

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.**2025****Open to Public Inspection**

A For the 2025 calendar year, or tax year beginning <u>05/01</u> , 2025, and ending <u>04/30</u> , 2026			
B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending	C Name of organization <u>CENTRAL FLORIDA FOUNDATION</u> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <u>800 NORTH MAGNOLIA AVE</u> <u>1700</u> City or town, state or province, country, and ZIP or foreign postal code <u>ORLANDO, FL 32803</u>		D Employer identification number <u>59-3182886</u>
	F Name and address of principal officer: <u>MARK BREWER</u> <u>SAME AS C ABOVE</u>		E Telephone number <u>(407) 872-3050</u>
	I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527		G Gross receipts \$ <u>37,816,539</u>
	J Website: <u>WWW.CFFFOUND.ORG</u>		H(a) Is this a group return for subordinates? ☐ Yes ☒ No H(b) Are all subordinates included? ☐ Yes ☐ No If "No," attach a list. See instructions.
	K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other		H(c) Group exemption number
L Year of formation: <u>1993</u>		M State of legal domicile: <u>FL</u>	

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>AS CENTRAL FLORIDA'S COMMUNITY FOUNDATION, WE FOCUS ON BUILDING COMMUNITY BY BUILDING PHILANTHROPY.</u>		
	2	Check this box ☐ 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 2025 (Part V, line 2a)	5	13
	6	Total number of volunteers (estimate if necessary)	6	223
		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)	5,298,827	5,262,731
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	80,165	107,399
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,367,450	9,333,649
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	44,228	23,971
	12		10,790,670	14,727,750
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	4,591,090	5,594,853
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,510,567	1,599,544
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25)	480,156	
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,011,715	1,134,847
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	7,113,372	8,329,244
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	3,677,298	6,398,506
	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	104,193,356	119,711,384
	22	Net assets or fund balances. Subtract line 21 from line 20	1,506,853	1,185,887
			102,686,503	118,525,497

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

Date

MARK BREWER, PRESIDENT/CEO

Type or print name and title

Paid Preparer Use Only

Preparer's name

JAKE COOK

Preparer's signature

JAKE COOK

Date

08/31/2026Check ☐ if self-employed

PTIN

P01240455Firm's name BDO USA

Firm's EIN

13-5381590Firm's address 450 S ORANGE AVE STE 550, ORLANDO, FL 32801-3308

Phone no.

(407) 841-6930May 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** (2025) Created 4/30/25

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒

- 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 \$ 6,148,903 including grants of \$ 5,594,853) (Revenue \$ 107,399)

THE FOUNDATION GAVE GRANTS TO 350 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.
THE GRANT-MAKING PROGRAM INCLUDES AWARDING SCHOLARSHIPS TO STUDENTS FURTHERING THEIR EDUCATION
THROUGH TECHNICAL AND CAREER EDUCATION, UNDERGRADUATE AND GRADUATE PROGRAMS LOCALLY AND BEYOND.

4b (Code:) (Expenses \$ 678,886 including grants of \$ 0) (Revenue \$ 0)

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 \$ 280,298 including grants of \$ 0) (Revenue \$ 0)

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 \$ 72,102 including grants of \$ 0) (Revenue \$ 0)

4e Total program service expenses 7,180,189

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 14	
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	13
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	✓		✓				218,937	0	34,174
(2) MEGHAN WARRICK EVP/CFO	40.0 0.0			✓				134,009	0	26,510
(3) SANDI VIDAL VP OF COMMUNITY STRATEGIES	45.0 0.0					✓		130,666	0	28,599
(4) ELIZABETH GORDON CONTROLLER	45.0 0.0					✓		107,352	0	27,442
(5) AMANDA SEECHARAN TREASURER	2.0 0.0	✓		✓				0	0	0
(6) JOHN MARTINEZ CHAIR	2.0 0.0	✓		✓				0	0	0
(7) KARLA MUNIZ SECRETARY	2.0 0.0	✓		✓				0	0	0
(8) ROI EWELL VICE CHAIR	2.0 0.0	✓		✓				0	0	0
(9) WAYMON ARMSTRONG IMMEDIATE PAST CHAIR	2.0 0.0	✓		✓				0	0	0
(10) ACHAL AGGARWAL BOARD MEMBER	1.0 0.0	✓						0	0	0
(11) CINDY CAMPBELL BOARD MEMBER (AS OF 05/2025)	1.0 0.0	✓						0	0	0
(12) EDDIE FERNANDEZ BOARD MEMBER	1.0 0.0	✓						0	0	0
(13) FRAN KOROSSEC BOARD MEMBER (AS OF 05/2025)	1.0 0.0	✓						0	0	0
(14) GITI KHALSA BOARD MEMBER	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) IXCHELL DUARTE BOARD MEMBER	1.0 0.0	☒						0	0	0
(16) JORGE MARTINEZ BOARD MEMBER	1.0 0.0	☒						0	0	0
(17) MEGAN ROSE BOARD MEMBER (AS OF 05/2025)	1.0 0.0	☒						0	0	0
(18) PETER HILERA BOARD MEMBER	1.0 0.0	☒						0	0	0
(19) REBECCA TRUE BOARD MEMBER	1.0 0.0	☒						0	0	0
(20) STEFANIE STEELE BOARD MEMBER	1.0 0.0	☒						0	0	0
(21) TANYA EASTERLING BOARD MEMBER	1.0 0.0	☒						0	0	0
(22)										
(23)										
(24)										
(25)										
1b Subtotal								590,964	0	116,725
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								590,964	0	116,725

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **4**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	☐	☒
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>	☒	☐
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>	☐	☒

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	134,974

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	110,060			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	5,152,671			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 601,316			
	h	Total. Add lines 1a-1f		5,262,731			
Program Service Revenue			Business Code				
	2a	GRANTMAKING SERVICES REVENUE	561000	107,399	107,399	0	0
	b						
	c						
	d						
	e						
	f	All other program service revenue . .		0	0	0	0
g	Total. Add lines 2a-2f		107,399				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		2,865,283	0	0	2,865,283
	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					
	c	Gain or (loss)	6,468,512	(146)			
	d	Net gain or (loss)		6,468,366			6,468,366
	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			Business Code				
	11a	EVENTS INCOME	900099	20,160			20,160
	b	INTERESTED EARNED ON LOANS	900099	2,750			2,750
	c	OTHER INCOME	900099	1,061			1,061
	d	All other revenue		0	0	0	0
e	Total. Add lines 11a-11d		23,971				
12	Total revenue. See instructions			14,727,750	107,399	0	9,357,620

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	5,517,353	5,517,353		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	77,500	77,500		
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	622,665	427,281	50,782	144,602
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	574,767	242,592	217,279	114,896
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	40,944	22,905	9,166	8,873
9 Other employee benefits	291,992	163,824	65,124	63,044
10 Payroll taxes	69,176	39,220	15,221	14,735
11 Fees for services (nonemployees):				
a Management				
b Legal	408		408	
c Accounting	42,251		42,251	
d Lobbying	4,500	4,500		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	364,194	364,194		
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	188,192	136,778	16,414	35,000
12 Advertising and promotion	38,453	2,928		35,525
13 Office expenses	86,631	43,002	31,771	11,858
14 Information technology	117,667	69,248	27,570	20,849
15 Royalties				
16 Occupancy	141,975	15,764	116,285	9,926
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	40,808	23,910	7,784	9,114
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	16,372	9,159	3,665	3,548
23 Insurance	14,500	1,076	13,424	
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 DUES AND SUBSCRIPTIONS	17,912	2,728	13,759	1,425
b PARKING AND MILEAGE	17,249	8,930	4,766	3,553
c LICENSES AND FEES	16,793	1,114	15,679	0
d UTILITIES AND TELEPHONE	14,134	6,183	4,743	3,208
e All other expenses	12,808	0	12,808	0
25 Total functional expenses. Add lines 1 through 24e	8,329,244	7,180,189	668,899	480,156
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance 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	533,566	1	3,670,058
	2 Savings and temporary cash investments	4,217,618	2	1,571,395
	3 Pledges and grants receivable, net	1,474,148	3	183,649
	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	850	9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 163,780		
	b Less: accumulated depreciation	10b 109,559	58,897	10c 54,221
	11 Investments—publicly traded securities	81,582,469	11	97,699,991
	12 Investments—other securities. See Part IV, line 11	15,309,786	12	15,586,702
	13 Investments—program-related. See Part IV, line 11	341,090	13	380,443
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	674,932	15	564,925
16 Total assets. Add lines 1 through 15 (must equal line 33)	104,193,356	16	119,711,384	
Liabilities	17 Accounts payable and accrued expenses	135,166	17	249,110
	18 Grants payable	660,970	18	366,173
	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	710,717	25	570,604
	26 Total liabilities. Add lines 17 through 25	1,506,853	26	1,185,887
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	101,415,184	27	118,437,519
	28 Net assets with donor restrictions	1,271,319	28	87,978
	Organizations that do not follow FASB ASC 958, check here ☐ 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	102,686,503	32	118,525,497
33 Total liabilities and net assets/fund balances	104,193,356	33	119,711,384	

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	14,727,750
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,329,244
3	Revenue less expenses. Subtract line 2 from line 1	3	6,398,506
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	102,686,503
5	Net unrealized gains (losses) on investments	5	9,423,829
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	16,659
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	118,525,497

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: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		✓
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	✓	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	✓	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		✓
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

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

2025

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 must generally 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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	11,892,063	12,513,848	5,862,447	5,298,827	5,262,731	40,829,916
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf					0	0
3 The value of services or facilities furnished by a governmental unit to the organization without charge					0	0
4 Total. Add lines 1 through 3	11,892,063	12,513,848	5,862,447	5,298,827	5,262,731	40,829,916
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)						6,362,277
6 Public support. Subtract line 5 from line 4						34,467,639

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
7 Amounts from line 4	11,892,063	12,513,848	5,862,447	5,298,827	5,262,731	40,829,916
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,256,441	1,749,852	2,092,002	2,274,681	2,865,283	10,238,259
9 Net income from unrelated business activities, whether or not the business is regularly carried on					0	0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	21,120	12,352	60,737	44,228	23,971	162,408
11 Total support. Add lines 7 through 10						51,230,583
12 Gross receipts from related activities, etc. (see instructions)					12	234,164
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						☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2025 (line 6, column (f), divided by line 11, column (f))	14	67.28 %
15 Public support percentage from 2024 Schedule A, Part II, line 14	15	65.77 %
16a 33¹/₃% support test—2025. 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	☒	
b 33¹/₃% support test—2024. 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	☐	
17a 10%-facts-and-circumstances test—2025. 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	☐	
b 10%-facts-and-circumstances test—2024. 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	☐	
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	☐	

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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2025 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2024 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2025 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2024 Schedule A, Part III, line 17	18	%
19a 33¹/₃% support tests—2025. If the organization did not check the box on line 14, and line 15 is more than 33 ¹ / ₃ %, and line 17 is not more than 33 ¹ / ₃ %, check this box and stop here . The organization qualifies as a publicly supported organization	☐	
b 33¹/₃% support tests—2024. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 ¹ / ₃ %, and line 18 is not more than 33 ¹ / ₃ %, check this box and stop here . The organization qualifies as a publicly supported organization	☐	
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	☐	

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	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 ☐ The organization satisfied the Activities Test. Complete line 2 below.			
b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
c ☐ The organization supported a governmental supported organization. Describe in Part VI how you supported a governmental supported organization (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of its supported organization(s)? 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 each of its 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, 3b, and 3c below.			
a Are the organization and its supported organization(s) part of an integrated system (for example, a hospital system)? If "Yes," provide details in Part VI .			
3a			
b Did the organization direct 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			
c Did the organization have the power to regularly appoint or elect (and remove) a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .			
3c			

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	☐ 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— <i>provide details in Part VI</i>)	5	
6	Total annual distributions. Add lines 1 through 5.	6	
7	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	7	
8	Distributable amount for 2025 from Section C, line 6	8	
9	Line 7 amount divided by line 8 amount	9	

Section E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2025	(iii) Distributable Amount for 2025
1 Distributable amount for 2025 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2025 (reasonable cause required— <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2025			
a From 2020			
b From 2021			
c From 2022			
d From 2023			
e From 2024			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2025 distributable amount			
i Carryover from 2020 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2025 from Section D, line 6: \$			
a Applied to underdistributions of prior years			
b Applied to 2025 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2025, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2025. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2026. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2021 . . .			
b Excess from 2022 . . .			
c Excess from 2023 . . .			
d Excess from 2024 . . .			
e Excess from 2025 . . .			

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, 3b, and 3c; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5 and 7; 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, 3b, and 3c; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5 and 7; 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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
	(1) MISCELLANEOUS	21,120	12,352	60,737	44,228	23,971	162,408
	Total	21,120	12,352	60,737	44,228	23,971	162,408

**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
1		\$ 2,000,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
2		\$ 727,890	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
3		\$ 300,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
4		\$ 249,604	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
5		\$ 183,606	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
6		\$ 173,417	Person ☒ Payroll ☐ Noncash ☐ (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		\$ 156,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
8		\$ 110,060	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (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
4	PUBLIC SECURITIES	\$ 249,604	09/18/2025
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
5	PUBLIC SECURITIES	\$ 183,606	04/24/2026
(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 ----- ----- -----

SCHEDULE C
(Form 990)

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047

2025

**Open to Public
Inspection**

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

- Section 501(c)(3) organizations: Complete Parts I-A and 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.

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

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)	4,500													
c	Total lobbying expenditures (add lines 1a and 1b)	4,500													
d	Other exempt purpose expenditures	8,324,744													
e	Total exempt purpose expenditures (add lines 1c and 1d)	8,329,244													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns	566,462													
<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)	141,616													
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?	☐ Yes ☐ 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) 2022	(b) 2023	(c) 2024	(d) 2025	(e) Total
2a Lobbying nontaxable amount	1,000,000	757,139	505,669	566,462	2,829,270
b Lobbying ceiling amount (150% of line 2a, column (e))					4,243,905
c Total lobbying expenditures	4,500	3,375	5,625	4,500	18,000
d Grassroots nontaxable amount	250,000	189,285	126,417	141,616	707,317
e Grassroots ceiling amount (150% of line 2d, column (e))					1,060,976
f Grassroots lobbying expenditures	0	0	0		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 carry over 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	100	16
2 Aggregate value of contributions to (during year)	3,867,464	168,326
3 Aggregate value of grants from (during year)	3,231,646	212,769
4 Aggregate value at end of year	46,095,421	4,007,950
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	☒ Yes ☐ No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	☒ Yes ☐ No	

Part II Conservation Easements

Complete if the organization answered "Yes" 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	67,236,603	63,378,818	59,860,152	62,218,762	62,584,309
b Contributions	1,431,540	1,249,148	1,225,620	1,131,766	3,925,397
c Net investment earnings, gains, and losses	12,488,153	5,845,062	5,477,450	57,051	(1,468,489)
d Grants or scholarships	2,258,000	2,031,803	2,618,740	1,942,609	1,518,271
e Other expenditures for facilities and programs					
f Administrative expenses	1,309,380	1,204,622	565,664	1,604,818	1,304,184
g End of year balance	77,588,916	67,236,603	63,378,818	59,860,152	62,218,762

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?

(ii) Related organizations?

	Yes	No
3a(i)		✓
3a(ii)		✓
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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		163,780	109,559	54,221
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				54,221

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>	10,056,164	END OF YEAR MARKET VALUE
(B) <u>HEDGE FUND OF FUNDS</u>	4,266,674	END OF YEAR MARKET VALUE
(C) <u>PRIVATE EQUITY FUNDS OF FUNDS</u>	1,263,864	END OF YEAR MARKET VALUE
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, line 12, col. (B))	15,586,702	

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>	507,615
(3) <u>LIABILITY UNDER SPLIT INTEREST AGREEMENT</u>	62,989
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	570,604

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			INVESTMENTS		4,296,622
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal	0	0			4,296,622
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			4,296,622

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 - 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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) 26HEALTH INC. 801 N. MAGNOLIA AVE #402, ORLANDO, FL 32803	45-1063515	501(C)(3)	136,487				OPERATING SUPPORT
(2) ADVENT HEALTH FOUNDATION CENTRAL FL. 800 N MAGNOLIA, SUITE 600, ORLANDO, FL 32803	59-2219301	501(C)(3)	84,879				WINTER PRK MEMORIAL HOSP.
(3) AGA KHAN FOUNDATION USA 1825 K STREET N.W., WASHINGTON, DC 20006	52-1231983	501(C)(3)	18,000				AGA KHAN MUSEUM
(4) ALIANZA CENTER INC. 10524 MOSS PARK RD, ORLANDO, FL 32832	83-2227824	501(C)(3)	10,100				OPERATING SUPPORT
(5) ALL SAINTS EPISCOPAL CHURCH 338 E. LYMAN AVENUE, WINTER PARK, FL 32789	31-1629166	501(C)(3)	29,909				OPERATING SUPPORT
(6) ALZHEIMER'S & DEMENTIA RES. CNTR, INC. 1410 GENE STREET, WINTER PARK, FL 32789	59-2496511	501(C)(3)	14,000				CENTRALIZED UI DASHBOARD
(7) ALZ. DISEASE & RELATED DISORD. ASSO. 2170 W. STATE RD 434, LONGWOOD, FL 32779	13-3039601	501(C)(3)	5,500				OPERATING SUPPORT
(8) AMERICAN CANCER SOCIETY P.O. BOX 720366, HAGERSTOWN, MD 21741	13-1788491	501(C)(3)	7,520				FLORIDA DIVISION
(9) ARTHRITIS FOUNDATION 1355 PEACHTREE ST. NE, ATLANTA, GA 30309	58-1341679	501(C)(3)	37,671				OPERATING SUPPORT
(10) ARTREACH ORLANDO, INC. P.O. BOX 1329, WINTER PARK, FL 32790	46-0609451	501(C)(3)	5,000				OPERATING SUPPORT
(11) ASIAN CULTURAL ASSO. OF CENTRAL FL, INC. 2759 MARSH WREN CIRCLE, LONGWOOD, FL 32779	59-3195479	501(C)(3)	5,000				OPERATING SUPPORT
(12) (SEE STATEMENT)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 150
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	12	77,500			
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.

(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				OPERATING SUPPORT
(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 E. PINE STREET, SUITE 175, ORLANDO, FL 32801	59-3179911	501(C)(3)	98,000				ENTERPRISING BLACK ORLANDO CHALLENGE GRANT
(15) CANINE COMPANIONS FOR INDEPENDENCE 8150 CLARCONA OCOEE ROAD, ORLANDO, FL 32818	94-2494324	501(C)(3)	8,000				OPERATING SUPPORT
(16) CATHOLIC CHARITIES OF CENTRAL FLORIDA, INC. 1819 N. SEMORAN BOULEVARD, ORLANDO, FL 32807	59-1214353	501(C)(3)	10,100				OPERATING SUPPORT
(17) CAT PROTECTION SOCIETY, INC. P.O. BOX 1078, SORRENTO, FL 32776-1078	59-3413294	501(C)(3)	41,989				OPERATING SUPPORT
(18) CENTER FOR INDEPENDENT LIVING IN CENTRAL FLORIDA, INC. 720 N. DENNING DRIVE, WINTER PARK, FL 32789	59-1828770	501(C)(3)	10,000				ASPIRE TO HIRE PROGRAM
(19) CENTRAL FLORIDA COMMUNITY PET CLINIC 85 S CHARLES RICHARD BEALL BLVD, DEBARY, FL 32713-3302	82-4940980	501(C)(3)	35,000				DENTAL CARE
(20) CENTRAL FLORIDA URBAN LEAGUE 2804 BELCO DRIVE, ORLANDO, FL 32808	59-1766368	501(C)(3)	10,100				OPERATING SUPPORT
(21) CENTRAL FLORIDA ZOOLOGICAL SOCIETY, INC. P.O. BOX 470309, LAKE MONROE, FL 32747-0309	59-1357197	501(C)(3)	12,002				OPERATING SUPPORT
(22) CHOICES WOMEN'S CLINIC 1851 W. COLONIAL DRIVE, ORLANDO, FL 32804	59-2343999	501(C)(3)	50,000				OPERATING SUPPORT
(23) CHRISTIAN SERVICE CENTER FOR CENTRAL FLORIDA INC 808 W. CENTRAL BLVD., ORLANDO, FL 32805	59-1353031	501(C)(3)	50,000				RENT AND HOUSING ASSISTANCE PROGRAMS
(24) CITY OF ORLANDO 400 S. ORANGE AVENUE, ORLANDO, FL 32801	59-6000396	501(C)(3)	25,000				PARTNERS FOR PLACES MATCH GRANT
(25) COALITION FOR THE HOMELESS OF CENTRAL FLORIDA, INC. 18 N TERRY AVE, ORLANDO, FL 32801-2211	59-2814255	501(C)(3)	30,971				OPERATING SUPPORT
(26) COMMONSENSE CHILDBIRTH INC. 213 S. DILLARD STREET, SUITE 340, WINTER GARDEN, FL 34787-3596	59-3479821	501(C)(3)	100,000				SUPPORTING MOTHERS IN CENTRAL FLORIDA

(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) COMMUNITY COMMUNICATIONS INC. DBA CENTRAL FLORIDA PUBLIC MEDIA 11510 E. COLONIAL DRIVE, ORLANDO, FL 32817	59-6155012	501(C)(3)	31,000				OPERATING SUPPORT
(28) COMMUNITY COORDINATED CARE FOR CHILDREN, INC. 3500 W. COLONIAL DRIVE, ORLANDO, FL 32808	59-1371754	501(C)(3)	6,223				OPERATING SUPPORT
(29) CONSERVATION FLORIDA 37 N. ORANGE AVENUE, SUITE 323, ORLANDO, FL 32801	59-3613021	501(C)(3)	31,802				OPERATING SUPPORT
(30) DR. PHILLIPS CENTER FOR THE PERFORMING ARTS 155 E. ANDERSON STREET, ORLANDO, FL 32801	20-0695917	501(C)(3)	13,651				OPERATING SUPPORT
(31) EASTERSEALS FLORIDA, INC. 2010 CROSBY WAY, WINTER PARK, FL 32792-4119	59-0637848	501(C)(3)	36,770				OPERATING SUPPORT
(32) EDGEWOOD CHILDREN'S RANCH 1451 EDGEWOOD RANCH ROAD, ORLANDO, FL 32835	59-1150182	501(C)(3)	36,933				OPERATING SUPPORT
(33) EDUCATION FOR SCHOLARS, INC. P.O. BOX 702211, TULSA, OK 74170-2211	46-1483066	501(C)(3)	5,000				OPERATING SUPPORT
(34) EIGHT WAVES CORPORATION 1136 E. PLANT STREET, WINTER GARDEN, FL 34787	86-1624826	501(C)(3)	10,100				OPERATING SUPPORT
(35) ELEVATE ORLANDO INC. P.O. BOX 940633, MAITLAND, FL 32794	26-3330456	501(C)(3)	80,000				PIPELINE COORDINATOR
(36) EMMAUS FELLOWSHIP 205 PINE STREET, WOODLAND PARK, CO 80863	84-0804263	501(C)(3)	20,000				OPERATING SUPPORT
(37) FAMILY PROMISE OF GREATER ORLANDO, INC 1000 CLAY STREET, WINTER PARK, FL 32789	59-3679904	501(C)(3)	7,500				OPERATING SUPPORT
(38) FARMWORKER ASSOCIATION OF FLORIDA, INC. (FWAF) 1264 APOPKA BLVD, APOPKA, FL 32703	59-2683978	501(C)(3)	6,000				OPERATING SUPPORT
(39) FIND, FEED AND RESTORE INC. 830 W. MONTROSE STREET, CLERMONT, FL 34711	86-3070194	501(C)(3)	16,000				OPERATING SUPPORT
(40) FIRST CONGREGATIONAL CHURCH OF WINTER PARK 225 S. INTERLACHEN AVENUE, WINTER PARK, FL 32789	59-0637840	501(C)(3)	15,000				CAPITAL CAMPAIGN
(41) FLORIDA AFTER SCHOOL INC. 1650 SUMMIT LAKE DRIVE, SUITE 210, TALLAHASSEE, FL 32317	59-3062864	501(C)(3)	7,096				OPERATING SUPPORT
(42) FLORIDA CITRUS SPORTS EVENTS, INC. 1 CITRUS BOWL PLACE, ORLANDO, FL 32805-2459	59-3021238	501(C)(3)	57,234				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
(43) FLORIDA NONPROFIT ALLIANCE 40 E. ADAMS STREET, SUITE 40, JACKSONVILLE, FL 32202	46-1185150	501(C)(3)	7,000				OPERATING SUPPORT
(44) FLORIDA PHILANTHROPIC NETWORK 12191 W. LINEBAUGH AVE, SUITE 626, TAMPA, FL 33626	20-1328734	501(C)(3)	7,500				OPERATING SUPPORT
(45) FLORIDA SYMPHONY YOUTH ORCHESTRA, INC P.O. BOX 2328, WINTER PARK, FL 32790-2328	59-2225301	501(C)(3)	6,375				OPERATING SUPPORT
(46) FOUNDATION FOR A HEALTHIER WEST ORANGE 1200 E. PLANT STREET, SUITE 200, WINTER GARDEN, FL 34787-2953	83-2185021	501(C)(3)	9,000				MATERNAL HEALTH MYSIDEWALK DASHBOARD MATCH
(47) FOUNDATION FOR ORANGE COUNTY PUBLIC SCHOOLS INC. 445 W. AMELIA STREET, SUITE 901, ORLANDO, FL 32801	59-2788435	501(C)(3)	11,084				OPERATING SUPPORT
(48) FOUNDATION FOR ORLANDO'S FUTURE 200 S. ORANGE AVENUE, SUITE 200, ORLANDO, FL 32801	59-3678634	501(C)(3)	7,500				BBLI SPONSORSHIP
(49) FOUNDATION FOR OSCEOLA EDUCATION, INC. 2310 NEW BEGINNINGS ROAD, SUITE 118, KISSIMMEE, FL 34744	59-2960396	501(C)(3)	80,781				OPERATING SUPPORT
(50) GENEVA COMMUNITY CHURCH OF GOD P.O. BOX 1164, GENEVA, FL 32732	59-2486608	501(C)(3)	5,000				OPERATING SUPPORT
(51) GIVE KIDS THE WORLD, INC. 210 S BASS ROAD, KISSIMMEE, FL 34746-6034	59-2654440	501(C)(3)	5,000				OPERATING SUPPORT
(52) GIVEWELL COMMUNITY FOUNDATION, INC. 1501 S. FLORIDA AVENUE, LAKELAND, FL 33803-1152	59-3649871	501(C)(3)	11,690				OPERATING SUPPORT
(53) GRACE COUNSELING 2300 PEMBROOK DR., ORLANDO, FL 32810	93-4290705	501(C)(3)	20,000				COUNSELING SCHOLARSHIPS
(54) GRACE MEDICAL HOME, INC. 1417 E. CONCORD STREET, ORLANDO, FL 32803	26-1817966	501(C)(3)	13,500				OPERATING SUPPORT
(55) HEART OF FLORIDA UNITED WAY 1940 CANNERY WAY, ORLANDO, FL 32804	59-0808854	501(C)(3)	88,422				OPERATING SUPPORT
(56) HEBNI NUTRITION CONSULTANTS, INC. 2009 W. CENTRAL BLVD, ORLANDO, FL 32805	59-3258397	501(C)(3)	25,000				FRESH STOP MOBILE MARKET
(57) HELPERS OF PEOPLE ENSLAVED 396 E. UNIVERSITY AVENUE, ORANGE CITY, FL 32763	84-4261443	501(C)(3)	8,107				OPERATING SUPPORT
(58) HOLOCAUST MEMORIAL RESOURCE AND EDUCATION CENTER OF FLORIDA INC 851 N. MAITLAND AVENUE, MAITLAND, FL 32751	59-2219851	501(C)(3)	26,750				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
(59) HOMELESS SERVICES NETWORK OF CENTRAL FLORIDA 142 E. JACKSON ST, ORLANDO, FL 32801	59-3213827	501(C)(3)	29,704				OPERATING SUPPORT
(60) HOPE AND HELP CENTER OF CENTRAL FLORIDA, INC. 4122 METRIC DRIVE, SUITE 800, WINTER PARK, FL 32792	59-2872225	501(C)(3)	25,000				HIV/STI PREVENTION & CARE
(61) HOPE COMMUNITY CENTER, INC. 1016 N. PARK AVENUE, APOPKA, FL 32712-2720	56-2551312	501(C)(3)	10,000				OPERATING SUPPORT
(62) HOPE PARTNERSHIP 2420 OLD VINELAND ROAD, KISSIMMEE, FL 34746	80-0855060	501(C)(3)	50,000				OPERATING SUPPORT
(63) IDIGNITY 424 E. CENTRAL BLVD., #199, ORLANDO, FL 32801	01-0921490	501(C)(3)	10,503				OPERATING SUPPORT
(64) JEWISH FAMILY SERVICES OF GREATER ORLANDO, INC 2100 LEE ROAD, WINTER PARK, FL 32789	59-1873758	501(C)(3)	5,000				OPERATING SUPPORT
(65) JOBS PARTNERSHIP OF FLORIDA 2250 LEE ROAD, SUITE 201, WINTER PARK, FL 32789	59-3612893	501(C)(3)	20,250				OPERATING SUPPORT
(66) JORDANIAN AMERICAN PHYSICIANS INC. 3339 DUKE LN., FRIENDSWOOD, TX 77546-2221	85-2526598	501(C)(3)	5,000				KING HUSSEIN CANCER CENTER
(67) JUNIOR ACHIEVEMENT OF CENTRAL FLORIDA, INC. 2121 CAMDEN ROAD, ORLANDO, FL 32803	59-0972112	501(C)(3)	80,000				OPERATING SUPPORT
(68) JUNIOR LEAGUE OF GREATER ORLANDO, INC. P.O. BOX 530076, ORLANDO, FL 32853-0076	59-0774674	501(C)(3)	23,335				OPERATING SUPPORT
(69) KANUGA CONFERENCES INC. 130 KANUGA CHAPEL DRIVE, HENDERSONVILLE, NC 28739	56-0599223	501(C)(3)	35,000				CAPITAL CAMPAIGN
(70) LA AMISTAD FOUNDATION INC 8400 LA AMISTAD COVE, FERN PARK, FL 32730	59-1300982	501(C)(3)	9,518				OPERATING SUPPORT
(71) LEUKEMIA AND LYMPHOMA SOCIETY - NORTH FLORIDA REGION 301 W. PLATT STREET, SUITE A398, TAMPA, FL 33606	13-5644916	501(C)(3)	26,476				OPERATING SUPPORT
(72) LIGHTHOUSE CENTRAL FLORIDA INC. 2500 KUNZE AVENUE, ORLANDO, FL 32806	59-2418228	501(C)(3)	72,500				OPERATING SUPPORT
(73) LILS THRIFT SHOP 305 BUFFALO CREEK ROAD, LAKE LURE, NC 28746	86-2252491	501(C)(3)	5,000				OPERATING SUPPORT
(74) LINKS FOUNDATION INC. 1200 MASSACHUSETTS AVENUE NW, WASHINGTON, DC 20005-4541	52-1170830	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
(75) MAYFLOWER RETIREMENT CENTER INC. 1620 MAYFLOWER COURT, WINTER PARK, FL 32792	59-2617174	501(C)(3)	30,005				OPERATING SUPPORT
(76) MENTAL HEALTH ASSOCIATION OF CENTRAL FLORIDA, INC. 605 E. ROBINSON STREET, #450, ORLANDO, FL 32801	59-0816432	501(C)(3)	26,239				OPERATING SUPPORT
(77) MERIDIAN CLUB OF WINTER PARK SCHOLARSHIP FUND PO BOX 3244, WINTER PARK, FL 32790-3244	51-0205095	501(C)(3)	7,389				SCHOLARSHIPS
(78) MIAMI UNIVERSITY 725 E. CHESTNUT STREET, OXFORD, OH 45056	31-6402089	501(C)(3)	6,451				THE ORTON K. STARK FUND
(79) MISSION EMANUEL 1855 E MAIN ST, STE. 14 PMB 149, SPARTANBURG, SC 29307-2326	46-3214379	501(C)(3)	10,000				COMMUNITY CONSTRUCTION FUND
(80) MUSIC THEATER BAVARIA INC. P.O. BOX 545, WINTER PARK, FL 32790-0545	27-3753774	501(C)(3)	7,643				OPERATING SUPPORT
(81) MUSLIM WOMEN'S ORGANIZATION 2813 S. HIAWASSEE ROAD, SUITE 103, ORLANDO, FL 32835	45-3740080	501(C)(3)	10,000				WOMEN'S BUSINESS INCUBATION PROGRAM
(82) NAMI CENTRAL FLORIDA 150 CRANES ROOST BLVD, STE 2, ALTAMONTE SPRINGS, FL 32701	59-2600149	501(C)(3)	20,000				OPERATING SUPPORT
(83) NATHANIEL'S HOPE 5210 S. ORANGE AVENUE, ORLANDO, FL 32809	59-3195534	501(C)(3)	6,500				OPERATING SUPPORT
(84) NATIONAL GEOGRAPHIC SOCIETY C/O ADVANCEMENT OFFICE, 1145 17TH ST, NW, WASHINGTON, DC 20036-4707	53-0193519	501(C)(3)	23,000				MUSEUM OF EXPLORATION
(85) NEIGHBORS NETWORK P.O. BOX 941417, MAITLAND, FL 32794-1417	81-2943891	501(C)(3)	12,600				TECHNOLOGY UPGRADES
(86) NEW HOPE FOR KIDS 544 MAYO AVE, MAITLAND, FL 32751	59-1791345	501(C)(3)	72,720				OPERATING SUPPORT
(87) NEW IMAGE YOUTH CENTER 212 S PARRAMORE AVENUE, ORLANDO, FL 32805	56-2482818	501(C)(3)	8,000				OPERATING SUPPORT
(88) NORTH CAROLINA CENTRAL UNIVERSITY FOUNDATION INC. P.O. BOX 52466, DURHAM, NC 27717-2466	23-7410301	501(C)(3)	5,000				OPERATING SUPPORT
(89) OCA OPPORTUNITY, COMMUNITY, ABILITY, INC. 5165 ADANSON STREET, ORLANDO, FL 32804	26-4366486	501(C)(3)	9,999				OPERATING SUPPORT
(90) OPERA ORLANDO 3855 ST. VALENTINE WAY, ORLANDO, FL 32811	27-0406958	501(C)(3)	107,614				OPERATING SUPPORT
(91) ORLANDO BALLET INC. 600 N. LAKE FORMOSA DRIVE, ORLANDO, FL 32803	23-7427817	501(C)(3)	10,110				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
(92) ORLANDO COMMUNITY & YOUTH TRUST, INC. 595 N. PRIMROSE DRIVE, ORLANDO, FL 32803	65-0572536	501(C)(3)	1,595,271				OPERATING SUPPORT
(93) ORLANDO DAY NURSERY ASSOCIATION 626 LAKE DOT CIRCLE, ORLANDO, FL 32801	59-0651096	501(C)(3)	45,595				OPERATING SUPPORT
(94) ORLANDO MAGIC YOUTH FOUNDATION 400 W. CHURCH ST., SUITE 250, ORLANDO, FL 32801	59-2940230	501(C)(3)	10,000				OPERATING SUPPORT
(95) ORLANDO MUSEUM OF ART, INC. 2416 N. MILLS AVENUE, ORLANDO, FL 32803-1483	59-0910352	501(C)(3)	13,710				OPERATING SUPPORT
(96) ORLANDO PHILHARMONIC ORCHESTRA, INC. 425 N. BUMBY AVE., ORLANDO, FL 32803	59-3058884	501(C)(3)	61,416				OPERATING SUPPORT
(97) ORLANDO SHAKESPEARE THEATER INC 812 E. ROLLINS STREET, ORLANDO, FL 32803	59-2931698	501(C)(3)	15,000				OPERATING SUPPORT
(98) ORLANDO UNION RESCUE MISSION INC. 1521 W. WASHINGTON STREET, ORLANDO, FL 32805	59-1035082	501(C)(3)	27,454				OPERATING SUPPORT
(99) OSCEOLA CENTER FOR THE ARTS 2411 E. IRLA BRONSON HIGHWAY, KISSIMMEE, FL 34744	59-6179937	501(C)(3)	14,039				OPERATING SUPPORT
(100) OTEM COLLECTIVE 9962 HARTFORD MAROON ROAD, ORLANDO, FL 32827	84-4685544	501(C)(3)	5,000				OPERATING SUPPORT
(101) PEACE AND JUSTICE INSTITUTE 1331 PALMETTO AVE., SUITE 201, WINTER PARK, FL 32789	92-0931158	501(C)(3)	32,000				OPERATING SUPPORT
(102) PET RESCUE BY JUDY 401 S. LAUREL AVENUE, SANFORD, FL 32771	59-3297626	501(C)(3)	6,000				OPERATING SUPPORT
(103) PORTLAND SYMPHONY ORCHESTRA 85 EXCHANGE STREET, 4TH FL, PORTLAND, ME 04101-5036	01-6006058	501(C)(3)	5,000				OPERATING SUPPORT
(104) PRESERVE VISION FLORIDA, INC. 2240 BELLEAIR ROAD #265, CLEARWATER, FL, FL 33764	59-6181662	501(C)(3)	7,525				ASSISTING NEEDY PEOPLE IN CENTRAL FLORIDA
(105) PROJECT OPIOID CFL, INC. 100 E. PINE STREET, SUITE 110, ORLANDO, FL 32801	87-1602444	501(C)(3)	91,000				OPERATING SUPPORT
(106) PROJECT OPIOID, INC. 100 PINE STREET, SUITE 110, ORLANDO, FL 32801	84-3986745	501(C)(3)	66,885				OPERATING SUPPORT
(107) REED CHARITABLE FOUNDATION P.O. BOX 1417, WINTER PARK, FL 32790-1417	84-3627777	501(C)(3)	25,000				LITERACY TUTORING AT WINTER PARK LIBRARY

(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
(108) RESCUE OUTREACH MISSION OF CENTRAL FLORIDA INC. 1701 HISTORIC GOLDSBORO BOULEVARD, SANFORD, FL 32771	59-2876415	501(C)(3)	12,500				STRATEGIC PLANNING
(109) RIDGE TECHNICAL COLLEGE 7700 STATE ROAD 544, WINTER HAVEN, FL 33881	59-6000807	501(C)(3)	17,246				SCHOLARSHIPS
(110) ROLLINS COLLEGE 1000 HOLT AVENUE - 2711, WINTER PARK, FL 32789-4499	59-0624440	501(C)(3)	42,157				OPERATING SUPPORT
(111) ROLLINS COLLEGE GIFTS P.O. BOX 850001, DEPARTMENT 9921, ORLANDO, FL 32885-9921	59-0624440	501(C)(3)	11,899				OPERATING SUPPORT
(112) SALVATION ARMY - ORLANDO AREA COMMAND 416 W. COLONIAL DRIVE, ORLANDO, FL 32804	58-0660607	501(C)(3)	29,128				OPERATING SUPPORT
(113) SAMARITAN RESOURCE CENTER 9837 E. COLONIAL DRIVE, ORLANDO, FL 32817	35-2409476	501(C)(3)	30,000				OPERATING SUPPORT
(114) SECOND HARVEST FOOD BANK OF CENTRAL FLORIDA, INC. 411 MERCY DRIVE, ORLANDO, FL 32805	59-2142315	501(C)(3)	71,920				OPERATING SUPPORT
(115) SENIORS FIRST INC. 5395 L.B. MCLEOD ROAD, ORLANDO, FL 32811	59-2759603	501(C)(3)	65,000				OPERATING SUPPORT
(116) SHEPHERD'S HOPE, INC. 455 9TH STREET, WINTER GARDEN, FL 34787	59-3420727	501(C)(3)	33,209				OPERATING SUPPORT
(117) SIMEON RESOURCE AND DEVELOPMENT CENTER FOR MEN, INC P.O. BOX 568811, ORLANDO, FL 32856	05-0534253	501(C)(3)	10,600				OPERATING SUPPORT
(118) SLEEP IN HEAVENLY PEACE, INC. 1343 WATER WILLOW DRIVE, GROVELAND, FL 34736	46-4346568	501(C)(3)	5,000				OPERATING SUPPORT
(119) SMITHSONIAN INSTITUTION - NATIONAL MUSEUM OF AFRICAN AMERICAN HISTORY AND CULTURE P.O. BOX 418320, BOSTON, MA 02241-8320	53-0206027	501(C)(3)	5,000				OPERATING SUPPORT
(120) SOUTHEASTERN UNIVERSITY - OFFICE OF STUDENT FINANCIAL SERVICES 1000 LONGFELLOW BLVD., LAKE LAND, FL 33801	59-0722789	501(C)(3)	12,009				OPERATING SUPPORT
(121) SPARROW ACADEMY 8595 US HWY 98 N, LAKE LAND, FL 33809	47-4389272	501(C)(3)	20,000				OPERATING SUPPORT
(122) SPECIAL OLYMPICS FLORIDA 1915 DON WICKHAM DRIVE, CLERMONT, FL 34711	23-7181560	501(C)(3)	5,000				OPERATING SUPPORT
(123) STEINWAY SOCIETY OF CENTRAL FLORIDA, INC. 520 W. STATE ROAD 436, #1140, ALTAMONTE SPRINGS, FL 32714	20-5532663	501(C)(3)	9,143				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
(124) ST. MARGARET MARY CATHOLIC CHURCH 526 N. PARK AVENUE, WINTER PARK, FL 32789	53-0196617	501(C)(3)	12,000				OPERATING SUPPORT
(125) TELLER TRAIL TEAM P.O. BOX 265, WOODLAND PARK, CO 80866-0265	99-2528349	501(C)(3)	5,000				OPERATING SUPPORT
(126) THE 4R FOUNDATION, INC. 1918 W. PRINCETON STREET, ORLANDO, FL 32804-4706	47-4062821	501(C)(3)	23,500				OPERATING SUPPORT
(127) THE ALBIN POLASEK MUSEUM AND SCULPTURE GARDENS, INC. 633 OSCEOLA AVENUE, WINTER PARK, FL 32789	59-1102352	501(C)(3)	21,219				OPERATING SUPPORT
(128) THE AMERICAN FRIENDS OF JAMAICA, INC. 1697 BROADWAY, STE 501, NEW YORK CITY, NY 10019-5910	13-3115102	501(C)(3)	7,000				HURRICANE MELISSA RELIEF
(129) THE CHAMBER FOUNDATION INC. 1425 E. VINE STREET, KISSIMMEE, FL 34744	59-3183973	501(C)(3)	52,775				OPERATING SUPPORT
(130) THE CULINARY INSTITUTE OF AMERICA 1946 CAMPUS DR., HYDE PARK, NY 12538	06-0653264	501(C)(3)	15,000				OPERATING SUPPORT
(131) THE FIRST CHURCH OF CHRIST, SCIENTIST 210 MASSACHUSETTS AVENUE, P02-02, BOSTON, MA 02115-3012	04-2254742	501(C)(3)	7,977				OPERATING SUPPORT
(132) THE GAMBIA ACADEMY - US INC. PO BOX 740, BRIARCLIFF MANOR, NY 10510-0299	83-2123697	501(C)(3)	5,000				OPERATING SUPPORT
(133) THE LGBT+ CENTER ORLANDO, INC. 946 N. MILLS AVENUE, ORLANDO, FL 32803	59-1884445	501(C)(3)	11,500				OPERATING SUPPORT
(134) THE NATURE CONSERVANCY IN OKLAHOMA 5555 EAST 71ST STREET, SUITE 9100, TULSA, OK 74136	53-0242652	501(C)(3)	5,000				CAPITAL CAMPAIGN
(135) THE NEMOURS FOUNDATION 10140 CENTURION PARKWAY, NORTH JACKSONVILLE, FL 32256	59-0634433	501(C)(3)	10,000				JENNIFER LYNN SCHOTT CHILDHOOD ARTHRITIS CLINIC
(136) THE OBAMA FOUNDATION P.O. BOX 779056, CHICAGO, IL 60677-9056	46-4950751	501(C)(3)	5,000				OPERATING SUPPORT
(137) UCP OF CENTRAL FLORIDA, INC. 4780 DATA COURT, ORLANDO, FL 32817	59-0799925	501(C)(3)	12,147				OPERATING SUPPORT
(138) UNITED AGAINST POVERTY, INC 150 W. MICHIGAN ST., SUITE A, ORLANDO, FL 32806	11-3697936	501(C)(3)	13,039				OPERATING SUPPORT
(139) UNITED ARTS OF CENTRAL FLORIDA, INC. 3025 EDGEWATER DR., ORLANDO, FL 32804	59-1166446	501(C)(3)	50,243				OPERATING SUPPORT
(140) UNITED GLOBAL OUTREACH, INC. P.O. BOX 536157, ORLANDO, FL 32853	03-0511875	501(C)(3)	76,000				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
(141) UNIVERSITY OF CENTRAL FLORIDA FOUNDATION, INC. 12461 RESEARCH PARKWAY, SUITE 550, ORLANDO, FL 32826-3203	59-6211832	501(C)(3)	40,737				UCF KNIGHTS CLINIC, OPERATING SUPPORT
(142) VERO CLASSICAL SCHOOL 51 OLD DIXIE HIGHWAY, VERO BEACH, FL 32962	88-3423347	501(C)(3)	50,000				OPERATING SUPPORT
(143) VICTORY CUP INITIATIVE INC. 333 BRIARWOOD DRIVE, WINTER PARK, FL 32789-6112	47-4650599	501(C)(3)	20,000				OPERATING SUPPORT
(144) VIVEKANANDA YOGA UNIVERSITY (VAYU) 15311 PIONEER BLVD, NORWALK, CA 90650-6402	81-1722459	501(C)(3)	100,000				OPERATING SUPPORT
(145) WEST VIRGINIA UNIVERSITY FOUNDATION P.O. BOX 1650, MORGANTOWN, WV 26507-1650	55-6017181	501(C)(3)	6,000				OPERATING SUPPORT
(146) WILD HORSE RESCUE CENTER 12103 SE. 47TH DRIVE, WEBSTER, FL 33597	26-1509323	501(C)(3)	15,000				OPERATING SUPPORT
(147) WINTER PARK HISTORICAL ASSOCIATION INC. P.O. BOX 51, WINTER PARK, FL 32790	59-1664195	501(C)(3)	5,000				OPERATING SUPPORT
(148) WINTER PARK LIBRARY ASSOCIATION 1052 MORSE BLVD, WINTER PARK, FL 32789	59-0794396	501(C)(3)	40,593				OPERATING SUPPORT
(149) WOMAN'S CLUB OF WINTER PARK INC. P.O. BOX 1433, WINTER PARK, FL 32790-1433	59-0951590	501(C)(3)	32,038				THE SCHOLARSHIP FUND
(150) YOUTH ACTION FUND 1001 N. ORANGE AVENUE, ORLANDO, FL 32801-1018	93-2906213	501(C)(3)	5,000				THE SPARK PROGRAM

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 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>☐ First-class or charter travel</td><td>☐ Housing allowance or residence for personal use</td></tr><tr><td>☐ Travel for companions</td><td>☐ Payments for business use of personal residence</td></tr><tr><td>☐ Tax indemnification and gross-up payments</td><td>☐ Health or social club dues or initiation fees</td></tr><tr><td>☐ Discretionary spending account</td><td>☐ Personal services (such as maid, chauffeur, chef)</td></tr></table>	☐ First-class or charter travel	☐ Housing allowance or residence for personal use	☐ Travel for companions	☐ Payments for business use of personal residence	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees	☐ Discretionary spending account	☐ Personal services (such as maid, chauffeur, chef)		
☐ First-class or charter travel	☐ Housing allowance or residence for personal use									
☐ Travel for companions	☐ Payments for business use of personal residence									
☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees									
☐ Discretionary spending account	☐ 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>☐ Compensation committee</td><td>☐ Written employment contract</td></tr><tr><td>☐ Independent compensation consultant</td><td>☒ Compensation survey or study</td></tr><tr><td>☒ Form 990 of other organizations</td><td>☒ Approval by the board or compensation committee</td></tr></table>	☐ Compensation committee	☐ Written employment contract	☐ Independent compensation consultant	☒ Compensation survey or study	☒ Form 990 of other organizations	☒ Approval by the board or compensation committee				
☐ Compensation committee	☐ Written employment contract									
☐ Independent compensation consultant	☒ Compensation survey or study									
☒ Form 990 of other organizations	☒ Approval by the board or compensation committee									
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? b Participate in or receive payment from a supplemental nonqualified retirement plan? c Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.	4a 4b 4c	 ☒ ☒ ☒								
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.										
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? If "Yes" on line 5a or 5b, describe in Part III.	5a 5b	 ☒ ☒								
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? If "Yes" on line 6a or 6b, describe in Part III.	6a 6b	 ☒ ☒								
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	☒								
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	☒								
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	218,937	0	0	8,817	25,357	253,111	0
	PRESIDENT/CEO	0	0	0	0	0	0	0
2	MEGHAN WARRICK	134,009	0	0	5,690	20,820	160,519	0
	EVP/CFO	0	0	0	0	0	0	0
3	SANDI VIDAL	130,666	0	0	5,587	23,012	159,265	0
	VP OF COMMUNITY STRATEGIES	0	0	0	0	0	0	0
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								

SCHEDULE M
(Form 990)Department of the Treasury
Internal Revenue Service**Noncash Contributions**

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

Attach to Form 990.

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

OMB No. 1545-0047

2025**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	✓	11	601,316	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 in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

	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 3 - SIGNIFICANT CHANGES IN PROGRAM SERVICES	THE ORLANDO HOUSING IMPACT FUND IS NO LONGER IN OPERATION.						
FORM 990, PART III, LINE 4D - DESCRIPTION OF OTHER PROGRAM SERVICES	(EXPENSES \$72,102 INCLUDING GRANTS OF \$0)(REVENUE \$0) 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 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 2026 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>16,659</td></tr><tr><td>TOTAL</td><td>16,659</td></tr></table>	(a) Description	(b) Amount	CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	16,659	TOTAL	16,659
(a) Description	(b) Amount						
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	16,659						
TOTAL	16,659						

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 (82-0974141) 800 N. MAGNOLIA AVE, SUITE 1700, ORLANDO, FL 32803	ACCELERATOR	FL	284,812	522,025	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)													
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