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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 black lung benefit trust or private foundation)

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

OMB No 1545-0047

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 01-01-2010 and ending 12-31-2010

B Check if applicable
☑ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization
CHARLOTTE COMMUNITY FOUNDATION INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) Room/suite
403 SULLIVAN STREET
ROOM/SUITE 114

City or town, state or country, and ZIP + 4
PUNTA GORDA, FL 33950

D Employer identification number
65-0455319

E Telephone number
(941) 637-0077

G Gross receipts $ 4,365,904

F Name and address of principal officer
RON OLSEN

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J **Website:** ▶ WWW CHARLOTTECOMMUNITYFOUNDATION ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ 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
THE ORGANIZATION EXISTS TO ENHANCE THE QUALITY OF LIFE IN CHARLOTTE COUNTY THE ORGANIZATION'S MISSION IS TO ADVANCE THE COMMON GOOD BY NURTURING A GIVING COMMUNITY AND CONNECTING PEOPLE WHO CARE WITH CAUSES THAT MATTER

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	10
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	10
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	2
6	Total number of volunteers (estimate if necessary)	6	
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	206,399	92,832
	9	Program service revenue (Part VIII, line 2g)		0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-924,521	313,859
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	23,697	40,807
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-694,425	447,498
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	88,436	123,114
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	163,386	178,914
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		6,876
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶22,942		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	126,051	162,296
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	377,873	471,200
	19	Revenue less expenses Subtract line 18 from line 12	-1,072,298	-23,702

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	4,415,810	4,363,708
	21	Total liabilities (Part X, line 26)	11,131	12,784
	22	Net assets or fund balances Subtract line 21 from line 20	4,404,679	4,350,924

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

****** | 2011-07-25
Signature of officer | Date

RON OLSEN TREASURER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name GEOFFREY L LORAH	Preparer's signature GEOFFREY L LORAH	Date 2011-08-01	Check if self-employed ▶ ☐	PTIN
Firm's name ▶ WEBB LORAH & COMPANY PL CPAS				Firm's EIN ▶
Firm's address ▶ 1107 WEST MARION AVE UNIT 115 PUNTA GORDA, FL 33950				Phone no ▶ (941) 637-8884

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

Part III **Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III . . . . ☑

1 Briefly describe the organization's mission

THE ORGANIZATION EXISTS TO ENHANCE THE QUALITY OF LIFE IN CHARLOTTE COUNTY THE ORGANIZATION'S MISSION IS TO ADVANCE THE COMMON GOOD BY NURTURING A GIVING COMMUNITY AND CONNECTING PEOPLE WHO CARE WITH CAUSES THAT MATTER

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . ☐ **Yes** ☑ **No**

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

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

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 $ 120,115 including grants of $ 120,114) (Revenue $)

THE FOUNDATION ADMINISTERS DONOR ADVISED, ENDOWED AND OTHER FUNDS TO PROVIDE SUPPORT FOR GENERAL CHARITABLE PURPOSES AS RECOMMENDED BY THE DONOR AND APPROVED BY THE FOUNDATION'S BOARD OF DIRECTORS THE FOUNDATION PROVIDED ASSISTANCE TO 28 DIFFERENT ORGANIZATIONS THAT QUALIFIED BASED ON DONOR REQUESTS AND BOARD APPROVALS

4b (Code) (Expenses $ 639 including grants of $) (Revenue $)

NON-PROFIT NETWORK NEEDS ASSESSMENT SURVEYS ARE SENT OUT TO LOCAL NOT-FOR-PROFIT ORGANIZATIONS TO IDENTIFY THE NEEDS OF SUCH ORGANIZATIONS IN CHARLOTTE COUNTY SUCH SURVEYS INQUIRE WHETHER THE ORGANIZATION NEEDS ASSISTANCE WITH GRANT WRITING, PLANNING FOR SUSTAINABILITY, AND TRAINING FOR BOARD MEMBERS THE NON-PROFIT NETWORK ALSO OFFERS TRAINING WORKSHOPS BASED UPON THE SURVEY RESULTS THE NETWORK ADDITIONALLY OFFERS ACCESS TO A RESOURCELIBRARY AT THE FOUNDATION'S FACILITY WHEREBY LOCAL NOT-FOR-PROFIT ORGANIZATIONS CAN COME TO DO RESEARCH OR EVEN CHECK MATERIALS OUT FOR LATER REFERENCE THE NETWORK PROVIDES WEEKLY NEWSLETTERS VIA EMIAL AND REGULARLY SCHEDULED LUNCH PROGRAMS THE NONPROFIT NETWORK CONTINUES TO BE THE ONLY ORGANIZATION IN THE COUNTY THAT PROVIDES EXTENSIVE TRAINING IN MARKETING AND FUNDRAISING TO THE NONPROFIT COMMUNITY THE NONPROFIT NETWORK PROGRAM IS BASED ON THE ONLY CAPACITY BUILDING STUDY CONDUCTED IN THE CHARLOTTE COUNTY NONPROFITS

4c (Code) (Expenses $ 3,000 including grants of $ 3,000) (Revenue $)

CHARLOTTE COMMUNITY FOUNDATION SCHOLARSHIP PROGRAMS ENDOWED SCHOLARSHIP PROGRAM THE CCF, SINCE ITS INCEPTION IN 1995, HAS FOCUSED ON THE REASON FOR ITS EXISTENCE - TO IMPROVE THE QUALITY OF LIFE FOR RESIDENTS IN CHARLOTTE COUNTY WHAT BETTER WAY TO HELP IMPROVE THE COMMUNITY'S QUALITY OF LIFE THAN TO SUPPORT RESIDENTS IN THEIR DESIRE TO IMPROVE THEMSELVES - TO FULFILL THEIR DREAMS - THROUGH HIGHER EDUCATION IN 1997, AS EDISON STATE COLLEGE (THEN EDISON COLLEGE) WAS JUST BEGINNING ITS SECOND YEAR IN CHARLOTTE COUNTY, THE CCF BOARD MADE A COMMITMENT TO ESTABLISH AN ENDOWED SCHOLARSHIP FUND FOR RESIDENTS OF CHARLOTTE COUNTY IN 2000, WHEN FLORIDA GULF COAST UNIVERSITY WAS IN ITS EARLY DEVELOPMENT, THE CCF BOARD AGAIN MADE THE DECISION TO ESTABLISH AN ENDOWED SCHOLARSHIP FUND AT THE NEW UNIVERSITY - STRICTLY FOR RESIDENTS OF CHARLOTTE COUNTY YOU'LL NOTE THE WORD "RESIDENTS " THESE ENDOWED FUNDS ARE NOT JUST FOR STUDENTS FINISHING HIGH SCHOOL IN CHARLOTTE COUNTY, BUT RATHER FOR ANY "RESIDENTS," NO MATTER THEIR AGES, WHO WISH TO EXPAND THEIR SKILLS AND COMPETENCIES AT ONE OR BOTH OF THESE FINE INSTITUTIONS IN THE BEGINNING YEARS, THE FOUNDATION HELD ANNUAL GOLF TOURNAMENTS TO PROVIDE REVENUES TO ADD TO THESE TWO SPECIAL ENDOWED FUNDS MORE RECENTLY, CHARLOTTE COUNTY RESIDENTS HAVE CONTRIBUTED TO THESE FUNDS LEO WOTITZKY PROGRAM THE LEO WOTITZKY SCHOLARSHIP FUND WAS ESTABLISHED AS AN ENDOWED FUND BY THE CCF BOARD OF DIRECTORS TO HONOR THE COMMUNITY LEADER AND FOUNDATION'S FIRST CHAIRMAN, LEO WOTITZKY IT IS NOT A DONOR ADVISED FUND, A MYRIAD OF COMMUNITY MEMBERS, ALONG WITH FRIENDS AND FAMILY MEMBERS HAVE CONTRIBUTED TO THE FUND A COMPETITIVE PROCESS HAS BEEN ESTABLISHED WITH A BOARD - APPOINTED COMMITTEE OF FOUR COMMUNITY LEADERS, ONE OF WHOM IS THE SON OF LEO WOTITZKY THE BOARD APPROVES THE PROCESS WHICH INCLUDES (A) AN EXTENSIVE APPLICATION PROCESS WITH CRITERIA THAT INCLUDES A GRADUATE OF A CHARLOTTE COUNTY PUBLIC HIGH SCHOOL, COMMUNITY SERVICE LEADERSHIP SKILLS, ACCEPTED TO (OR ALREADY ATTENDING AND IN GOOD STANDING) AN ACCREDITED POST-SECONDARY EDUCATION INSTITUTION, AN ESSAY ON FUTURE ASPIRATIONS, AND REFERENCES (B) MARKETING OF THE SCHOLARSHIP PROGRAM THAT INCLUDES LETTERS TO ALL CHARLOTTE COUNTY PUBLIC SCHOOLS AND THE NEARBY ACADEMIC INSTITUTIONS, ADS IN LOCAL PAPERS, INCLUDING THE STUDENT PAPER, "BUZZ," NOTICES IN TWO LOCAL CHAMBERS OF COMMERCE AND ANNOUNCEMENTS VIA LOCAL RADIO PROGRAMS (C) ASSESSMENT OF ALL APPLICATIONS USING A DETAILED EVALUATION FORM ESTABLISHED INTERVIEW PROCESS WHEN COMMITTEE MEMBERS DESIRE ADDITIONAL INFORMATION COMMITTEE RECOMMENDATION IS GIVEN TO THE CCF BOARD WHO THEN MAKES THE FINAL DETERMINATION FOR THE AWARDS

4d Other program services (Describe in Schedule O) **See also Additional Data for Description**

(Expenses $ 266,037 including grants of $) (Revenue $)

4e **Total program service expenses** ▶$ 389,791

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 (see instruction)?	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		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or 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		No
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, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Parts I and IV*	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 U S ? *If "Yes," complete Schedule F, Parts II and IV*	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 U S ? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States 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 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23		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 lines 24b–24d and complete Schedule K. If "No," go to line 25*	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) 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
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		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, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *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		No
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? *If "Yes," complete Schedule N, Part II*	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33		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)?	35		No
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* ☐ **Yes** ☑ **No**			
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a 3			
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c		No
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		No
b	If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?		6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		No
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		No
9	**Sponsoring organizations maintaining donor advised funds.**				
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 person?		9b		No
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O		13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*		14b		

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

Check if Schedule O contains a response to any question in this Part VI . . . ☑

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . . . **1a** 10			
b	Enter the number of voting members included in line 1a, above, who are independent . . . **1b** 10			
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		No
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?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
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?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	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		No
14	Does the organization have a written document retention and destruction policy?	14		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		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		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶

18 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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

DEBORAH M RICCI
403 SULLIVAN STREET UNIT 114
PUNTA GORDA, FL 33950
(941) 637-0077

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

Check if Schedule O contains a response to any question 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, and **current** key employees 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 (describe hours for related organizations in Schedule O)	(C) Position (check all that apply): Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
(1) RON OLSEN TREASURER	5 00	X		X				0	0	0
(2) BRIAN PRESLEY CHAIRMAN	5 00	X		X				0	0	0
(3) VERNON PEEPLES PAST CHAIR	2 00	X						0	0	0
(4) ROBIN BAYNE SECRETARY	5 00	X		X				0	0	0
(5) HASAN HAMMAMI DIRECTOR	2 00	X						0	0	0
(6) DAVID HOLMES VICE CHAIRMA	5 00	X		X				0	0	0
(7) CONNIE KANTOR DIRECTOR	2 00	X						0	0	0
(8) RONALD MONCK IMMEDIATE PA	5 00	X		X				0	0	0
(9) JIMMY DEAN DIRECTOR	2 00	X						0	0	0
(10) MARY BRYSKI DIRECTOR	2 00	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 (describe hours for related organizations in Schedule O)	(C) Position (check all that apply): Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

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

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	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 but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶	

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 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	92,832				
	g Noncash contributions included in lines 1a-1f $	9,972				
	h **Total.** Add lines 1a-1f . . . . ▶		92,832			
Program Service Revenue		Business Code				
	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f . . . . ▶					
Other Revenue	3 Investment income (including dividends, interest and other similar amounts) . . . . . ▶		87,367			87,367
	4 Income from investment of tax-exempt bond proceeds . . ▶					
	5 Royalties . . . . ▶					
		(i) Real / (ii) Personal				
	6a Gross Rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss) . . . . ▶					
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory	4,144,461 / 437				
	b Less cost or other basis and sales expenses	3,918,406 /				
	c Gain or (loss)	226,055 / 437				
	d Net gain or (loss) . . . . ▶		226,492	226,492		
	8a Gross income from fundraising events (not including $ ______ of contributions reported on line 1c) See Part IV, line 18 . . . a					
	b Less direct expenses . . . b					
	c Net income or (loss) from fundraising events . . ▶					
	9a Gross income from gaming activities See Part IV, line 19 . a					
	b Less direct expenses . . . . b					
	c Net income or (loss) from gaming activities . . . ▶					
	10a Gross sales of inventory, less returns and allowances . a					
	b Less cost of goods sold . . b					
	c Net income or (loss) from sales of inventory . . ▶					
	Miscellaneous Revenue	Business Code				
	11a FUND MANAGEMENT FEES		29,980	29,980		
	b INVESTMENT INCOME		9,646	9,646		
	c SALE OF BOOKS		1,181	1,181		
	d All other revenue					
	e **Total.** Add lines 11a–11d . . . . ▶		40,807			
	12 **Total revenue.** See Instructions . . . ▶		447,498	267,299		87,367

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 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 governments and organizations in the U S See Part IV, line 21	123,114	123,114		
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	85,000	68,000	12,750	4,250
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	75,213	60,170	11,282	3,761
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	7,189	5,752	1,078	359
10 Payroll taxes	11,512	9,210	1,726	576
a Fees for services (non-employees) Management	34,143	27,314	5,121	1,708
b Legal				
c Accounting	9,550	7,640	1,433	477
d Lobbying				
e Professional fundraising services *See Part IV, line 17* . .	6,876			6,876
f Investment management fees	29,911	23,929	4,486	1,496
g Other	1,608	991	556	61
12 Advertising and promotion	11,237	8,990	1,685	562
13 Office expenses	26,030	16,468	8,532	1,030
14 Information technology	8,489	3,990	3,990	509
15 Royalties . .				
16 Occupancy	18,430	14,744	2,764	922
17 Travel	2,471	2,471		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	13,313	11,316	1,997	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	4,305	3,444	646	215
23 Insurance	2,809	2,248	421	140
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a				
b				
c				
d				
e				
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	471,200	389,791	58,467	22,942
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X **Balance Sheet**

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		242,253	1	31,405
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	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) Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		1,190	8	111
	9	Prepaid expenses and deferred charges		3,420	9	4,620
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 394,541			
	b	Less accumulated depreciation	10b 18,319	187,817	10c	376,222
	11	Investments—publicly traded securities		3,979,102	11	3,950,603
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets		2,028	14	747
	15	Other assets See Part IV, line 11			15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		4,415,810	16	4,363,708
Liabilities	17	Accounts payable and accrued expenses		6,811	17	3,464
	18	Grants payable		4,320	18	9,320
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key 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 to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25		11,131	26	12,784
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		2,770,906	27	2,610,253
	28	Temporarily restricted net assets		1,633,773	28	1,740,671
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ 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		4,404,679	33	4,350,924
	34	Total liabilities and net assets/fund balances		4,415,810	34	4,363,708

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	447,498
2	Total expenses (must equal Part IX, column (A), line 25)	2	471,200
3	Revenue less expenses Subtract line 2 from line 1	3	-23,702
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	4,404,679
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-30,053
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	4,350,924

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . ☐

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other ________ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . .	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 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	2c		No
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separated basis			
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		No
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 . .	3b		

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
CHARLOTTE COMMUNITY FOUNDATION INC

Employer identification number
65-0455319

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 11, 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)

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 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)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ 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

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ 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)

f 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 ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?	**11g(i)**		
(ii) a family member of a person described in (i) above?	**11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above?	**11g(iii)**		

h Provide the following information about the supported organization(s)

(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?		**(v)** Did you notify the organization in col (i) of your support?		**(vi)** Is the organization in col (i) organized in the U S ?		**(vii)** Amount of support
			Yes	**No**	**Yes**	**No**	**Yes**	**No**	
Total									

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	179,764	724,285	1,395,661	206,399	92,832	2,598,941
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	179,764	724,285	1,395,661	206,399	92,832	2,598,941
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						2,598,941

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	179,764	724,285	1,395,661	206,399	92,832	2,598,941
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	147,401	79,854	109,786	74,392	97,450	508,883
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support** (Add lines 7 through 10)						3,107,824

12 Gross receipts from related activities, etc (See instructions) | 12 | 40,807

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f)) | 14 | 83 630 %

15 Public Support Percentage for 2009 Schedule A, Part II, line 14 | 15 | 84 230 %

16a **33 1/3% support test—2010.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☑

b **33 1/3% support test—2009.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2010.** 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2009.** 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 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)** 2006	**(b)** 2007	**(c)** 2008	**(d)** 2009	**(e)** 2010	**(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)** 2006	**(b)** 2007	**(c)** 2008	**(d)** 2009	**(e)** 2010	**(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 IV)						
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 section501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from **2009** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2010.** 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—2009.** 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 **Supplemental Information.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
CHARLOTTE COMMUNITY FOUNDATION INC

Employer identification number
65-0455319

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
1	Total number at end of year	16	16
2	Aggregate contributions to (during year)	35,859	56,973
3	Aggregate grants from (during year)	15,680	107,434
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☑ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☑ Yes ☐ No

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

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

- ☐ Preservation of land for public use (e g , recreation or pleasure)
- ☐ Preservation of an historically importantly land area
- ☐ Protection of natural habitat
- ☐ Preservation of a certified historic structure
- ☐ Preservation of open space

2 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

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ ________

4 Number of states where property subject to conservation easement is located ▶ ________

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☑ No

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ ________

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ ________

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☑ No

9 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

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

1a 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

b 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 ▶ $ ________

(ii) Assets included in Form 990, Part X ▶ $ ________

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

a Revenues included in Form 990, Part VIII, line 1 ▶ $ ________

b Assets included in Form 990, Part X ▶ $ ________

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

3 Using the organization's 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 XIV

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" to 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 XIV 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? ☐ Yes ☑ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to 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	1,338,368	1,202,006	419,523		
b Contributions	26,150	23,837	1,198,080		
c Investment earnings or losses	153,461	148,892	256,220		
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	29,218	36,367	159,377		
g End of year balance	1,423,419	1,338,368	1,202,006		

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ▶ 100 000 %

b Permanent endowment ▶

c Term endowment ▶

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)		No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		No

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		190,470		190,470
b Buildings				
c Leasehold improvements		37,150		37,150
d Equipment		26,921	18,319	8,602
e Other	140,000			140,000
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				376,222

Part VII Investments—Other Securities. 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		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	

2. Fin 48 (ASC 740) Footnote In Part XIV, 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 (ASC740)

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	447,498
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	471,200
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-23,702
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-136,951
9	Total adjustments (net) Add lines 4 - 8	9	-136,951
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-160,653

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

1	Total revenue, gains, and other support per audited financial statements			1	310,547
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	89,104		
e	Add lines **2a** through **2d**			2e	89,104
3	Subtract line **2e** from line **1**			3	221,443
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	226,055		
c	Add lines **4a** and **4b**			4c	226,055
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	447,498

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

1	Total expenses and losses per audited financial statements			1	471,200
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 XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	471,200
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	471,200

Part XIV Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
INTENDED USES FOR ENDOWMENT FUNDS	SCHEDULE D, PAGE 2, PART V, LINE 4	THE PRIMARY PURPOSE OF THE ENDOWMENT FUNDS ADMINISTERED BY THE FOUNDATION IS TO SUPPORT THE PROGRAMS AND SERVICES OF THE DONOR ENTITY AND TO ADHERE TO THE THE ENTITY'S MISSION AS DESCRIBED IN ITS BYLAWS OR ORGANIZATIONAL DOCUMENTS FOR INDIVIDUALS ESTABLISHING ENDOWMENT FUNDS, SUCH FUNDS ARE ADMINISTERED IN ACCORDANCE WITH THE TERMS OF THE ENDOWMENT FUND AGREEMENT WITH THE FOUNDATION DISTRIBUTIONS FROM ENDOWMENT FUNDS ARE MADE IN ACCORDANCE WITH FOUNDATION POLICIES, CONSIDERING REQUESTS FROM THE DONOR ENTITY OR INDIVIDUAL
LIABILITY UNDER FIN 48 FOOTNOTE	SCHEDULE D, PAGE 3, PART X	THE FOUNDATION HAS ADOPTED THE PROVISIONS OF ACCOUNTING STANDARDS CODIFICATION (ASC) 740, INCOME TAXES, WHICH PRESCRIBES A COMPREHENSIVE MODEL FOR THE RECOGNITION, CLASSIFICATION AND DISCLOSURE OF UNCERTAIN TAX POSITIONS MANAGEMENT BELIEVES THAT APPROPRIATE SUPPORT EXISTS FOR THE POSITIONS TAKEN ON THE FOUNDATION'S TAX RETURNS, BOTH WITH THE U S INTERNAL REVENUE SERVICE (IRS) AND THE STATE OF FLORIDA DEPARTMENT OF REVENUE THEREFORE, NO ACCRUAL FOR TAX LIABILITIES RELATED TO SUCH TAX POSITIONS HAS BEEN MADE SHOULD INTEREST EXPENSE AND/OR PENALTIES BE ASSESSED BY THESE TAXING AUTHORITIES, THE FOUNDATION WOULD RECOGNIZE THESE COSTS AS OPERATING EXPENSES DURING THE YEAR ENDED DECEMBER 31, 2010, THE FOUNDATION DID NOT INCUR INTEREST EXPENSE AND/OR PENALTIES RELATED TO INCOME TAXES THE FOUNDATION'S FEDERAL AND STATE INCOME TAX RETURNS COULD GENERALLY BE SUBJECT TO EXAMINATION FOR THREE YEARS AFTER THE FILING DATE OF SUCH TAX RETURNS THE FOUNDATION HAS NOT BEEN NOTIFIED OF ANY TAX RETURN EXAMINATIONS
RECONCILIATION OF CHANGES - OTHER	SCHEDULE D, PAGE 4, PART XI, LINE 8	BOOK TAX DIFFERENCE 1,813 UNREALIZED LOSSES ON ASSETS -138,691 REALIZED GAINS ON FINANCIAL STATEMENTS 225,982 GAIN/LOSS ON DISPOSAL OF ASSETS -226,055
REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 2D	BOOK TAX DIFFERENCE 1,813 UNREALIZED LOSSES ON ASSETS -138,691 REALIZED GAINS ON FINANCIAL STATEMENTS 225,982
REVENUE AMOUNTS INCLUDED ON RETURN - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 4B	GAIN/LOSS ON DISPOSAL OF ASSETS 226,055
SUPPLEMENTAL FINANCIAL INFORMATION	SCHEDULE D, PAGE 4, PART XIV	DURING 2010, THE FOUNDATION ACQUIRED LAND IN DOWNTOWN PUNTA GORDA, UPON WHICH THE FOUNDATION INTENDS TO BUILD ITS FUTURE HOME THE PRELIMINARY DESIGN OF THE PERMANENT CHARLOTTE COMMUNITY FOUNDATION INCLUDES TWO BUILDINGS JOINED BY A COURTYARD ONE BUILDING IS FOR DAILY OPERATIONS AND ONE WILL BE USED FOR EDUCATION AT DECEMBER 31, 2010 CONSTRUCTION OF THE NEW BUILDING HAD NOT YET BEGUN UNTIL THIS BUILDING PROJECT IS COMPLETE, THE FOUNDATION WILL CONTINUE TO LEASE OFFICE SPACE IN DOWNTOWN PUNTA GORDA

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
CHARLOTTE COMMUNITY FOUNDATION INC

Employer identification number
65-0455319

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 Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient 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 Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) VIRGINIA B ANDES VOLUNTEER COMMUNIT 21450 GIBRALTER DRIVE PORT CHARLOTTE, FL 33952	65-0958642	3	32,291				
(2) AMERICAN RED CROSS 866 TAMIAMI TRAIL SUITE 8 PORT CHARLOTTE, FL 33953	53-0196605	3	6,100				
(3) CHARLOTTE CO HABITAT FOR HUMANITY 1750 MANZANA AVE PUNTA GORDA, FL 33950	59-2870908	3	12,840				
(4) DOCTORS WITHOUT BORDERS333 7TH AVENUE FL 2 NEW YORK, NY 100015126	13-3433452	3	9,840				
(5) TEAM PUNTA GORDA 252 W MARION AVE 121 PUNTA GORDA, FL 339504435	20-2375899	3	7,500				
(6) VISUAL ARTS CENTER ENDOWMENT TRUST210 MAUDE ST PUNTA GORDA, FL 339503359	26-3606606	3	7,000				
(7) PUNTA GORDA HISTORIC MURAL SOCIETYPO BOX 510506 PUNTA GORDA, FL 33951	65-0563402	3	7,500				

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 25

3 Enter total number of other organizations . . . ▶ 3

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

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

Identifier	Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493213007791

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
CHARLOTTE COMMUNITY FOUNDATION INC

Employer identification number
65-0455319

Identifier	Return Reference	Explanation
SECOND ACHIEVEMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4B	WEEKLY NEWSLETTERS VIA EMIAL AND REGULARLY SCHEDULED LUNCH PROGRAMS THE NONPROFIT NETWORK CONTINUES TO BE THE ONLY ORGANIZATION IN THE COUNTY THAT PROVIDES EXTENSIVE TRAINING IN MARKETING AND FUNDRAISING TO THE NONPROFIT COMMUNITY THE NONPROFIT NETWORK PROGRAM IS BASED ON THE ONLY CAPACITY BUILDING STUDY CONDUCTED IN THE CHARLOTTE COUNTY NONPROFITS

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493213007791

Form **4562**

Depreciation and Amortization

(Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

2010

Attachment Sequence No **67**

Name(s) shown on return	Business or activity to which this form relates	Identifying number
CHARLOTTE COMMUNITY FOUNDATION INC	INDIRECT DEPRECIATION	65-0455319

Part I Election To Expense Certain Property Under Section 179

Note: *If you have any listed property, complete Part V before you complete Part I.*

1 Maximum amount See the instructions for a higher limit for certain businesses	1	500,000
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost

7 Listed property Enter the amount from line 29	7	
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction Enter the **smaller** of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2009 Form 4562	10	
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2011 Add lines 9 and 10, less line 12 ▶	13	

Note: *Do not use Part II or Part III below for listed property. Instead, use Part V.*

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2010	17	2,328
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B—Assets Placed in Service During 2010 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		959	5 0	HY	200 DB	696
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (see instructions)

21 Listed property Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	22	3,024
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V **Listed Property** (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: *For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.*

Section A—Depreciation and Other Information (Caution: *See the instructions for limits for passenger automobiles.***)**

24a Do you have evidence to support the business/investment use claimed? Yes No | **24b** If "Yes," is the evidence written? Yes No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation/ deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						25		
26 Property used more than 50% in a qualified business use								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%				S/L -		
		%				S/L -		
		%				S/L -		

28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 . | **28** |

29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 . . . . | **29** |

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (**do not** include commuting miles) . . .												
31 Total commuting miles driven during the year .												
32 Total other personal(noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
	Yes	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use? .												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions)

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles		

Part VI **Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2010 tax year (see instructions)					
43 Amortization of costs that began before your 2010 tax year				**43**	1,281
44 **Total.** Add amounts in column (f) See the instructions for where to report . .				**44**	1,281

Additional Data

Software ID:
Software Version:
EIN: 65-0455319
Name: CHARLOTTE COMMUNITY FOUNDATION INC

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses $ 266,037 including grants of $) (Revenue $)

THESE ARE EXPENSES INCURRED TO ACCOMPLISH THE FOLLOWING FOUNDATION OBJECTIVES STRATEGIC OBJECTIVES GROW AND PRESERVE CCF'S ENDOWMENT TO ADDRESS CHANGING COMMUNITY NEEDS EXPAND THE COMMUNICATIONS AND MARKETING PROGRAM TO ENHANCE THE VISIBILITY OF THE FOUNDATION AND ITS ROLE IN BUILDING LEGACIES ESTABLISH A "PROACTIVE" CULTURE IN GRANT MAKING TO ADDRESS UN-SERVED NEEDS DEVELOP AND IMPLEMENT PROCEDURES TO IDENTIFY AND MATCH DONORS WITH CRITICAL COMMUNITY NEEDS ENCOURAGE PROFESSIONAL DEVELOPMENT OF LOCAL NONPROFIT ORGANIZATIONS DEVELOP AND SUPPORT POLICIES AND PROCEDURES THAT ENSURE BOTH THE IMPLEMENTATION OF CCF'S STRATEGIC PLAN AND CONTINUED IMPROVEMENT OF THE FOUNDATION'S GOVERNANCE STRUCTURE, OPERATIONS, AND COMMUNICATIONS SYSTEMS

Identifier	Return Reference	Explanation
THIRD ACHIEVEMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4C	SCHOLARSHIP FUND FOR RESIDENTS OF CHARLOTTE COUNTY IN 2000, WHEN FLORIDA GULF COAST UNIVERSITY WAS IN ITS EARLY DEVELOPMENT, THE CCF BOARD AGAIN MADE THE DECISION TO ESTABLISH AN ENDOWED SCHOLARSHIP FUND AT THE NEW UNIVERSITY - STRICTLY FOR RESIDENTS OF CHARLOTTE COUNTY YOU'LL NOTE THE WORD "RESIDENTS " THESE ENDOWED FUNDS ARE NOT JUST FOR STUDENTS FINISHING HIGH SCHOOL IN CHARLOTTE COUNTY, BUT RATHER FOR ANY "RESIDENTS," NO MATTER THEIR AGES, WHO WISH TO EXPAND THEIR SKILLS AND COMPETENCIES AT ONE OR BOTH OF THESE FINE INSTITUTIONS IN THE BEGINNING YEARS, THE FOUNDATION HELD ANNUAL GOLF TOURNAMENTS TO PROVIDE REVENUES TO ADD TO THESE TWO SPECIAL ENDOWED FUNDS MORE RECENTLY, CHARLOTTE COUNTY RESIDENTS HAVE CONTRIBUTED TO THESE FUNDS LEO WOTITZKY PROGRAM THE LEO WOTITZKY SCHOLARSHIP FUND WAS ESTABLISHED AS AN ENDOWED FUND BY THE CCF BOARD OF DIRECTORS TO HONOR THE COMMUNITY LEADER AND FOUNDATION'S FIRST CHAIRMAN, LEO WOTITZKY IT IS NOT A DONOR ADVISED FUND, A MYRIAD OF COMMUNITY MEMBERS, ALONG WITH FRIENDS AND FAMILY MEMBERS HAVE CONTRIBUTED TO THE FUND A COMPETITIVE PROCESS HAS BEEN ESTABLISHED WITH A BOARD - APPOINTED COMMITTEE OF FOUR COMMUNITY LEADERS, ONE OF WHOM IS THE SON OF LEO WOTITZKY THE BOARD APPROVES THE PROCESS WHICH INCLUDES (A) AN EXTENSIVE APPLICATION PROCESS WITH CRITERIA THAT INCLUDES A GRADUATE OF A CHARLOTTE COUNTY PUBLIC HIGH SCHOOL, COMMUNITY SERVICE LEADERSHIP SKILLS, ACCEPTED TO (OR ALREADY ATTENDING AND IN GOOD STANDING) AN ACCREDITED POST-SECONDARY EDUCATION INSTITUTION, AN ESSAY ON FUTURE ASPIRATIONS, AND REFERENCES (B) MARKETING OF THE SCHOLARSHIP PROGRAM THAT INCLUDES LETTERS TO ALL CHARLOTTE COUNTY PUBLIC SCHOOLS AND THE NEARBY ACADEMIC INSTITUTIONS, ADS IN LOCAL PAPERS, INCLUDING THE STUDENT PAPER, "BUZZ," NOTICES IN TWO LOCAL CHAMBERS OF COMMERCE AND ANNOUNCEMENTS VIA LOCAL RADIO PROGRAMS (C) ASSESSMENT OF ALL APPLICATIONS USING A DETAILED EVALUATION FORM ESTABLISHED INTERVIEW PROCESS WHEN COMMITTEE MEMBERS DESIRE ADDITIONAL INFORMATION COMMITTEE RECOMMENDATION IS GIVEN TO THE CCF BOARD WHO THEN MAKES THE FINAL DETERMINATION FOR THE AWARDS

Identifier	Return Reference	Explanation
ALL OTHER ACHIEVEMENTS DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4D	THESE ARE EXPENSES INCURRED TO ACCOMPLISH THE FOLLOWING FOUNDATION OBJECTIVES STRATEGIC OBJECTIVES GROW AND PRESERVE CCF'S ENDOWMENT TO ADDRESS CHANGING COMMUNITY NEEDS EXPAND THE COMMUNICATIONS AND MARKETING PROGRAM TO ENHANCE THE VISIBILITY OF THE FOUNDATION AND ITS ROLE IN BUILDING LEGACIES ESTABLISH A "PROACTIVE" CULTURE IN GRANT MAKING TO ADDRESS UN-SERVED NEEDS DEVELOP AND IMPLEMENT PROCEDURES TO IDENTIFY AND MATCH DONORS WITH CRITICAL COMMUNITY NEEDS ENCOURAGE PROFESSIONAL DEVELOPMENT OF LOCAL NONPROFIT ORGANIZATIONS DEVELOP AND SUPPORT POLICIES AND PROCEDURES THAT ENSURE BOTH THE IMPLEMENTATION OF CCF'S STRATEGIC PLAN AND CONTINUED IMPROVEMENT OF THE FOUNDATION'S GOVERNANCE STRUCTURE, OPERATIONS, AND COMMUNICATIONS SYSTEMS

Identifier	Return Reference	Explanation
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11B	THE FOUNDATION'S BOARD OF DIRECTORS RECEIVED AND REVIEWED THE FORM 990 BEFORE FILING

Identifier	Return Reference	Explanation
ENFORCEMENT OF CONFLICTS POLICY	FORM 990, PAGE 6, PART VI, LINE 12C	STATEMENT OF GENERAL POLICY ON CONFLICTS OF INTEREST THIS POLICY RECOGNIZES THAT BOTH REAL AND APPARENT CONFLICTS OF INTEREST AND DUALITIES OF INTEREST (HEREINAFTER REFERRED TO AS "CONFLICTS") SOMETIMES OCCUR IN THE COURSE OF CONDUCTING THE CORPORATION'S DAILY AFFAIRS A CONFLICT AS USED IN THIS POLICY REFERS ONLY TO PERSONAL, PROPRIETARY INTERESTS OF THE PERSONS COVERED BY THIS POLICY AND THEIR IMMEDIATE FAMILIES AND NOT TO PHILOSOPHICAL OR PROFESSIONAL DIFFERENCES IN OPINION CONFLICTS OCCUR BECAUSE THE MANY PERSONS ASSOCIATED WITH THE CORPORATION SHOULD BE EXPECTED TO HAVE AND DO IN FACT GENERALLY HAVE MULTIPLE INTERESTS AND AFFILIATIONS AND VARIOUS POSITIONS OF RESPONSIBILITY WITHIN THE COMMUNITY SOMETIMES A PERSON WILL OWE IDENTICAL DUTIES TO TWO OR MORE ORGANIZATIONS CONDUCTING SIMILAR ACTIVITIES CONFLICTS ARE UNDESIRABLE BECAUSE THEY POTENTIALLY OR APPARENTLY PLACE THE INTERESTS OF OTHERS AHEAD OF THE CORPORATION'S OBLIGATIONS TO ITS CORPORATE PURPOSES AND TO THE PUBLIC INTEREST CONFLICTS ARE ALSO UNDESIRABLE BECAUSE THEY OFTEN REFLECT ADVERSELY UPON THE PERSONS INVOLVED AND UPON THE INSTITUTIONS WITH WHICH THEY ARE AFFILIATED, REGARDLESS OF THE ACTUAL FACTS OR MOTIVATIONS OF THE PARTIES HOWEVER, THE LONG-RANGE BEST INTERESTS OF THE CORPORATION DO NOT REQUIRE THE TERMINATION OF ALL ASSOCIATION WITH PERSONS WHO MAY HAVE REAL OR APPARENT CONFLICTS IF A PRESCRIBED AND EFFECTIVE METHOD CAN RENDER SUCH CONFLICTS HARMLESS TO ALL CONCERNED THEREFORE, THE CORPORATION'S AFFIRMATIVE POLICY SHALL BE TO REQUIRE THAT ALL ACTUAL OR APPARENT CONFLICTS BE DISCLOSED PROMPTLY AND FULLY TO ALL NECESSARY PARTIES AND TO PROHIBIT SPECIFIED INVOLVEMENT IN THE AFFAIRS OF THE CORPORATION BY PERSONS HAVING SUCH CONFLICTS COVERAGE OF THIS POLICY THIS POLICY SHALL APPLY TO THE DIRECTORS, OFFICERS, AGENTS AND EMPLOYEES OF THE CORPORATION, INCLUDING ADVISORY COUNCIL MEMBERS, OFFICE VOLUNTEERS, AND INDEPENDENT CONTRACTOR PROVIDERS OF SERVICES AND MATERIALS THE CORPORATION'S MANAGEMENT SHALL HAVE THE AFFIRMATIVE OBLIGATION TO PUBLICIZE PERIODICALLY THIS POLICY TO ALL SUCH PARTIES DISCLOSURE OF ALL CONFLICTS EACH PERSON TO WHOM THIS POLICY APPLIES SHALL DISCLOSE ALL REAL AND APPARENT CONFLICTS, WHICH HE/SHE DISCOVERS OR HAS BROUGHT TO HIS/HER ATTENTION IN CONNECTION WITH THE CORPORATION'S ACTIVITIES "DISCLOSURE" AS USED IN THIS POLICY SHALL MEAN PROVIDING PROMPTLY TO THE APPROPRIATE PERSONS A WRITTEN DESCRIPTION OF THE FACTS COMPRISING THE REAL OR APPARENT CONFLICT ALL DISCLOSURE NOTICES RECEIVED HEREUNDER SHALL BE NOTED FOR THE RECORD IN THE MINUTES OF THE MEETING OF THE BOARD OF DIRECTORS PROSCRIBED ACTIVITY BY PERSONS HAVING CONFLICTS WHEN A DIRECTOR, OFFICER, AGENT OR EMPLOYEE BELIEVES THAT HE/SHE OR A MEMBER OF HIS/HER IMMEDIATE FAMILY MIGHT HAVE OR DOES HAVE A REAL OR APPARENT CONFLICT, HE SHALL, IN ADDITION TO MAKING THE REQUIRED DISCLOSURE, ABSTAIN FROM MAKING MOTIONS, VOTING, EXECUTING AGREEMENTS, OR TAKING ANY OTHER SIMILAR DIRECT ACTION ON BEHALF OF THE CORPORATION WHERE THE CONFLICT MIGHT PERTAIN, BUT SHALL NOT BE PRECLUDED FROM DEBATE OR OTHER SIMILAR INVOLVEMENT ON BEHALF OF THE CORPORATION WHEN ANY PERSON REQUESTS IN WRITING, OR UPON ITS OWN INITIATIVE, THE BOARD AT ANY TIME MAY ESTABLISH FURTHER GUIDELINES CONSISTENT WITH THE INTERESTS OF THE CORPORATION FOR THE RESOLUTION OF ANY REAL OR APPARENT CONFLICTS

Identifier	Return Reference	Explanation
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	THE CHARLOTTE COMUNITY FOUNDATION'S CHIEF EXECUTIVE OFFICER FOR THE FOUNDATION IS REVIEWED ON A YEARLY BASIS, ON OR ABOUT THE ANNIVERSARY DATE OF EMPLOYMENT THE CHAIRMAN SELECTS A TASK FORCE CONSISTING OF MEMBERS OF CCF'S EXECUTIVE COMMITTEE, ALONG WITH ANY OTHER BOARD MEMBERS, TO BOTH REVIEW THE PERFORAMANCE OF AND MEET WITH THE CEO TO DISCUSS THEIR ASSESSMENT AND EXPECTATIONS FOR FUTURE ENGAGEMENT THE COMMITTEE FIRST MEETS INDEPENDENTLY OF THE CEO TO IDENTIFY ANY SPECIFIC ISSUES/CONCERNS THE DISCUSSION WILL TAKE INTO ACCOUNT ANY INFORMATION THAT THE CEO WISHES TO PROVIDE TO THE COMMITTEE AREAS TO BE ADDRESSED INCLUDE SUCH JOB RESPONSIBILITIES AS PLANNING, OPERATIONS, GOVERNANCE, PUBLIC RELATIONS, DEVELOPMENT AND MARKETING, LINKAGES WITH OTHER FUNDRAISING AND PHILANTHROPIC GROUPS, FISCAL MANAGEMENT, GRANT MAKING, INVESTMENT MANAGEMENT AND FUNDRAISING IN ADDITION, GOALS AND/OR OBJECTIVES ESTABLISHED IN THE PREVIOUS YEAR ARE REVIEWED ALONG WITH AREAS REQUIRING IMPROVEMENT AND/OR ACCOMPLISHMENTS THE COMMITTEE THEN MEETS WITH THE CEO TO DISCUSS OUTCOMES OF THEIR INDEPENDENT ASSESSMENT DURING THE DISCUSSION, NEW GOALS, AS APPROPRIATE, ARE ADDRESSED AND AGREED UPON BY ALL PARTIES COMPENSATION FOR CEO IS MADE AFTER AN ANNUAL REVIEW OF PERFORMANCE MADE BY CHAIRMAN AND VICE-CHAIRMAN THEIR RECOMMENDATION IS THEN SENT TO BE APPROVED BY THE ENTIRE CCF BOARD THE CEO IS HIRED ON A ONE YEAR CONTRACT PERIOD, TO BE RENEWED BY THE MUTUAL AGREEMENT OF BOTH PARTIES

Identifier	Return Reference	Explanation
COMPENSATION PROCESS FOR OFFICERS	FORM 990, PAGE 6, PART VI, LINE 15B	THE CEO CONDUCTS AN ANNUAL PERFORMANCE REVIEW WITH KEY EMPLOYEES ON THEIR ANNIVERSARY DATE OF HIRE BASED ON OVERALL PERFORMANCE (GOALS ARE ESTABLISHED IN ADVANCE) THE CEO AND TREASURER MAKE A RECOMMENDATION TO CHAIR THIS IS THEN PASSED ALONG TO THE FULL CCF BOARD FOR THEIR APPROVAL

Identifier	Return Reference	Explanation
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	THE GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST