$ <u>30,321,742.</u>
	F Name and address of principal officer: <u>MARK BREWER</u> <u>SAME AS "C" ABOVE</u>		

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.

I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	H(c) Group exemption number
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J Website: <u>WWW.CFFFOUND.ORG</u>	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: <u>1993</u>	M State of legal domicile: <u>FL</u>
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Part I Summary

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) <u>3</u>	<u>20</u>
4 Number of independent voting members of the governing body (Part VI, line 1b) <u>4</u>	<u>19</u>
5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) <u>5</u>	<u>11</u>
6 Total number of volunteers (estimate if necessary) <u>6</u>	<u>205</u>
7a Total unrelated business revenue from Part VIII, column (C), line 12 <u>7a</u>	<u>NONE</u>
7b Net unrelated business taxable income from Form 990-T, Part I, line 11 <u>7b</u>	<u>NONE</u>

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h) <u>8</u>	<u>12,513,848.</u>	<u>5,862,447.</u>
9 Program service revenue (Part VIII, line 2g) <u>9</u>	<u>15,000.</u>	<u>18,500.</u>
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) <u>10</u>	<u>1,589,580.</u>	<u>3,245,620.</u>
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <u>11</u>	<u>12,352.</u>	<u>60,737.</u>
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) <u>12</u>	<u>14,130,780.</u>	<u>9,187,304.</u>
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) <u>13</u>	<u>16,201,124.</u>	<u>9,613,124.</u>
14 Benefits paid to or for members (Part IX, column (A), line 4) <u>14</u>	<u>NONE</u>	<u>NONE</u>
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <u>15</u>	<u>1,314,337.</u>	<u>1,443,619.</u>
16a Professional fundraising fees (Part IX, column (A), line 11e) <u>16a</u>	<u>NONE</u>	<u>NONE</u>
b Total fundraising expenses (Part IX, column (D), line 25) <u>475,807.</u>		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) <u>17</u>	<u>971,574.</u>	<u>1,086,039.</u>
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <u>18</u>	<u>18,487,035.</u>	<u>12,142,782.</u>
19 Revenue less expenses. Subtract line 18 from line 12 <u>19</u>	<u>-4,356,255.</u>	<u>-2,955,478.</u>
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16) <u>20</u>	<u>109,298,964.</u>	<u>98,712,106.</u>
21 Total liabilities (Part X, line 26) <u>21</u>	<u>6,064,932.</u>	<u>2,693,740.</u>
22 Net assets or fund balances. Subtract line 21 from line 20. <u>22</u>	<u>103,234,032.</u>	<u>96,018,366.</u>

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 <u>MARK BREWER</u>	Date <u>PRESIDENT/CEO</u>
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name <u>JACOB COOK</u>	Preparer's signature <u>JACOB COOK</u>	Date <u>08/30/2024</u>	Check <input type="checkbox"/> if self-employed	PTIN <u>P01240455</u>
	Firm's name <u>BDO USA</u>	Firm's EIN <u>13-5381590</u>	Phone no. <u>616-774-7000</u>		
	Firm's address <u>200 OTTAWA AVE NW STE 300 GRAND RAPIDS, MI 49503</u>				

May the IRS discuss this return with the preparer shown above? See instructions. Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2023)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

AS OUR REGION'S COMMUNITY FOUNDATION, CENTRAL FLORIDA FOUNDATION SERVES AS A LAUNCHPAD FOR HIGH-IMPACT PHILANTHROPY THROUGH THE COLLECTIVE POWER OF HEAD, HEART AND DOLLAR, TARGETING TODAY'S MOST CRITICAL CHALLENGES.

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 [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] 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 \$ 10,075,516. including grants of \$ 9,613,124.) (Revenue \$ 18,500.)

THE FOUNDATION GAVE GRANTS TO 376 NONPROFITS FOR A VARIETY OF CHARITABLE PURPOSES IN CENTRAL FLORIDA AND ACROSS THE UNITED STATES. THESE GRANTS HELP TO ADDRESS A VARIETY OF AREAS FROM THE DAY TO DAY OPERATING NEEDS OF NONPROFITS ALL THE WAY TO ADDRESSING THE ROOT CAUSES OF THE MOST PRESSING SOCIAL ISSUES IN CENTRAL FLORIDA. THE GRANT-MAKING PROGRAM INCLUDES AWARDED SCHOLARSHIPS TO STUDENTS FURTHERING THEIR EDUCATION THROUGH TECHNICAL AND CAREER EDUCATION, UNDERGRADUATE AND GRADUATE PROGRAMS LOCALLY AND BEYOND.

4b (Code:) (Expenses \$ 577,248. including grants of \$) (Revenue \$)

THE FOUNDATION STEWARDS CHARITABLE FUNDS FOR INDIVIDUALS, FAMILIES, BUSINESSES, GOVERNMENTS AND ORGANIZATIONS TO HELP THEM ADDRESS THE SOCIAL ISSUES THAT MATTER MOST TO THEM IN CENTRAL FLORIDA AND BEYOND. THIS PROGRAM ALSO HELPS PEOPLE TO CONSIDER THEIR LEGACY AND HOW IT WILL LIVE ON AFTER THEIR PASSING TO IMPROVE THE QUALITY OF LIFE IN CENTRAL FLORIDA.

4c (Code:) (Expenses \$ 294,144. including grants of \$) (Revenue \$)

RALLY: THE SOCIAL ENTERPRISE ACCELERATOR COMBINES EXPERIENCE, MENTORSHIP, RESOURCES, COMMUNITY, NETWORKING, AND FUNDING TO HELP EARLY-STAGE SOCIAL ENTREPRENEURS DEVELOP THEIR IDEAS AND BUILD SUSTAINABLE VENTURES THAT MAKE A DIFFERENCE IN THE COMMUNITY.

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

(Expenses \$ 95,298. including grants of \$) (Revenue \$)

4e Total program service expenses 11,042,206.

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>	<input checked="" type="checkbox"/>	
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions.	<input checked="" type="checkbox"/>	
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>		<input checked="" type="checkbox"/>
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>	<input checked="" type="checkbox"/>	
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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		<input checked="" type="checkbox"/>
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>	<input checked="" type="checkbox"/>	
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>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	<input checked="" type="checkbox"/>	
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>	<input checked="" type="checkbox"/>	
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>	<input checked="" type="checkbox"/>	
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>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	
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>	<input checked="" type="checkbox"/>	
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>		<input checked="" type="checkbox"/>
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>	<input checked="" type="checkbox"/>	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?		<input checked="" type="checkbox"/>
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>	<input checked="" type="checkbox"/>	
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>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
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. See instructions</i>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	<input checked="" type="checkbox"/>	

Part IV Checklist of Required Schedules (continued)

	Yes	No
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
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d 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
25b 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 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) 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 the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).		
28a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in noncash 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	
35b 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 on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		16
1b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable.		NONE
1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 11		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		X
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17	

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 on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (20), 1b (19), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed FL,
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records. MEGHAN WARRICK, CFO 800 NORTH MAGNOLIA AVENUE, STE 1700 ORLANDO, FL 32803

(407) 872-3050

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) MARK BREWER PRESIDENT/CEO	50.00 NONE	X		X				216,328.	NONE	31,247.
(2) MEGHAN WARRICK EVP/CFO	40.00 NONE			X				131,634.	NONE	18,179.
(3) SANDI VIDAL VP OF COMMUNITY STRATEGIES	45.00 NONE					X		119,860.	NONE	29,660.
(4) NICOLE DONELSON VICE PRESIDENT OF PHILANTHROPY	45.00 NONE					X		127,391.	NONE	18,179.
(5) WAYMON ARMSTRONG CHAIR	2.00 NONE	X		X				NONE	NONE	NONE
(6) JOHN MARTINEZ VICE CHAIR	2.00 NONE	X		X				NONE	NONE	NONE
(7) ASHLEY HILL TREASURER	2.00 NONE	X		X				NONE	NONE	NONE
(8) SHARI DINGLE CONSTANTINI SECRETARY	2.00 NONE	X		X				NONE	NONE	NONE
(9) ACHAL AGGARWAL BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(10) CARLOS CARBONELL BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(11) GITI KHALSA BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(12) SEAN DEMARTINO BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(13) JORGE MARTINEZ BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(14) AVANI DESAI BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE

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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) KARLA MUNIZ (AS OF 05/23) BOARD MEMBER	1.00 NONE	X					NONE	NONE	NONE	
(16) TANYA EASTERLING BOARD MEMBER	1.00 NONE	X					NONE	NONE	NONE	
(17) ROBERT PANEPINTO BOARD MEMBER	1.00 NONE	X					NONE	NONE	NONE	
(18) ROI EWELL BOARD MEMBER	1.00 NONE	X					NONE	NONE	NONE	
(19) KAY RAWLINS BOARD MEMBER	1.00 NONE	X					NONE	NONE	NONE	
(20) EDDIE FERNANDEZ (AS OF 05/23) BOARD MEMBER	1.00 NONE	X					NONE	NONE	NONE	
(21) STEFANIE STEELE (AS OF 05/23) BOARD MEMBER	1.00 NONE	X					NONE	NONE	NONE	
(22) PETER HILERA (AS OF 05/23) BOARD MEMBER	1.00 NONE	X					NONE	NONE	NONE	
(23) REBECCA TRUE BOARD MEMBER	1.00 NONE	X					NONE	NONE	NONE	
1b Sub-total							595,213.	NONE	97,265.	
c Total from continuation sheets to Part VII, Section A							NONE	NONE	NONE	
d Total (add lines 1b and 1c)							595,213.	NONE	97,265.	

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 **4**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		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? If "Yes," complete Schedule J for such individual	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? If "Yes," complete Schedule J for such person		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
CAPFINANCIAL P.O. BOX 600071 RALEIGH, NC 27675	INVESTMENT MGMT	114,970.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **1**

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants, and Other Similar Amounts	1a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions) . .	1e	2,382,500.				
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	3,479,947.				
	g	Noncash contributions included in lines 1a-1f	1g	\$ 258,061.				
	h	Total. Add lines 1a-1f		5,862,447.				
	Program Service Revenue	2a	GRANTMAKING SERVICES REVENUE	Business Code	561000	18,500.	18,500.	
b								
c								
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f			18,500.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			2,092,002.		2,092,002.	
	4	Income from investment of tax-exempt bond proceeds . . .			NONE			
	5	Royalties			NONE			
	6a	Gross rents	6a	(i) Real	(ii) Personal			
	b	Less: rental expenses	6b					
	c	Rental income or (loss)	6c	NONE	NONE			
	d	Net rental income or (loss)				NONE		
	7a	Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other			
	b	Less: cost or other basis and sales expenses . .	7b	21,134,438.				
	c	Gain or (loss)	7c	1,153,618.				
	d	Net gain or (loss)				1,153,618.		
8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a		NONE				
b	Less: direct expenses	8b		NONE				
c	Net income or (loss) from fundraising events				NONE			
9a	Gross income from gaming activities. See Part IV, line 19	9a		NONE				
b	Less: direct expenses	9b		NONE				
c	Net income or (loss) from gaming activities				NONE			
10a	Gross sales of inventory, less returns and allowances	10a		NONE				
b	Less: cost of goods sold	10b		NONE				
c	Net income or (loss) from sales of inventory				NONE			
Miscellaneous Revenue	11a	EVENTS INCOME	Business Code	900099	717.		717.	
	b	OTHER OPERATING INCOME		900099	33,860.		33,860.	
	c	INTEREST EARNED ON LOANS		900099	7,150.		7,150.	
	d	All other revenue			19,010.		19,010.	
	e	Total. Add lines 11a-11d			60,737.			
12	Total revenue. See instructions				9,187,304.	18,500.	3,306,357.	

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	9,439,654.	9,439,654.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	173,470.	173,470.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	NONE			
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	634,692.	347,537.	122,273.	164,882.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	454,785.	224,979.	122,758.	107,048.
7 Other salaries and wages	NONE			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	39,287.	20,645.	8,836.	9,806.
9 Other employee benefits	238,091.	125,116.	53,548.	59,427.
10 Payroll taxes	76,764.	40,339.	17,265.	19,160.
11 Fees for services (nonemployees):				
a Management	NONE			
b Legal	NONE			
c Accounting	35,761.		35,761.	
d Lobbying	3,375.		3,375.	
e Professional fundraising services. See Part IV, line 17	NONE			
f Investment management fees	280,578.	280,578.		
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	220,546.	220,546.		
12 Advertising and promotion	63,952.	5,527.		58,425.
13 Office expenses	86,980.	41,355.	40,966.	4,659.
14 Information technology.	105,348.	56,728.	25,315.	23,305.
15 Royalties.	NONE			
16 Occupancy	139,756.	17,415.	115,359.	6,982.
17 Travel	NONE			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	34,613.	21,270.	6,567.	6,776.
20 Interest	NONE			
21 Payments to affiliates.	NONE			
22 Depreciation, depletion, and amortization	27,924.	14,674.	6,280.	6,970.
23 Insurance	23,034.		23,034.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a LICENSES AND FEES	15,910.	NONE	15,910.	NONE
b DUES & SUBSCRIPTIONS	12,199.	550.	10,095.	1,554.
c MAINTENANCE	8,015.	NONE	8,015.	NONE
d PARKING AND MILEAGE	13,476.	6,355.	4,237.	2,884.
e All other expenses _____	14,572.	5,468.	5,175.	3,929.
25 Total functional expenses. Add lines 1 through 24e	12,142,782.	11,042,206.	624,769.	475,807.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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	990,410.	1	5,564,381.
	2 Savings and temporary cash investments	5,724,228.	2	1,606,255.
	3 Pledges and grants receivable, net	2,868,598.	3	1,138,460.
	4 Accounts receivable, net	NONE	4	NONE
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	NONE	5	NONE
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	NONE	6	NONE
	7 Notes and loans receivable, net	NONE	7	NONE
	8 Inventories for sale or use	NONE	8	NONE
	9 Prepaid expenses and deferred charges	1,051.	9	11,812.
	10 a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 143,680.		
	b Less: accumulated depreciation	10b 74,899.		
	11 Investments - publicly traded securities.	85,198.	10c	68,781.
	12 Investments - other securities. See Part IV, line 11	82,545,732.	11	74,642,092.
	13 Investments - program-related. See Part IV, line 11.	641,385.	12	14,434,907.
	14 Intangible assets	15,522,111.	13	445,180.
	15 Other assets. See Part IV, line 11	NONE	14	NONE
16 Total assets. Add lines 1 through 15 (must equal line 33)	920,251.	15	800,238.	
Liabilities	17 Accounts payable and accrued expenses	109,298,964.	16	98,712,106.
	18 Grants payable	101,536.	17	117,504.
	19 Deferred revenue	4,977,049.	18	1,727,381.
	20 Tax-exempt bond liabilities	NONE	19	NONE
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	20	NONE
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	NONE	21	NONE
	23 Secured mortgages and notes payable to unrelated third parties	NONE	22	NONE
	24 Unsecured notes and loans payable to unrelated third parties.	NONE	23	NONE
	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	986,347.	24	NONE
	26 Total liabilities. Add lines 17 through 25.	6,064,932.	25	848,855.
Net Assets or Fund Balances	27 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. <input checked="" type="checkbox"/>	6,064,932.	26	2,693,740.
	27 Net assets without donor restrictions	100,772,381.	27	95,149,355.
	28 Net assets with donor restrictions.	2,461,651.	28	869,011.
	29 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. <input type="checkbox"/>			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	103,234,032.	32	96,018,366.	
33 Total liabilities and net assets/fund balances	109,298,964.	33	98,712,106.	

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	9,187,304.
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,142,782.
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,955,478.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	103,234,032.
5	Net unrealized gains (losses) on investments	5	-4,270,158.
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 on Schedule O)	9	9,970.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	96,018,366.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?
- 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 on Schedule O and describe any steps taken to undergo such audits

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

Form **990** (2023)

**SCHEDULE A
(Form 990)**

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Name of the organization

CENTRAL FLORIDA FOUNDATION

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 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - 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 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990) 2023

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,304,586.	4,738,334.	11,892,063.	12,513,848.	5,862,447.	38,311,278.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
3 The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
4 Total. Add lines 1 through 3.	3,304,586.	4,738,334.	11,892,063.	12,513,848.	5,862,447.	38,311,278.
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).						7,957,110.
6 Public support. Subtract line 5 from line 4						30,354,168.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	3,304,586.	4,738,334.	11,892,063.	12,513,848.	5,862,447.	38,311,278.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,557,040.	1,173,189.	1,256,441.	1,749,852.	2,092,002.	7,828,524.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						NONE
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	94,799.	52,714.	21,120.	12,352.	60,737.	241,722.
11 Total support. Add lines 7 through 10						46,381,524.
12 Gross receipts from related activities, etc. (see instructions)					12	214,090.
13 First 5 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 2023 (line 6, column (f), divided by line 11, column (f))	14	65.44 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	67.20 %
16a 33 1/3% support test - 2023. 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 - 2022. 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 - 2023. 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 - 2022. 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 10 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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 on 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 5 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 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)).	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2023. 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 - 2022. 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 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on 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 on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Row 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? Row 3: By reason of the relationship described on line 2, above, 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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 (*explain in Part VI*). 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 (<i>explain in detail in Part VI</i>):		
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 0.015 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 0.035.	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 0.85 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).		

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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2023		
a	From 2018		
b	From 2019		
c	From 2020		
d	From 2021		
e	From 2022		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2023 distributable amount		
i	Carryover from 2018 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2023 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2023 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2024. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2019		
b	Excess from 2020		
c	Excess from 2021		
d	Excess from 2022		
e	Excess from 2023		

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2019	2020	2021	2022	2023	TOTAL
MISCELLANEOUS	94,799.	52,714.	21,120.	12,352.	60,737.	241,722.
TOTALS	94,799.	52,714.	21,120.	12,352.	60,737.	241,722.

**Schedule B
(Form 990)**

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Name of the organization

Employer identification number

CENTRAL FLORIDA FOUNDATION

59-3182886

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

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

Name of organization <p style="text-align: center;">CENTRAL FLORIDA FOUNDATION</p>	Employer identification number <p style="text-align: center;">59-3182886</p>
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	N/A <hr/> <hr/> <hr/>	\$ 2,382,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	N/A <hr/> <hr/> <hr/>	\$ 355,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	N/A <hr/> <hr/> <hr/>	\$ 132,375.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	N/A <hr/> <hr/> <hr/>	\$ 145,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	N/A <hr/> <hr/> <hr/>	\$ 350,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

CENTRAL FLORIDA FOUNDATION

Employer identification number

59-3182886

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

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

Name of organization <p style="text-align: center;">CENTRAL FLORIDA FOUNDATION</p>	Employer identification number <p style="text-align: center;">59-3182886</p>
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Part III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) \$ _____
 Use duplicate copies of Part III if additional space is needed.

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

**SCHEDULE C
(Form 990)**

Political Campaign and Lobbying Activities

OMB No. 1545-0047

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

2023

Department of the Treasury
Internal Revenue Service

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

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

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities."
- 2 Political campaign activity expenditures. See instructions \$ _____
- 3 Volunteer hours for political campaign activities. See instructions _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955. \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities. \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$ _____
- 4 Did the filing organization file Form 1120-POL for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Schedule C (Form 990) 2023

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)	3,375.													
c Total lobbying expenditures (add lines 1a and 1b)	3,375.													
d Other exempt purpose expenditures	12,139,407.													
e Total exempt purpose expenditures (add lines 1c and 1d)	12,142,782.													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	757,139.													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%; text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 70%; text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000,</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000,</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000,</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000,</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000,</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	not over \$500,000,	20% of the amount on line 1e.	over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.	over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.	over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.	over \$17,000,000,	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
not over \$500,000,	20% of the amount on line 1e.													
over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.													
over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.													
over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.													
over \$17,000,000,	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)	189,285.													
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
2a Lobbying nontaxable amount	225.	557,446.	1,000,000.	757,139.	2,314,810.
b Lobbying ceiling amount (150% of line 2a, column (e))					3,472,215.
c Total lobbying expenditures	4,275.	4,500.	4,500.	3,375.	16,650.
d Grassroots nontaxable amount	123,511.	139,362.	250,000.	189,285.	702,158.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,053,237.
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

Table with 3 main columns: Description, (a) Yes/No, and (b) Amount. Rows include questions about lobbying activities like volunteers, staff, media, mailings, etc.

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

Table with 3 columns: Question, Yes, No. Rows include questions about dues, lobbying expenditures, and carryover.

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

Table with 2 main columns: Description and Amount. Rows include dues, non-deductible lobbying expenditures, and aggregate amounts.

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Horizontal lines for providing supplemental information.

Part IV Supplemental Information *(continued)*

SCHEDULE C, PART II-A:

THE FOUNDATION SUPPORTS A NATIONWIDE INITIATIVE TO SUPPORT THE OPERATIONS
OF COMMUNITY FOUNDATIONS ACROSS THE COUNTRY.

**SCHEDULE D
(Form 990)**

Supplemental Financial Statements

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

Employer identification number

CENTRAL FLORIDA FOUNDATION

59-3182886

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	95	22
2 Aggregate value of contributions to (during year)	3,198,700.	158,567.
3 Aggregate value of grants from (during year)	6,410,378.	593,175.
4 Aggregate value at end of year	35,169,375.	3,430,730.
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Part II Conservation Easements

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, 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, handling of violations, and enforcing conservation easements during the year _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

8 Does each conservation easement reported on line 2d 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" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB 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 FASB 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 on 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 FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1. \$ _____

b Assets included in Form 990, Part X. \$ _____

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

Schedule D (Form 990) 2023

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 make 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 program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements

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

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

Part V Endowment Funds

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	59,860,152.	62,218,762.	62,584,309.	49,389,455.	50,552,410.
b Contributions	1,225,620.	1,131,766.	3,925,397.	201,314.	2,147,828.
c Net investment earnings, gains, and losses	5,477,450.	57,051.	-1,468,489.	15,622,624.	-762,414.
d Grants or scholarships	2,618,740.	1,942,609.	1,518,271.	1,525,310.	1,570,491.
e Other expenditures for facilities and programs					
f Administrative expenses	565,664.	1,604,818.	1,304,184.	1,103,774.	977,878.
g End of year balance	63,378,818.	59,860,152.	62,218,762.	62,584,309.	49,389,455.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment 100.0000 %
 - c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|---------------|----|
| (i) Unrelated organizations? | 3a(i) | X |
| (ii) Related organizations? | 3a(ii) | X |
| b If "Yes" on line 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" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		143,680.	74,899.	68,781.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				68,781.

Part VII Investments - Other Securities

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) FIXED INCOME	9,430,148.	FMV
(B) HEDGE FUND OF FUNDS	3,320,248.	FMV
(C) PRIVATE EQUITY FUNDS OF FUNDS	1,684,511.	FMV
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, line 12, col. (B)) . . .	14,434,907.	

Part VIII Investments - Program Related

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

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

Part IX Other Assets

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

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

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LEASE LIABILITY	779,597.
(3) LIABILITY UNDER SPLIT INT. AGM	69,258.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)).	848,855.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII .

Part XIII Supplemental Information (continued)

SCHEDULE D, PART V, LINE 4:

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

SCHEDULE D, 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 CONSOLIDATED 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 CONSOLIDATED FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF
THIS GUIDANCE. THE FOUNDATION'S OPEN TAX YEARS SUBJECT TO EXAMINATION BY
THE INTERNAL REVENUE SERVICE GENERALLY REMAIN OPEN FOR THREE YEARS FROM
THE DATE OF FILING.

SCHEDULE D, PART XI, LINE 2D - OTHER ADJUSTMENTS:

INTERNAL ADMINISTRATIVE FEES	\$197,824
REVENUE RELATED TO RELATED PARTIES	\$5,210
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	\$9,985
TOTAL	\$213,019

Part XIII Supplemental Information (continued)

SCHEDULE D, PART XI, LINE 4B - OTHER ADJUSTMENTS:

FUNDS HELD FOR NONPROFITS CONTRIBUTIONS	\$	262,435
FUNDS HELD FOR NONPROFITS INTEREST AND DIVIDENDS	\$	379,123
FUNDS HELD FOR NONPROFITS ON REALIZED GAINS	\$	321,299
FUNDS HELD FOR NONPROFITS INVESTMENT MGMT FEES	\$	(46,589)
FUNDS HELD FOR NONPROFITS ON UNREALIZED LOSS	\$	1,074,936
TOTAL	\$	1,991,204

SCHEDULE D, PART XII, LINE 2D - OTHER ADJUSTMENTS:

EXPENSES RELATED TO RELATED PARTIES	\$	7,521
GRANTS HELD FOR NONPROFITS	\$	(904,085)
GRANTS ADJUSTMENT	\$	146,812
TOTAL	\$	(749,752)

SCHEDULE D, PART XII, LINE 4B - OTHER ADJUSTMENTS:

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

Employer identification number

CENTRAL FLORIDA FOUNDATION

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 the region	(d) Activities conducted in the region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
(1) CENTRAL AMERICA/CARIBBEAN	NONE	NONE	INVESTMENTS		3,610,026.
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal	NONE	NONE			3,610,026.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	NONE	NONE			3,610,026.

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

Schedule F (Form 990) 2023

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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization 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 noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't 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 the 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 the 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 the Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)* Yes No

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 (see instructions).

SCHEDULE F, PART I, LINE 2:

DUE DILIGENCE FOR ALL INTERNATIONAL GRANTS WILL INCLUDE EITHER EXPENDITURE RESPONSIBILITY OR EQUIVALENCY DETERMINATION. 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.

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/Form990 for the latest information.

Name of the organization

CENTRAL FLORIDA FOUNDATION

Employer identification number

59-3182886

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) 15 LIGHTYEARS FOUNDATION INC. 350 S RONALD REAGAN BLVD LONGWOOD, FL 32750	82-1937375	501(C)(3)	11,429.				APPRENTICESHIP PRGM
(2) 26HEALTH INC. 801 N MAGNOLIA AVE #402 ORLANDO, FL 32803	45-1063515	501(C)(3)	124,105.				OPERATING SUPPORT
(3) 306 FOUNDATION INC. PO BOX 2643 WINTER PARK, FL 32790	45-3938687	501(C)(3)	15,000.				OPERATING SUPPORT
(4) ADVENTHEALTH FOUNDATION CENTRAL FLORIDA 800 N MAGNOLIA STE 600 ORLANDO, FL 32803	59-2219301	501(C)(3)	77,162.				OPERATING SUPPORT
(5) AERAS FOUNDATION INC. PO BOX 1344 WINTER PARK, FL 32790	85-1405836	501(C)(3)	25,000.				REFURBISH LAPTOPS AND OTHER TECH
(6) AGA KHAN FOUNDATION USA 1825 K ST NW STE 901 WASHINGTON, DC 20006	52-1231983	501(C)(3)	18,000.				AGA KHAN MUSEUM MAJOR
(7) AMERICAN CANCER SOCIETY PO BOX 720366 OKLAHOMA CITY, OK 73162	13-1788491	501(C)(3)	6,850.				FLORIDA DIVISION
(8) AMERICAN FRIENDS OF MAGEN DAVID ADOM 20 W. 36TH STREET NEW YORK, NY 10018	13-1790719	501(C)(3)	50,000.				BLOOMBERG MATCH
(9) ANIMAL LEGAL DEFENSE FUND 525 E. COTATI AVENUE COTATI, CA 94931	94-2681680	501(C)(3)	6,000.				OPERATING SUPPORT
(10) ANTI-PREDATOR PROJECT 3528 NORTHEAST HOMESTEAD, FL 33033	45-4514424	501(C)(3)	95,245.				HUMAN TRAFFICKING
(11) ARTHRITIS FOUNDATION 1355 PEACHTREE ST NE STE 600 ATL, GA 30309	58-1341679	501(C)(3)	33,642.				OPERATING SUPPORT
(12) ASSOCIATION OF FUNDRAISING PROFESSIONALS CENTRAL FLORIDA WINTER PARK, FL 32790	59-2870898	501(C)(3)	8,000.				OUTSTA PHILANTHROPY VOL.GRANT FDN

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 143

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

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

Schedule I (Form 990) 2023

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

Name of the organization

Employer identification number

CENTRAL FLORIDA FOUNDATION

59-3182886

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ASTRONAUT SCHOLARSHIP FOUNDATION 651 DANVILLE DR STE 101 ORLANDO, FL 32825	59-2448775	501(C)(3)	30,000.				OPERATING SUPPORT
(2) BACH FESTIVAL SOCIETY OF WINTER PARK, INC. 1000 HOLT AVE WINTER PK, FL 32789-4499	59-6015959	501(C)(3)	8,479.				OPERATING SUPPORT
(3) BLACK BUSINESS COMMUNITY DEVELOPMENT CORP. 301 EAST PINE ST SU. 175 ORLANDO, FL 32801	59-3179911	501(C)(3)	342,700.				CRF TECHNOLOGY
(4) BOYS & GIRLS CLUBS OF CENTRAL FLORIDA 101 E COLONIAL DR ORLANDO, FL 32801	59-0951887	501(C)(3)	6,500.				OPERATING SUPPORT
(5) BREAKING BREAD AND BEYOND P. O. BOX 901 SANFORD, FL 32772	82-3309796	501(C)(3)	9,271.				OPERATING SUPPORT
(6) CAT PROTECTION SOCIETY, INC. PO BOX 1078 SORRENTO, FL 32776-1078	59-3413294	501(C)(3)	38,245.				OPERATING SUPPORT
(7) CATHOLIC CHARITIES OF CENTRAL FLORIDA, INC. 1819 N SEMORAN BLVD ORLANDO, FL 32807	59-1214353	501(C)(3)	40,000.				PATHWAYS BUILDING
(8) CENTER FOR INDEPENDENT LIVING IN CENTRAL FL 720 N. DENNING DRIVE WINTER PARK, FL 32789	59-1828770	501(C)(3)	7,500.				ASPIRE TO HIRE PROGRAM
(9) CENTRAL FLORIDA ZOOLOGICAL SOCIETY, INC. PO BOX 470309 LAKE MONROE, FL 32747-0309	59-1357197	501(C)(3)	42,435.				OPERATING SUPPORT
(10) CHAPTERS HEALTH FOUNDATION 12470 TELECOM DR TEMPLE TERRACE, FL 33637	59-3467282	501(C)(3)	12,000.				GOOD SHEPHERD HOSPICE
(11) CHRISTIAN SERVICE CENTER FOR CENTRAL FLORID 808 W. CENTRAL BLVD. ORLANDO, FL 32805	59-1353031	501(C)(3)	10,000.				MATCHING CAMPAIGN
(12) CHRISTIAN SHARING CENTER INC. 600 NORTH HIGHWAY LONGWOOD, FL 32750-3638	59-2744535	501(C)(3)	12,343.				CASE MANAGEMENT CERTIFICATION

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Schedule I (Form 990) 2023

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.

OMB No. 1545-0047

2023

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Name of the organization

Employer identification number

CENTRAL FLORIDA FOUNDATION

59-3182886

Part I General Information on Grants and Assistance

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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) CITY OF APOPKA 120 E MAIN STREET APOPKA, FL 32703	59-6000265	GOV'T	6,562.				CAMP WEWA
(2) COALITION FOR THE HOMELESS OF CENTRAL FLORIDA PO BOX 3467 ORLANDO, FL 32802-3467	59-2814255	501(C)(3)	397,872.				OPERATING SUPPORT
(3) COMMUNITY COORDINATED CARE FOR CHILDREN 3500 W COLONIAL DR ORLANDO, FL 32808	59-1371754	501(C)(3)	242,236.				OPERATING SUPPORT
(4) COMMUNITY LIFE IMPROVEMENT CTR DBA CLIC 9401 WEST COLONIAL DR. ST OCOEE, FL 34761	81-0912857	501(C)(3)	20,000.				CLIC ADADEMY
(5) COUNCIL ON FOUNDATIONS 1255 23RD ST NW STE 200 WASH, DC 20037	13-6068327	501(C)(3)	6,750.				OPERATING SUPPORT
(6) COVE BEHAVIORAL HEALTH 4422 E COLUMBUS DR TAMPA, FL 33605	59-1514993	501(C)(3)	30,000.				MEDICATION ASSISTED TREATMENT RENOV
(7) CROSSLIFE CHURCH 45 W BROADWAY ST OVIEDO, FL 32765	59-0914205	501(C)(3)	38,098.				OPERATING SUPPORT
(8) DATAKIND 271 CADMAN PLZ BROOKLYN, NY 11202-8332	46-4082076	501(C)(3)	25,000.				DATA-DRIVEN INSIGHTS
(9) DAVE'S HOUSE P. O. BOX 607103 ORLANDO, FL 32860	27-0533943	501(C)(3)	12,200.				MERGER CONSULTANT
(10) DOWN SYNDROME ASSOCIATION OF CENTRAL FLORIDA 204 N. WYMORE ROAD WINTER PARK, FL 32789	59-3124673	501(C)(3)	7,500.				OPERATING SUPPORT
(11) DR. PHILLIPS CENTER FOR THE PERFORMING ARTS 155 E ANDERSON ST ORLANDO, FL 32801	20-0695917	501(C)(3)	19,528.				TO SUPPORT STEINMETZ HALL
(12) EARLY LEARNING COALITION OF ORANGE COUNTY 7700 SOUTHLAND BLVD STE 100 ORL, FL 32809	31-1759186	501(C)(3)	320,878.				BABY INSTITUTE

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(1) EDGEWOOD CHILDREN'S RANCH 1451 EDGEWOOD RANCH RD ORLANDO, FL 32835	59-1150182	501(C)(3)	32,563.				OPERATING SUPPORT
(2) ELEVATE ORLANDO INC. PO BOX 940633 MAITLAND, FL 32794	26-3330456	501(C)(3)	10,000.				EDUCATION SUPPORT FOR LOCAL YOUTH
(3) FIRST CHURCH OF CHRIST SCIENTIST 210 MASS AVE PO5-10 BOSTON, MA 02115-3195	04-2254742	501(C)(3)	7,266.				OPERATING SUPPORT
(4) FIRST UNITED METHODIST CHURCH OF ORLANDO 142 EAST JACKSON STREET ORLANDO, FL 32801	36-2167731	501(C)(3)	7,000.				OPERATING SUPPORT
(5) FLORIDA AFTER SCHOOL INC. 1211 GOV SQR BLVD STE 200 TLH, FL 32301	59-3062864	501(C)(3)	6,325.				OPERATING SUPPORT
(6) FOUNDATION FOR FOSTER CHILDREN 2265 LEE RD STE 203 WINTER PARK, FL 32789	26-1682601	501(C)(3)	25,000.				OPERATING SUPPORT
(7) FOUNDATION FOR ORANGE COUNTY PUBLIC SCHOOLS 445 W AMELIA ST STE 901 ORLANDO, FL 32801	59-2788435	501(C)(3)	20,675.				OPERATING SUPPORT
(8) FOUNDATION FOR ORLANDO'S FUTURE 200 S ORANGE AVE STE 200 ORLANDO, FL 32801	59-3678634	501(C)(3)	75,000.				BLACK BOARDROOM LEADERSHIP INSTITUTE
(9) FOUNDATION FOR OSCEOLA EDUCATION, INC. 2310 NEW BEGINNINGS RD #118 KISS, FL 34744	59-2960396	501(C)(3)	70,647.				OPERATING SUPPORT
(10) FRANKLIN'S FRIENDS 901 VERSAILLES CIRCLE MAITLAND, FL 32751	46-1111664	501(C)(3)	12,500.				OPERATING SUPPORT
(11) GIVEWELL COMMUNITY FOUNDATION, INC. 1501 S FLORIDA AVE LAKELAND, FL 33803-1152	59-3649871	501(C)(3)	10,701.				OPERATING SUPPORT
(12) GRACE MEDICAL HOME, INC. 1417 E CONCORD ST ORLANDO, FL 32803	26-1817966	501(C)(3)	17,172.				PEDIATRIC NURSE PRACTITIONER

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(1) HARBOR HOUSE OF CENTRAL FLORIDA, INC. PO BOX 680748 ORLANDO, FL 32868	59-1712936	501(C)(3)	28,577.				OPERATING SUPPORT
(2) HEART OF FLORIDA UNITED WAY 1940 CANNERY WAY ORLANDO, FL 32804	59-0808854	501(C)(3)	82,944.				OPERATING SUPPORT
(3) HISPANIC FEDERATION 1650 SAND LAKE ROAD SUITE ORLANDO, FL 32809	13-3573852	501(C)(3)	20,000.				NP BOOTCAMP IN SPANISH
(4) HOLDEN HEIGHTS COMMUNITY DEVELOPMENT CORP. 3527 LAUGHLIN ROAD ZELLWOOD, FL 32798	37-1882614	501(C)(3)	125,000.				OUTREACH PRGM
(5) HOLOCAUST MEMORIAL RESOURCE & EDUCATION CTR 851 N MAITLAND AVENUE MAITLAND, FL 32751	59-2219851	501(C)(3)	31,000.				CAPACITY BUILDING
(6) IDEAS FOR US 1030 WEST KALEY STREET ORLANDO, FL 32805	27-3999166	501(C)(3)	10,000.				GARDEN INSTALLATION
(7) INNOCENT LIVES FOUNDATION 3956 TOWN CENTER BLVD SUI ORLANDO, FL 32837	82-1110116	501(C)(3)	209,540.				OPERATING SUPPORT
(8) JEWISH FAMILY SERVICES OF GREATER ORLANDO, 2100 LEE ROAD WINTER PARK, FL 32789	59-1873758	501(C)(3)	18,500.				MARKET FRONT ITEMS
(9) JUNIOR LEAGUE OF GREATER ORLANDO, INC. PO BOX 530076 ORLANDO, FL 32853-0076	59-0774674	501(C)(3)	15,000.				OPERATING SUPPORT
(10) KANUGA CONFERENCES INC. ATTN: ADVANCEMENT HENDERSONVILLE, NC 28739	56-0599223	501(C)(3)	10,000.				EPISCOPAL CONFERENCE CENTER
(11) KENTUCKY HUMANE SOCIETY 1000 LYNDON LN LOUISVILLE, KY 40222	61-0463938	501(C)(3)	25,000.				OPERATING SUPPORT
(12) KIWANIS CLUB OF ORLANDO CHARITIES 626 LAKE DOT CIRCLE ORLANDO, FL 32801	59-1628446	501(C)(3)	6,400.				SERVICE PROJECTS

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(1) LA AMISTAD FOUNDATION INC. 8400 LA AMISTAD COVE FERN PARK, FL 32730	59-1300982	501(C)(3)	8,000.				LAKWOOD CENTER
(2) LAKE HIGHLAND PREPARATORY SCHOOL 901 N. HIGHLAND AVENUE ORLANDO, FL 32803	59-0624431	501(C)(3)	10,000.				HUMANITIES ENDOWMENT
(3) LET'S BEEHIVE!, INC. 773 S KIRKMAN RD STE 120 ORLANDO, FL 32811	47-4262935	501(C)(3)	5,175.				OPERATING SUPPORT
(4) LIFT ORLANDO, INC. 2043 JACOBS PLACE ORLANDO, FL 32805	46-3607865	501(C)(3)	10,000.				LOVE IS LOCAL CAMPAIGN
(5) MAYFLOWER RETIREMENT CENTER INC. 1620 MAYFLOWER CT WINTER PARK, FL 32792	59-2617174	501(C)(3)	26,825.				OPERATING SUPPORT
(6) MERIDIAN CLUB OF WNTR PARK SCHOLARSHIP FND PO BOX 1300 WINTER PARK, FL 32790	51-0205095	501(C)(3)	6,730.				SCHOLARSHIPS
(7) MIAMI UNIVERSITY 725 E CHESTNUT ST OXFORD, OH 45056	31-6402089	501(C)(3)	5,876.				ORTON K. STARK FUND
(8) MORNING STAR CATHOLIC SCHOOL 930 LEIGH AVENUE ORLANDO, FL 32804	53-0196617	501(C)(3)	7,500.				OPERATING SUPPORT
(9) NATIONAL ASSOCIATION OF NEGRO MUSICIANS PO BOX 765061 DALLAS, TX 75376-5061	23-7015807	501(C)(3)	5,428.				NEGRO SPIRITUAL MUSIC
(10) NEW HOPE FOR KIDS 544 MAYO AVE MAITLAND, FL 32751	59-1791345	501(C)(3)	72,263.				OPERATING SUPPORT
(11) NEW IMAGE YOUTH CENTER 212 S PARRAMORE AVE ORLANDO, FL 32805	56-2482818	501(C)(3)	120,000.				OPERATING SUPPORT
(12) OCA OPPORTUNITY, COMMUNITY, ABILITY, INC. 5165 ADANSON STREET ORLANDO, FL 32804	26-4366486	501(C)(3)	8,572.				OPERATING SUPPORT

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(1) ONE PURSE 213 N. MILLS AVENUE ORLANDO, FL 32801	45-2860786	501(C)(3)	21,000.				OPERATING SUPPORT
(2) OPERA ORLANDO 406 E AMELIA ST ORLANDO, FL 32803	27-0406958	501(C)(3)	12,756.				OPERATING SUPPORT
(3) ORLANDO BALLET INC. 600 N LAKE FORMOSA DR ORLANDO, FL 32803	23-7427817	501(C)(3)	9,005.				OPERATING SUPPORT
(4) ORLANDO COMMUNITY & YOUTH TRUST, INC. 595 N PRIMROSE AVE ORLANDO, FL 32803	65-0572536	501(C)(3)	3,896,363.				OPERATING SUPPORT
(5) ORLANDO DAY NURSERY ASSOCIATION 626 LAKE DOT CIR ORLANDO, FL 32801	59-0651096	501(C)(3)	68,718.				OPERATING SUPPORT
(6) ORLANDO HEALTH FOUNDATION INC. 3160 SOUTHGATE COMM BLVD #50 ORL, FL 32806	59-2244943	501(C)(3)	25,000.				OPERATING SUPPORT
(7) ORLANDO HEALTH, INC. 1414 KUHL AVE MP 56 ORLANDO, FL 32806	59-1726273	501(C)(3)	25,000.				OPERATING SUPPORT
(8) ORLANDO MAGIC YOUTH FOUNDATION 8701 MAITLAND SUMMIT BLVD ORLANDO, FL 32810	59-2940230	501(C)(3)	30,000.				OPERATING SUPPORT
(9) ORLANDO MUSEUM OF ART, INC. 2416 N MILLS AVENUE ORLANDO, FL 32803-1483	59-0910352	501(C)(3)	12,463.				OPERATING SUPPORT
(10) ORLANDO PHILHARMONIC ORCHESTRA, INC. 425 N BUMBY AVE ORLANDO, FL 32803	59-3058884	501(C)(3)	50,864.				OPERATING SUPPORT
(11) ORLANDO SCIENCE CENTER INC. 777 E PRINCETON ST ORLANDO, FL 32803	59-0896343	501(C)(3)	7,499.				OPERATING SUPPORT
(12) ORLANDO UNION RESCUE MISSION INC. 1521 W WASHINGTON ST ORLANDO, FL 32805	59-1035082	501(C)(3)	33,507.				OPERATING SUPPORT

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(1) OSCEOLA CENTER FOR THE ARTS 2411 E IRLO BRONSON HWY KISSIMMEE, FL 34744	59-6179937	501(C)(3)	13,513.				OPERATING SUPPORT
(2) OTEM COLLECTIVE 2011 GLENRIDGE WAY #56 WINTER PK, FL 32792	84-4685544	501(C)(3)	20,000.				OPERATING SUPPORT
(3) PAGE 15 PO BOX 533709 ORLANDO, FL 32853	26-2534274	501(C)(3)	40,000.				OPERATING SUPPORT
(4) PAST INC. (WELLS BUILT MUSEUM) 511 WEST SOUTH STREET ORLANDO, FL 32805	59-3205047	501(C)(3)	44,050.				TEACHING WITH HISTORIC PLACES
(5) PEACE AND JUSTICE INSTITUTE 1331 PALMETTO AVE #201 WINTER PK, FL 32789	92-0931158	501(C)(3)	32,000.				OPERATING SUPPORT
(6) PEOPLE WHO MAKE A DIFFERENCE FOUNDATION 7061 GRAND NTIONAL DRIVE ORLANDO, FL 32819	45-2950885	501(C)(3)	13,000.				CHALLENGE GRANT
(7) PLANNED PARENTHOOD OF SOUTHWEST AND CENTRAL 736 CENTRAL AVE SARASOTA, FL 34236	59-1274328	501(C)(3)	8,161.				OPERATING SUPPORT
(8) POLIS INSTITUTE P.O. BOX 560531 ORLANDO, FL 32856	270226465	501(C)(3)	27,800.				TABLE TALK SURVEY
(9) PRESERVE VISION FLORIDA, INC. 9200 SEM. BLVD 2ND FLR SEMINOLE, FL 33772	59-6181662	501(C)(3)	6,854.				ASSIST NEEDY PEOPLE IN CENTRAL FLORIDA
(10) PRIMARY CARE ACCESS NETWORK (PCAN) 101 S. WESTMORELAND DRIVE ORLANDO, FL 32805	46-1817605	501(C)(3)	17,646.				OPERATING SUPPORT
(11) PRIMROSE CENTER INC. 2733 SOUTH FERNCREEK AVEN ORLANDO, FL 32806	59-0699143	501(C)(3)	10,000.				OPERATING SUPPORT
(12) PROJECT OPIOID CFL, INC. 100 E PINE ST STE 110 ORLANDO, FL 32801	87-1602444	501(C)(3)	100,100.				OPERATING SUPPORT

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(1) PROJECT OPIOID, INC. 100 PINE ST STE 110 ORLANDO, FL 32801	84-3986745	501(C)(3)	136,500.				OPERATING SUPPORT
(2) RICK VIA MINISTRIES PO BOX 582 BLUE RIDGE, VA 24064	54-1757324	501(C)(3)	7,000.				OPERATING SUPPORT
(3) RIDGE TECHNICAL COLLEGE 7700 STATE RD 544 WINTER HAVEN, FL 33881	59-6000807	501(C)(3)	12,275.				SCHOLARSHIPS
(4) ROLLINS COLLEGE 1000 HOLT AVE WINTER PK, FL 32789-4499	59-0624440	501(C)(3)	44,264.				OPERATING SUPPORT
(5) ROLLINS COLLEGE GIFTS PO BOX 850001 ORLANDO, FL 32885-9921	59-0624440	501(C)(3)	50,000.				INNOVATION TRIANGLE
(6) RONALD MCDONALD HOUSE CHARITIES OF CENTRAL 1030 N. ORANGE AVENUE SUI ORLANDO, FL 32801	59-3211250	501(C)(3)	15,373.				OPERATING SUPPORT
(7) SAMARITAN VILLAGE, INC. PO BOX 149599 ORLANDO, FL 32814	26-4410840	501(C)(3)	6,000.				OPERATING SUPPORT
(8) SCHWAB CHARITABLE FUND PO BOX 628298 ORLANDO, FL 32862	31-1640316	501(C)(3)	355,608.				OPERATING SUPPORT
(9) SHARE THE CARE, INC. 1524 FORMOSA AVE. WINTER PARK, FL 32789	56-2313443	501(C)(3)	35,500.				OPERATING SUPPORT
(10) SHEPHERD'S HOPE, INC. 455 9TH ST WINTER GARDEN, FL 34787	59-3420727	501(C)(3)	45,671.				OPERATING SUPPORT
(11) SIMEON RES. & DEV. CTR. FOR MEN, INC. PO BOX 471279 LAKE MONROE, FL 32747-1279	59-2934243	501(C)(3)	27,605.				OPERATING SUPPORT
(12) SIMEON RESOURCE AND DEVELOPMENT CENTER FOR PO BOX 568811 ORLANDO, FL 32856	05-0534253	501(C)(3)	25,000.				NAVIGATOR PROGRAM

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

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

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

Schedule I (Form 990) 2023

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

Name of the organization

Employer identification number

CENTRAL FLORIDA FOUNDATION

59-3182886

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) SO YOU WANT TO CHANGE THE WORLD 812 GRAND STREET BROOKLYN, NY 11211	47-3846125	501(C)(3)	10,000.				OPERATING SUPPORT
(2) SONOMA COUNTY VINTNERS FOUNDATION 400 AVIATION BLVD SANTA ROSA, CA 95403	68-0175790	501(C)(3)	10,000.				OPERATING SUPPORT
(3) SOUTHEASTERN UNIVERSITY 1000 LONGFELLOW BLVD LAKE LAND, FL 33801	59-0722789	501(C)(3)	10,961.				SCHOLARSHIP
(4) SPARROW ACADEMY 8595 US HWY 98 N LAKE LAND, FL 33809	47-4389272	501(C)(3)	10,000.				OPERATING SUPPORT
(5) ST. ANNE EARLY LEARNING CENTER 4300 W NEWBERRY RD GAINESVILLE, FL 32607	37-1892082	501(C)(3)	8,000.				TECHNOLOGY
(6) STAND UP SURVIVOR 130 SOUTH BUMBY UNIT A ORLANDO, FL 32803	81-1798588	501(C)(3)	5,150.				OPERATING SUPPORT
(7) STEPS FOUNDATION, INC. PO BOX 700625 SAINT CLOUD, FL 34770	84-4017417	501(C)(3)	11,975.				OPERATING SUPPORT
(8) STETSON UNIVERSITY COLLEGE OF LAW 1401 61ST STREET SOUTH GULFPORT, FL 33707	59-0624416	501(C)(3)	14,000.				SCHOLARSHIP
(9) STONO INSTITUTE FOR FREEDOM, JUSTICE & SEC. PO BOX 536006 ORLANDO, FL 32853-6006	85-1259023	501(C)(3)	25,000.				OPERATING SUPPORT
(10) SUPPORT OUR SCHOLARS PO BOX 1985 WINTER PARK, FL 32790	26-0711355	501(C)(3)	21,400.				OPERATING SUPPORT
(11) THE ALBIN POLASEK MUSEUM & SCULPTURE GARDEN 633 OSCEOLA AVENUE WINTER PARK, FL 32789	59-1102352	501(C)(3)	18,788.				OPERATING SUPPORT
(12) THE BLACK HISTORY PROJECT 424 E CENTRAL BLVD UNIT 1 ORLANDO, FL 32801	81-2451782	501(C)(3)	5,500.				BLACK HISTORY PROJECT

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

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

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

Schedule I (Form 990) 2023

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2023

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Internal Revenue Service

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Name of the organization

Employer identification number

CENTRAL FLORIDA FOUNDATION

59-3182886

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) THE CHAMBER FOUNDATION INC. 1425 E VINE ST KISSIMMEE, FL 34744	59-3183973	501(C)(3)	47,043.				OPERATING SUPPORT
(2) THE CULINARY INSTITUTE OF AMERICA 1946 CAMPUS DR. HYDE PARK, NY 12538	06-0653264	501(C)(3)	10,000.				OPERATING SUPPORT
(3) THE FINLEY PROJECT, INC. 941 W. MORSE BLVD WINTER PARK, FL 32789	47-1325653	501(C)(3)	86,000.				OPERATING SUPPORT
(4) THE GARDENS AT DEPUGH NURSING CENTER 550 W. MORSE WINTER PARK, FL 32789	59-1104552	501(C)(3)	102,407.				OPERATING SUPPORT
(5) THE LEUKEMIA AND LYMPHOMA SOCIETY P.O.BOX 22443 NEW YORK, NY 10087-2443	13-5644916	501(C)(3)	31,344.				OPERATING SUPPORT
(6) THE LGBT+ CENTER ORLANDO, INC. 946 N MILLS AVE ORLANDO, FL 32803	59-1884445	501(C)(3)	78,200.				OPERATING SUPPORT
(7) THE MUSTARD SEED OF CENTRAL FLORIDA INC. 12 MUSTARD SEED LANE ORLANDO, FL 32810-6271	59-2906383	501(C)(3)	15,000.				OPERATING SUPPORT
(8) THE NATURE CONSERVANCY FLORIDA CHAPTER 1035 S SEMORAN BLVD WINTER PK, FL 32792	53-0242652	501(C)(3)	6,000.				OPERATING SUPPORT
(9) THE RUSSELL HOME FOR ATYPICAL CHILDREN INC. 510 WEST HOLDEN AVE ORLANDO, FL 32839-2051	59-1051408	501(C)(3)	7,500.				OPERATING SUPPORT
(10) THE SLAVIC GOSPEL ASSOCIATION 6151 COMMONWEALTH LOVES PARK, IL 61111	36-2428314	501(C)(3)	10,000.				UKRAINE RELIEF
(11) TRINITY PREPARATORY SCHOOL 5700 TRINITY PREP WINTER PARK, FL 32792	59-1156418	501(C)(3)	15,344.				OPERATING SUPPORT
(12) UCP OF CENTRAL FLORIDA, INC. 4780 DATA CT ORLANDO, FL 32817	59-0799925	501(C)(3)	10,914.				OPERATING SUPPORT

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

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

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

Schedule I (Form 990) 2023

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Attach to Form 990.

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Name of the organization

Employer identification number

CENTRAL FLORIDA FOUNDATION

59-3182886

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) UNITED AGAINST POVERTY, INC 150 W. MICHIGAN ST. STE. ORLANDO, FL 32806	11-3697936	501(C)(3)	15,000.				NEW ROOF
(2) UNITED ARTS OF CENTRAL FLORIDA, INC. 216 PASADENA PL ORLANDO, FL 32803	59-1166446	501(C)(3)	29,793.				OPERATING SUPPORT
(3) WEST VIRGINIA UNIVERSITY FOUNDATION 1 WATERFRONT PL MORGANTOWN, WV 26507-1650	55-6017181	501(C)(3)	6,000.				WOMEN OF WVU GIVING CIRCLE
(4) WHISPERING GRACE PARTNERS CORPORATION C/O B P.O. BOX 622307 ORLANDO, FL 32862-2307	92-1006638	501(C)(3)	10,000.				OPERATING SUPPORT
(5) WILLOW CREEK CHURCH 4725 EAST LAKE WINTER SPRINGS, FL 32708	59-2825243	501(C)(3)	26,669.				OPERATING SUPPORT
(6) WILLOW OAK SCHOOL 4815 BAILEY ROAD MULBERRY, FL 33860	59-6000807	GOV'T	14,000.				OUTSIDE CLASSROOM
(7) WINTER PARK DAY NURSERY, INC. 741 SOUTH WINTER PARK, FL 32789	59-0638506	501(C)(3)	6,051.				OPERATING SUPPORT
(8) WINTER PARK HIGH SCHOOL FOUNDATION INC 2100 SUMMERLIN RD WINTER PARK, FL 32792	59-3108692	501(C)(3)	5,371.				OPERATING SUPPORT
(9) WINTER PARK LIBRARY ASSOCIATION 1052 MORSE BLVD WINTER PARK, FL 32789	59-0794396	501(C)(3)	34,786.				OPERATING SUPPORT
(10) WOMAN'S CLUB OF WINTER PARK INC. PO BOX 1433 WINTER PARK, FL 32790-1433	59-0951590	501(C)(3)	29,103.				SCHOLARSHIPS FOR STUDENTS IN CENTR FL
(11) WOMEN ON THE RISE INTERNATIONAL, INC. 5833 S GOLDENROD SUITE B ORLANDO, FL 32822	81-3388107	501(C)(3)	75,000.				EMPOWER WOMEN
(12)							

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

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

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

Schedule I (Form 990) 2023

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 EDUCATION	15	173,470.			
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

SCHEDULE I, PART I, LINE 2:

THE 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.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

CENTRAL FLORIDA FOUNDATION

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

59-3182886

Part I Questions Regarding Compensation

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

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as 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 on line 1a?

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

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

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

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

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

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

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

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

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

9 If "Yes" on 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		

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

Schedule J (Form 990) 2023

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't 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 and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 MARK BREWER PRESIDENT/CEO	(i)	216,328.	NONE	NONE	9,136.	22,111.	247,575.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Name of the organization

CENTRAL FLORIDA FOUNDATION

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	8	258,061.	AVG FMV ON GIFT DATE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (_____)				
26 Other (_____)				
27 Other (_____)				
28 Other (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, 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 3 years from the date of the initial contribution, and which isn't 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 nonstandard 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 didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2023

JSA

3E1298 1.000

2461KK 701U

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

Department of the Treasury
Internal Revenue Service

Name of the organization

CENTRAL FLORIDA FOUNDATION

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

2023

**Open to Public
Inspection**

Employer identification number

59-3182886

FORM 990, PART III, LINE 4D:

NONPROFIT SEARCH IS AN ONLINE SEARCHABLE DATABASE OF PROFILES WITH INFORMATION PROVIDED BY NONPROFITS AND VALIDATED BY FOUNDATION STAFF. OUR NONPROFIT SEARCH IS DESIGNED TO HELP PEOPLE EASILY FIND NONPROFITS IN ORDER TO MAKE STRONGER GIVING DECISIONS. IN COLLABORATION WITH OTHER COMMUNITY FOUNDATIONS AROUND THE COUNTRY, CENTRAL FLORIDA FOUNDATION WAS ONE OF THE PIONEERS OF THIS RESOURCE AND WAS ONE OF THE FIRST IN THE COUNTRY TO USE IT.

EXPENSES: \$58,130 GRANTS: \$NONE REVENUE: \$NONE

ORLANDO HOUSING IMPACT FUND AIMS TO LEVERAGE PRIVATE CAPTIAL TO SCALE ACCESS AND SUPPORT ATTAINABLE HOUSING THROUGH TAILORED GAP FINANCING IN THE ORLANDO METROPOLITAN STATISTICAL AREA. WITH NEARLY 1,500 PEOPLE MOVING TO THE REGION EVERY WEEK, CENTRAL FLORIDA NEEDS MORE HOUSING INVENTORY AT ALL LEVELS TO ENSURE ACCESS TO SECURE AND STABLE HOUSING FOR EVERYONE.

EXPENSES: \$37,168 GRANTS: \$NONE REVENUE: \$NONE

FORM 990, PART VI, SECTION B, LINE 11B:

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 2024 MEETING.

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

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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

2023

▶ Attach to Form 990 or 990-EZ.

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

CENTRAL FLORIDA FOUNDATION

59-3182886

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, LINES 15A & 15B:

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.

COMPENSATION FOR OTHER OFFICERS IS REVIEWED AND APPROVED BY THE PRESIDENT/CEO. SECTOR BASED DATA IS USED TO DETERMINE THE COMPARABILITY OF THE SALARY TO SIMILAR POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS.

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 OF SPLIT INTEREST AGREEMENTS	\$	9,985
OTHER	\$	-15

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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.

2023

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

CENTRAL FLORIDA FOUNDATION

59-3182886

TOTAL

\$ 9,970

Name of the organization

Employer identification number

CENTRAL FLORIDA FOUNDATION

59-3182886

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

=====

DESCRIPTION	ENDING BOOK VALUE	COST OR FMV
-----	-----	-----
PUBLIC TRADED SECURITY	74,642,092.	FMV
TOTALS	74,642,092.	
	=====	

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

CENTRAL FLORIDA FOUNDATION

Employer identification number

59-3182886

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) COMMUNITY FOUNDATION OF CENTRAL FL, LLC 800 N. MAGNOLIA AVE, STE. 1700 ORLANDO, FL 32803	SUPPORT CFF	FL	NONE	NONE	CFF, INC.
(2) CFF I, LLC 800 N. MAGNOLIA AVE, STE. 1700 ORLANDO, FL 32803	ACCELERATOR	FL	320,360.	447,780.	CFF, INC.
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) ISLEWORTH COMMUNITY TRUST, INC. 20-3507903 9350 CONROY WINDERMERE ROAD WINDERMERE, FL 34786	SUPPORT CFF	FL	501(C)(3)	LINE 12, I	CFF, INC.	X	
(2) LAKE COMMUNITY FOUNDATION, INC. 51-0497006 P.O. BOX 1060 EUSTIS, FL 32727	SUPPORT CFF	FL	501(C)(3)	LINE 12, I	CFF, INC.	X	
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2023

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

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

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

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

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

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

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

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

	(a) Name of related organization	(b) Transaction type (a - s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

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

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.
