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Form **990** 

Department of the Treasury Internal Revenue

### **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

2008
Open to Public Inspection

┌Yes ┌No

Servi	ce										
A Fo	r the 2	2008 ca	lendar yea	r, or tax year beginning 0	9-01-2008 and ending 08-31-2009	)	D Francisco	mtiGostio			
_	•	plicable	Please	C Name of organization Mount Dora Community Tru	ıst		ט Employer ide	entification number			
☐ Ad c	tress cha	ange	use IRS label or	Doing Business As			23-722787 E Telephone nu				
┌ Nar	me chan	ige	print or type. See	Doing business As							
┌ Inıt	ıal returi	n	Specific		box if mail is not delivered to street addres	s) Room/suite	(352) 383-3				
┌ Ter	mination	n	Instruc- tions.	PO Box 1406			G Gross receipt	<b>LS</b> \$ 3,207,926			
┌ Am	ended re	eturn		City or town, state or count	ry, and ZIP + 4						
<mark> Д</mark> Арр	olication	pending		Mount Dora, FL 32756							
			F Nar	ne and address of Princip	al Officer	H(a) Ic thu	s a group return	for			
			FIRST	NATL BANK MT DORA		affilia		⊤Yes ▼ No			
				X 1406 T DORA,FL 32756							
	x-exem <sub>l</sub>	pt status		) ( 3 ) <b>◄</b> (insert no )	7(a)(1) or 527		l affiliates include	•			
							o," attach a list p Exemption Nu	See instructions )			
۷۷ د	eb site	a: F nitt	p //mounta	oracommunitytrust com/		11(0)	p =				
<b>К</b> Тур	e of orga	anızatıon	Corporat	tion 🔽 trust 🗀 association 🗀	other ▶	<b>L</b> Year of Fo	rmation 1972 M	State of legal domicile FL			
	_										
	1 I	Sum		na organization/a missis	or most significant activities						
ž	_		describe th al Data Tab	-	or most significant activities						
ē	2				ntinued its operations or disposed o	f more than 2	.5% of its asset	:s			
Governance			•		g body (Part VI, line 1a)			.s 5			
ŝ					the governing body (Part VI, line 1b			5			
<b>2</b> 6				mployees (Part V, line 2a		.,		1			
ã.				olunteers (estimate if nec							
Activities					om Part VIII, line 12, column (C)			0			
æ		_		iness taxable income fro		7b					
						Prio	or Year	Current Year			
enne	8	Contri	butions and	d grants (Part VIII, line 1	.h)		871,889	2,264,822			
	9	Progra	ım service	revenue (Part VIII, line 2			0				
Rayer	10	Invest	ment incor	me (Part VIII, column (A	), lines 3, 4, and 7d)		219,533	-94,909			
ά	11	Other	revenue (P	art VIII, column (A), line	s 5, 6d, 8c, 9c, 10c, and 11e)		-647				
	12		revenue—a	dd lines 8 through 11 (mi	ust equal Part VIII, column (A), line		1,189,129	2,168,530			
	13	12)	and simils	ar amounts paid (Part IX,	column (A.) lines 1 – 3.)		290,034	375,651			
	14			or for members (Part IX,			290,034	373,031			
	15				enefits (Part IX, column (A), lines 5	_		0			
\$		10)	-5, 541141 40		(. 2.1 2/) co.a (A), ilies 3		59,711	58,439			
ã	16a	Profes	sıonal fund	Iraısıng fees (Part IX, col	umn (A), line 11e)			0			
Expenses	ь	(Total f	undraising ex	penses, Part IX, column (D), lıı	ne 25 <u>13,839</u> )						
_	17	Other	expenses	(Part IX, column (A), line	s 11a-11d, 11f-24f)		31,996	36,042			
	18	Total	expenses—	-add lines 13–17 (must e	qual Part IX, line 25, column (A))		381,741	470,132			
- 00	19	Reven	ue less exp	penses Subtract line 18	from line 12		807,388	1,698,398			
Net Assets or Fund Balances						Beginni	ng of Year	End of Year			
2000 2000 2000 2000 2000 2000 2000 200	20	Total	assets (Pai	rt X, line 16)			7,294,018	8,992,416			
A B	21	Total I	ıabılıtıes (F	Part X, line 26)				0			
ž Ž	22	Netas	sets or fun	nd balances Subtract line	21 from line 20		7,294,018	8,992,416			
Pai	rt II	Sign	ature Bl	ock			<u> </u>				
					amined this return, including accompanying tion of preparer (other than officer) is based						
Plea	Se	اد		correct, and complete Declara	uon от ртератет (other than officer) is based	1		ст назану кноwledge			
Sign			****** Signature of officer Date								
Here	<b>e</b>	FIRS	FIRST NATL BANK MT DORA Trustee								
			or print nam								
					Date	Check If	Preparer's PTIN	l (See Gen Inst )			
Paid	1		parer's nature C	LARE L GARNER JR CPA		self-	-				
	- pare	r's				empolyed 🕨					
Use	•	Firm	n's name (or elf-employed)				F***				
Only	y		ress, and ZIP		Brown PA CPAs		EIN Þ				
				627 Donnelly Street			-				
				Mount Dora, FL 32757			Phone no 🕨 (	(352) 383-6300			
		1		mount poral et 37757			1				

May the IRS discuss this return with the preparer shown above? (See instructions) . . . . . . . . . . . . . . .

# Part III Statement of Program Service Accomplishments (See the instructions.)

			,	•	
1	Briefly describe the organization's mission				
	General Community Grants and allocations for incurred for the public educational, charitable, o				bution Committee & expenses
2	Did the organization undertake any sig	nificant program se	ervices during the year	which were not listed on	
_	the prior Form 990 or 990-EZ?	· · · · ·	· · · · · ·	· · · · · · ·	┌ Yes ┌ No
	If "Yes," describe these new services	on Schedule O			
3	Did the organization cease conducting	g or make significant	t changes in how it con	ducts any program	
	services?				┌ Yes ┌ No
	If "Yes," describe these changes on S	chedule O			
4	Describe the exempt purpose achieve Section 501(c)(3) and (4) organizatio others, the total expenses, and reveni	ns and 4947(a)(1) t	rusts are required to r	eport the amount of grants	
4a	(Code ) (Expenses \$ General Community Grants and allocations fincurred for the public educational, charitable				) stribution Committee & expenses
4b	(Code ) (Expenses \$ Scholarships 36 students from Mount Dora a		including grants of \$	42,461 ) (Revenue \$	)
4c	(Code ) (Expenses \$ Community Facilities Grants and Allocations renovations & other facility exp	•	ıncludıng grants of \$ Dora community building re	37,463 ) (Revenue \$ novations, memorial fountain ma	) intenance, library unity house
4d	Other program services (Describe ii	n Schedule O)			
	(Expenses \$	including grants of	f\$	) (Revenue \$	)
4e	Total program service expenses \$	375.65	1 Must eaual Part IX.	Line 25, column (B)	

Part IV	Checklist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 5	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νο
5	Section $501(c)(4)$ , $501(c)(5)$ , and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		Νο
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	Yes	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12		No
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the US?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part $I$	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		N o
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>	17		No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule  J	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		Νο
Ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νο
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νο
25a	Section $501(c)(3)$ and $501(c)(4)$ organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
Ь	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

### Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
		28a		Νo
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		No
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		Νo
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νo
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Νo

Pa	rt V Statements Regarding Other IRS Filings and Tax Complian	ce				
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal					
	of U.S. Information Returns. Enter -0- if not applicable					
		1a	0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments	to ven	dors and reportable			
_	gaming (gambling) winnings to prize winners?	; ·		1c		No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this		,			
h	return		av returne?			
	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file th			2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more duri return?	ng the	year covered by this	3a		No
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Sc	hedule	0	3b		Νο
4a	At any time during the calendar year, did the organization have an interest in, or a over, a financial account in a foreign country (such as a bank account, securities a account)?	_	•	4a		No
b	If "Yes," enter the name of the foreign country					
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1</b> , Financial Accounts.	Report c	f Foreign Bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time dur	ing the	tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited	d tax sl	nelter transaction?	5b		Νο
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exem</i> Tax Shelter Transaction?	pt Enti	ty Regarding Prohibited	5c		Νο
6a	Did the organization solicit any contributions that were not tax deductible?			6a		No
b	If "Yes," did the organization include with every solicitation an express statement t					
	were not tax deductible?			6b		No
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization provide goods or services in exchange for any quid pro quo co more?	ntrıbut	ion of \$75 or	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services	provide	ed?	7b		Νο
С	Did the organization sell, exchange, or otherwise dispose of tangible personal prop	erty for	which it was required to	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	   7d		70		140
е	Did the organization, during the year, receive any funds, directly or indirectly, to pa benefit contract?		niums on a personal	7e		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a per	sonalb	enefit contract?	7f		Νο
g	For all contributions of qualified intellectual property, did the organization file Form	8899	as required?	7g		Νο
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization required?	file a F	form 1098-C as	7h		No
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds	and se	ction 509(a)(3)			
	supporting organizations. Did the supporting organization, or a fund maintained by a excess business holdings at any time during the			8		No
9	year?					
a	Did the organization make any taxable distributions under section 4966?			9a		No
b	Did the organization make a distribution to a donor, donor advisor, or related perso			9b		No
10	Section 501(c)(7) organizations. Enter			75		
	Initiation fees and capital contributions included on Part VIII, line 12	10a	1			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations Enter					
	Gross income from members or shareholders	11-				
b	Gross income from other sources (Do not net amounts due or paid to other sources					
	against amounts due or received from them )	11b	<u> </u>			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990	ın lıeu	of Form 1041?	12a		Νο
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

#### Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing	y bouy and manageme	<i>i</i> it	

tion A. Consuming Rody and Management

			Yes	No				
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.							
1a	Enter the number of voting members of the governing body 1a 5							
Ь	Enter the number of voting members that are independent 1b 5							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νo				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?							
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?							
5	Did the organization become aware during the year of a material diversion of the organization's assets?							
6	Does the organization have members or stockholders?							
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Νο				
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νo				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following							
а	the governing body?	8a	Yes					
b	each committee with authority to act on behalf of the governing body?	8b	Yes					
9a	Does the organization have local chapters, branches, or affiliates?	9a		Νο				
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		Νο				
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes					
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		Νo				

#### Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 $\cdot$ .	12a	Yes	
Ь	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		No
		TOD		Νo

#### Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed FL
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply ✓ own website ✓ another's website ✓ upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization

FNB MT DORA TRUST DEPT 714 N Donnelly Street MOUNT DORA, FL 32757 (352) 383-2140

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

- \* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- \* 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, or 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

		Posit t	(C tion ( hat a	ched		I			(5)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
WILLIAM BROOKS III , DIST COMMITTEE	1 00	Х						0	0	0
SAMUEL S SADLER III , DIST COMMITTEE	1 00	Х						0	0	0
REV WOODLEIGH VOLLAND , DIST COMMITTEE	1 00	Х						0	0	0
MARY PEZZO , DIST COMMITTEE	1 00	Х						0	0	0
KEVIN BATLINER , Executive Direc	4 00				Х			7,154	0	0
GLENNA BURCH, DIST COMMITTEE	1 00	X						0	0	0
FIRST NATL BANK MT DORA, Trustee	40 00		Х					45,448	0	0
					<u> </u>					
					<u> </u>					
					<u> </u>					

### Part VII Continued

<b>(A)</b> Name and Title	(B) Average hours per week	Inclinidual Trustee or Prector	apply	y)	Highest compensated	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
									_
1b Total					•	•	52,602		

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►0

			1 C3	140
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes,"</i> complete <i>Schedule J for such individual</i>	3		No
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No

### 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

(A) Name and business address	(B) Description of services	(C) Compensation			
2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation					

Form 990	(2008)
Part VIII	Stat

Statem	ent of	Reve	nu
--------	--------	------	----

					(A) Total Revenue	(B) Related or Exempt Function Revenue	<b>(C)</b> Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
\$ \$	1a	Federated camp	paigns 1a	l				
Contributions, gifts, grants and other similar amounts	ь	Membership du	es <b>. 1b</b>					
₽ž	c	Fundraising eve	ents 1c					
É	d	Related organiz	ations 1d					
ું.≣	e	Government grants	(contributions) <b>1e</b>					
ੋਂ <u>ਨੂੰ</u>	f		ons, gifts, grants, and 1f	2,264,822				İ
돌	g	similar amounts no	t included above butions included in					
달	9		1,972,103					
ဝမ	h		s 1a-1f)	🕨	2,264,822			
				Business Code				
Ę	2a							
9. 93	ь							
ъ Щ	c							
r M	d							
33	e							
Program Serwce Revenue	f	All other progra	ım service revenue					
Š	g	Total. Add lines	2a-2f	<b>&gt;</b> \$				
	3		ome (including dividen	ds, interest				
			nounts)		219,403			219,403
	4		tment of tax-exempt bond		0			
	5	Royalties		•	0			
			(ı) Real	(II) Personal				
	6a	Gross Rents	3,900					
	Ь	Less rental expenses	5,283					
	c	Rental income or (loss)	-1,383					
	d	, ,	me or (loss)		-1,383			-1,383
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of	2,707,604	12,197				
		assets other						
	ь	than inventory Less cost or	3,034,113					
		other basis and sales expenses						
	c	Gain or (loss)	-326,509	12,197				
	d		s)		-314,312	-326,509		12,197
	8a	Gross income for events (not incline)	_					
Other Revenue		See Part IV , lın <i>Attach Schedule</i>	reported on line 1c) e 18 G if total exceeds					
her	ь		penses <b>b</b>	events	0			
ŏ	c 9a		loss) from fundraising rom gaming activities	events				
	-	See part IV, lın						
	b		penses b		0			
	с 10а	Gross sales of	loss) from gaming acti	villes	ď			
		returns and allo	wances . a					
	Ь .		oods sold <b>b</b>		o			
	С	Net income or ( Miscellaneous	loss) from sales of inv	Business Code	0			
	11a	miscellaneous	Reveilue	Dusiliess Code				
	ь							
	C							
	d	All other revenu						
	e		11a-11d		2	22		257
	12	Total Revenue. 9c, 10c, and 11	Add lines 1h, 2g, 3, 4, le	5,6d,7d,8c, ►	2,168,530	-326,509		230,217

### 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) but are not required to complete columns (B), (C), and (D).									
Do r	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses				
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	333,190	333,190		<u> </u>				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	42,461	42,461						
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16	0	,						
4	Benefits paid to or for members	0							
5	Compensation of current officers, directors, trustees, and key employees	52,602		47,868	4,734				
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	5,837							
8	Pension plan contributions (include section $401(k)$ and section $403(b)$ employer contributions)	0							
9	Other employee benefits	0							
10	Payroll taxes	0							
11	Fees for services (non-employees)								
а	Management	0							
b	Legal	450		450					
c	Accounting	3,360		3,360					
d	Lobbying	0							
e	Professional fundraising See Part IV, line 17	0							
f	Investment management fees	0							
g	Other	0							
12	Advertising and promotion	9,105			9,105				
13	Office expenses	0							
14	Information technology	0							
15	Royalties	0							
16	Occupancy	0							
17	Travel	0							
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0							
19	Conferences, conventions and meetings	0							
20	Interest	0							
21	Payments to affiliates	0							
22	Depreciation, depletion, and amortization	123		123					
23	Insurance	0							
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)								
а	TELEPHONE	1,377		1,377					
ь	TAXES & LICENSES	3,317		3,317					
c	SUPPLIES	8,892		8,892					
d	MISCELLANEOUS	5,690		5,690					
e	INVESTMENT EXPENSES	3,378		3,378					
f	All other expenses	350		350					
25	Total functional expenses. Add lines 1 through 24f	470,132	375,651	80,642	13,839				
26	Joint Costs. Check  if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation								

Dart V	Balance	Shoot
Part X	Balance	Sheet

					(A) Beginning of year		(E	B) fyear
ſ	1	Cash—non-interest-bearing			beginning of year	1	Ella o	ı year O
	2	Savings and temporary cash investments	• •		764,571	2		1,570,269
	3	Pledges and grants receivable, net			701,071	3		0
	4	Accounts receivable, net				4		0
	5	Receivables from current and former officers, directors, trustees,				-		
		other related parties $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$				5		0
	6	Receivables from other disqualified persons (as defined under sepersons described in section $4958(c)(3)(B)$ Complete Part II of S				6		0
	7	Notes and loans receivable, net				7		0
	8	Inventories for sale or use				8		0
<u>\$</u>	9	Prepaid expenses and deferred charges				9		0
Assets	10a	Land, buildings, and equipment cost basis	10a	317,139				
***	b	Less accumulated depreciation <i>Complete Part VI of Schedule D</i>	10b	5,852		10c		311,287
	11	Investments—publicly traded securities			6,220,078	11		7,110,860
	12	Investments—other securities See Part IV, line 11 Complete Part Schedule D	t VII o	of		12		0
	13	Investments—program-related See Part IV, line 11 Complete Part of Schedule D .	rt VIII			13		0
	14	Intangible assets				14		0
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule				15		0
	4.0	D			7,294,018	16		8.992.416
	16 17	Total assets. Add lines 1 through 15 (must equal line 34)			7,294,010	17		0,992,410
	18	Accounts payable and accrued expenses .		18				
	19	Grants payable			19			
	20	Deferred revenue						
<u> </u>		Tax-exempt bond liabilities				20		
Liabilities	21 22	Escrow account liability $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	•			21		
Liab		employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22				
_	23	Secured mortgages and notes payable to unrelated third parties				23		
	24	Unsecured notes and loans payable				24		
	25	Other liabilities Complete Part X of Schedule D				25		
	26	Total liabilities. Add lines 17 through 25			0	26		0
-		Organizations that follow SFAS 117, check here ▶   and complete	ete line	es 27				
		through 29, and lines 33 and 34.						
Balance	27	Unrestricted net assets			1,663,045	27		2,451,228
ස ස	28	Temporarily restricted net assets			4,467,419	28		4,321,557
된	29	Permanently restricted net assets			1,163,554	29		2,219,631
r Fund		Organizations that do not follow SFAS 117, check here ► ☐ and lines 30 through 34.	comp	lete				
.o	30	Capital stock or trust principal, or current funds				30		
φ	31	Paid-in or capital surplus, or land, building or equipment fund .				31		
Assets or	32	Retained earnings, endowment, accumulated income, or other fun				32		
Net i	33	Total net assets or fund balances			7,294,018			8,992,416
2	34	Total liabilities and net assets/fund balances			7,294,018			8,992,416
De	rt VI	Einancial Statements and Benerting						
Fa	rt XI	Financial Statements and Reporting					Yes	No

Deat VI	Financial Ctataments and Banautics	_
Part XI	Financial Statements and Reporting	1

			,	
1	Accounting method used to prepare the Form 990 🔽 cash 🗆 accrual 🗀 other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b		Νο
С	If "Yes" to lines 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?	2c		Νο
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?	3a		Νο
ь	If "Yes," did the organization undergo the required audit or audits?	3b		Νο

**Employer identification number** 

OMB No 1545-0047

### **SCHEDULE A** (Form 990 or 990EZ)

Department of the Treasury Internal Revenue

> 1 2

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10 11

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### **Public Charity Status and Public Support**

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

Service Name of the organization Mount Dora Community Trust

23-7227875 Reason for Public Charity Status (to be completed by all organizations) (See Instructions) The organization is not a private foundation because it is (Please check only one organization) A church, convention of churches, or association of churches described in Section 170(b)(1)(A)(i). A school described in Section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in Section 170(b)(1)(A)(iii). (Attach Schedule H) 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 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) A federal, state, or local government or governmental unit described in Section 170(b)(1)(A)(v). 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) A community trust described in Section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See Section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See Section 509(a)(4). (See instructions.) 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 that describes the type of supporting organization and complete lines 11e through 11h Type I **b** Type II c Type III - Functionally Integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (III) below, the governing body of the the supported organization? 11q(i)

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (See Instructions))	(iv) Is the organization in col (i) listed in your governing document?		organization in the organization col (i) listed in your governing the organization support?		inization i <b>)</b> of your	n organization in		(vii) A mount of support?
			Yes	No	Yes	No	Yes	No		
Total										

(ii) a family member of a person described in (i) above?

(iii) a 35% controlled entity of a person described in (i) or (ii) above?

Provide the following information about the organizations the organization supports

11g(ii)

11g(iii)

# Support Schedule for Organizations Described in IRC 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.)

	(Complete only if you chec	ked the box of	1 lille 5, 7, 01	o oi Part I.)				
	ublic Support							
	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	<b>(d)</b> 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	238,782	430,506	272,068	871,889		287,510	2,100,755
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 line 1-3	238,782	430,506	272,068	871,889		287,510	2,100,755
5	The portion of total contribution by each	,	,	,	,		•	· · ·
J	person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)							523,227
6	Public Support subtract line 5 from line 4							1,577,528
Т	otal Support			I			<u> </u>	
	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
7	A mounts from line 4	238,782	187,309	272,068	871,889	(-)	287,510	2,100,755
8	Gross income from interest, dividends,		,	·	·			<u> </u>
	payments received on securities loans, rents, royalties and income from similar sources	169,984	187,309	214,401	223,638		223,303	1,018,635
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 IV)							0
11	Total Support (Add lines 7 through 10)							3,119,390
12	Gross receipts from related activities, etc	(See instruction:	s)	1	•	12		
13 C	First Five Years. If the Form 990 is for the organization, check this box and stop here  omputation of Public Support Perc	entage			tax year as a 5	01(c)(		<b>▶</b> ┌
14	Public Support Percentage for 2008 (line 6	column (f) divid	ed by line 11 co	lumn (f))		14		50 570 %
15	Public Support Percentage for 2007 Sched	ule A , Part IV - A	, lıne 26f			15		50 340 %
	33 1/3% Test - 2008. If the organization did and stop here. The organization qualifies as 33 1/3% Test - 2007. If the organization did	a publicly supp	orted organizati	on	·			
	box and <b>stop here.</b> The organization qualified <b>10% Facts and Circumstances Test - 2008.</b> more, and if the organization meets the "fact organization meets the "facts and circumstances" and circumstances.	If the organization ts and circumst ances" test The	on did not check ances" test, che corganization qu	a box on line 13 eck this box and ualifies as a pub	stop here. Expl	laın ın organı:	Part IV ho zation	w the
ь 18	10% Facts and Circumstances Test - 2007. I more, and if the organization meets the "fact the organization meets the "facts and circu Private Foundation. If the organization did	ts and circumst mstances" test	ances" test, che The organizatio	eck this box and n qualifies as a	<b>stop here.</b> Expl publicly suppor	laın ın ted org	Part IV ho Janization	
	instructions							<b>-</b>

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	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 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
c	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts 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 30 June, 1975		+				
С	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 IV )						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and <b>stop here</b>						<b>▶</b> □
	monutation of Dublic Compant Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (			ne 13 column /f	<u> </u>	17	
	-			-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% Tests - 2008. 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 **33 1/3% Tests - 2007.** 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

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

Schedule A (Form 990 or 990-EZ) 2008

**▶**□

**Supplemental Information.** Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

## OMB No 1545-0047

Open to Public Inspection

### SCHEDULE D

(Form 990)

Department of the Treasurv Internal Revenue Service

## **Supplemental Financial Statements**

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Name of the organization **Employer identification number** Mount Dora Community Trust 23-7227875 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 9 49,319 Aggregate Contributions to (during year)

23,850

4 Aggregate value at end of year 469,373 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

┌ No

Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?

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

т .	Pur	pose(s) of conservation easements held by the organization (checi	капт	inat apply)
	$\sqcap$	Preservation of land for public use (e g , recreation or pleasure)	$\sqcap$	Preservation of an historically importantly land area
	Γ	Protection of natural habitat	$\vdash$	Preservation of certified historic structure
	Γ	Preservation of open space		

- Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year
  - Total number of conservation easements

Aggregate Grants from (during year)

- Total acreage restricted by conservation easements
- Number of conservation easements on a certified historic structure included in (a)
- Number of conservation easements included in (c) acquired after 8/17/06

- Held at the End of the Year 2a 2b 2c 2d
- Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🕨
- Number of states where property subject to conservation easement is located
- Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds?

- Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year
- 7 A mount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶\$
- Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?

In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

#### Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
- If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
  - (i) Revenues included in Form 990, Part VIII, line 1

For Paperwork Reduction Act Notice, see the Intructions for Form 990

(ii) Assets included in Form 990, Part X

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

Revenues included in Form 990, Part VIII, line 1

**-**\$

Assets included in Form 990, Part X

Cat No 52283D

Schedule D (Form 990) 2008

Part	Organizations Maintaining Co	llections of Art,	His	<u>tori</u>	<u>cal Treasur</u>	res, or Othe	r Similar Asse	ts (c	ontınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	of th	e foll	owing that are	a sıgnıfıcant u	se of its collection	า	
а	Public exhibition		d	Γ	Loan or exch	ange programs			
ь	Scholarly research		e	Γ	Other				
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explai	n hov	v the	/ further the or	rganızatıon's ex	empt purpose ın		
5	During the year, did the organization solicity assets to be sold to raise funds rather than the							Yes	□ No
Par	Trust, Escrow and Custodial A Part IV, line 9, or reported an ar	Arrangements.	Com	plete	e if the organ		<u> </u>		,
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?	ian or other intermed	dıary	for c	ontributions oi	r other assets r		Yes	┌ No
b	If "Yes," explain why in Part XIV and comple	te the following table	е						
						-	A mou	ınt	
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 Fo	orm 990, Part X, line	21?				Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI\								
Pai	t V Endowment Funds. Complete							<b>.</b>	
4	Pagamana afaran balanca	(a)Current Year 687,484	(b)	Prior `	rear   (c)Iwo	Years Back (d)	Three Years Back (e	)Four Y	ears Back
1a	Beginning of year balance	15,913							
b	Contributions	5,135							
с	Investment earnings or losses	15,000							
d	Grants or scholarships	7,856							
е	Other expenditures for facilities and programs	7,836							
f	Administrative expenses	5,174							
g	End of year balance	680,502							
2	Provide the estimated percentage of the yea	r end balance held a	s						
а	Board designated or quasi-endowment								
Ь	Permanent endowment - 100 000 %								
с	Term endowment ▶								
3a	Are there endowment funds not in the posse	ssion of the organiza	tion t	thata	re held and ac	dministered for	the		
	organization by						<u> </u>	Yes	No
	(i) unrelated organizations			•			3a(i)		No
	(ii) related organizations						3a(ii)		No
	If "Yes" to 3a(II), are the related organizatio	•					3b		No
4	Describe in Part XIV the intended uses of th								
Pali	t VI Investments—Land, Building	s, and Equipmer	1 <b>t.</b> 5			T '	Ι		
	Description of investment				) Cost or other sis (investment)	(b)Cost or other basis (other)	(c) Depreciation	<b>(d)</b> B	ook value
1a	and						1		
	Buildings		•		180,000	131,383	3,738		307,645
c I	easehold improvements		•			2,838	12		2,826
d I	Equipment					1,692	1,692		
						1	1	1	
	Other		•			1,226	410		816

Part VII	Investments-Other Securities. See	Form 990, Part X, line 1	2.	
	(a) Description of security or cateory (including name of security)	(b)Book value		d of valuation ·year market value
Financial d	erivatives and other financial products			
	eld equity interests			
Other				
Total. (Colu	mn (b) should equal Form 990, Part X, col (B) line 12 ) 🕨			
Down VIII	Investments Duesus Polated Co	a Farm OOO Dart V June	12	
Part VIII	Investments—Program Related. Se			d of valuation
	(a) Description of investment type	(b) Book value		year market value
Total (Colu	mn (b) should equal Form 990, Part X, col (B) line 13 )			
Part IX		ne 15.		
	(a) Descri			(b) Book value
Total. (Colu	ımn (b) should equal Form 990, Part X, col.(B) line .	15.)		
	Other Liabilities. See Form 990, Part 3			
	(a) Description of Liability	(b) A mount		
Federal Inc	come Taxes			
			]	
			]	
			]	
			1	
			1	
			1	
-			1	
			1	
Total. (Colum	mn (b) should equal Form 990, Part X, col (B) line 25 ) 🕨		1	
,,	· · · · · · · · · · · · · · · · · · ·	1		

Par	t XI Reconciliation of C	hange in Net Assets from Forr	<u>n 990 to Financial State</u>	ments	
1	Total revenue (Form 990, Part			1	
2	Total expenses (Form 990, Par	2			
3	Excess or (deficit) for the year	3			
4	Net unrealized gains (losses) o	4			
5	Donated services and use of fa	5			
6	Investment expenses			6	
7	Prior period adjustments			7	
8	Other (Describe in Part XIV)			8	
9	Total adjustments (net) Add lir	nes 4 - 8		9	
10	Excess or (deficit) for the year	per financial statements Combine lines	s 3 and 9	10	
Part		evenue per Audited Financial		ue per Return	
1	Total revenue, gains, and othe	r support per audited financial stateme	nts	1	
2	Amounts included on line 1 bu	it not on Form 990, Part VIII, line 12			
а	Net unrealized gains on invest	ments	. 2a		
b	Donated services and use of fa	acılıtıes	. 2b		
c	Recoveries of prior year grants	s	. 2c		
d	Other (Describe in Part XIV)		. 2d		
e	Add lines <b>2a</b> through <b>2d</b> .			. 2e	
3	Subtract line ${f 2e}$ from line ${f 1}$ .			. 3	
4	Amounts included on Form 99	0, Part VIII, line 12, but not on line 1			
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b	. 4a		
b	Other (Describe in Part XIV)		4b		
c	Add lines <b>4a</b> and <b>4b</b>			. 4c	
5		d <b>4c.</b> (This should equal Form 990, Par			
		xpenses per Audited Financia			
1		r audited financial statements		. 1	
2		it not on Form 990, Part IX, line 25	1 - 1		
а		acılıtıes			
b			2b		
с		, Part IX, line 25	2c		
d	Other (Describe in Part XIV)		. 2d	<b></b>   <u> </u>	
e ~	Add lines 2a through 2d			. 2e	
3	Subtract line 2e from line 1 .			. 3	
4		0, Part IX, line 25, but not on line 1:	4-		
a L		uded on Form 990, Part VIII, line 7b		<del> </del>	
b	Other (Describe in Part XIV)  Add lines <b>4a</b> and <b>4b</b>		. 4b	4c	
с 5		nd <b>4c.</b> (This should equal Form 990, Pa	rt I line 10 \	. 5	
	t XIV Supplemental Inf		nt 1, iiiie 16 )	.   3	
Com	plete this part to provide the des	scriptions required for Part II, lines 3, 5, Part XII, lines 3, 5, Part XII, lines 2d and 4b, and Part XI		4, Part XIV, lines 1b and	2b,
	Ident if ier	Return Reference	Ехр	lanat ion	

Part XIV Supplemental In	formation(continued)	
Ident if ier	Return Reference	Explanation
	-	
	-	
	ļ	

Schedule D (Form 990) 2008

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DLN: 93493350000019 OMB No 1545-0047

Schedule I (Form 990)

### **Grants and Other Assistance to Organizations,** Governments and Individuals in the U.S.

2008

Department of the Treasury Internal Revenue Service

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

Open to Public Inspect ion

Name of the organization						Employer identi	fication number
Mount Dora Community Trust						23-7227875	
Part I General Inform	nation on Gra	nts and Assistanc	e			•	
<ul><li>Does the organization ma the selection criteria use</li><li>Describe in Part IV the or</li></ul>	d to award the gra rganization's proc	nts or assistance? .   . edures for monitoring th	e use of grant funds in t	he United States			
Form 990, Part I Part IV and Scho	IV, line 21 for ai edule I-1 if addi	ny recipient that rec tional space is	eived more than \$5,0	000. Check this box	tes. Complete if the of the office of the conference of the confer	ceived more than \$5,	
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	, , , ,	(h) Purpose of grant or assistance
See Additional Data Table							
2 Enter total number of sec organizations					•		13
3 Enter total number of other							<b>&gt;</b> 2
For Paperwork Reduction Act Not	ice, see the Instruc	tions for Form 990.		Cat No 50055	P	Sc	hedule I (Form 990) 2008

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Pa	irt IV, line 22.
	Use Schedule I-1 (Form 990) if additional space is needed.	

(a)Type of grant or assistance	<b>(b)</b> Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
SCHOLARSHIPS TO INDIVIDUALS	36	42,461			

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

Ident if ier	Return Reference	Explanation
Grantmaker's Description of How Grants are Used		SEMI-ANNUAL REPORTING BY GRANT RECIPIENTS
1		

**SCHEDULE M** (Form 990)

**Non-Cash Contributions** 

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990

Open to Public Inspection

	ie of the organization t Dora Community Trust				Employer identificat	ion nu	mber	
iouii	t bola community Trast				23-7227875			
Pa	rt I Types of Property			-				
		(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	<b>(d</b> Method of de reven	etermı	nıng	
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 .	Х	1	1,972,103				
10	Securities—Closely held stock .							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution (historic							
14	structures)							
15	Real estate—Residential .							
	Real estate—Commercial							
	Real estate—Other							
	Collectibles							
	Food inventory							
	Drugs and medical supplies							
	Taxidermy							
	Historical artifacts							
	Scientific specimens							
	Archeological artifacts							
	Other (describe )							
	Other (describe)							
	Other (describe)							
	Other (describe)							
29	Number of Forms 8283 received which the organization complete Acknowledgement	d Form 828		ar for contributions for	29			
	Acknowledgement		•				Yes	No
30a	During the year, did the organize hold for at	ition receiv	e by contribution any prope	erty reported in Part I, lines	1-28 that it must		103	110
	least three years from the date of for the entire holding period?		•	not required to be used for	exempt purposes	30a		No
h	If "Yes", describe the arrangem				-			
	Does the organization have a gif			review of any non-standard	contributions?	31		No
32a	Does the organization hire or us	•	•	to solicit, process, or sell	non-cash	32a		No
h	If "Yes", describe in Part II							"
	If the organization did not report checked, describe in Part II	revenuesı	n Column (c) for a type of p	property for which Column (	a) ıs			

<b>Supplemental Information.</b> Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.							
Identifier	ReturnReference	Explanation					
240111111	Notal III Colored	Explanation					
	1	1					

### SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

Name of the organization Mount Dora Community Trust Employer identification number

23-7227875

Identifier Return Reference		Explanation				
Form 990, Part VI,	Form 990, Part VI, Line 19 Other	GOVERNING DOCS, POLICIES AND FINANCIAL STATEMENTS ARE				
Line 19	Organization Documents Publicly Available	AVAILABLE UPON REQUEST FOR A REASONABLE COPYING FEE				

ldentifier	Return Reference	Explanation					
Form 990, Part VI, Line 15b	Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees	COMPENSATION OF THE TRUSTEE AND EXECUTIVE DIRECTOR IS REVIEWED AND APPROVED BY THE GOVERNING BODY OF THE ORGANIZATION, PROVIDED THAT PERSONS WITH CONFLICTS OF INTEREST WITH RESPECT TO THE COMPENSATION ARRANGEMENT AT ISSUE ARE NOT INVOLVED COMPENSATION IS REVIEWED USING DATA AS TO COMPARABLE COMPENSATION FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SUITED ORGANIZATIONS THERE IS CONTEMPORANEOUS DOCUMENTATION AND RECORD KEEPING WITH RESPECT TO THE DELIBERATIONS AND DECISIONS REGARDING THE COMPENSATION ARRANGEMENT					

Identifier Return Reference		Explanation			
Form 990, Part VI, Line 12c	Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	DURING GOVERNING BODY MEETINGS, ANY POTENTIAL CONFLICTS OF INTEREST REQUIRED TO BE DISCLOSED BY OFFICERS/KEY EMPLOYEES ARE REVIEWED & FURTHER ACTION IS TAKEN IF NECESSARY & DOCUMENTED IN THE MINUTES			

ldentifier	Return Reference	Explanation			
Form 990, Part VI, Line 10	Form 990, Part VI, Line 10 Form 990 Review Process	GOVERNING BODY MEMBERS ARE PROVIDED A DRAFT COPY OF THE FORM 990 FOR THEIR REVIEW, CHANGES NOTED BY MEMBERS ARE MADE AS NECESSARY, AND THE FINAL FORM 990 IS THEN FILED UPON SIGNATURE OF AN AUTHORIZED OFFICER			

#### **Additional Data**

Software ID: Software Version:

**EIN:** 23-7227875

Name: Mount Dora Community Trust

#### Form 990, Part I, Line 1 - Briefly describe the Organization's mission or most significant activities:

Established in 1972, the Mount Dora Community Trust is a tax-exempt charitable organization created to provide the Mount Dora area community with funding for public educational, charitable or benevolent projects and purposesThe Trust continues the mission to provide outreach programs to schools, charities and civic causes through the generous actions and financial support of Mount Dora residents and businesses committed to promoting the communitys unity and prosperity

#### Form 990, Part III, Line 1 - Briefly describe the organization's mission:

Established in 1972, the Mount Dora Community Trust is a tax-exempt charitable organization created to provide the Mount Dora area community with funding for public educational, charitable or benevolent projects and purposesThe Trust continues the mission to provide outreach programs to schools, charities and civic causes through the generous actions and financial support of Mount Dora residents and businesses committed to promoting the communitys unity and prosperity

**Software ID:** 08000091

**Software Version:** 2008v2.7

**EIN:** 23-7227875

Name: Mount Dora Community Trust

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(h) Purpose of grant or assistance
THE ICEHOUSE PLAYERS INC1100 N UNSER ST MOUNT DORA,FL 32757	59-6152541	501(c)(3)	19,500	0		COMMUNITY THEATER SUPPORT
ROTARY CLUB OF MOUNT DORA INCPO BOX 111 MOUNT DORA,FL 32756	59-6209560	501(C)(3)	5,500	0		JULY 4 CELEBRATION & SCHOLARSHIPS
MOUNT DORA LIBRARY ASSOCIATION1995 N DONNELLY ST MOUNT DORA,FL 32757	59-1379984	501(c)(3)	4,000	0		UNITY HOUSE & CONCERT SUPPORT
MOUNT DORA LAWN BOWLING CLUB125 N DONNELLY ST MOUNT DORA,FL 32757	59-1006232	501(c)(7)	7,000	0		LAWN BOWLING FACILITY EXP
MOUNT DORA HISTORICAL SOCIETY450 ROYELLOU LANE MOUNT DORA,FL 32757	59-1913908	501(c)(3)	4,500	0		CAPITAL IMPROVEMENTS
MOUNT DORA HIGH SCHOOL700 N HIGHLAND STREET MOUNT DORA,FL 32757	59-6000694	GOVT ENTITY	16,350	0		PUBLIC EDUCATION SUPPORT
MOUNT DORA FESTIVAL OF MUSIC & LITERATURPO BOX 712 MOUNT DORA, FL 32756	59-3467731	501(c)(3)	14,500	0		MUSIC FESTIVAL SUPPORT
MOUNT DORA CHAMBER OF COMMERCE341 ALEXANDER STREET MOUNT DORA,FL 32757	59-0369669	501(c)(6)	8,710	0		LIGHT UP MT DORA & OTHER EVENTS
MISCELLANEOUS 5000 EA PO BOX 1406 MOUNT DORA,FL 32756			60,020	0		COMMUNITY GRANTS & ALLOCATIONS
LIFESTREAM BEHAVIORAL CENTER INC515 W MAIN ST LEESBURG,FL 34748	59-1561501	501(c)(3)	5,000	0		CHILDCARE SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States							
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LIBERTY CHRISTIAN ACADEMY2451 DORA AVE TAVARES,FL 32778	59-1771123	501(c)(3)	18,251	0			TUITION ASSISTANCE
LAKES AND HILLS GARDEN CLUBPO BOX 435 ASTATULA,FL 34705	59-2837670	501(c)(3)	6,750	0			COMMUNITY LANDSCAPING PROJECTS
JUNIOR ACHIEVEMENT CENTRAL FL2121 CAMDEN ROAD ORLANDO,FL 32803	59-0972112	501(c)(3)	5,000	0			JA PROGRAM AT MDHS
HOSPICE FOUNDATION OF LAKE & SUMTER INC 2445 LANE PARK ROAD TAVARES,FL 32778	59-2915060	501(c)(3)	9,755	0			HOSPICE CARE SUPPORT
CITY OF MOUNT DORA PO BOX 176 MOUNT DORA, FL 32756	59-6000380	GOVT ENTITY	38,833	0			COMMUNITY BLDG RENOVATIONS ETC
CHRISTIAN HOME & BIBLE SCHOOL301 W 13TH AVENUE MOUNT DORA,FL 32757	59-0855390	501(c)(3)	15,000	0			MATERIALS & SCHOLARSHIPS
CARPENTERS HOUSE FOR CHILDRENPO BOX 1406 MOUNT DORA,FL 32756	20-5320719	501(c)(3)	83,914	0			FOSTER CHILDREN HOUSING
CAMP BOGGY CREEK 30500 BRANTLEY BRANCH ROAD EUSTIS, FL 32736	59-3012889	501(c)(3)	10,607	0			ASSIST CHILDREN WITH CHRONIC ILLNESSES