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Short Form
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)

OMB No 1545-1150

2010

Open to Public
Inspection

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

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

A For the 2010 calendar year, or tax year beginning OCT 1, 2010 and ending SEP 30, 2011

B Check if applicable	C Name of organization STRENGTHEN ORLANDO, INC.		D Employer identification number 27-1964941
<input type="checkbox"/> Address change	Number and street (or P.O. box, if mail is not delivered to street address) 400 SOUTH ORANGE AVENUE		E Room/suite 407-246-3108
<input type="checkbox"/> Name change	F City or town, state or country, and ZIP + 4 ORLANDO, FL 32801		G Group Exemption Number ►
<input type="checkbox"/> Initial return	H Check ► <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).		
<input type="checkbox"/> Terminated	J Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<input type="checkbox"/> Amended return	K Check ► <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return		
<input type="checkbox"/> Application pending	L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ		► \$ 123,724.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1 Contributions, gifts, grants, and similar amounts received	1 89,610.
	2 Program service revenue including government fees and contracts	2
	3 Membership dues and assessments	3
	4 Investment income	4
	5a Gross amount from sale of assets other than inventory	5a
	b Less: cost or other basis and sales expenses	5b
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c
	6 Gaming and fundraising events	
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a
	b Gross income from fundraising events (not including \$ 3,000. of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b 33,707.
c Less: direct expenses from gaming and fundraising events	6c 20,735.	
7a Gross sales of inventory, less returns and allowances	7a	
b Less: cost of goods sold	7b	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8 Other revenue (describe in Schedule O)	8 407.	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 12,972.	9	
10 Grants and similar amounts paid (list in Schedule O)	10 102,989.	
11 Benefits paid to or for members	11	
12 Salaries, other compensation, and employee benefits	12	
13 Professional fees and other payments to independent contractors	13 5,881.	
14 Occupancy, rent, utilities, and maintenance	14	
15 Printing, publications, postage, and shipping	15	
16 Other expenses (describe in Schedule O)	16 9,092.	
17 Total expenses. Add lines 10 through 16 122,212.	17	
18 Excess or (deficit) for the year (Subtract line 17 from line 9) <19,223.	18	
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19 121,020.	
20 Other changes in net assets or fund balances (explain in Schedule O)	20 0.	
21 Net assets or fund balances at end of year. Combine lines 18 through 20 101,797.	21	

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2010)

Part II Balance Sheets. (see the instructions for Part II.)

Check if the organization used Schedule O to respond to any question in this Part II

X

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	154,402.22	103,297.
23 Land and buildings	23	
24 Other assets (describe in Schedule O)	24	
25 Total assets	154,402.25	103,297.
26 Total liabilities (describe in Schedule O) SEE SCHEDULE O	33,382.26	1,500.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	121,020.27	101,797.

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)

Check if the organization used Schedule O to respond to any question in this Part III.

x

What is the organization's primary exempt purpose? **SEE SCHEDULE Q**

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

28	<u>SEE SCHEDULE O</u>			
29	<u>SEE SCHEDULE O</u>	(Grants \$ <input type="checkbox"/>) If this amount includes foreign grants, check here ► <input type="checkbox"/> 28a 44,582.		
30	<u>SEE SCHEDULE O</u>	(Grants \$ <input type="checkbox"/>) If this amount includes foreign grants, check here ► <input type="checkbox"/> 29a		
31	Other program services (describe in Schedule O) <u>SEE SCHEDULE O</u>	(Grants \$ <input type="checkbox"/>) If this amount includes foreign grants, check here ► <input type="checkbox"/> 30a 3,612.		
32	<u>Total program service expenses</u> (add lines 28a through 31a)	(Grants \$ <input type="checkbox"/>) If this amount includes foreign grants, check here ► <input type="checkbox"/> 31a 10,936.		
				59,130.

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV.

1

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
BYRON BROOKS, 7555 ST STEPHENS CT, ORLANDO, FL 32835	DIRECTOR 1.00	0.	0.	0.
REBECCA SUTTON, 1443 DOVER FOREST DRIVE, ORLANDO, FL 32828	DIRECTOR 1.00	0.	0.	0.
WILLIAM FRANKLIN BILLINGSLEY 3312 RENLEE PLACE, ORLANDO, FL 32803	DIRECTOR 1.00	0.	0.	0.

Part V**Other Information** (Note the statement requirements in the instructions for Part V)Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O 33

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 34

35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T. 35a

a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements? 35b N/A

b If "Yes," has it filed a tax return on **Form 990-T** for this year? 36

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 37a 0.

37a Enter amount of political expenditures, direct or indirect, as described in the instructions. 37b

b Did the organization file **Form 1120-POL** for this year? 38a

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38b N/A

b If "Yes," complete Schedule L, Part II and enter the total amount involved 39a N/A

39 Section 501(c)(7) organizations. Enter: 39b N/A

a Initiation fees and capital contributions included on line 9

b Gross receipts, included on line 9, for public use of club facilities

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:

section 4911 ► 0. ; section 4912 ► 0. ; section 4955 ► 0.

b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40b

c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0.

d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization 0.

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 40e

41 List the states with which a copy of this return is filed. ► NONE

42a The organization's books are in care of ► REBECCA W. SUTTON, CPA Telephone no. ► 407-246-2341

Located at ► 400 S. ORANGE AVENUE, ORLANDO, FL ZIP + 4 ► 32801

b 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)? 42b

If "Yes," enter the name of the foreign country: ► 42c

See the instructions for exceptions and filing requirements for **Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts**

c At any time during the calendar year, did the organization maintain an office outside of the U.S.? 42c

If "Yes," enter the name of the foreign country: ► 43 N/A

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here

and enter the amount of tax-exempt interest received or accrued during the tax year 43 N/A

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44b

c Did the organization receive any payments for indoor tanning services during the year? 44c

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? 45 X
 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ
 46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office?
 If "Yes," complete Schedule C, Part I 46 X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	X
49a Did the organization make any transfers to an exempt non-charitable related organization? b If "Yes," was the related organization a section 527 organization?	49a	X
50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."	49b	X

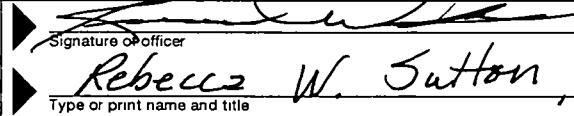
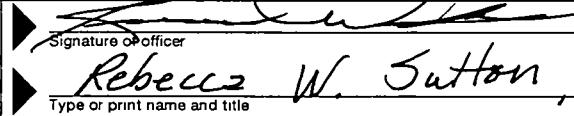
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

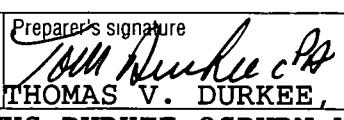
f Total number of other employees paid over \$100,000 ►
 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." NONE

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ►
 52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Yes No

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  2-10-12
 Signature of officer
 Date
 Type or print name and title
 Rebecca W. Sutton, Secretary/Treasurer

Paid Preparer Use Only	Print/Type preparer's name THOMAS V. DURKEE, CPA	Preparer's signature  THOMAS V. DURKEE, 02/09/12	Date 02/09/12	Check <input type="checkbox"/> if self-employed P00446248	PTIN P00446248
	Firm's name ► AVERETT WARMUS DURKEE OSBURN HENNING, P			Firm's EIN ► 407-849-1569	
	Firm's address ► 1417 E. CONCORD STREET ORLANDO, FL 32803			Phone no. 407-849-1569	

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

SCHEDULE A
(Form 990 or 990-EZ)

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

STRENGTHEN ORLANDO, INC.

Employer identification number
27-1964941

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?
 (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 supported organization?
 (ii) A family member of a person described in (i) above?
 (iii) A 35% controlled entity of a person described in (i) or (ii) above?
 h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(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		
Total							

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

Schedule A (Form 990 or 990-EZ) 2010

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")				154,582.	123,316.	277,898.
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				154,582.	123,316.	277,898.
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						277,898.

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				154,582.	123,316.	277,898.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on				134.	407.	541.
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						278,439.
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input checked="" type="checkbox"/> X

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	%
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	<input type="checkbox"/>	
b 33 1/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 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	<input type="checkbox"/>	
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	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

(Complete only if you checked the box on line 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 section 501(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 ►

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Name of the organization

Employer identification number
27-1964941

STRENGTHEN ORLANDO, INC.

27-1964941

Part I Fundraising

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

Part I Fundraising Activities required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

Total

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

Revenue	OPD GOLF TOURNAMENT (event type)	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		UNIVERSAL PURSUIT 5K R (event type)	(total number)	1	
1 Gross receipts		10,817.	19,160.	5,826.	35,803.
2 Less Charitable contributions		3,000.			3,000.
3 Gross income (line 1 minus line 2)		7,817.	19,160.	5,826.	32,803.
4 Cash prizes					
5 Noncash prizes					
6 Rent/facility costs					
7 Food and beverages					
8 Entertainment					
9 Other direct expenses		679.	13,337.	3,246.	17,262.
10 Direct expense summary Add lines 4 through 9 in column (d)					► (17,262.)
11 Net income summary Combine line 3, column (d), and line 10					► 15,541.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a

Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
1 Gross revenue					
2 Cash prizes					
3 Noncash prizes					
4 Rent/facility costs					
5 Other direct expenses					
6 Volunteer labor		<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary Add lines 2 through 5 in column (d)					► ()
8 Net gaming income summary Combine line 1, column d, and line 7					►

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

Name of the organization

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FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:

DESCRIPTION OF OTHER REVENUE: _____ AMOUNT: _____
INTEREST _____ 407. _____

FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:

ACTIVITY CLASSIFICATION:

GRANTEE NAME: BOYS AND GIRLS CLUB

DATE OF GIFT: 11/17/10

AMOUNT GIVEN: _____ 10,000. _____

ACTIVITY CLASSIFICATION:

GRANTEE NAME: CRIMELINE

DATE OF GIFT: 11/17/10

AMOUNT GIVEN: _____ 10,000. _____

ACTIVITY CLASSIFICATION:

GRANTEE NAME: SPECIAL OLYMPICS

DATE OF GIFT: 11/17/10

AMOUNT GIVEN: _____ 10,000. _____

ACTIVITY CLASSIFICATION:

GRANTEE NAME: WOMEN PLAYING FOR TIME

AMOUNT GIVEN: _____ 22,004. _____

ACTIVITY CLASSIFICATION:

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OMB No 1545-0047

2010

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GRANTEE NAME: CENTRAL FLORIDA CRIMINAL JUSTICE ASSOC.

DATE OF GIFT: 03/29/11

AMOUNT GIVEN:

5,000.

ACTIVITY CLASSIFICATION:

GRANTEE NAME: CELEBRATE BLACK HISTORY

DATE OF GIFT: 09/30/11

AMOUNT GIVEN:

1,500.

ACTIVITY CLASSIFICATION:

GRANTEE NAME: IACP CONFERENCE

DATE OF GIFT: 01/25/11

AMOUNT GIVEN:

44,140.

ACTIVITY CLASSIFICATION:

GRANTEE NAME: COMMUNITY GARDEN PROJECT

DATE OF GIFT: 01/28/11

AMOUNT GIVEN:

4,595.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10

107,239.

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES:

AMOUNT:

ANNUAL REPORT FEE

125.

MERCHANT FEES

135.

SUPPLIES

74.

DRAGON BOAT EXPENSES

1,608.



SCHEDULE O
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<u>PROGRAM SERVICES EXPENSES</u>	<u>7,150.</u>
<u>TOTAL TO FORM 990-EZ, LINE 16</u>	<u>9,092.</u>

FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:

<u>DESCRIPTION</u>	<u>BEG. OF YEAR</u>	<u>END OF YEAR</u>
<u>ACCOUNTS PAYABLE</u>	<u>33,382.</u>	<u>1,500.</u>

**FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - ORGANIZED EXCLUSIVELY FOR
CHARITABLE, SCIENTIFIC, TESTING FOR PUBLIC SAFETY, LITERARY AND/OR
EDUCATIONAL PURPOSES, AND/OR TO FOSTER NATIONAL OR INTERNATIONAL
AMATEUR SPORTS COMPETITION AND/OR FOR THE PREVENTION OF CRUELTY TO
CHILDREN OR ANIMALS. WILL PROVIDE FUNDING AND RESOURCES THROUGH
FUNDRAISING TO SUPPORT MUNICIPAL PURPOSES OF THE CITY OF ORLANDO,
FLORIDA.**

FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:

ORLANDO POLICE DEPARTMENT - CHARITABLE, EDUCATIONAL, AND
MARKETING FOR PUBLIC SAFETY AND OUTREACH. APPROVED
ACTIVITIES INCLUDE HOSTING AN INTERNATIONAL CONFERENCE FOR
POLICE CHIEFS, THE INSTALLATION OF "IRIS" CAMERAS THROUGHOUT THE CITY,
A MENTORING PROGRAM FOR TROUBLED YOUNG ADULTS, A NEIGHBORHOOD WATCH
CITIZEN OBSERVER PROGRAM, A VOLUNTEER PROGRAM FOR ADMINISTRATIVE
PURPOSES, A CHAPLAIN PROGRAM FOR THE SPIRITUAL NEEDS OF OFFICERS AND
THEIR FAMILIES, CRIME PREVENTION THROUGH ENVIRONMENT DESIGN, A CITIZEN
RECOGNITION THROUGH AWARDS PROGRAM, A COUNSELING PROGRAM, AND A SCHOOL
CROSSING GUARD PROGRAM.



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FORM 990-EZ, PART III, LINE 29, PROGRAM SERVICE ACCOMPLISHMENTS:

WOMEN PLAYING FOR T.I.M.E (TECHNOLOGY, IMMEDIATE

DIAGNOSIS, MAMMOGRAPHY AND EDUCATION) IN ITS EFFORTS

TOWARD DIAGNOSIS AND TREATMENT OF BREAST AND OVARIAN

CANCER.

FORM 990-EZ, PART III, LINE 30, PROGRAM SERVICE ACCOMPLISHMENTS:

ORLANDO FIRE DEPARTMENT - CHARITABLE, EDUCATIONAL, AND

MARKETING FOR PUBLIC SAFETY AND OUTREACH. APPROVED

ACTIVITIES INCLUDE THE CHILI COOK-OFF EVENT, MEDAL DAY,

DINNER AT THE FIREHOUSE CONTRIBUTIONS, OFD HONOR GUARD, OFD PIPES AND

DRUMS, ORLANDO FIRE MUSEUM, AND OTHER VARIOUS EXPENSES THAT FURTHER ITS

CHARITABLE ACTIVITIES

FORM 990-EZ, PART III LINE 31, OTHER PROGRAM SERVICE ACCOMPLISHMENTS:

ECONOMIC DEVELOPMENT (CELEBRATE BLACK HISTORY) - TO PROVIDE ANNUAL

SCHOLARSHIP TO CITY OF ORLANDO HIGH SCHOOL SENIOR, PROVIDE GROWTH

OPPORTUNITIES TO THE AFRICAN AMERICAN BUSINESS COMMUNITY VIA EDUCATION

AND NETWORKING, AND TO PROMOTE CULTURAL AWARENESS THROUGH THE ARTS.

GRANTS \$ 0. EXPENSES \$ 3,246.

BACK TO SCHOOL DISTRICT 4 - TO SOLICIT AND ACCEPT FUNDS TO BE USED FOR

THE PURCHASE OF BACKPACKS AND SCHOOL SUPPLIES AND BICYCLES TO BE HANDED

OUT TO CHILDREN OF A PUBLIC HOUSING COMMUNITY LOCATED WITHIN THE

BOUNDARIES OF THE CITY OF ORLANDO.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
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GRANTS \$ 0. EXPENSES \$ 1,545.

ECONOMIC DEVELOPMENT (URAYASU RELIEF FUND) - TO PROVIDE A COLLECTIVE
COMMUNITY DONATION TO THE CITY OF ORLANDO'S SISTER CITY IN JAPAN AFTER
THE RECENT EARTHQUAKE.

GRANTS \$ 0. EXPENSES \$ 1,550.

COMMUNITY GARDEN PROJECT

GRANTS \$ 0. EXPENSES \$ 4,595.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.