

PUBLIC DISCLOSURE COPY

Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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.**2024****Open to Public Inspection**

A For the 2024 calendar year, or tax year beginning 05/01 , 2024, and ending 04/30 , 20 25	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CENTRAL FLORIDA FOUNDATION Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 800 NORTH MAGNOLIA AVE 1700 City or town, state or province, country, and ZIP or foreign postal code ORLANDO, FL 32803 F Name and address of principal officer: MARK BREWER SAME AS C ABOVE
D Employer identification number 59-3182886	
E Telephone number (407) 872-3050	
G Gross receipts \$ 40,285,886	
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	
J Website: WWW.CFFFOUND.ORG	
H(c) Group exemption number	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	L Year of formation: 1993
M State of legal domicile: FL	

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: AS CENTRAL FLORIDA'S COMMUNITY FOUNDATION, WE FOCUS ON BUILDING COMMUNITY BY BUILDING PHILANTHROPY.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	18
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	17
	5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	12
	6	Total number of volunteers (estimate if necessary)	6	77
		7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a
b		Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	5,862,447	5,298,827
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	18,500	80,165
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,245,620	5,367,450
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	60,737	44,228
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	9,187,304	10,790,670
	14	Benefits paid to or for members (Part IX, column (A), line 4)	9,613,124	4,591,090
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	1,443,619	1,510,567
	b	Total fundraising expenses (Part IX, column (D), line 25)	0	0
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	438,666	
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,086,039	1,011,715
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	12,142,782	7,113,372
	20	Total assets (Part X, line 16)	(2,955,478)	3,677,298
	21	Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
	22	Net assets or fund balances. Subtract line 21 from line 20	98,712,106	104,193,356
			2,693,740	1,506,853
			96,018,366	102,686,503

Part II Signature Block

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

Sign Here	Signature of officer MARK BREWER, PRESIDENT/CEO		Date		
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name JAKE COOK	Preparer's signature JAKE COOK	Date 08/29/2025	Check <input type="checkbox"/> if self-employed	PTIN P01240455
	Firm's name BDO USA	Firm's EIN 13-5381590			
	Firm's address 450 S ORANGE AVE STE 550, ORLANDO, FL 32801-3308	Phone no. (407) 841-6930			

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form **990** (2024)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐ Yes ☒ No**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 ☒ No

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

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

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 5,072,854 including grants of \$ 4,591,090) (Revenue \$ 80,165)

THE FOUNDATION GAVE GRANTS TO 397 NONPROFITS FOR A VARIETY OF CHARITABLE PURPOSES IN CENTRAL FLORIDA AND ACROSS THE UNITED STATES. THESE GRANTS HELP TO ADDRESS A VARIETY OF NEEDS FROM THE DAY TO DAY OPERATIONS OF NONPROFITS 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 \$ 606,422 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 ESTABLISH A MEANINGFUL LEGACY THAT ALSO IMPROVES THE QUALITY OF LIFE IN CENTRAL FLORIDA FOR GENERATIONS TO COME.

4c (Code:) (Expenses \$ 288,721 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 \$ 119,061 including grants of \$ 0) (Revenue \$ 0)

4e Total program service expenses 6,087,058

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)? If "Yes," complete Schedule A	1 ✓	
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2 ✓	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	✓
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? If "Yes," complete Schedule C, Part II	4 ✓	
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? If "Yes," complete Schedule C, Part III	5	✓
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? If "Yes," complete Schedule D, Part I	6 ✓	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	✓
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	✓
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? If "Yes," complete Schedule D, Part IV	9	✓
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V	10 ✓	
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? If "Yes," complete Schedule D, Part VI	11a ✓	
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? If "Yes," complete Schedule D, Part VII	11b ✓	
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? If "Yes," complete Schedule D, Part VIII	11c	✓
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? If "Yes," complete Schedule D, Part IX	11d	✓
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e ✓	
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)? If "Yes," complete Schedule D, Part X	11f ✓	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	✓
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b ✓	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	✓
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	✓
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? If "Yes," complete Schedule F, Parts I and IV	14b ✓	
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? If "Yes," complete Schedule F, Parts II and IV	15	✓
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? If "Yes," complete Schedule F, Parts III and IV	16	✓
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? If "Yes," complete Schedule G, Part I. See instructions	17	✓
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	✓
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	✓
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	✓
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
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? If "Yes," complete Schedule I, Parts I and II	21 ✓	

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? If "Yes," complete Schedule I, Parts I and III	22 ✓	
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? If "Yes," complete Schedule J	23 ✓	
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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	✓
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .	24d	
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? If "Yes," complete Schedule L, Part I	25a	✓
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	✓
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? If "Yes," complete Schedule L, Part II	26	✓
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? If "Yes," complete Schedule L, Part III	27	✓
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).		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a	✓
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	✓
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c	✓
29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29 ✓	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	✓
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	✓
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	✓
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? If "Yes," complete Schedule R, Part I	33 ✓	
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34 ✓	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a ✓	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b ✓	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	✓
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? If "Yes," complete Schedule R, Part VI	37	✓
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	38 ✓	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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	1a 16	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c ✓	

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	12		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		✓	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			✓
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b			
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)?	4a			✓
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?	5a			✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			✓
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
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?	6a			✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
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?	7a		✓	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		✓	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			✓
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?	7e			✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
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?	8			✓
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			✓
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			✓
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			✓
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	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			✓
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			✓
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 ☒

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a 18		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b Enter the number of voting members included on line 1a, above, who are independent	1b 17		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		✓
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		✓
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✓
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		✓
6 Did the organization have members or stockholders?	6		✓
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		✓
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		✓
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	✓	
b Each committee with authority to act on behalf of the governing body?	8b	✓	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		✓

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

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

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 ContractorsCheck 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	50.0 0.0	✓		✓				219,122	0	32,889
(2) NICOLE DONELSON VICE PRESIDENT OF PHILANTHROPY	45.0 0.0					✓		137,746	0	25,294
(3) MEGHAN WARRICK EVP/CFO	40.0 0.0			✓				134,446	0	24,995
(4) SANDI VIDAL VP OF COMMUNITY STRATEGIES	45.0 0.0					✓		126,209	0	29,492
(5) ELIZABETH GORDON CONTROLLER	45.0 0.0					✓		100,688	0	21,524
(6) AMANDA SEECHARAN TREASURER (AS OF 05/2024)	2.0 0.0	✓		✓				0	0	0
(7) JOHN MARTINEZ VICE CHAIR	2.0 0.0	✓		✓				0	0	0
(8) ROI EWELL SECRETARY	2.0 0.0	✓		✓				0	0	0
(9) WAYMON ARMSTRONG CHAIR	2.0 0.0	✓		✓				0	0	0
(10) ACHAL AGGARWAL BOARD MEMBER	1.0 0.0	✓						0	0	0
(11) CARLOS CARBONELL BOARD MEMBER	1.0 0.0	✓						0	0	0
(12) EDDIE FERNANDEZ BOARD MEMBER	1.0 0.0	✓						0	0	0
(13) GITI KHALSA BOARD MEMBER	1.0 0.0	✓						0	0	0
(14) IXCHELL DUARTE BOARD MEMBER (AS OF 05/2024)	1.0 0.0	✓						0	0	0

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/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			
(15) JORGE MARTINEZ BOARD MEMBER	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(16) KARLA MUNIZ BOARD MEMBER	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(17) KAY RAWLINS BOARD MEMBER	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(18) PETER HILERA BOARD MEMBER	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(19) REBECCA TRUE BOARD MEMBER	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(20) SHARI DINGLE COSTANTINI BOARD MEMBER	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(21) STEFANIE STEELE BOARD MEMBER	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(22) TANYA EASTERLING BOARD MEMBER	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(23)										
(24)										
(25)										
1b Subtotal								718,211	0	134,194
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								718,211	0	134,194

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 **5**

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

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 MANAGEMENT	121,830

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

Part VIII Statement of RevenueCheck 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	323,060			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	4,975,767			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 494,519			
	h	Total. Add lines 1a-1f		5,298,827			
Program Service Revenue	2a	GRANTMAKING SERVICES REVENUE	Business Code 561000	80,165	80,165		
	b	-----					
	c	-----					
	d	-----					
	e	-----					
	f	All other program service revenue . .		0	0	0	0
	g	Total. Add lines 2a-2f		80,165			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		2,274,681		
4		Income from investment of tax-exempt bond proceeds					
5		Royalties					
6a		Gross rents	(i) Real (ii) Personal				
b		Less: rental expenses					
c		Rental income or (loss)		0	0		
d		Net rental income or (loss)					
7a		Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
b		Less: cost or other basis and sales expenses		29,495,216			
c		Gain or (loss)		3,092,769	0		
d		Net gain or (loss)		3,092,769			3,092,769
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18					
b		Less: direct expenses					
c		Net income or (loss) from fundraising events					
9a		Gross income from gaming activities. See Part IV, line 19					
b		Less: direct expenses					
c		Net income or (loss) from gaming activities					
10a		Gross sales of inventory, less returns and allowances					
b	Less: cost of goods sold						
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11a	EVENTS INCOME	Business Code 900099	23,014			23,014
	b	OTHER INCOME	900099	12,864			12,864
	c	INTEREST EARNED ON LOANS	900099	4,950			4,950
	d	All other revenue	900099	3,400	0	0	3,400
	e	Total. Add lines 11a-11d		44,228			
	12	Total revenue. See instructions		10,790,670	80,165	0	5,411,678

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	4,411,676	4,411,676		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	179,414	179,414		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	652,962	342,381	142,455	168,126
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	521,621	314,708	100,431	106,482
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	41,138	23,013	8,507	9,618
9 Other employee benefits	248,556	134,620	53,476	60,460
10 Payroll taxes	46,290	26,929	9,087	10,274
11 Fees for services (nonemployees):				
a Management				
b Legal	6,120		6,120	
c Accounting	40,974		40,974	
d Lobbying	5,625	5,625		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	312,359	312,359		
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	135,011	135,011	0	0
12 Advertising and promotion	30,495	27		30,468
13 Office expenses	80,197	66,526	10,942	2,729
14 Information technology	112,073	62,066	26,320	23,687
15 Royalties				
16 Occupancy	142,221	17,945	117,401	6,875
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	20,923	16,502	3,518	903
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	21,727	12,154	4,493	5,080
23 Insurance	18,549	1,076	17,473	0
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 <u>PARKING AND MILEAGE</u>	18,195	8,822	5,266	4,107
b <u>DUES & SUBSCRIPTIONS</u>	17,139	1,789	12,885	2,465
c <u>LICENSES AND FEES</u>	16,294	1,032	11,633	3,629
d <u>TELEPHONE</u>	14,399	5,423	5,213	3,763
e All other expenses	19,414	7,960	11,454	0
25 Total functional expenses. Add lines 1 through 24e	7,113,372	6,087,058	587,648	438,666
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 SheetCheck 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	5,564,381	1	533,566
	2 Savings and temporary cash investments	1,606,255	2	4,217,618
	3 Pledges and grants receivable, net	1,138,460	3	1,474,148
	4 Accounts receivable, net		4	
	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		5	0
	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)		6	0
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	11,812	9	850
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 155,522		
	b Less: accumulated depreciation	10b 96,625		
		68,781	10c	58,897
	11 Investments—publicly traded securities	74,642,092	11	81,582,469
	12 Investments—other securities. See Part IV, line 11	14,434,907	12	15,309,786
	13 Investments—program-related. See Part IV, line 11	445,180	13	341,090
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	800,238	15	674,932
	16 Total assets. Add lines 1 through 15 (must equal line 33)	98,712,106	16	104,193,356
Liabilities	17 Accounts payable and accrued expenses	117,504	17	135,166
	18 Grants payable	1,727,381	18	660,970
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to 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		22	0
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D	848,855	25	710,717
	26 Total liabilities. Add lines 17 through 25	2,693,740	26	1,506,853
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	95,149,355	27	101,415,184
	28 Net assets with donor restrictions	869,011	28	1,271,319
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	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	96,018,366	32	102,686,503
	33 Total liabilities and net assets/fund balances	98,712,106	33	104,193,356

Part XI Reconciliation of Net AssetsCheck 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	10,790,670
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,113,372
3	Revenue less expenses. Subtract line 2 from line 1	3	3,677,298
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	96,018,366
5	Net unrealized gains (losses) on investments	5	2,355,251
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	635,588
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	102,686,503

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain 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. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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. <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> 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 .		

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

2024

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 33¹/₃% 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 33¹/₃% 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						

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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4,738,334	11,892,063	12,513,848	5,862,447	5,298,827	40,305,519
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	4,738,334	11,892,063	12,513,848	5,862,447	5,298,827	40,305,519
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)						8,048,073
6 Public support. Subtract line 5 from line 4						32,257,446

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	4,738,334	11,892,063	12,513,848	5,862,447	5,298,827	40,305,519
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,173,189	1,256,441	1,749,852	2,092,002	2,274,681	8,546,165
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	52,714	21,120	12,352	60,737	44,228	191,151
11 Total support. Add lines 7 through 10						49,042,835
12 Gross receipts from related activities, etc. (see instructions)					12	211,372
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 2024 (line 6, column (f), divided by line 11, column (f))	14	65.77 %
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	65.44 %
16a 33¹/₃% support test—2024. 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 33¹/₃% support test—2023. 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—2024. 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—2023. 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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) . . .	17	%
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	%
19a 33¹/₃% support tests—2024. 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 . . . <input type="checkbox"/>		
b 33¹/₃% support tests—2023. 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 . . . <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . <input type="checkbox"/>		

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)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
2a			
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
2b			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .			
3a			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
3b			

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 2024 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-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, 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 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020 . . .			
b Excess from 2021 . . .			
c Excess from 2022 . . .			
d Excess from 2023 . . .			
e Excess from 2024 . . .			

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.)

Part VI

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.)

Return Reference - Identifier	Explanation						
SCHEDULE A, PART II, LINE 10 - OTHER INCOME	Description	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
	(1) MISCELLANEOUS	52,714	21,120	12,352	60,737	44,228	191,151
	Total	52,714	21,120	12,352	60,737	44,228	191,151

**Schedule B
(Form 990)**

(Rev. January 2025)
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

Name of the organization
CENTRAL FLORIDA FOUNDATION

Employer identification number
59-3182886

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

- ☒ 501(c)(**3**) (enter number) organization
- ☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- ☐ 527 political organization

Form 990-PF

- ☐ 501(c)(3) exempt private foundation
- ☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
- ☐ 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 $\frac{1}{3}$ % 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

CENTRAL FLORIDA FOUNDATION

Employer identification number

59-3182886**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>		\$ <u>1,000,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>		\$ <u>635,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>		\$ <u>411,500</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>		\$ <u>317,183</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>		\$ <u>251,100</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>		\$ <u>250,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

CENTRAL FLORIDA FOUNDATION

Employer identification number

59-3182886**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 200,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 161,056	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 135,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

59-3182886

Part II

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
8	MARKETABLE SECURITIES ----- ----- ----- -----	\$ 161,056	04/30/2025 -----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- ----- -----	\$ -----	-----

Name of organization

CENTRAL FLORIDA FOUNDATION

Employer identification number

59-3182886

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

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

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

----- ----- -----	----- ----- -----
-------------------------	-------------------------

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under Section 501(c) and Section 527
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.

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

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. Rows 1-6.

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)	5,625													
c	Total lobbying expenditures (add lines 1a and 1b)	5,625													
d	Other exempt purpose expenditures	7,107,747													
e	Total exempt purpose expenditures (add lines 1c and 1d)	7,113,372													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	505,669													
<table border="1"> <thead> <tr> <th>IF the amount on line 1e, column (a) or (b) is:</th> <th>THEN 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:	THEN 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:	THEN 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)	126,417													
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0													
i	Subtract line 1f from line 1c. If zero or less, enter -0-	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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) Total
2a Lobbying nontaxable amount	557,446	1,000,000	757,139	505,669	2,820,254
b Lobbying ceiling amount (150% of line 2a, column (e))					4,230,381
c Total lobbying expenditures	4,500	4,500	3,375	5,625	18,000
d Grassroots nontaxable amount	139,362	250,000	189,285	126,417	705,064
e Grassroots ceiling amount (150% of line 2d, column (e))					1,057,596
f Grassroots lobbying expenditures					0

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)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

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."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year?	4	
5 Taxable amount of lobbying and political expenditures. See instructions	5	

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.

SEE NEXT PAGE

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.

Return Reference - Identifier	Explanation
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)

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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.

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization

CENTRAL FLORIDA FOUNDATION

Employer identification number

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	97	18
2 Aggregate value of contributions to (during year)	3,538,672	156,812
3 Aggregate value of grants from (during year)	1,487,845	340,113
4 Aggregate value at end of year	38,904,670	3,491,774
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).

☐ Preservation of land for public use (for example, recreation or education) ☐ Preservation of a historically important land area

☐ Protection of natural habitat ☐ Preservation of a certified historic structure

☐ Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included 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 \$

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	63,378,818	59,860,152	62,218,762	62,584,309	49,389,455
b Contributions	1,249,148	1,225,620	1,131,766	3,925,397	201,314
c Net investment earnings, gains, and losses	5,845,062	5,477,450	57,051	(1,468,489)	15,622,624
d Grants or scholarships	2,031,803	2,618,740	1,942,609	1,518,271	1,525,310
e Other expenditures for facilities and programs					
f Administrative expenses	1,204,622	565,664	1,604,818	1,304,184	1,103,774
g End of year balance	67,236,603	63,378,818	59,860,152	62,218,762	62,584,309

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

a Board designated or quasi-endowment 0.00 %

b Permanent endowment 100.00 %

c Term endowment 0.00 %

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:

(i) Unrelated organizations? ☐ Yes ☒ No

(ii) Related organizations? ☐ Yes ☒ No

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐ Yes ☒ No

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		155,522	96,625	58,897
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				58,897

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) <u>FIXED INCOME</u>	10,223,255	END OF YEAR MARKET VALUE
(B) <u>HEDGE FUND OF FUNDS</u>	3,658,876	END OF YEAR MARKET VALUE
(C) <u>PRIVATE EQUITY FUNDS OF FUNDS</u>	1,427,655	END OF YEAR MARKET VALUE
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, line 12, col. (B)) . . .	15,309,786	

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) <u>LEASE LIABILITY</u>	644,619
(3) <u>LIABILITY UNDER SPLIT INTEREST AGREEMENT</u>	66,098
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	710,717

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

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

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	

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

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

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

Part XIII Supplemental Information

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

[SEE STATEMENT](#)

Part XIII

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

Return Reference - Identifier	Explanation
SCHEDULE D, PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUNDS	ENDOWMENT FUNDS PROVIDE SUSTAINABLE FUNDING FOR CHARITABLE PROJECTS IN CENTRAL FLORIDA AND ACROSS THE UNITED STATES.
SCHEDULE D, PART X, LINE 2 - FIN 48 (ASC 740) FOOTNOTE	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 F
(Form 990)

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization CENTRAL FLORIDA FOUNDATION	Employer identification number 59-3182886
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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 AND THE CARIBBEAN	0	0	INVESTMENTS		3,836,526
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal	0	0			3,836,526
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			3,836,526

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

Return Reference - Identifier	Explanation
SCHEDULE F, PART I, LINE 3 - METHOD USED TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS	CENTRAL AMERICA AND THE CARIBBEAN -,ACCRUAL

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

OMB No. 1545-0047

Open to Public
Inspection

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? [X] 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.

(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) 26HEALTH INC. 801 N. MAGNOLIA AVE #402, ORLANDO, FL 32803	45-1063515	501(C)(3)	133,419				OPERATING SUPPORT
(2) 306 FOUNDATION INC. P.O. BOX 2643, WINTER PARK, FL 32790	45-3938687	501(C)(3)	10,000				OPERATING SUPPORT
(3) ACA OF CENTRAL FLORIDA, INC. 2759 MARSH WREN, LONGWOOD, FL 32779	59-3195479	501(C)(3)	5,000				OPERATING SUPPORT
(4) ACES MATTER, CORP 4046 N. GOLDENROD, WINTER PARK, FL 32792	85-1246674	501(C)(3)	5,000				(SEE STATEMENT)
(5) ADVENTHEALTH FDN CENTRAL FLORIDA 800 NORTH MAGNOLIA, ORLANDO, FL 32803	59-2219301	501(C)(3)	118,600				(SEE STATEMENT)
(6) AGA KHAN FOUNDATION USA 1825 K STREET N.W., WASHINGTON, DC 20006	52-1231983	501(C)(3)	18,000				(SEE STATEMENT)
(7) ALL SAINTS EPISCOPAL CHURCH 338 E. LYMAN AVENUE, WINTER PARK, FL 32789	31-1629166	501(C)(3)	24,385				OPERATING SUPPORT
(8) ALS ASSOCIATION P.O. BOX 37022, BOONE, IA 50037	13-3271855	501(C)(3)	10,000				FLORIDA CHAPTER
(9) AMERICAN CANCER SOCIETY P.O. BOX 720366, OKLAHOMA CITY, OK 73162	13-1788491	501(C)(3)	7,322				FLORIDA DIVISION.
(10) ANIMAL LEGAL DEFENSE FUND 525 E. COTATI AVENUE, COTATI, CA 94931	94-2681680	501(C)(3)	5,250				OPERATING SUPPORT
(11) ARTHRITIS FOUNDATION 1355 PEACHTREE ST. NE, ATLANTA, GA 30309	58-1341679	501(C)(3)	36,288				OPERATING SUPPORT
(12) (SEE STATEMENT)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 154
3 Enter total number of other organizations listed in the line 1 table 0

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 EDUCATION	36	179,414			
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.
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(SEE STATEMENT)

Part II**Grants and Other Assistance to Governments and Organizations in the United States (continued)**

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(12) ASSOCIATION OF FUNDRAISING PROFESSIONALS P.O. BOX 398, WINTER PARK, FL 32790	59-2870898	501(C)(3)	5,000				KENNETH F. MURRAH AWARD FOR OUTSTANDING PHILANTHROPIST
(13) ATLANTIC CENTER FOR THE ARTS 1414 ART CENTER AVENUE, NEW SMYRNA BEACH, FL 32168	59-1998321	501(C)(3)	5,000				OPERATING SUPPORT
(14) BLACK BUSINESS COMMUNITY DEVELOPMENT CORPORATION 301 EAST PINE STREET, SUITE 175, ORLANDO, FL 32801	59-3179911	501(C)(3)	40,000				ENTERPRISING BLACK ORLANDO
(15) BLENDED HEARTS 1435 CALATHEA DR, ORLANDO, FL 32818	84-3479632	501(C)(3)	5,153				OPERATING SUPPORT
(16) BOSTON SYMPHONY ORCHESTRA, INC. 301 MASSACHUSETTS AVE, BOSTON, MA 02115	04-2103550	501(C)(3)	5,000				OPERATING SUPPORT
(17) BOYS & GIRLS CLUBS OF CENTRAL FLORIDA 101 E. COLONIAL DRIVE, ORLANDO, FL 32801	59-0951887	501(C)(3)	18,786				OPERATING SUPPORT
(18) CAT PROTECTION SOCIETY, INC. P.O. BOX 1078, SORRENTO, FL 32776-1078	59-3413294	501(C)(3)	40,884				OPERATING SUPPORT
(19) CATHOLICVOTE EDUCATION FUND P.O. BOX 3310, CARMEL, IN 46082	20-2787890	501(C)(3)	5,415				OPERATING SUPPORT
(20) CENTER FOR INDEPENDENT LIVING IN CENTRAL FLORIDA, INC. 720 N. DENNING DRIVE, WINTER PARK, FL 32789	59-1828770	501(C)(3)	7,500				FAMILY DISABILITY NAVIGATOR PROGRAM
(21) CENTRAL FLORIDA COMMUNITY ARTS P.O. BOX 720517, ORLANDO, FL 32872	45-2324172	501(C)(3)	19,635				ART TEACHER AT UNITED GLOBAL OUTREACH
(22) CENTRAL FLORIDA PUBLIC MEDIA (WMFE) 11510 EAST COLONIAL DRIVE, ORLANDO, FL 32817	59-6155012	501(C)(3)	14,100				OPERATING SUPPORT
(23) CENTRAL FLORIDA ZOOLOGICAL SOCIETY, INC. P.O. BOX 470309, LAKE MONROE, FL 32747-0309	59-1357197	501(C)(3)	22,924				OPERATING SUPPORT
(24) CHINESE AMERICAN ASSOCIATION OF CENTRAL FLORIDA 879 OUTER ROAD, SUITE B, ORLANDO, FL 32814	59-2142487	501(C)(3)	5,000				PROJECT EMPOWERMENT
(25) CHRISTIAN SERVICE CENTER FOR CENTRAL FLORIDA INC 808 W. CENTRAL BLVD., ORLANDO, FL 32805	59-1353031	501(C)(3)	22,437				OPERATING SUPPORT
(26) COALITION FOR THE HOMELESS OF CENTRAL FLORIDA, INC. P.O. BOX 3467, ORLANDO, FL 32802-3467	59-2814255	501(C)(3)	23,485				OPERATING SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(27) COMMISSION 127 246 N. WESTMONTE DRIVE, ALTAMONTE SPRINGS, FL 32714	83-2146975	501(C)(3)	5,000				OPERATING SUPPORT
(28) COMMUNITY COORDINATED CARE FOR CHILDREN, INC. 3500 WEST COLONIAL DRIVE, ORLANDO, FL 32808	59-1371754	501(C)(3)	5,993				OPERATING SUPPORT
(29) CREATING ANIMAL RESPECT EDUCATION FOUNDATION 4609 PONKAN ROAD, APOPKA, FL 32712	59-3369425	501(C)(3)	5,000				FOXES
(30) DATAKIND 271 CADMAN PLZ E, UNIT 24554, BROOKLYN, NY 11202-8332	46-4082076	501(C)(3)	20,000				SCALE K-READY HUB
(31) DR. PHILLIPS CENTER FOR THE PERFORMING ARTS 155 E. ANDERSON STREET, ORLANDO, FL 32801	20-0695917	501(C)(3)	63,151				OPERATING SUPPORT
(32) EDGEWOOD CHILDREN'S RANCH 1451 EDGEWOOD RANCH ROAD, ORLANDO, FL 32835	59-1150182	501(C)(3)	45,381				OPERATING SUPPORT
(33) EDYTH BUSH INSTITUTE FOR PHILANTHROPY & NONPROFIT LEADERSHIP 1000 HOLT AVE. # 2755, WINTER PARK, FL 32789	59-0624440	501(C)(3)	7,250				NONPROFIT OUTREACH
(34) EMERALD COAST AUTISM CENTER 80 E. COLLEGE BLVD., NICEVILLE, FL 32578	27-0263926	501(C)(3)	10,000				SMART BOARDS FOR TWO CLASSROOMS
(35) EMMAUS FELLOWSHIP P.O BOX 9020, WOODLAND PARK, CO 80866	84-0804263	501(C)(3)	10,000				OPERATING SUPPORT
(36) FIDELITY CHARITABLE P.O. BOX 770001, CINCINNATI, OH 45277-0053	11-0303001	501(C)(3)	35,800				OPERATING SUPPORT
(37) FIND, FEED & RESTORE 830 W MONTROSE STREET, CLERMONT, FL 34711	86-3070194	501(C)(3)	20,000				OPERATING SUPPORT
(38) FIRST CHURCH OF CHRIST SCIENTIST 210 MASSACHUSETTS AVENUE, PO5-10, BOSTON, MA 02115-3195	04-2254742	501(C)(3)	7,767				OPERATING SUPPORT
(39) FIRST NATURE FOUNDATION 3323 SCHOOLHOUSE ROAD, HARMONY, FL 34773	82-3264932	501(C)(3)	5,000				HORSE SENSE FOR TEENS
(40) FIRST RESPONDERS CHILDREN'S FOUNDATION 38 EAST 32ND STREET, SUITE # 602, NEW YORK, NY 10016-5566	05-0536854	501(C)(3)	49,472				SCHOLARSHIPS
(41) FLORIDA AFTER SCHOOL INC. 1650 SUMMIT LAKE DRIVE, SUITE 210, TALLAHASSEE, FL 32317	59-3062864	501(C)(3)	6,835				OPERATING SUPPORT
(42) FLORIDA COALITION TO END HOMELESSNESS P.O. BOX 60614, PALM BAY, FL 32906	59-2981086	501(C)(3)	5,000				SCHOLARSHIPS FOR YOUTH HOMELESS LEADERSHIP CONFERENCE

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(43) FLORIDA COMMUNITY INNOVATION FOUNDATION INC 8 SPINNAKER POINT CT, INDIAN HARBOUR BEACH, FL 32937-5307	85-3417777	501(C)(3)	5,000				MAPPING TOOL
(44) FLORIDA PHILANTHROPIC NETWORK 12191 W LINEBAUGH AVE, SUITE 626, TAMPA, FL 33626	20-1328734	501(C)(3)	9,000				OPERATING SUPPORT
(45) FLORIDA SYMPHONY YOUTH ORCHESTRA, INC P.O. BOX 2328, WINTER PARK, FL 32790	59-2225301	501(C)(3)	6,183				OPERATING SUPPORT
(46) FLORIDA VOLUNTEER FOUNDATION, INC. 1545 RAYMOND DIEHL ROAD, SUITE 250, TALLAHASSEE, FL 32308	01-0973168	501(C)(3)	5,000				FLORIDA DISASTER FUND
(47) FOOD FOR THE POOR, INC. 6401 LYONS RD., COCONUT CREEK, FL 33073	59-2174510	501(C)(3)	12,000				OPERATING SUPPORT
(48) FOSTER GRANTS AND GIVING INC. P.O. BOX 771501, ORLANDO, FL 32877	83-1790452	501(C)(3)	5,000				OPERATING SUPPORT
(49) FOUNDATION FOR FOSTER CHILDREN 2265 LEE RD., SUITE 203, WINTER PARK, FL 32789	26-1682601	501(C)(3)	10,000				OPERATING SUPPORT
(50) FOUNDATION FOR ORANGE COUNTY PUBLIC SCHOOLS INC. 445 WEST AMELIA STREET, SUITE 901, ORLANDO, FL 32801	59-2788435	501(C)(3)	13,250				OPERATING SUPPORT
(51) FOUNDATION FOR OSCEOLA EDUCATION, INC. 2310 NEW BEGINNINGS ROAD, SUITE 118, KISSIMMEE, FL 34744	59-2960396	501(C)(3)	76,082				SCHOLARSHIPS
(52) FRIENDS OF THE ISRAEL DEFENSE FORCES 8139 SANTALO COVE COURT, BOYNTON BEACH, FL 33473	13-3156445	501(C)(3)	5,000				OPERATING SUPPORT
(53) GET COOKING 8821 ARRABIDA LANE, ORLANDO, FL 32836	88-2499157	501(C)(3)	5,000				OPERATING SUPPORT
(54) GIVEWELL COMMUNITY FOUNDATION, INC. 1501 SOUTH FLORIDA AVENUE, LAKELAND, FL 33803-1152	59-3649871	501(C)(3)	11,405				HEALTHCARE IN WINTER HAVEN
(55) GRACE COUNSELING 2300 PEMBROOK DR., ORLANDO, FL 32810	93-4290705	501(C)(3)	10,000				OPERATING SUPPORT
(56) GRACE MEDICAL HOME, INC. 1417 E. CONCORD STREET, ORLANDO, FL 32803	26-1817966	501(C)(3)	12,937				OPERATING SUPPORT
(57) GRAND AVENUE ECONOMIC COMMUNITY DEVELOPMENT CORPORATION DBA PATHLIGHT HOME 3200 WEST COLONIAL DRIVE, ORLANDO, FL 32808	59-3131199	501(C)(3)	12,500				REPAIRS FOR SIGN DAMAGED IN THE HURRICANE

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(58) HABITAT FOR HUMANITY SEMINOLE-APOPKA 251 MAITLAND AVE., SUITE 312, ALTAMONTE SPRINGS, FL 32701	59-3034059	501(C)(3)	10,000				LET'S TALK VOTING
(59) HEART OF FLORIDA UNITED WAY 1940 CANNERY WAY, ORLANDO, FL 32804	59-0808854	501(C)(3)	82,883				OPERATING SUPPORT
(60) HILLSDALE COLLEGE 33 E COLLEGE STREET, HILLSDALE, MI 49242	38-1374230	501(C)(3)	61,493				ADAM R MAST CENTER OF THE AMERICAN CLASSICAL K-12 PROGRAM
(61) HISPANIC FEDERATION INC. - FLORIDA 1650 SAND LAKE ROAD, STE. 390, ORLANDO, FL 32809	13-3573852	501(C)(3)	75,000				LET'S TALK VOTING
(62) HOLOCAUST MEMORIAL RESOURCE AND EDUCATION CENTER OF FLORIDA INC 851 N MAITLAND AVENUE, MAITLAND, FL 32751	59-2219851	501(C)(3)	5,933				OPERATING SUPPORT
(63) HOMELESS SERVICES NETWORK OF CENTRAL FLORIDA 142 E JACKSON ST, ORLANDO, FL 32801	59-3213827	501(C)(3)	12,287				OPERATING SUPPORT
(64) IDIGNITY INC. 424 E. CENTRAL BLVD, #199, ORLANDO, FL 32801	01-0921490	501(C)(3)	51,000				OPERATING SUPPORT
(65) IN HARMONY WITH NATURE (IHWN), INC. 5725 N. APOPKA VINELAND RD., ORLANDO, FL 32818	20-5967508	501(C)(3)	20,000				NATURE AND ANIMAL-BASED NERVOUS SYSTEM HEALING AND RESTORATION PROGRAM
(66) INCLUSION CAFE INC. P.O. BOX 16024, TALLAHASSEE, FL 32317	86-3337417	501(C)(3)	5,000				OPERATING SUPPORT
(67) INICIATIVA ACCIÓN PUERTORRIQUEÑA 4855 DISTRIBUTION CT, UNIT 11, ORLANDO, FL 32822	47-4537122	501(C)(3)	5,000				OPERATING SUPPORT
(68) JUNIOR LEAGUE OF GREATER ORLANDO, INC. P.O. BOX 530076, ORLANDO, FL 32853-0076	59-0774674	501(C)(3)	25,000				OPERATING SUPPORT
(69) KANUGA CONFERENCES INC. 130 KANUGA CHAPEL DRIVE, HENDERSONVILLE, NC 28739	56-0599223	501(C)(3)	50,000				OPERATING SUPPORT
(70) KIDS HOUSE OF SEMINOLE INC 5467 N RONALD REAGAN BOULEVARD, SANFORD, FL 32773	59-3415005	501(C)(3)	7,500				OPERATING SUPPORT
(71) KING'S CHAPEL OF CENTRAL FLORIDA 2735 SAND LAKE ROAD, LONGWOOD, FL 32779	83-4522383	501(C)(3)	40,000				OPERATING SUPPORT
(72) KONKANI CHARITABLE FUND 2142 SAN BENITO DRIVE, FREMONT, CA 94539	90-0482868	501(C)(3)	65,150				TO ADDRESS HEARING LOSS/IMPAIRMENT IN MANGALORE, INDIA
(73) LA AMISTAD FOUNDATION INC 8400 LA AMISTAD COVE, FERN PARK, FL 32730	59-1300982	501(C)(3)	9,035				OPERATING SUPPORT
(74) LEUKEMIA & LYMPHOMA SOCIETY - GREATER LOS ANGELES 254 N. LAKE AVE #872, PASADENA, NY 91101	13-5644916	501(C)(3)	50,000				OPERATING SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(75) LEUKEMIA & LYMPHOMA SOCIETY - NORTH FLORIDA REGION P.O. BOX 22470, NEW YORK, FL 10087-2470	13-5644916	501(C)(3)	10,000				OPERATING SUPPORT
(76) LEUKEMIA AND LYMPHOMA SOCIETY 301 W PLATT STREET #A398, TAMPA, CA 33606	13-5644916	501(C)(3)	40,000				OPERATING SUPPORT
(77) LIFEWORK LEADERSHIP INC. P.O. BOX 541537, ORLANDO, FL 32854	82-1245782	501(C)(3)	5,000				OPERATING SUPPORT
(78) LIFT ORLANDO, INC. 710 S. TAMPA AVENUE, SUITE 209, ORLANDO, FL 32805	46-3607865	501(C)(3)	150,000				OPERATING SUPPORT
(79) LIGHTHOUSE CENTRAL FLORIDA INC. 2500 KUNZE AVENUE, ORLANDO, FL 32806	59-2418228	501(C)(3)	20,000				OPERATING SUPPORT
(80) LOVE MISSIONS GLOBAL P.O. BOX 1053, SANFORD, FL 32772	82-2042290	501(C)(3)	10,000				OPERATING SUPPORT
(81) MAYFLOWER RETIREMENT CENTER INC. 1620 MAYFLOWER COURT, WINTER PARK, FL 32792	59-2617174	501(C)(3)	141,111				OPERATING SUPPORT
(82) MERIDIAN CLUB OF WINTER PARK SCHOLARSHIP FUND P.O. BOX 1300, WINTER PARK, FL 32790	51-0205095	501(C)(3)	7,195				SCHOLARSHIPS
(83) MIAMI UNIVERSITY 725 E. CHESTNUT STREET, OXFORD, OH 45056	31-6402089	501(C)(3)	6,282				ORTON K. STARK FUND
(84) MORE TOO LIFE, INC. 1750 17TH STREET, BUILDING F, SARASOTA, FL 34234	20-5970211	501(C)(3)	50,000				MENTAL HEALTH TECHNOLOGY
(85) MORNING STAR CATHOLIC SCHOOL 930 LEIGH AVENUE, ORLANDO, FL 32804	53-0196617	501(C)(3)	10,000				ULTIMATE SPORTS PROGRAM
(86) MYERS PARK PRESBYTERIAN CHURCH 2501 OXFORD DRIVE, CHARLOTTE, NC 28207	56-0532133	501(C)(3)	5,530				OPERATING SUPPORT
(87) NATIONAL ASSOCIATION OF NEGRO MUSICIANS P.O. BOX 765061, DALLAS, TX 75376-5061	23-7015807	501(C)(3)	5,971				SUPPORT OF VOCALISTS PERFORMING NEGRO SPIRITUAL MUSIC
(88) NATIONAL BLACK MBA ASSOCIATION, CENTRAL FLORIDA CHAPTER P.O. BOX 782, WINTER PARK, FL 32790	59-3692964	501(C)(3)	5,000				LEADERS OF TOMORROW, PROFESSIONAL, AND ENTREPRENEURSHIP INITIATIVES
(89) NATIONAL CHARITABLE FUND, INC. P.O. BOX 540777, ORLANDO, FL 32854-0777	65-0462974	501(C)(3)	8,830				OPERATING SUPPORT
(90) NEW HOPE FOR KIDS 544 MAYO AVE, MAITLAND, FL 32751	59-1791345	501(C)(3)	331,743				OPERATING SUPPORT
(91) OCA OPPORTUNITY, COMMUNITY, ABILITY, INC. 5165 ADANSON STREET, ORLANDO, FL 32804	26-4366486	501(C)(3)	10,000				PEE WEE PROGRAM
(92) ONE PURSE 213 N. MILLS AVENUE, ORLANDO, FL 32801	45-2860786	501(C)(3)	25,000				OPERATING SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(93) OPERA ORLANDO 406 E. AMELIA STREET, ORLANDO, FL 32803	27-0406958	501(C)(3)	18,960				OPERATING SUPPORT
(94) ORANGE AUDUBON SOCIETY P.O. BOX 941142, MAITLAND, FL 32794-1142	59-6182031	501(C)(3)	5,000				ORANGE AUDUBON NATURE CENTER AT THE APOPKA BIRDING PARK
(95) ORLANDO BALLET INC. 600 N. LAKE FORMOSA DRIVE, ORLANDO, FL 32803	23-7427817	501(C)(3)	9,731				OPERATING SUPPORT
(96) ORLANDO DAY NURSERY ASSOCIATION 626 LAKE DOT CIRCLE, ORLANDO, FL 32801	59-0651096	501(C)(3)	47,007				OPERATING SUPPORT
(97) ORLANDO HEALTH FOUNDATION INC. 3160 SOUTHGATE COMMERCE BLVD., SUITE 50, ORLANDO, FL 32806	59-2244943	501(C)(3)	23,500				SUPPORT OF ONCOLOGY NURSES
(98) ORLANDO MAGIC YOUTH FOUNDATION 400 W. CHURCH ST., SUITE 250, ORLANDO, FL 32801	59-2940230	501(C)(3)	10,000				OPERATING SUPPORT
(99) ORLANDO MUSEUM OF ART, INC. 2416 N. MILLS AVENUE, ORLANDO, FL 32803-1483	59-0910352	501(C)(3)	18,337				OPERATING SUPPORT
(100) ORLANDO PHILHARMONIC ORCHESTRA, INC. 425 N. BUMBY AVE., ORLANDO, FL 32803	59-3058884	501(C)(3)	54,648				OPERATING SUPPORT
(101) ORLANDO POLICE FOUNDATION, INC. 189 S ORANGE AVE SUITE 970, ORLANDO, FL 32801	85-1820258	501(C)(3)	6,000				OPERATING SUPPORT
(102) ORLANDO UNION RESCUE MISSION INC. 1521 WEST WASHINGTON STREET, ORLANDO, FL 32805	59-1035082	501(C)(3)	29,377				OPERATING SUPPORT
(103) OSCEOLA CENTER FOR THE ARTS 2411 E. IRLO BRONSON HIGHWAY, KISSIMMEE, FL 34744	59-6179937	501(C)(3)	13,522				OPERATING SUPPORT
(104) OTEM COLLECTIVE 9962 HARTFORD MAROON ROAD, ORLANDO, FL 32827	84-4685544	501(C)(3)	20,000				OPERATING SUPPORT
(105) PACE CENTER FOR GIRLS, INC - ORANGE 445 N. WYMORE RD, WINTER PARK, FL 32789	59-2414492	501(C)(3)	5,780				OPERATING SUPPORT
(106) PARK AVENUE DISTRICT 110 NORTH PARK AVENUE, WINTER PARK, FL 32789	84-2361288	501(C)(3)	5,000				OPERATING SUPPORT
(107) PEACE AND JUSTICE INSTITUTE 1331 PALMETTO AVE., SUITE 201, WINTER PARK, FL 32789	92-0931158	501(C)(3)	16,000				4 TEACHERS FOR THE SUMMER ACADEMY
(108) PEER SUPPORT SPACE, INC. P.O. BOX 677032, ORLANDO, FL 32867	84-2070075	501(C)(3)	5,500				OPERATING SUPPORT
(109) PEOPLE FOR THE ETHICAL TREATMENT OF ANIMALS INC. 501 FRONT STREET, NORFOLK, VA 23510	52-1218336	501(C)(3)	5,500				OPERATING SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(110) PET RESCUE BY JUDY 401 SOUTH LAUREL AVENUE, SANFORD, FL 32771	59-3297626	501(C)(3)	10,000				OPERATING SUPPORT
(111) PHI KAPPA TAU FOUNDATION 5221 MORNING SUN RD, OXFORD, OH 45056	31-6024975	501(C)(3)	10,000				OPERATING SUPPORT
(112) PRESERVE VISION FLORIDA, INC. 2240 BELLEAIR ROAD #265, CLEARWATER, FL 33764	59-6181662	501(C)(3)	7,327				OPERATING SUPPORT
(113) PROJECT OPIOID CFL, INC. 100 E. PINE STREET, SUITE 110, ORLANDO, FL 32801	87-1602444	501(C)(3)	113,750				OPERATING SUPPORT
(114) PROJECT OPIOID, INC. 100 PINE STREET, SUITE 110, ORLANDO, FL 32801	84-3986745	501(C)(3)	60,970				OPERATING SUPPORT
(115) RICK VIA MINISTRIES P.O. BOX 582, BLUE RIDGE, VA 24064	54-1757324	501(C)(3)	5,000				OPERATING SUPPORT
(116) RIDGE TECHNICAL COLLEGE 7700 STATE ROAD 544, WINTER HAVEN, FL 33881	59-6000807	501(C)(3)	12,788				SCHOLARSHIPS
(117) ROLLINS COLLEGE 1000 HOLT AVENUE - 2711, WINTER PARK, FL 32789-4499	59-0624440	501(C)(3)	40,977				OPERATING SUPPORT
(118) ROLLINS COLLEGE GIFTS P.O. BOX 850001, DEPARTMENT 9921, ORLANDO, FL 32885-9921	59-0624440	501(C)(3)	31,612				OPERATING SUPPORT
(119) SAINT RICHARDS EPISCOPAL CHURCH 5151 LAKE HOWELL ROAD, WINTER PARK, FL 32792	59-0863669	501(C)(3)	35,000				OPERATING SUPPORT
(120) SAMARITAN VILLAGE, INC. P.O. BOX 149599, ORLANDO, FL 32814	26-4410840	501(C)(3)	5,000				OPERATING SUPPORT
(121) SCHWAB CHARITABLE FUND P.O. BOX 628298, ORLANDO, FL 32862	31-1640316	501(C)(3)	47,473				OPERATING SUPPORT
(122) SHEPHERD'S HOPE, INC. 455 9TH STREET, WINTER GARDEN, FL 34787	59-3420727	501(C)(3)	47,340				OPERATING SUPPORT
(123) SNIP-IT OF CENTRAL FLORIDA 3096 MICHIGAN AVE., KISSIMMEE, FL 34744	59-3760425	501(C)(3)	22,500				THE SPAY AND NEUTER OF OSCEOLA COUNTY CATS
(124) SOUTHEASTERN UNIVERSITY - OFFICE OF STUDENT FINANCIAL SERVICES 1000 LONGFELLOW BLVD., LAKE LAND, FL 33801	59-0722789	501(C)(3)	11,732				SCHOLARSHIPS
(125) SPARROW ACADEMY 8595 US HWY 98 N, LAKE LAND, FL 33809	47-4389272	501(C)(3)	30,000				OPERATING SUPPORT
(126) SPECIAL OLYMPICS FLORIDA 1915 DON WICKHAM DRIVE, CLERMONT, FL 34711	23-7181560	501(C)(3)	5,000				OPERATING SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(127) STEINWAY SOCIETY OF CENTRAL FLORIDA, INC. 520 WEST STATE ROAD 436, #1140, ALTAMONTE SPRINGS, FL 32714	20-5532663	501(C)(3)	6,000				OPERATING SUPPORT
(128) STETSON UNIVERSITY INC. 421 N. WOODLAND BOULEVARD, UNIT 8258, DELAND, FL 32723	59-0624416	501(C)(3)	5,000				PHOENIX GENERATION CONFERENCE
(129) THE ALBIN POLASEK MUSEUM AND SCULPTURE GARDENS, INC. 633 OSCEOLA AVENUE, WINTER PARK, FL 32789	59-1102352	501(C)(3)	20,589				OPERATING SUPPORT
(130) THE CENTRAL FLORIDA MIRACLE LEAGUE P.O. BOX 540258, ORLANDO, FL 32854	02-0535393	501(C)(3)	10,000				BASEBALL FIELD RENOVATIONS
(131) THE CHAMBER FOUNDATION INC. 1425 E. VINE STREET, KISSIMMEE, FL 34744	59-3183973	501(C)(3)	50,833				OPERATING SUPPORT
(132) THE CULINARY INSTITUTE OF AMERICA 1946 CAMPUS DR., HYDE PARK, NY 12538	06-0653264	501(C)(3)	15,000				OPERATING SUPPORT
(133) THE GREATEST INVESTMENT FOUNDATION, INC. P.O. BOX 149793, ORLANDO, FL 32814	46-2901089	501(C)(3)	5,000				OPERATING SUPPORT
(134) THE LGBT+ CENTER ORLANDO, INC. 946 N. MILLS AVENUE, ORLANDO, FL 32803	59-1884445	501(C)(3)	21,100				OPERATING SUPPORT
(135) THE NATURE CONSERVANCY FLORIDA CHAPTER 1035 S. SEMORAN BLVD, SUITE 2-1021, WINTER PARK, FL 32792	53-0242652	501(C)(3)	55,000				OPERATING SUPPORT
(136) THE NEMOURS FOUNDATION 9145 NARCOOSSEE RD SUITE 205, ORLANDO, FL 32827	59-0634433	501(C)(3)	85,100				SOURCE OF STRENGTH
(137) THE PICNIC PROJECT 419 S PARK AVENUE, SANFORD, FL 32771	45-3624109	501(C)(3)	5,000				SENIORS HEALTH INITIATIVE
(138) THE RUSSELL HOME FOR ATYPICAL CHILDREN INC. 510 WEST HOLDEN AVENUE, ORLANDO, FL 32839-2051	59-1051408	501(C)(3)	5,500				OPERATING SUPPORT
(139) THE VERB KIND 3208 E COLONIAL DRIVE, #146, ORLANDO, FL 32801	87-3886887	501(C)(3)	5,000				OPERATING SUPPORT
(140) THE WAY STATION CAT & KITTEN RESCUE GROUP 3302 LANTANA COURT, KISSIMMEE, FL 34746	99-2700247	501(C)(3)	7,500				OPERATING SUPPORT
(141) THIRD STREET COMMUNITY CLINIC INC. 1404 PARK AVENUE WEST, SUITE 2, MANSFIELD, OH 44906	34-1753919	501(C)(3)	30,000				OPERATING SUPPORT
(142) UCP OF CENTRAL FLORIDA, INC. 4780 DATA COURT, ORLANDO, FL 32817	59-0799925	501(C)(3)	11,737				OPERATING SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(143) UNITED AGAINST POVERTY, INC 150 W. MICHIGAN ST., SUITE A, ORLANDO, FL 32806	11-3697936	501(C)(3)	77,911				ROOF REPAIRS AND OPERATING SUPPORT
(144) UNITED ARTS OF CENTRAL FLORIDA, INC. 3025 EDGEWATER DR., ORLANDO, FL 32804	59-1166446	501(C)(3)	71,389				OPERATING SUPPORT
(145) UNITED GLOBAL OUTREACH, INC. P.O. BOX 536157, ORLANDO, FL 32853	03-0511875	501(C)(3)	5,000				OPERATING SUPPORT
(146) UNIVERSITY OF CENTRAL FLORIDA FOUNDATION, INC. 12424 RESEARCH PARKWAY, SUITE 250, ORLANDO, FL 32826	59-6211832	501(C)(3)	72,059				UCF KNIGHTS CLINIC 2024 AND OPERATING SUPPORT
(147) WEST VIRGINIA UNIVERSITY FOUNDATION ONE WATERFRONT PL, 7TH FLOOR, PO BOX 1650, MORGANTOWN, WV 26507-1650	55-6017181	501(C)(3)	10,000				OPERATING SUPPORT
(148) WILD HORSE RESCUE CENTER 12103 SE 47TH DRIVE, WEBSTER, FL 33597	26-1509323	501(C)(3)	5,500				OPERATING SUPPORT
(149) WINTER PARK HISTORICAL ASSOCIATION INC. P.O. BOX 51, WINTER PARK, FL 32790	59-1664195	501(C)(3)	5,000				OPERATING SUPPORT
(150) WINTER PARK LIBRARY ASSOCIATION 1052 MORSE BLVD, WINTER PARK, FL 32789	59-0794396	501(C)(3)	38,118				OPERATING SUPPORT
(151) WINTER PARK PLAYHOUSE INC 711 ORANGE AVENUE, SUITE C, WINTER PARK, FL 32789	31-1786833	501(C)(3)	8,888				REACH PROGRAM
(152) WOMAN'S CLUB OF WINTER PARK INC. P.O. BOX 1433, WINTER PARK, FL 32790-1433	59-0951590	501(C)(3)	31,148				SCHOLARSHIP FUND
(153) WOMEN ON THE RISE INTERNATIONAL, INC. 5833 S GOLDENROD, SUITE B 151, ORLANDO, FL 32822	81-3388107	501(C)(3)	10,500				LET'S TALK VOTING
(154) WORLD CENTRAL KITCHEN P.O. BOX 96538, WASHINGTON, DC 20090	27-3521132	501(C)(3)	5,000				OPERATING SUPPORT

Part IV

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

Return Reference - Identifier	Explanation
SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS	THE FOUNDATION MONITORS GRANTS BY CONDUCTING DUE DILIGENCE ON GRANTEE ORGANIZATIONS BEFORE GRANTS ARE APPROVED. GRANTS AGREEMENTS ACCOMPANY CERTAIN GRANTS AS CONSIDERED APPROPRIATE. PRE-GRANT MEETINGS, MID-YEAR FINAL EVALUATIONS ARE INCLUDED IN OUR GRANT MONITORING PROCESS AS THE CIRCUMSTANCES OF EACH GRANT WARRANT.
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	ACES MATTER, CORP: PROGRAM OUTREACH AND TECHNOLOGICAL UPDATES
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	ADVENTHEALTH FDN CENTRAL FLORIDA: WINTER PARK MEMORIAL HOSPITAL, ASSISTANCE OF AFRICAN-AMERICAN POPULATION, ONCOLOGY NURSES, NEUROSCIENCE INSTITUTE PARKINSON'S FUND
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	AGA KHAN FOUNDATION USA: SUPPORT PLURALISM THROUGH WORKS OF ARTS

**SCHEDULE J
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

CENTRAL FLORIDA FOUNDATION

Employer identification number

59-3182886

Part I Questions Regarding Compensation

	Yes	No								
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. <table><tr><td><input type="checkbox"/> First-class or charter travel</td><td><input type="checkbox"/> Housing allowance or residence for personal use</td></tr><tr><td><input type="checkbox"/> Travel for companions</td><td><input type="checkbox"/> Payments for business use of personal residence</td></tr><tr><td><input type="checkbox"/> Tax indemnification and gross-up payments</td><td><input type="checkbox"/> Health or social club dues or initiation fees</td></tr><tr><td><input type="checkbox"/> Discretionary spending account</td><td><input type="checkbox"/> Personal services (such as maid, chauffeur, chef)</td></tr></table>	<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)		
<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	1b									
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?	2									
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. <table><tr><td><input type="checkbox"/> Compensation committee</td><td><input type="checkbox"/> Written employment contract</td></tr><tr><td><input type="checkbox"/> Independent compensation consultant</td><td><input checked="" type="checkbox"/> Compensation survey or study</td></tr><tr><td><input checked="" type="checkbox"/> Form 990 of other organizations</td><td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td></tr></table>	<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				
<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?	4a	<input checked="" type="checkbox"/>								
b Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	<input checked="" type="checkbox"/>								
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.	4c	<input checked="" type="checkbox"/>								
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?	5a	<input checked="" type="checkbox"/>								
b Any related organization? If "Yes" on line 5a or 5b, describe in Part III.	5b	<input checked="" type="checkbox"/>								
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?	6a	<input checked="" type="checkbox"/>								
b Any related organization? If "Yes" on line 6a or 6b, describe in Part III.	6b	<input checked="" type="checkbox"/>								
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	7	<input checked="" type="checkbox"/>								
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	8	<input checked="" type="checkbox"/>								
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9									

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	(i) 219,122	(ii) 0	(iii) 0	9,200	23,689	252,011	0
	PRESIDENT/CEO	(ii) 0	(ii) 0	(iii) 0	0	0	0	0
2	NICOLE DONELSON	(i) 137,746	(ii) 0	(iii) 0	5,820	19,474	163,040	0
	VICE PRESIDENT OF PHILANTHROPY	(ii) 0	(ii) 0	(iii) 0	0	0	0	0
3	MEGHAN WARRICK	(i) 134,446	(ii) 0	(iii) 0	5,521	19,474	159,441	0
	EVP/CFO	(ii) 0	(ii) 0	(iii) 0	0	0	0	0
4	SANDI VIDAL	(i) 126,209	(ii) 0	(iii) 0	5,420	24,072	155,701	0
	VP OF COMMUNITY STRATEGIES	(ii) 0	(ii) 0	(iii) 0	0	0	0	0
5		(i)	(ii)	(iii)				
		(ii)						
6		(i)	(ii)	(iii)				
		(ii)						
7		(i)	(ii)	(iii)				
		(ii)						
8		(i)	(ii)	(iii)				
		(ii)						
9		(i)	(ii)	(iii)				
		(ii)						
10		(i)	(ii)	(iii)				
		(ii)						
11		(i)	(ii)	(iii)				
		(ii)						
12		(i)	(ii)	(iii)				
		(ii)						
13		(i)	(ii)	(iii)				
		(ii)						
14		(i)	(ii)	(iii)				
		(ii)						
15		(i)	(ii)	(iii)				
		(ii)						
16		(i)	(ii)	(iii)				
		(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, line 29 or 30.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2024

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	✓	9	494,519	MARKET VALUE
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	0
30a During the year, did the organization receive by contribution any property reported on 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?				Yes No 30a ✓
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?				31 ✓
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?				32a ✓
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.				

Part II

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference - Identifier	Explanation
SCHEDULE M, PART I - EXPLANATIONS OF REPORTING METHOD FOR NUMBER OF CONTRIBUTIONS	SECURITIES - PUBLICLY TRADED - THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS RECEIVED.

**SCHEDULE O
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ****Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.****Attach to Form 990 or Form 990-EZ.****Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

CENTRAL FLORIDA FOUNDATION

Employer identification number

59-3182886

Return Reference - Identifier	Explanation						
FORM 990, PART III, LINE 4A-4C - DESCRIPTION OF PROGRAM SERVICES	(EXPENSES \$84,265 INCLUDING GRANTS OF)(REVENUE) 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.						
FORM 990, PART III, LINE 4A-4C - DESCRIPTION OF PROGRAM SERVICES	(EXPENSES \$34,796 INCLUDING GRANTS OF)(REVENUE) ORLANDO HOUSING IMPACT FUND AIMS TO LEVERAGE PRIVATE CAPITAL 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.						
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	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 2025 MEETING.						
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	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, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	THE PRESIDENT/CEO'S SALARY IS REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS AS PART OF THE ANNUAL BUDGET. SECTOR BASED DATA IS USED TO DETERMINE THE COMPARABILITY OF THE SALARY TO SIMILAR POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS. WRITTEN MINUTES OF ALL BOARD OF DIRECTORS MEETINGS ARE KEPT.						
FORM 990, PART VI, LINE 15B - PROCESS TO ESTABLISH COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES	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, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	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 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES	<table><tr><th>(a) Description</th><th>(b) Amount</th></tr><tr><td>CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS</td><td>861</td></tr><tr><td>PRIOR YEAR GRANT CANCELLATION</td><td>634,727</td></tr></table>	(a) Description	(b) Amount	CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	861	PRIOR YEAR GRANT CANCELLATION	634,727
(a) Description	(b) Amount						
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	861						
PRIOR YEAR GRANT CANCELLATION	634,727						

SCHEDULE R
(Form 990)

(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

Open to Public
Inspection

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, SUITE 1700, ORLANDO, FL 32803	SUPPORT CENTRAL FLORIDA FOUNDATION	FL	0	0	CENTRAL FLORIDA FOUNDATION
(2) CFF I, LLC 800 N. MAGNOLIA AVE, SUITE 1700, ORLANDO, FL 32803	ACCELERATOR	FL	317,062	489,895	CENTRAL FLORIDA FOUNDATION
(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 CENTRAL FLORIDA FOUNDATION	FL	501(C)(3)	12 TYPE I	CENTRAL FLORIDA FOUNDATION	✓	
(2) LAKE COMMUNITY FOUNDATION, INC. (51-0497006) P.O. BOX 1060, EUSTIS, FL 32727	SUPPORT CENTRAL FLORIDA FOUNDATION	FL	501(C)(3)	12 TYPE I	CENTRAL FLORIDA FOUNDATION	✓	
(3)							
(4)							
(5)							
(6)							
(7)							

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	1a	✓
b Gift, grant, or capital contribution to related organization(s)	1b	✓
c Gift, grant, or capital contribution from related organization(s)	1c	✓
d Loans or loan guarantees to or for related organization(s)	1d	✓
e Loans or loan guarantees by related organization(s)	1e	✓
f Dividends from related organization(s)	1f	✓
g Sale of assets to related organization(s)	1g	✓
h Purchase of assets from related organization(s)	1h	✓
i Exchange of assets with related organization(s)	1i	✓
j Lease of facilities, equipment, or other assets to related organization(s)	1j	✓
k Lease of facilities, equipment, or other assets from related organization(s)	1k	✓
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	✓
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	✓
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	✓
o Sharing of paid employees with related organization(s)	1o	✓
p Reimbursement paid to related organization(s) for expenses	1p	✓
q Reimbursement paid by related organization(s) for expenses	1q	✓
r Other transfer of cash or property to related organization(s)	1r	✓
s Other transfer of cash or property from related organization(s)	1s	✓

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)													