

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2018, or fiscal year beginning 05/01, 2018, and ending 04/30, 2019

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

▶ Go to www.irs.gov/Form8879EO for the latest information.

2018

Department of the Treasury
Internal Revenue Service

Name and title of officer

CENTRAL FLORIDA FOUNDATION INC.

Employer identification number

59-3182886

Name and title of officer

MARK BREWER, PRESIDENT/CEO

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

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

- 1a Form 990 check here ▶ **b Total revenue**, if any (Form 990, Part VIII, column (A), line 12) . . . **1b** 9,906,433.
- 2a Form 990-EZ check here ▶ **b Total revenue**, if any (Form 990-EZ, line 9) **2b** _____
- 3a Form 1120-POL check here ▶ **b Total tax** (Form 1120-POL, line 22) **3b** _____
- 4a Form 990-PF check here ▶ **b Tax based on investment income** (Form 990-PF, Part VI, line 5). **4b** _____
- 5a Form 8868 check here ▶ **b Balance Due** (Form 8868, line 3c) **5b** _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize BDO USA, LLP to enter my PIN 19627 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ 

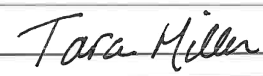
Date ▶ 01/24/2020

Part III Certification and Authentication

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

59150713538
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ 

Date ▶ _____

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

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2018

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning 05/01, 2018, and ending 04/30, 2019

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CENTRAL FLORIDA FOUNDATION INC.			D Employer identification number 59-3182886	
	Doing Business As			E Telephone number (407) 872-3050	
	Number and street (or P.O. box if mail is not delivered to street address) 800 NORTH MAGNOLIA AVENUE		Room/suite 1200		
	City or town, state or province, country, and ZIP or foreign postal code ORLANDO, FL 32803				
F Name and address of principal officer: MARK BREWER 800 NORTH MAGNOLIA AVENUE 1200, ORLANDO, FL 32803			G Gross receipts \$ 27,557,676.		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)		
J Website: WWW.CFFFOUND.ORG			H(c) Group exemption number ▶		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1993 M State of legal domicile: FL		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: AS CENTRAL FLORIDA'S COMMUNITY FOUNDATION, WE FOCUS ON BUILDING COMMUNITY BY BUILDING PHILANTHROPY.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3 18.	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 17.	
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5 11.	
	6 Total number of volunteers (estimate if necessary)	6 39.	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.	
7b Net unrelated business taxable income from Form 990-T, line 34	7b 0.		
Revenue	8 Contributions and grants (Part VIII, line 1h)	5,880,096.	6,694,288.
	9 Program service revenue (Part VIII, line 2g)	107,792.	85,321.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,076,282.	3,103,090.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	23,734.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,064,170.	9,906,433.
	Revenue		Prior Year
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6,497,389.	5,902,771.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	985,017.	1,143,824.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 424,820.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	745,860.	917,770.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	8,228,266.	7,964,365.	
19 Revenue less expenses. Subtract line 18 from line 12	835,904.	1,942,068.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	68,136,023.	70,242,598.
	21 Total liabilities (Part X, line 26)	2,828,565.	2,268,164.
	22 Net assets or fund balances. Subtract line 21 from line 20.	65,307,458.	67,974,434.

COPY FOR PUBLIC INSPECTION

Part II Signature Block

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

Sign Here	Signature of officer MARK BREWER		Date 01/24/2020		
	Type or print name and title PRESIDENT/CEO				
Paid Preparer Use Only	Print/Type preparer's name TARA MILLER	Preparer's signature <i>Tara Miller</i>	Date 02/03/2020	Check <input type="checkbox"/> if self-employed	PTIN P01322693
	Firm's name ▶ BDO USA, LLP			Firm's EIN ▶ 13-5381590	
	Firm's address ▶ 201 S. ORANGE AVE., SUITE 800 ORLANDO, FL 32801			Phone no. 407-841-6930	

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2018)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

CENTRAL FLORIDA FOUNDATION HAS SERVED AS THE REGION'S COMMUNITY FOUNDATION FOR OVER 20 YEARS. WITH THAT, OUR ROLE IS TO INCREASE PHILANTHROPY TO ADDRESS PRESSING SOCIAL ISSUES IN OUR COMMUNITY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [X] Yes [] No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 6,240,833. including grants of \$ 5,902,771.) (Revenue \$ 85,321.)

THE FOUNDATION GIVES GRANTS TO 266 NONPROFITS FOR A VARIETY OF CHARITABLE PURPOSES IN CENTRAL FLORIDA, ACROSS THE UNITED STATES AND AROUND THE WORLD. THESE GRANTS HELP TO ADDRESS A VARIETY OF AREAS FROM THE DAY TO DAY OPERATING NEEDS OF NONPROFITS ALL THE WAY TO ADDRESSING THE ROOT CAUSES OF THE MOST PRESSING SOCIAL ISSUES IN CENTRAL FLORIDA. THE GRANT-MAKING PROGRAM INCLUDES AWARDING SCHOLARSHIPS TO STUDENTS FURTHERING THEIR EDUCATION THROUGH TECHNICAL AND CAREER EDUCATION, UNDERGRADUATE AND GRADUATE PROGRAMS LOCALLY AND BEYOND.

4b (Code:) (Expenses \$ 350,141. including grants of \$) (Revenue \$)

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

4c (Code:) (Expenses \$ 72,322. including grants of \$) (Revenue \$)

NONPROFIT SEARCH IS AN ONLINE SEARCHABLE DATABASE OF PROFILES WITH INFORMATION PROVIDED BY NONPROFITS AND VALIDATED BY FOUNDATION STAFF. OUR NONPROFIT SEARCH IS DESIGNED TO HELP PEOPLE EASILY FIND NONPROFITS IN ORDER TO MAKE STRONGER GIVING DECISIONS. IN COOPERATION 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.

4d Other program services (Describe in Schedule O.) ATTACHMENT 1 (Expenses \$ 254,683. including grants of \$) (Revenue \$ 116,262.)

4e Total program service expenses 6,917,979.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows 1-21 with various questions about organizational activities and reporting requirements.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and reporting obligations.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, W-2G forms, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee reporting, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

Table with 4 columns: Question, Line Number, Yes, No. Rows include 1a, 1b, 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 4 columns: Question, Line Number, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

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

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BRIAN BUTLER BOARD MEMBER	1.00 0.	X						0.	0.	0.
(2) JAY CHAUDHARI BOARD MEMBER	1.00 0.	X						0.	0.	0.
(3) AVANI DESAI BOARD MEMBER	1.00 0.	X						0.	0.	0.
(4) MICHAEL FRUMKIN BOARD MEMBER	1.00 0.	X						0.	0.	0.
(5) SHARI COSTANTINI BOARD MEMBER	1.00 0.	X						0.	0.	0.
(6) JEFFERY Q. JONASEN VICE CHAIR	2.00 0.	X		X				0.	0.	0.
(7) ROBERT NEWLAND BOARD MEMBER	1.00 0.	X						0.	0.	0.
(8) DAVID TORRE BOARD MEMBER	1.00 0.	X						0.	0.	0.
(9) THOMAS V. DURKEE BOARD MEMBER	1.00 0.	X						0.	0.	0.
(10) JYOTI GUPTA BOARD MEMBER	1.00 0.	X						0.	0.	0.
(11) KAY RAWLINS BOARD MEMBER	1.00 0.	X						0.	0.	0.
(12) ASHLEY HILL TREASURER	2.00 0.	X		X				0.	0.	0.
(13) MARK BREWER PRESIDENT/CEO	50.00 0.	X		X				177,583.	0.	23,803.
(14) ROBERT PANEPINTO CHAIR	2.00 0.	X		X				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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) TONY JENKINS SECRETARY	2.00 0.	X		X				0.	0.	0.
(16) ROBERT F. THOMSON IMMEDIATE PAST CHAIR	2.00 0.	X		X				0.	0.	0.
(17) CARRIE ANN WOZNIAK BOARD MEMEBER	1.00 0.	X						0.	0.	0.
(18) LYNDON CARTER BOARD MEMBER	1.00 0.	X						0.	0.	0.
(19) MEGHAN WARRICK EVP/CFO	40.00 0.			X				102,454.	0.	18,619.
1b Sub-total								177,583.	0.	23,803.
c Total from continuation sheets to Part VII, Section A								102,454.	0.	18,619.
d Total (add lines 1b and 1c)								280,037.	0.	42,422.

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions) . .	1e					
	f All other contributions, gifts, grants, and similar amounts not included above .	1f	6,694,288.				
	g Noncash contributions included in lines 1a-1f: \$		150,172.				
	h Total. Add lines 1a-1f			6,694,288.			
Program Service Revenue	2a MANAGEMENT FEES			561000	-2,548.	-2,548.	
	b GRANTMAKING SERVICES REVENUE			561000	87,869.	87,869.	
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f				85,321.		
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts).				1,436,635.	
4 Income from investment of tax-exempt bond proceeds .				0.			
5 Royalties				0.			
			(i) Real	(ii) Personal			
6a Gross rents							
b Less: rental expenses							
c Rental income or (loss)							
d Net rental income or (loss)				0.			
7a Gross amount from sales of assets other than inventory			(i) Securities	(ii) Other			
			19,317,698.				
b Less: cost or other basis and sales expenses				17,651,243.			
c Gain or (loss)				1,666,455.			
d Net gain or (loss)				1,666,455.		1,666,455.	
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18			a	0.			
b Less: direct expenses			b	0.			
c Net income or (loss) from fundraising events				0.			
9a Gross income from gaming activities. See Part IV, line 19			a	0.			
b Less: direct expenses			b	0.			
c Net income or (loss) from gaming activities				0.			
10a Gross sales of inventory, less returns and allowances			a	0.			
b Less: cost of goods sold			b	0.			
c Net income or (loss) from sales of inventory				0.			
Miscellaneous Revenue			Business Code				
11a OTHER INCOME				5,640.		5,640.	
b CREDIT CARD FEES				4,094.		4,094.	
c BOARD DUES				14,000.		14,000.	
d All other revenue							
e Total. Add lines 11a-11d				23,734.			
12 Total revenue. See instructions.				9,906,433.	85,321.	3,126,824.	

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	5,236,000.	5,236,000.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	496,771.	496,771.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	170,000.	170,000.		
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	293,006.	161,687.	78,291.	53,028.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	542,460.	253,932.	184,618.	103,910.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	18,241.	9,074.	5,740.	3,427.
9 Other employee benefits	232,725.	115,774.	73,235.	43,716.
10 Payroll taxes	57,392.	28,551.	18,060.	10,781.
11 Fees for services (non-employees):				
a Management	0.			
b Legal	55,677.	53,729.		1,948.
c Accounting	23,900.		23,900.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees	177,671.	177,671.		
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	175,330.	100,500.	42,830.	32,000.
12 Advertising and promotion	90,525.	1,653.		88,872.
13 Office expenses	30,065.	3,776.	13,989.	12,300.
14 Information technology	126,548.	57,498.	39,857.	29,193.
15 Royalties	0.			
16 Occupancy	107,504.	12,230.	90,508.	4,766.
17 Travel	0.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	46,613.	16,573.	4,313.	25,727.
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	19,413.	9,657.	6,109.	3,647.
23 Insurance	7,821.		7,821.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PARKING AND MILEAGE	15,278.	7,008.	6,131.	2,139.
b DUES & SUBSCRIPTIONS	12,666.	400.	4,650.	7,616.
c UTILITIES	11,786.	5,495.	4,541.	1,750.
d MAINTENANCE	9,973.		9,973.	
e All other expenses _____	7,000.		7,000.	
25 Total functional expenses. Add lines 1 through 24e	7,964,365.	6,917,979.	621,566.	424,820.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0.			

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	382,021.	1	680,494.
	2 Savings and temporary cash investments	1,642,939.	2	1,995,342.
	3 Pledges and grants receivable, net	102,837.	3	20,966.
	4 Accounts receivable, net	0.	4	0.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.	6	0.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	0.	8	0.
	9 Prepaid expenses and deferred charges	41,259.	9	41,614.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 200,550.		
	b Less: accumulated depreciation	10b 170,424.		
		49,539.	10c	30,126.
	11 Investments - publicly traded securities	59,789,443.	11	60,624,055.
	12 Investments - other securities. See Part IV, line 11	6,023,700.	12	6,194,917.
	13 Investments - program-related. See Part IV, line 11	1,440.	13	551,440.
	14 Intangible assets	0.	14	0.
15 Other assets. See Part IV, line 11	102,845.	15	103,644.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	68,136,023.	16	70,242,598.	
Liabilities	17 Accounts payable and accrued expenses	72,894.	17	38,357.
	18 Grants payable	2,592,376.	18	2,076,927.
	19 Deferred revenue	0.	19	0.
	20 Tax-exempt bond liabilities	0.	20	0.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	163,295.	25	152,880.
	26 Total liabilities. Add lines 17 through 25	2,828,565.	26	2,268,164.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	65,210,580.	27	67,890,336.
	28 Temporarily restricted net assets	96,878.	28	84,098.
	29 Permanently restricted net assets	0.	29	0.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	65,307,458.	33	67,974,434.	
34 Total liabilities and net assets/fund balances	68,136,023.	34	70,242,598.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,906,433.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,964,365.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,942,068.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	65,307,458.
5	Net unrealized gains (losses) on investments	5	738,816.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-13,908.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	67,974,434.

Part XII Financial Statements and Reporting

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

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

CENTRAL FLORIDA FOUNDATION INC.

Employer identification number

59-3182886

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

The organization is not a private foundation because it is: (For lines 1 through 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 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**.
Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990 or 990-EZ) 2018

JSA
8E1210 1.000

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	8,212,999.	5,969,974.	3,429,755.	5,880,096.	6,694,288.	30,187,112.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3.	8,212,999.	5,969,974.	3,429,755.	5,880,096.	6,694,288.	30,187,112.
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).						3,103,650.
6 Public support. Subtract line 5 from line 4						27,083,462.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4.	8,212,999.	5,969,974.	3,429,755.	5,880,096.	6,694,288.	30,187,112.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	565,938.	725,901.	829,229.	1,205,068.	1,436,635.	4,762,771.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	3,934.				23,734.	27,668.
11 Total support. Add lines 7 through 10.						34,977,551.
12 Gross receipts from related activities, etc. (see instructions)					12	413,247.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)).	14	77.43%
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	79.07%
16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization. ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)),	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .

b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	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? <i>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.</i>	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)? <i>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).</i>	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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	2	
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	3	

Section E. Type III Functionally Integrated Supporting Organizations

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

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

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (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 (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

Schedule A (Form 990 or 990-EZ) 2018

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Schedule of Contributors

2018

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

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

Organization type (check one):

Filers of:

Section:

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

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

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

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (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, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Employer identification number
59-3182886

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 1,322,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 152,818.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 543,163.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 1,007,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Employer identification number
59-3182886

Part 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		\$ 510,215.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 140,655.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Employer identification number

59-3182886

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

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

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

Employer identification number
59-3182886

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

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

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(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 D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization

CENTRAL FLORIDA FOUNDATION INC.

Employer identification number

59-3182886

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

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

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate values, and yes/no questions.

Part II Conservation Easements.

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

Form for Part II with multiple sections: Purpose(s) of conservation easements, table for held at end of tax year, and various monitoring and policy questions.

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

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

Form for Part III with questions 1a, 1b, 2, and 2a, 2b regarding reporting of art and historical treasures.

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

Schedule D (Form 990) 2018

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

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

Part IV Escrow and Custodial Arrangements.

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

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	48,754,788.	46,083,039.	43,415,631.	43,061,890.	43,445,071.
b Contributions	1,322,738.	563,982.	304,649.	3,699,344.	418,500.
c Net investment earnings, gains, and losses	3,008,389.	4,470,748.	4,893,681.	-1,278,709.	1,386,344.
d Grants or scholarships	1,612,132.	1,438,174.	1,659,125.	1,266,057.	1,431,616.
e Other expenditures for facilities and programs					
f Administrative expenses	921,373.	924,807.	871,797.	800,837.	756,409.
g End of year balance	50,552,410.	48,754,788.	46,083,039.	43,415,631.	43,061,890.

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ _____ %
 - b** Permanent endowment ▶ 100.0000 %
 - c** Temporarily restricted endowment ▶ _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------------------------|-------------------------------------|
| (i) unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input type="checkbox"/> |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		19,642.	12,499.	7,143.
d Equipment		180,908.	157,925.	22,983.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				30,126.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) STOCKS, BONDS, & ALT. INV.	6,194,917.	FMV
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	6,194,917.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LIABILITY UNDER SPLIT INT. AGM	152,880.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	152,880.

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	9,219,332.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	578,954.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	516,772.	
e	Add lines 2a through 2d			2e 1,095,726.
3	Subtract line 2e from line 1			3 8,123,606.
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	144,282.	
b	Other (Describe in Part XIII.)	4b	1,638,545.	
c	Add lines 4a and 4b			4c 1,782,827.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)			5 9,906,433.

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	7,861,594.
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	476,095.	
e	Add lines 2a through 2d			2e 476,095.
3	Subtract line 2e from line 1			3 7,385,499.
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	144,282.	
b	Other (Describe in Part XIII.)	4b	434,584.	
c	Add lines 4a and 4b			4c 578,866.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)			5 7,964,365.

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 PAGE 5

Part XIII Supplemental Information (continued)

PART V, LINE 4:

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

PART X, LINE 2:

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

PART XI, LINE 2D - OTHER ADJUSTMENTS:

INTERNAL ADMINISTRATIVE FEES	146,231
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	-13,907
REVENUE RELATED TO ICT	5,000
REVENUE RELATED TO THE LAKE COMMUNITY FOUNDATION, INC.	63,544
REVENUE RELATED TO THE 1904 FOUNDATION	315,904

TOTAL TO SCHEDULE D, PART XI, LINE 2D:	516,772

Part XIII Supplemental Information (continued)

PART XI, LINE 4B - OTHER ADJUSTMENTS:

FUNDS HELD FOR AGENCIES CONTRIBUTIONS	938,005
FUNDS HELD FOR AGENCIES INTEREST AND DIVIDENDS	303,162
FUNDS HELD FOR AGENCIES ON REALIZED GAINS	
	397,378
TOTAL TO SCHEDULE D, PART XI, LINE 4B:	1,638,545

PART XII, LINE 2D - OTHER ADJUSTMENTS:

EXPENSE RELATED TO THE LAKE COMMUNITY FOUNDATION, INC.	93,961
EXPENSE RELATED TO THE ISLEWORTH COMMUNITY TRUST, INC.	3,752
EXPENSE RELATED TO THE 1904 FOUNDATION	378,884
TOTAL TO SCHEDULE D, PART XII, LINE 2D:	476,497

PART XII, LINE 4B - OTHER ADJUSTMENTS:

FEEES RELATED TO MANAGING FUNDS HELD FOR AGENCIES & AGENCY AUTHORIZED	
GRANTS:	434,306

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization

CENTRAL FLORIDA FOUNDATION INC.

Employer identification number

59-3182886

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

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

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

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) CENTRAL AMERICA/CARIBBEAN	0.	0.	INVESTMENTS		4,572,042.
(2) EUROPE	0.	0.	GRANTMAKING		25,000.
(3) SOUTH ASIA	0.	0.	GRANTMAKING		145,000.
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal					4,742,042.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					4,742,042.

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

Schedule F (Form 990) 2018

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)			EUROPE/ICELAND/GREENLAND	REBURBISH AN	25,000.	CHECK			
(2)			SOUTH ASIA	PAI FAMILY E	145,000.	WIRE			
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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

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

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization

CENTRAL FLORIDA FOUNDATION INC.

Employer identification number

59-3182886

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) A GIFT FOR TEACHING INC 6501 MAGIC WAY BUILDING 400C	59-3515162	501(C)(3)	10,468.				DISASTER RESPONSE PL
(2) AMERICAN CANCER SOCIETY PO BOX 720366 OKLAHOMA CITY, OK 73162	13-1788491	501(C)(3)	6,481.				FOR THE FLORIDA DIVI
(3) ADVENTHEALTH FOUNDATION CENTRAL FLORIDA 550 E. ROLLING ST. 6TH FLOOR	59-2219301	501(C)(3)	71,952.				OPERATING SUPPORT
(4) ARTHRITIS FOUNDATION 1355 PEACHTREE ST. NE SUITE 600	58-1341679	501(C)(3)	31,322.				OPERATING SUPPORT
(5) ASTRONAUT SCHOLARSHIP FOUNDATION 651 DANVILLE DRIVE SUITE 101	59-2448775	501(C)(3)	20,000.				OPERATING SUPPORT
(6) BACH FESTIVAL SOCIETY OF WINTER PARK, INC. 1000 HOLT AVE - 2763 ROLLINS COLLEGE	59-6015959	501(C)(3)	15,453.				OPERATING SUPPORT
(7) BLUEFIELD COLLEGE 3000 COLLEGE DRIVE BLUEFIELD, VA 24605	54-0568200	501(C)(3)	10,000.				#BCGIVINGDAY
(8) BOYS & GIRLS CLUBS OF CENTRAL FLORIDA 101 E. COLONIAL DRIVE ORLANDO, FL 32801	59-0951887	501(C)(3)	9,960.				OPERATING SUPPORT
(9) BORN TO FLY INTERNATIONAL P.O. BOX 664 FORT MILL, SC 29716	51-0456601	501(C)(3)	21,846.				OPERATING SUPPORT
(10) BRIGHT COMMUNITY TRUST 2561 NUSERY ROAD SUITE D	26-2352365	501(C)(3)	30,000.				OPERATING SUPPORT
(11) CAT PROTECTION SOCIETY, INC. P.O. BOX 1078 SORRENTO, FL 32776-1078	59-3413294	501(C)(3)	36,187.				OPERATING SUPPORT
(12) CHILDREN'S HOME SOCIETY OF FLORIDA 2400 SOUTH RIDGEWOOD AVENUE, SUITE 32	59-0192430	501(C)(3)	15,000.				OPERATING SUPPORT

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

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

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

Schedule I (Form 990) (2018)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization

CENTRAL FLORIDA FOUNDATION INC.

Employer identification number

59-3182886

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) CHRISTIAN SHARING CENTER INC. 600 NORTH HIGHWAY 17-92, SUITE 158	59-2744535	501(C)(3)	10,370.				OPERATING SUPPORT
(2) CLEAN THE WORLD FOUNDATION 2544 E. LANDSTREET RD., SUITE 600	26-4212487	501(C)(3)	495,000.				VARIOUS PROJECTS
(3) CENTRAL FLORIDA ZOOLOGICAL SOCIETY, INC. P. O. BOX 470309 LAKE MONROE, FL 32747-0309	59-1357197	501(C)(3)	27,445.				OPERATING SUPPORT
(4) CHELONIAN RESEARCH INSTITUTE 402 SOUTH CENTRAL AVENUE OVIEDO, FL 32765	59-3661056	501(C)(3)	10,000.				OPERATING SUPPORT
(5) COALITION FOR THE HOMELESS OF CENTRAL FLORI 639 W. CENTRAL BLVD. ORLANDO, FL 32801-2507	59-2814255	501(C)(3)	17,703.				OPERATING SUPPORT
(6) COMMUNITY COORDINATED CARE FOR CHILDREN, IN 3500 WEST COLONIAL DRIVE ORLANDO, FL 32808	59-1371754	501(C)(3)	154,969.				CHILDCARE ELIGIBILIT
(7) COMMUNITY VISION, INC. 704 GENERATION POINT SUITE 101	59-2896657	501(C)(3)	42,191.				OPERATING SUPPORT
(8) COMMUNITY ASSET PREVENTION CORPORATION 108 CHURCH STREET, 3RD FLOOR	26-4008074	501(C)(3)	900,000.				TO RENOVATE 83 HOMES
(9) CORNERSTONE HOSPICE & PALLIATIVE CARE 2445 LANE PARK RD TAVARES, FL 32778	59-2330114	501(C)(3)	14,000.				PET PEACH OF MIND PR
(10) DR. PHILLIPS CENTER FOR THE PERFORMING ARTS 155 E. ANDERSON STREET ORLANDO, FL 32801	20-0695917	501(C)(3)	35,000.				PERFORMING ARTS.
(11) EARLY LEARNING COALITION OF ORANGE COUNTY 7700 SOUTHLAND BLVD. SUITE 100	31-1759186	501(C)(3)	96,317.				PKZ BABY INSTITUTE
(12) EDGEWOOD CHILDREN'S RANCH 1451 EDGEWOOD RANCH ROAD ORLANDO, FL 32835	59-1150182	501(C)(3)	28,422.				OPERATING SUPPORT

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

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

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

Schedule I (Form 990) (2018)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization

CENTRAL FLORIDA FOUNDATION INC.

Employer identification number

59-3182886

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) EDYTH BUSH INSTITUTE FOR PHILANTHROPY & NON 1000 HOLT AVENUE - 2755	59-0624440	501(C)(3)	6,000.				SUMMIT ON NONPROFIT
(2) EASTER SEALS FLORIDA 2010 CROSBY WAY WINTER PARK, FL 32792	59-0637848	501(C)(3)	25,098.				TO REMODEL THE BATHR
(3) ELEVATE ORLANDO INC. PO BOX 940633 MAITLAND, FL 32794	26-3330456	501(C)(3)	11,250.				OPERATING SUPPORT
(4) FIRST CHURCH OF CHRIST SCIENTIST 210 MASSACHUSETTS AVENUE PO5-10	04-2254742	501(C)(3)	6,875.				OPERATING SUPPORT
(5) FIRST PRESBYTERIAN CHURCH OF ORLANDO 106 EAST CHURCH ST. ORLANDO, FL 32801	59-0624394	501(C)(3)	79,000.				EASTER SERVICE 2018
(6) FIRST TEE OF CENTRAL FLORIDA 199 E. WELBOURNE AVENUE SUITE 201	27-0149539	501(C)(3)	25,000.				OPERATING SUPPORT
(7) FLORIDA AFTER SCHOOL ALLIANCE, INC. PO BOX 5614 PLANT CITY, FL 33563	59-3062864	501(C)(3)	5,670.				OPERATING SUPPORT
(8) FLORIDA PHILANTHROPIC NETWORK 1211 N. WESTSHORE BOULEVARD SUITE 314	20-1328734	501(C)(3)	9,000.				OPERATING SUPPORT
(9) FOUNDATION FOR FOSTER CHILDREN 2265 LEE RD.STE. 203 WINTER PARK, FL 32789	26-1682601	501(C)(3)	36,875.				OPERATING SUPPORT
(10) FOUNDATION FOR OSCEOLA EDUCATION, INC. 2310 NEW BEGINNINGS ROAD SUITE 118	59-2960396	501(C)(3)	52,208.				OPERATING SUPPORT
(11) GIVEWELL COMMUNITY FOUNDATION, INC. 1501 SOUTH FLORIDA AVENUE	59-3649871	501(C)(3)	10,185.				MEDICAL CARE IN WINT
(12) FREEDOM RIDE 1905 LEE ROAD ORLANDO, FL 32810	59-3498545	501(C)(3)	10,000.				OPERATING SUPPORT

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

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

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

Schedule I (Form 990) (2018)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization

CENTRAL FLORIDA FOUNDATION INC.

Employer identification number

59-3182886

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) HEALTH CARE CENTER FOR THE HOMELESS, INC. 232 N. ORANGE BLOSSOM TRAIL	59-3185020	501(C)(3)	81,917.				OPERATING SUPPORT
(2) HEART OF FLORIDA UNITED WAY 1940 TRAYLOR BOULEVARD ORLANDO, FL 32804	59-0808854	501(C)(3)	183,427.				OPERATING SUPPORT
(3) GIRLS WHO CODE 280 WEST 23RD ST., FLOOR 4	30-0728021	501(C)(3)	10,000.				OPERATING SUPPORT
(4) HOMELESS SERVICES NETWORK OF CENTRAL FLORID 4065-D L.B. MCLEOD ROAD ORLANDO, FL 32811	59-3213827	501(C)(3)	50,000.				OPERATING SUPPORT
(5) GRACE MEDICAL HOME INC. 51 PENNSYLVANIA STREET ORLANDO, FL 32806	26-1817966	501(C)(3)	103,750.				OPERATING SUPPORT
(6) IDIGNITY INC. 424 E. CENTRAL BLVD, #199 ORLANDO, FL 32801	01-0921490	501(C)(3)	25,000.				CAPITAL CAMPAIGN LAN
(7) HOLOCAUST MEMORIAL RESOURCE & EDUCATION CEN 851 N MAITLAND AVENUE MAITLAND, FL 32751	59-2219851	501(C)(3)	250,500.				HOLOCAUST MUSEUM FOR
(8) HOMES FOR OUR TROOPS 6 MAIN STREET TAUNTON, MA 02780	54-2143612	501(C)(3)	10,370.				OPERATING SUPPORT
(9) KIDS BEATING CANCER 228 E. WINTER PARK STREET ORLANDO, FL 32804	59-1208322	501(C)(3)	14,275.				OPERATING SUPPORT
(10) LA AMISTAD FOUNDATION INC. 8400 LA AMISTAD COVER FERN PARK, FL 32730	59-1300982	501(C)(3)	6,402.				OPERATING SUPPORT
(11) MAYFLOWER RETIREMENT CENTER INC. 1620 MAYFLOWER COURT WINTER PARK, FL 32792	59-2617174	501(C)(3)	24,233.				MAYFLOWER BENEVOLENT
(12) MERIDIAN CLUB OF WINTER PARK SCHOLARSHIP FU PO BOX 1300 WINTER PARK, FL 32790	51-0205095	501(C)(3)	6,368.				OPERATING SUPPORT

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

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

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

Schedule I (Form 990) (2018)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization

CENTRAL FLORIDA FOUNDATION INC.

Employer identification number

59-3182886

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) MIAMI UNIVERSITY 725 E. CHESTNUT STREET OXFORD, OH 45056	31-6402089	501(C)(3)	5,538.				TO THE ORTON K. STAR
(2) MAKE-A-WISH FOUNDATION OF CENTRAL FLORIDA 1020 N. ORLANDO AVENUE, SUITE 100	59-3235806	501(C)(3)	13,100.				FETAL NEEDS
(3) MAVEN LEADERSHIP COLLECTIVE 1951 NW 7TH AVENUE, SUITE 600	81-3828531	501(C)(3)	15,000.				ORLANDO MAVEN COHORT
(4) NEW HOPE FOR KIDS 544 MAYO AVE MAITLAND, FL 32751	59-1791345	501(C)(3)	208,374.				OPERATING SUPPORT
(5) NEW IMAGE YOUTH CENTER 212 S. PARRAMORE AVENUE ORLANDO, FL 32805	56-2482818	501(C)(3)	85,000.				DAILY AFTER SCHOOL A
(6) MIND AND LIFE INSTITUTE 210 RIDGE MCINTIRE RD., SUITE 325	77-0284767	501(C)(3)	31,209.				OPERATING SUPPORT
(7) HOSPICE OF THE COMFORTER INC. 480 WEST CENTRAL PARKWAY	59-2935928	501(C)(3)	10,370.				OPERATING SUPPORT
(8) MYERS PARK PRESBYTERIAN CHURCH 2501 OXFORD DRIVE CHARLOTTE, NC 28207		501(C)(3)	6,210.				OPERATING SUPPORT
(9) OPERA ORLANDO PO BOX 547937 ORLANDO, FL 32854	27-0406958	501(C)(3)	15,670.				YOUTH PROGRAMS AND S
(10) ORLANDO BALLET INC. 415 E. PRINCETON ST. ORLANDO, FL 32803	23-7427817	501(C)(3)	8,082.				OPERATING SUPPORT
(11) ORLANDO COMMUNITY & YOUTH TRUST, INC. 595 N. PRIMROSE AVENUE ORLANDO, FL 32803	65-0572536	501(C)(3)	251,677.				INTENSIVE ACADEMIC S
(12) ORLANDO DAY NURSERY ASSOCIATION 626 LAKE DOT CIRCLE ORLANDO, FL 32801	59-0651096	501(C)(3)	99,963.				WINE FESTIVAL AND AU

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

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

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

Schedule I (Form 990) (2018)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization

CENTRAL FLORIDA FOUNDATION INC.

Employer identification number

59-3182886

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ORLANDO MUSEUM OF ART, INC. 2416 N. MILLS AVENUE ORLANDO, FL 32803-1483	59-0910352	501(C)(3)	21,735.				OPERATING SUPPORT
(2) ORLANDO PHILHARMONIC ORCHESTRA, INC. 425 N. BUMBY AVE. ORLANDO, FL 32803	59-3058884	501(C)(3)	51,856.				OPERATING SUPPORT
(3) ORLANDO SHAKESPEARE THEATER INC 812 E. ROLLINS STREET ORLANDO, FL 32803	59-2931698	501(C)(3)	9,500.				GERTRUDE AND CLAUDIU
(4) ORLANDO UNION RESCUE MISSION INC. 1521 WEST WASHINGTON STREET	59-1035082	501(C)(3)	24,645.				OPERATING SUPPORT
(5) OSCEOLA CENTER FOR THE ARTS 2411 E. IRLO BRONSON HIGHWAY	59-6179937	501(C)(3)	11,135.				FLEET VAN LEASE AND
(6) NEXTSTEP ORLANDO 330 HARBOUR ISLE WAY #1090	26-2998891	501(C)(3)	14,035.				OPERATING SUPPORT
(7) ORANGE COUNTY BOARD OF COMMISSIONERS 201 SOUTH ROSALIND AVENUE ORLANDO, FL 32801		GOVT	50,000.				SPIRIT SOFTWARE FOR
(8) ORLANDO MAGIC YOUTH FOUNDATION 8701 MAITLAND SUMMIT BOULEVARD	59-2940230	501(C)(3)	7,500.				OPERATING SUPPORT
(9) PATHWAY HOMES INC. 10201 FAIRFAX BOULEVARD SUITE 200	54-1041459	501(C)(3)	10,000.				OPERATING SUPPORT
(10) PACE CENTER FOR GIRLS 445 N. WYMORE RD. WINTER PARK, FL 32789	59-2414492	501(C)(3)	40,237.				FACILITY FOR HANDICA
(11) PRESERVE VISION FLORIDA, INC. PO BOX 7448 SEMINOLE, FL 33775	59-6181662	501(C)(3)	6,485.				OPERATING SUPPORT
(12) PARAM SHAKTI PEETH OF AMERICA FOUNDATION 28016 RIDGEBROOK COURT	71-0916422	501(C)(3)	150,000.				SUPPORTIVE SERVICES

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

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

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

Schedule I (Form 990) (2018)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization

CENTRAL FLORIDA FOUNDATION INC.

Employer identification number

59-3182886

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ROLLINS COLLEGE 1000 HOLT AVENUE - 2711	59-0624440	501(C)(3)	48,066.				OPERATING SUPPORT
(2) ROTARY CLUB OF WINTER PARK CHARITABLE 1250 LEE ROAD WINTER PARK, FL 32789	57-0923231	501(C)(3)	11,235.				OPERATING SUPPORT
(3) SALVATION ARMY - ORLANDO AREA COMMAND 416 W. COLONIAL DRIVE ORLANDO, FL 32804	58-0660607	501(C)(3)	30,697.				CAPITAL CAMPAIGN TO
(4) SECOND HARVEST FOOD BANK OF CENTRAL FLORIDA 411 MERCY DRIVE ORLANDO, FL 32805	59-2142315	501(C)(3)	44,053.				OPERATING SUPPORT
(5) SCHWAB CHARITABLE FUND PO BOX 628298 ORLANDO, FL 32862	31-1640316	501(C)(3)	98,479.				FUND TRANSFER
(6) SHARE THE CARE 1524 FORMOSA AVE. WINTER PARK, FL 32789	56-2313443	501(C)(3)	25,000.				TWO HUNDRED AND FIFT
(7) SHEPHERD'S HOPE, INC. 4851 S. APOPKA-VINELAND RD.	59-3420727	501(C)(3)	18,514.				OPERATING SUPPORT
(8) SPAY THE STRAYS PO BOX 700112 ST. CLOUD, FL 34770	20-4735793	501(C)(3)	10,500.				MICROCHIPS
(9) SUFFOLK UNIVERSITY 8 ASHBURTON PLACE BOSTON, MA 02108	04-2133255	501(C)(3)	10,000.				OPERATING SUPPORT
(10) TRINITY PREPARATORY SCHOOL 5700 TRINITY PREP LANE	59-1156418	501(C)(3)	12,500.				OPERATING SUPPORT
(11) THE BOGGY CREEK GANG 30500 BRANTLEY BRANCH ROAD EUSTIS, FL 32736	59-3012889	501(C)(3)	20,470.				OPERATING SUPPORT
(12) THE COMMUNITY FOUNDATION FOR NORTH EAST FLO 245 RIVERSIDE AVENUE, SUITE 310	59-6150746	501(C)(3)	27,600.				FUND TRANSFER

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

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

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

Schedule I (Form 990) (2018)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization

CENTRAL FLORIDA FOUNDATION INC.

Employer identification number

59-3182886

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) UCP OF CENTRAL FLORIDA, INC. 3305 S. ORANGE AVE. ORLANDO, FL 32806	59-0799925	501(C)(3)	8,939.				OPERATING SUPPORT
(2) UNITED AGAINST POVERTY, INC 150 W. MICHIGAN ST. STE. A ORLANDO, FL 32806	11-3697936	501(C)(3)	8,342.				FAMILY CRISIS INTERV
(3) UNIVERSITY OF CENTRAL FLORIDA FOUNDATION IN 12424 RESEARCH PARKWAY SUITE 250	59-6211832	501(C)(3)	61,236.				PILOT PROJECT TO IMP
(4) URBAN THINK! FOUNDATION INC. P.O. BOX 533709 ORLANDO, FL 32853	26-2534274	501(C)(3)	10,000.				OPERATING SUPPORT
(5) THE NATURE CONSERVANCY FLORIDA CHAPTER 2500 MAITLAND CENTER PARKWAY, SUITE 310	59-0242652	501(C)(3)	193,833.				OPERATING SUPPORT
(6) THE NEMOURS FOUNDATION 13535 NEMOURS PARKWAY ORLANDO, FL 32827	59-0634433	501(C)(3)	20,000.				JENNIFER LYNN SCHOTT
(7) WINTER PARK LIBRARY ASSN. 460 E. NEW ENGLAND AVENUE	59-0794396	501(C)(3)	36,968.				OPERATION SUPPORT
(8) UNITED ARTS OF CENTRAL FLORIDA 2450 MAITLAND CENTER PARKWAY, SUITE 201	59-1166446	501(C)(3)	16,962.				OPERATING SUPPORT
(9) VALENCIA COLLEGE FOUNDATION PO BOX 3028 ORLANDO, FL 32825	23-7442785	501(C)(3)	32,650.				FOR THE PJI ACADEMY
(10) WOMAN'S CLUB OF WINTER PARK SCHOLARSHIP FUN P.O. BOX 1433 WINTER PARK, FL 32790	23-7010314	501(C)(3)	27,443.				OPERATING SUPPORT
(11)							
(12)							

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

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

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

Schedule I (Form 990) (2018)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 EDUCATION	102.	496,771.			EDUCATION SCHOLARSHI
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.

PART I, LINE 2:

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

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

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

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: A GIFT FOR TEACHING INC.

H) PURPOSE OF GRANT OR ASSISTANCE: DISASTER RESPONSE PLAN.

NAME OF ORGANIZATION OR GOVERNMENT: AMERICAN CANCER SOCIETY

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE FLORIDA DIVISION.

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

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

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY COORDINATED CARE

(H) PURPOSE OF GRANT OR ASSISTANCE: CHILD CARE ELIGIBILITY.

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY ASSET PREVENTION CORP.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO RENOVATE 83 HOMES IN PARRAMORE.

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

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

NAME OF ORGANIZATION OR GOVERNMENT: CORNERSTONE HOSPICE & PALLIATIVE CARE

(H) PURPOSE OF GRANT OR ASSISTANCE: PET PEACE OF MIND PROGRAM.

NAME OF ORGANIZATION OR GOVERNMENT: EDYTH BUSH INSTITUTE FOR PHILANTHROPY

(H) PURPOSE OF GRANT OR ASSISTANCE: SUMMIT ON NONPROFIT INNOVATION.

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

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

NAME OF ORGANIZATION OR GOVERNMENT: EASTER SEALS OF FLORIDA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO REMODEL THE BATHROOMS.

NAME OF ORGANIZATION OR GOVERNMENT: EXERCISE TIGER MEMORIAL LTD.

(H) PURPOSE OF GRANT OR ASSISTANCE: REBURBISH AND IMPROVE THE MEMORIAL.

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

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

NAME OF ORGANIZATION OR GOVERNMENT: GIVEWELL COMMUNITY FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: MEDICAL CARE IN WINTER HAVEN.

NAME OF ORGANIZATION OR GOVERNMENT: IDIGNITY INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: CAPITAL CAMPAIGN LAND ACQUISITION.

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

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

NAME OF ORGANIZATION OR GOVERNMENT: HOLOCAUST MEMORIAL RESOURCE

(H) PURPOSE OF GRANT OR ASSISTANCE: HOLOCAUST MUSEUM FOR HOPE & HUMANITY.

NAME OF ORGANIZATION OR GOVERNMENT: MAYFLOWER RETIREMENT CENTER INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO THE MAYFLOWER BENEVOLENT FUND.

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

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

NAME OF ORGANIZATION OR GOVERNMENT: MIAMI UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: ORTON K. STARK FUND.

NAME OF ORGANIZATION OR GOVERNMENT: NEW IMAGE YOUTH CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: DAILY AFTER SCHOOL AND SUMMER PROGRAM FOR YOUTH.

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

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

NAME OF ORGANIZATION OR GOVERNMENT: OPERA ORLANDO

(H) PURPOSE OF GRANT OR ASSISTANCE: YOUTH PROGRAMS AND SUMMER CAMPS
FOCUSED ON OPERA.

NAME OF ORGANIZATION OR GOVERNMENT: ORLANDO COMMUNITY & YOUTH TRUST

(H) PURPOSE OF GRANT OR ASSISTANCE: INTENSIVE ACADEMIC SUPPORT PROGRAM;
YOUTH DEVELOPMENT AND FAMILY SUPPORT IN THE PARRAMORE HERITAGE COMMUNITY.

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

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

NAME OF ORGANIZATION OR GOVERNMENT: ORLANDO DAY NURSERY ASSOCIATION

(H) PURPOSE OF GRANT OR ASSISTANCE: WINE FESTIVAL AND AUCTION

NAME OF ORGANIZATION OR GOVERNMENT: ORLANDO SHAKESPEARE THEATER INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: GERTRUDE AND CLAUDIUS PRODUCTION

EXPENSES

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

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

NAME OF ORGANIZATION OR GOVERNMENT: OSCEOLA CENTER FOR THE ARTS

(H) PURPOSE OF GRANT OR ASSISTANCE: FLEET VAN LEASE AND A PART-TIME DRIVER TO MINIMIZE THE DAILY COMMUTE

NAME OF ORGANIZATION OR GOVERNMENT: ORANGE COUNTY BOARD OF COMMISSIONERS

(H) PURPOSE OF GRANT OR ASSISTANCE: SPIRIT SOFTWARE FOR 262 OCPS SCHOOLS FOR MENTAL HEALTHCARE NAVIGATION.

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

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

NAME OF ORGANIZATION OR GOVERNMENT: PACE CENTER FOR GIRLS

(H) PURPOSE OF GRANT OR ASSISTANCE: FACILITY FOR HANDICAPPED CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: PARAM SHAKTI PEETH OF AMERICA

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORTIVE SERVICES THROUGH DECEMBER 2018.

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

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

NAME OF ORGANIZATION OR GOVERNMENT: SALVATION ARMY - ORLANDO AREA

(H) PURPOSE OF GRANT OR ASSISTANCE: CAPITAL CAMPAIGN TO REPAIR THE MEN'S SHELTER.

NAME OF ORGANIZATION OR GOVERNMENT: SHARE THE CARE

(H) PURPOSE OF GRANT OR ASSISTANCE: TWO HUNDRED AND FIFTY DAYS OF ART PROGRAM FOR ADULT DAY CARE CENTERS.

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

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

NAME OF ORGANIZATION OR GOVERNMENT: UNITED AGAINST POVERTY

(H) PURPOSE OF GRANT OR ASSISTANCE: FAMILY CRISIS INTERVENTION PROGRAM IN SOUTH ORANGE COUNTY.

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF CENTRAL FLORIDA RESEARCH

(H) PURPOSE OF GRANT OR ASSISTANCE: PILOT PROJECT TO IMPROVE LANGUAGE AND LITERACY OPPORTUNITIES FOR YOUNG CHILDREN.

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

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

NAME OF ORGANIZATION OR GOVERNMENT: THE NEMOURS FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: JENNIFER LYNN SCHOTT JUVENILE

ARTHRITIS RESOURCE CLINIC.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization

CENTRAL FLORIDA FOUNDATION INC.

Employer identification number

59-3182886

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2018

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 compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 MARK BREWER PRESIDENT/CEO	(i)	177,583.	0.	0.	7,267.	16,536.	201,386.	
	(ii)	0.	0.	0.				
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2018

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**

▶ **Attach to Form 990 or Form 990-EZ.**

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

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

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization, ▶ \$ _____

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

1	(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
				To	From			Yes	No	Yes	No	Yes	No
				(1)									
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
Total							\$						

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

1	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
ATTACHMENT 1					
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

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

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

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

ATTACHMENT 1

SCHEDULE L, PART IV

(A) NAME OF INTERESTED PERSON NEWLAND ASSOCIATES
 (B) RELATIONSHIP ROBERT NEWLAND - BOARD MEMBER
 (C) AMOUNT 32,000.
 (D) DESCRIPTION OF TRANSACTION EXECUTIVE SEARCH SERVICES
 (E) SHARING ORGANIZATION REVENUE? YES NO

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles.				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	6 .	150,172 .	AVG FMV ON GIFT DATE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

		Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	30a		X
b If "Yes," describe the arrangement in Part II.			
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b If "Yes," describe in Part II.			
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

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

Schedule M (Form 990) 2018

JSA

8E1298 1.000

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

Department of the Treasury
Internal Revenue Service

Name of the organization

CENTRAL FLORIDA FOUNDATION INC.

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Employer identification number

59-3182886

FORM 990, PART III, LINE 1:

WE CONNECT PEOPLE, BUSINESSES, GOVERNMENTS AND ORGANIZATIONS TO
INITIATIVES THAT BUILD AND INSPIRE COMMUNITY.

FORM 990, PART III, LINE 2:

CENTRAL FLORIDA REGIONAL HOUSING TRUST WILL OFFER MORE ATTAINABLE PRICES
ON HOUSING FOR RENTERS AND BUYERS AS AREAS AROUND ORLANDO REDEVELOP AND
PROPERTY VALUES INCREASE. WITH NEARLY 1,500 MOVING TO THE REGION EVERY
WEEK, CENTRAL FLORIDA NEEDS MORE HOUSING INVENTORY AT ALL LEVELS TO
ENSURE SECURE AND STABLE HOUSING FOR EVERYONE.

FORM 990, PART III, LINE 4D:

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 OUR COMMUNITY.

EXPENSES: \$ 142,368 GRANTS: \$ 0 REVENUE: \$ 116,262

CENTRAL FLORIDA REGIONAL HOUSING TRUST WILL OFFER MORE ATTAINABLE PRICES
ON HOUSING FOR RENTERS AND BUYERS AS AREAS AROUND ORLANDO REDEVELOP AND
PROPERTY VALUES INCREASE. WITH NEARLY 1,500 MOVING TO THE REGION EVERY
WEEK, CENTRAL FLORIDA NEEDS MORE HOUSING INVENTORY AT ALL LEVELS TO
ENSURE SECURE AND STABLE HOUSING FOR EVERYONE.

EXPENSES: \$ 112,315 GRANTS: \$ 0 REVENUE: \$ 0

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

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

THE AUDIT COMMITTEE REVIEWS FORM 990 AND RECOMMENDS IT FOR APPROVAL TO THE FOUNDATION'S BOARD OF DIRECTORS. A COPY OF THE FORM 990 WAS PROVIDED TO THE BOARD OF DIRECTORS FOR THEIR REVIEW, AS PART OF THE BOARD AGENDA FOR ITS AUGUST 2019 MEETING.

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

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

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

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

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

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

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

CHANGE IN VALUE - SPLIT INTEREST AGREEMENT: -13,908

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

ATTACHMENT 1

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
RALLY		142,368.	116,262.
CENTRAL FLORIDA REGIONAL HOUSING TRUST		112,315.	
	TOTALS	<u>254,683.</u>	<u>116,262.</u>

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization

CENTRAL FLORIDA FOUNDATION INC.

Employer identification number

59-3182886

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) COMMUNITY FOUNDATION OF CENTRAL FL, LLC 800 N. MAGNOLIA AVE, STE. 1200 ORLANDO, FL 32803	SUPPORT CFF	FL	0.	0.	CFF, INC.
(2) CFF I, LLC 800 N. MAGNOLIA AVE, STE. 1200 ORLANDO, FL 32803	ACCELERATOR	FL	128,762.	75,462.	CFF, INC.
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) ISLEWORTH COMMUNITY TRUST, INC. 20-3507903 9350 CONROY WINDERMERE ROAD WINDERMERE, FL 34786	SUPPORT CFF	FL	501(C)(3)	509A3 - I	CFF, INC.	X	
(2) LAKE COMMUNITY FOUNDATION, INC. 51-0497006 P.O. BOX 1060 EUSTIS, FL 32727	SUPPORT CFF	FL	501(C)(3)	509A3 - I	CFF, INC.	X	
(3) 1904 FOUNDATION, INC. 06-1669947 P.O. BOX 40 WINTER PARK, FL 32790	SUPPORT CFF	FL	501(C)(3)	509A3 - I	CFF, INC.	X	
(4) CENTRAL FLORIDA REGIONAL HOUSING TRUST 38-4107828 800 NORTH MAGNOLIA AVENUE, SUI ORLANDO, FL 32803	REG. HOUSING	FL	APPLIED	APPLIED	CFF, INC.	X	
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2018

JSA

8E1307 1.000

2461KK 049A 2/3/2020

10:26:34 AM

PAGE 70

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

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

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

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

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

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

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

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

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

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

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

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

Part VII **Supplemental Information**

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