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EXTENDED TO AUGUST 15, 2016 Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

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OMB No 1545-0052

-	Tar Hoveride de Vice	ii BBO- FF and its separate		.govnomiasopi.	Open to Public Inspection
	calendar year 2015 or tax year beginning		, and ending	A. Employee identification	
	me of foundation	DOTNO ACCOC		A Employer identification	number
	ENTRAL FLORIDA HOTEL & LO	DGING WSSOC.		26-4207486	
_	"OUNDATION, INC. They and street (or P.O. box number if mail is not delivered to street;	andress)	Room/suite	B Telephone number	
	675 WESTWOOD BLVD.	0000000	210	407-313-50	00
	y or town, state or province, country, and ZIP or foreign po	netal code	210		
-	PRLANDO, FL 32821	25181 6006		C If exemption application is p	ending, check here
	Check all that apply: Initial return	Initial return of a fo	ormer public charity	D 1. Foreign organizations	check here
G C	Final return	Amended return	orner poone enancy	1. Foreign organizations	, check here
	Address change	Name change		Foreign organizations me check here and attach co	eting the 85% test,
н С	Check type of organization: X Section 501(c)(3) ex			E II private foundation sta	
		Other taxable private founda	ation	under section 507(b)(1)	
ı Fa	air market value of all assets at end of year J Accountin		TV Assessed	F If the foundation is in a	
	rom Part II, col. (c), line 16)	her (specify)			(B), check here
	S 343, 254. (Part I, colui	mn (d) must be on cash l	basis)		
Pa	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements
	necessarily equal the amounts in column (a))	expenses per books	income	income	for charitable purposes (cash basis only)
	1 Contributions, gifts, grants, etc., received	191,331.		N/A	
	2 Check dithe foundation is not required to attach Sch. 8				
	linterest on savings and temporary cash investments	₩ <u>'</u> [2	ecened	1	
	4 Dividends and interest from securities		7?9		
	5a Gross rents	123			
	b Net rental income or (loss)	17 AL		<u> </u>	
ě	68 Net gain or (loss) from sale of assets not on line 10 . Gress sales price for all	1 1		<u> </u>	
Ę	b assets on line da		GOEM, UT		
Revenue	7 Capital gain net income (from Part IV line 2)				
_	8 Net short-term capital gain	<u> </u>		6 750	
	9 Income modifications 10a Gross sales less returns and allowances			6,750.	
	b Less Cost of goods sold				
	c Gross profit or (loss)				
	11 Other income	105,202.	0.		STATEMENT 1
	12 Total. Add lines 1 through 11	296,533.	0.	6,750.	
	13 Compensation of officers, directors, trustees, etc	0.	0.		0.
	14 Other employee salaries and wages				
ę,	15 Pension plans, employee benefits	1 200			ļ
nses	16a Legal fees STMT . 2	1,300.	0.		0.
Expe	b Accounting fees c Other professional fees				
ŭi Ø	17 Interest				
Administrative	18 Taxes				
Str	19 Depreciation and depletion	, <u>, , , , , , , , , , , , , , , , , , </u>			
ية	20 Occupancy	1,521.	0.		0.
Adr	21 Travel, conferences, and meetings				
and					
19 9	23 Other expenses STMT 3	109,692.	0.		0.
Operating	24 Total operating and administrative				
per	expenses. Add lines 13 through 23	112,513.	0.		0.
0	25 Contributions, gifts, grants paid	200,708.			200,708.
	26 Total expenses and disbursements.				
	Add lines 24 and 25	313,221.	0.		200,708.
	27 Subtract line 26 from line 12:	ا مست مست			
	8 Excess of revenue over expenses and disbursements	<16,688.			
	b Net investment income (if negative, enter -0-)		0.	C 750	
	C Adjusted net income (it negative, enter -0-)			6,750.	

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-PF** (2015)

Form	990-PF (2015) FOUNDATION, INC.			26-4207486			
Par	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year		of year			
		(a) Book Value	(b) Book Value				
'	Cash - non-interest-bearing	333,407.	284,357.	284	<u>,357.</u>		
- 1	Savings and temporary cash investments						
;	Accounts receivable -			ł			
•	Less: allowance for doubtful accounts						
'	Piedges receivable -						
	Less: allowance for doubtful accounts						
1	Grants receivable		-	ļ			
- 1 9	Receivables due from officers, directors, trustees, and other						
	disqualified persons		 -				
- 3	7 Other notes and loans recenable						
	Less: allowance for doubtful accounts			 			
ets	3 Inventories for sale or use		· · · · · · · · · · · · · · · · · · ·				
	Prepaid expenses and deferred charges	9.					
7 11	Da Investments - U.S. and state government obligations			<u> </u>			
l	b Investments - corporate stock						
١.	c Investments - corporate bonds		· · · · · · · · · · · · · · · · · · ·	<u> </u>			
1	lavestments - land, besidings and equipment basis						
	Less accumulated deprecabon			<u> </u>	 .		
	2 Investments - mortgage loans		· · · · · · · · · · · · · · · · · · ·	 			
1	3 Investments - other			ļ			
14	4 Land, buildings, and equipment; basis			1			
اا	Less accommunites degreeation	35 600	E0 007	50	007		
	5 Other assets (describe DUE FROM CFHLA)	25,688.	58,897.	38	<u>,897.</u>		
1"	5 Total assets (to be completed by all filers - see the	359,104.	242 254	242	254		
+	instructions. Also, see page 1, item I) Accounts payable and accrued expenses	9,469.	343,254.		<u>, 254.</u>		
1 1		6,000.	8,812. 11,500.				
1 4	B Grants payable	0,000.	11,300.	4			
	Deterred revenue Loans from officers, directors, trustees, and other disqualified persons			-			
를 °	Mortgages and other notes payable			-			
3 5	2 Other liabilities (describe >	12,947.	13,692.	1			
	Outer industries (cost-inter p		13,032	4			
2	3 Total liabilities (add lines 17 through 22)	28,416.	34,004.				
\top	Foundations that follow SFAS 117, check here		<u> </u>	1			
- 1	and complete lines 24 through 26 and lines 30 and 31.						
8 2	4 Unrestricted	330,688.	309,250.				
Ĕ 2	5 Temporarily restricted			1			
or Fund Balanc	6 Permanently restricted						
2	Foundations that do not follow SFAS 117, check here						
[and complete lines 27 through 31.						
	7 Capital stock, trust principal, or current funds						
Assets	B Paid-in or capital surplus, or land, bldg., and equipment fund						
	9 Retained earnings, accumulated income, endowment, or other funds						
<u>ق</u> 3	D Total net assets or fund balances	330,688.	309,250.				
		1					
3	1 Total liabilities and net assets/fund balances	359,104.	<u>343,254.</u>	<u> </u>			
Pai	TIII Analysis of Changes in Net Assets or Fund Ba	alances					
1 To	tal net assets or fund balances at beginning of year - Part II, column (a), line (30		T			
	oust agree with end-of-year figure reported on prior year's return)	330	,688.				
	ter amount from Part I, line 27a		688.				
_	her increases not included in line 2 (Itemize) RECOVERIES (OF PRIOR YEAR (GRANTS 3		750.		
	d lines 1, 2, and 3		4		$\frac{750.}{750.}$		
	creases not included in line 2 (itemize) CHANGE IN GRAN	rs payable	5		500.		
	tal net assets or fund balances at end of year (line 4 minus line 5) - Part II, co		6		250.		
				Form 990al			

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Form 990-PF (2015)

81,305.

200,708.

0.

7 Add lines 5 and 6

See the Part VI instructions.

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate.

Enter qualifying distributions from Part XII, line 4

Enter 1% of net investment income (1% of Part I, line 27b)

6

Forn	n 990-PF (2015) FOUNDATION, INC.		4207			Page 4
	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or	1948	- see i	nstru	ctio	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here 🕨 🔲 and enter 'N/A' on line 1.		}			
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)	1				
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🗶 and enter 1%	1				0.
	of Part I, line 27b					
	: All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).	-				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2				<u>0.</u>
3	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3				0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	 			<u>0.</u>
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	 			0.
6	Credits/Payments:	1	1			
	a 2015 estimated tax payments and 2014 overpayment credited to 2015	-{				
	5 Exempt foreign organizations - tax withheld at source	-				
	: Tax paid with application for extension of time to file (Form 8868) 6c 6c	-				
	1 Backup withholding erroneously withheld	┨ .				^
_	Total credits and payments. Add lines 6a through 6d	7	-			0.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	8				
9		9				0.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid. Enter the amount of line 10 to be: Credited to 2016 estimated tax	10	-			
	art VII-A Statements Regarding Activities	<u> </u>	l		-	
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or interver	e in			Yes	No
-	any political campaign?			1a		X
b	o Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition	n)?		1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials publish					
	distributed by the foundation in connection with the activities.					
c	Did the foundation file Form 1120-POL for this year?			10		х
	f Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:					
	(1) On the foundation. ► S 0. (2) On foundation managers. ► S 0	•				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation	_			ŀ	
	managers. ► SO.					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		X
	If *Yes,* attach a detailed description of the activities.				İ	
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation,	Of				
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3	ļ	X
	a Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		X
	b If "Yes," has it filed a tax return on Form 990-T for this year?	I	I/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5	 	X
c	If "Yes," attach the statement required by General Instruction T.					
U	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: By language in the governing instrument, or				l	
	 By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the sta 	o lou				
	and the second of the terms of the second of	ie iaw			х	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part X	1/		<u>6</u> 7	X	
•	the second second second second second and second s	•	••	- '-	^	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)					
	FL					
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)				ĺ	İ
	of each state as required by General Instruction G? If *No,* attach explanation			86	х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for ca	endar	•			
	year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes," complete Part XIV			9	<u> </u>	<u>x</u>
10	Did any persons become substantial contributors during the tax year? if "Yes," attach a schedule listing their names and addresses			10		X
			For	m 991	1-DE	/2015\

orm	1990-PF (2015) FOUNDATION, INC. 26-420'	7486		Page 5
Pa	art VII-A Statements Regarding Activities (continued)			
		$T^{}$	Yes	No
	At any time during the user did the foundation, directly or indirectly over a controlled entity within the magning of			1,10
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of	1		
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		<u>X</u>
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," attach statement (see instructions)	12		_X_
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► WWW.CFHLA.ORG			
14	The books are in care of ▶ LEE JOHNSON, DIRECTOR OF FINANCE Telephone no. ▶ 407-3	13-5	000	
• •	Located at ▶ 6675 WESTWOOD BLVD., SUITE 210, ORLANDO, FL ZIP+4 ▶3			
45	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here	<u> </u>	_	
10				ш
	and enter the amount of tax-exempt interest received or accrued during the year	<u>IV</u>	/A	A1.
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
	foreign country	1 .		
Pa	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	T	Yes	No
1.	During the year did the foundation (either directly or indirectly):	\vdash	1.55	
10	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?		1	ŀ
	,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,	1		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	1		
	a disqualified person?	1		l
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	ì]	Ì
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available		li	ĺ
	for the benefit or use of a disqualified person)?	1		
	(6) Agree to pay money or property to a government official? (Exception, Check 'No'	1		
	if the foundation agreed to make a grant to or to employ the official for a period after	-	1 1	
	termination of government service, if terminating within 90 days.)	1	} '	ì
h	of any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	1		
٠	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1		v
		<u>1b</u>		X
	Organizations relying on a current notice regarding disaster assistance check here			1
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected	1		
	before the first day of the tax year beginning in 2015?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	i		l
	defined in section 4942(j)(3) or 4942(j)(5)):		1	
а	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning	ı		}
	before 2015? Yes X No	ł		
	If "Yes," list the years >	ı		
	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect	Į.		ļ
•	valuation of assets) to the year's undistributed income? (II applying section 4942(a)(2) to all years listed, answer "No" and attach			1
			1 :]
		26		
	: If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	}		l
	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time	i		
За				ł
	during the year? Yes X No			l
b	If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or disqualified persons after			
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,			
	Form 4720, to determine if the foundation had excess business holdings in 2015.)	3ь		İ
42	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	\vdash	x
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	74		 ^
٠	had not been removed from jeopardy before the first day of the tax year beginning in 2015?	1,,		v
		4b	O-PE	X (2245)
	₽1	orm 99 (ソーアド	(2015)

Form 990-PF (2015) FOUNDATION, INC.			<u> 26-420748</u>	86 Page 6
Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be F	Required (continu	ued)	
5a During the year did the foundation pay or incur any amount to:				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section			s X No	
(2) Influence the outcome of any specific public election (see section 4955); o			(T==1)	!
any voter registration drive?			s X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes	?	Ye	s X No	
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section			
4945(d)(4)(A)? (see instructions)		•	s X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,			(EE)	
		••	s X No	·
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und				.
section 53 4945 or in a current notice regarding disaster assistance (see instru			N/A 5	b
Organizations relying on a current notice regarding disaster assistance check h		-	. •	1 1
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption for				
expenditure responsibility for the grant?	N	I/A	s Mo	
If "Yes," attach the statement required by Regulations section 53.4945			j	
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	• •			
a personal benefit contract?		L Ye	s X No	.
b Old the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		· · · · · · <u>- 6</u>	b X
If "Yes" to 6b, file Form 8870.		С.	(1 27	
7a At any time during the tax year, was the foundation a party to a prohibited tax s			s X No	
b If Yes, did the foundation receive any proceeds or have any net income attributed and the foundation About Officers. Directors, Trust				<u>b </u>
Part VIII Information About Officers, Directors, Trust	ees, roungation wa	inagers, nignij	,	
1 List all officers, directors, trustees, foundation managers and their	compensation.			
	(b) Title, and average	(c) Compensation	(d) Contributions to	(e) Expense
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	account, other allowances
	to pastion	CINCI O7	Company	
SEE STATEMENT 5		0.	0.	0.
		1		
			İ	
2 Compensation of five highest-paid employees (other than those inc		enter "NONE."	(d) Cooks whose to	
(a) Name and address of each employee paid more than \$50,000	(b) Tille, and average hours per week	(c) Compensation	(d) Contributions to employer benefit plans and deferred	(e) Expense account, other
	devoted to position	(-, ,	compensation	allowances
NONE				
			 	
]		
				
		 	 	
		1		
Total number of other employees paid over \$50,000	· · · · · · · · · · · · · · · · · · ·	I		
			Form	990-PF (2015)

Form 990-PF (2015) FOUNDATION, INC. 2	<u>6-4207</u>	486 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."		
(a) Name and address of each person paid more than \$50,000 (b) Type of service		(c) Compensation
NONE		
		<u> </u>
Total number of others receiving over \$50,000 for professional services	▶	0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.		Expenses
1 N/A		
2		
3		
4		
Dort IV P C		
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.		A
		Amount
1 <u>N/A</u>		
	\dashv	
2		
	-	
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3		0.
	Fore	n 990-PF (2015)

26-4207486 Page B

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations, se	e instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes;		
a	Average monthly fair market value of securities	1a	0.
b	Average of monthly cash balances	16	316,824.
c	Fair market value of all other assets	1c	0.
d	Total (add lines 1a, b, and c)	1d	316,824.
e	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	316,824.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	4,752.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4	5	312,072.
6	Minimum investment return. Enter 5% of line 5	6	15,604.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations ar	nd certain	
-	foreign organizations check here and do not complete this part.)	,0 00,111,11	
1	Minimum investment return from Part X, line 6	1	15,604.
2a	Tax on investment income for 2015 from Part VI, line 5		
b	Income tax for 2015. (This does not include the tax from Part VI.)		
c	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	15,604.
4	Recoveries of amounts treated as qualifying distributions	4	6,750.
5	Add lines 3 and 4	5	22,354.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	22,354.
P	art XII Qualifying Distributions (see instructions)		22,554.
_			-
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		200 700
2	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	200,708.
þ	Program-related investments - total from Part IX-B	1b	0 <u>.</u>
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the.	. 1	
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	200,708.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	200,708.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation (4940(e) reduction of tax in those years.	qualifies for th	e section

Form 990-PF (2015)

Part XIII Undistributed Income (see instructions)

	(a)	(b)	(c)	(d)
ļ	Corpus	Years prior to 2014	2014	2015
1 Distributable amount for 2015 from Part XI,	}			_
line 7				<u>22,354.</u>
2 Undistributed income, if any, as of the end of 2015			_	
a Enter amount for 2014 only			0.	
b Total for prior years:		_		
		0.		
3 Excess distributions carryover, if any, to 2015:	į.			
a From 2010				
b From 2011 4,765.				
c From 2012 68,869.				
dFrom 2013 75,524.				
e From 2014 124,138.	272 206			
f Total of lines 3a through e	273,296.			
4 Qualifying distributions for 2015 from				
Part XII, line 4: ► S 200, 708.			^	
a Applied to 2014, but not more than line 2a			0.	
b Applied to undistributed income of prior		0.		
years (Election required - see instructions)		<u>U.</u>		
c Treated as distributions out of corpus	0.			
(Election required - see instructions) d Applied to 2015 distributable amount				22,354.
e Remaining amount distributed out of corpus	178,354.			42,354.
5 Excess distributions carryover applied to 2015	0.		 	0.
(if an amount appears in column (d), the same amount must be shown in column (a).)				
6 Enter the net total of each column as indicated below:				
8 Corpus Add lines 3f, 4c, and 4e Subtract line 5	451,650.			
b Prior years' undistributed income. Subtract		İ		
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2014. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2015. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2016				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by	}			
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			<u> </u>
8 Excess distributions carryover from 2010				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2016.	454 650			
Subtract lines 7 and 8 from line 6a	451,650.			
10 Analysis of line 9:				
a Excess from 2011. 4, 765.				
b Excess from 2012 68,869.				
c Excess from 2013 75,524. d Excess from 2014 124,138.				
e Excess from 2015 178, 354.				
ELAGOS HUMEON TIOIDINE				5 000 DE (00.5)

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2015, enter the date of the ruling b. Check box to indicate whether the foundation is a private operating foundation described in section	orm 990-PF (2015) FOUNDAT	ON. INC.	OTEL & LODGI		26-42	07486 Page 1
touncation, and the ruling is effective for 2015, enter the date of the ruling Check box to relative whether the foundation is a printing organized foundation discribed in section 4,942(j)(3) or 4,942(j)(5) 2 a Enter the tesser of the adjusted net income hom Part to the manerum investment return from Part X is the reach year felted 1 ax year				A, question 9)	N/A	
b Check box to midaçis whether the foundation is a private operating foundation described in section 4942()(3) or 4942()(3						
2 a Enter his lesser of the adjusted retinctions from Part I for the meanmum investment return from Part I for the meanmum investment return from Part I for the meanmum investment return from Part I for the meanmum investment return from Part I for the part I for the meanmum investment return from Part I for the part I					<u> </u>	
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d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:	d Any restrictions or limitations on awards	, such as by geographic	al areas, charitable fields.	kinds of institutions, or o	ther factors:	

Form **990-PF** (2015)

Form 990-PF (2015) FOUNDATION, INC.

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Ye		Payment		
Recipient Alema or husiness	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
CENTRAL FLORIDA HOTEL & LODGING	NONE	PC	GOLDEN PINEAPPLE FOR SCHOLARSHIP	
675 WESTWOOD BLVD, SUITE 210				
ORLANDO FL 32821				900
CENTRAL FLORIDA COMMUNITY ARTS	NONE	PC	MUSICAL THEATER	
205 SW IVANHOE BLVD			PROGRAM - SCHOLARSHIPS	
ORLANDO FL 32804			FOR YOUTH	5,400
CENTRAL FLORIDA COUNCIL BOY SCOUTS OF	NONE	PC	GOLDEN EAGLE DINNER	
AMERICA			SPONSOR	
1951 S. ORANGE BLOSSOM TRAIL, SUITE				
102 APOPKA, FL 32703		<u> </u>		3 000
CENTRAL FLORIDA HOTEL & LODGING	NONE	PC	UCF AND VALENCIA	
ASSOCIATION			INTERNSHIPS	
6675 WESTWOOD BLVD, SUITE 210 ORLANDO FL 32821				8,000
				0,000
DR. PHILLIPS CENTER FOR THE	NONE	PC	HOSPITALITY COFFEE BAR	
PERFORMING ARTS			PAYMENT 1 OF 10 AND	
P.O. BOX 692709			"ARTS FOR EVERY LIFE"	
ORLANDO FL 32869-2709 Total SEE CON	TINUATION SHEE	יתי (פי)	FUND 3a	50,000
b Approved for future payment	TINDATION SREE	1(5)	Ja Ja	200.708
NONE				
Total	1		▶ 36	

Form 990-PF (2015) FOUNDATION, INC.

AND DESCRIPTION OF THE PROPERTY OF THE PROPERT	Unrelated t	ousiness income		led by section 512, 513 or 514	(e)
inter gross amounts unless otherwise indicated.	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	Related or exempt function income
1 Program service revenue a TEACHERS ' ACADEMY	COUL		1		1,350
			1 1		1,550
			+ 1		
c		····	1 1		
			+1		
e			1 1		
- Face and contracts from powersment appropria	 		+ +		
g Fees and contracts from government agencies			+		
2 Membership dues and assessments	- + -		+ -		
3 Interest on savings and temporary cash	1		1 1		
investments			-		
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate:		 	-		
a Debt-financed property					
b Not debt-financed property	 -	<u> </u>	-	· · · · · · · · · · · · · · · · · · ·	
6 Net rental income or (loss) from personal	İ				
property					
7 Other investment income			1		<u>- </u>
8 Gain or (loss) from sales of assets other					
than inventory					
9 Net income or (loss) from special events					10,388
Gross profit or (loss) from sales of inventory					
1 Other revenue:					
a					
b					
c					
d	1				
e					
2 Subtotal. Add columns (b), (d), and (e)		0			11,738
3 Total. Add line 12, columns (b), (d), and (e)				13	11,738
See worksheet in line 13 instructions to verify calculations.)			• •	•	
	the Asses	anliah-nant of E		Dumana	•
Dark VIII D. Dalationahin of Antivition to) trie Accon	npushment of E	xemp	rurposes	
Part XVI-B Relationship of Activities to					
·		column (e) of Part XVI-	A contrib	uted importantly to the aci	complishment of
	ne is reported in i		A contrib	uted importantly to the aci	complishment of
Line No. Explain below how each activity for which income the foundation's exempt purposes (other than be	ne is reported in i	s for such purposes).			
Line No. Explain below how each activity for which income the foundation's exempt purposes (other than but a JOB SHADOWING PROGRAM T	ne is reported in a by providing fund O TEACH	s for such purposes). INDIVIDUA	LS A	BOUT HOSPITA	LITY INDUSTRY
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Line No. Explain below how each activity for which income the foundation's exempt purposes (other than be seen to be seen	ne is reported in only providing fund O TEACH ETING T	s for such purposes). INDIVIDUA HE HOTEL A E PARTICIPA	LS A ND L ANTS	BOUT HOSPITA	LITY INDUSTRY
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Line No. Explain below how each activity for which income the foundation's exempt purposes (other than be seen to be seen	ne is reported in only providing fund O TEACH ETING T	s for such purposes). INDIVIDUA HE HOTEL A E PARTICIPA	LS A ND L ANTS	BOUT HOSPITA	LITY INDUSTRY

CENTRAL FLORIDA HOTEL & LODGING ASSOC. FOUNDATION, INC.

Form 990-PF (2015) FOUND	ATION,	INC.			26-420	7486	Pa	age 13
Part XVII	Information Re Exempt Organ		ansfers To	and Transactions a	and Relationsh	ips With Noncha	ritable	,	
1 Did the o	rganization directly or indu	rectly engage in a	any of the follows	ng with any other organization	on described in section	on 501(c) of		Yes	No
				27, relating to political organ			1 1		
	s from the reporting found		-	- · ·			1 1		
(1) Cast							1a(1)	x	ļ
(2) Othe	•					• • • •			X
b Other train					•••		1a(2)	 	<u> </u>
_		his syseent organ	izatos						
• •	s of assets to a noncharita		-				16(1)	 	X
	chases of assets from a no						1b(2)		X
	tal of facilities, equipment,						16(3)		X
							1b(4)		X
							1b(5)	L	X
(6) Perf	ormance of services or me	mbership or fund	draising solicitatio	ons . , , ,			1b(6)	il	X
c Sharing	of facilities, equipment, ma	uling lists, other a	issets, or paid em	iployees		****	1c	X	
d If the ans	swer to any of the above is	"Yes," complete I	he following sch	edule. Column (b) should alv	ways show the fair m	arket value of the goods, (other ass	ets,	
				ed less than fair market valu					
	d) the value of the goods,				•				
(a) Line no	(b) Amount involved			e exempt organization	(d) Description	of transfers, transactions, and		апрете	ents
				HOTEL &	SEE STA				
c			ASSOCIA		522 511				
				HOTEL &					
A1			ASSOCIA						
AT-	9,000.	HODGING	ADDUCTA	ITTON	 -				—
									
									
		ļ							
				 		···			
2s Is the for	indation directly or indirect	tly affiliated with	or related to one	or more tax-exempt organi	zations described				
	n 501(c) of the Code (other	-			zacions described	r-	X Yes		J No
			i(c)(a)) or in sec				27 162	_	טאו ר
b il res, c	complete the following sch (a) Name of org			(b) Type of organization	· · · · · · · · · · · · · · · · · · ·	a) Description of relations			
				(b) Type of organization		c) Description of relations	пр		
	L FLORIDA HO	LEP & PI	ODGING_	504 (5) (6)	SEE STAT	EMENT 8			
ASSOCIA	ATION			501(C)(6)	ļ				
		<u></u> -							
				ng accompanying schedules and			y the IRS o	discuss	thus
Sign \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	selief, it is true, correct, and cor	inplete, Declaration	of preparer (other tha	in taxpayer) is based on all inform	nation of which preparer	rets any knowledge.	irn with the	e breba	ror
Here	ドナ	POAJA M	XX	18/12/16	PRESTD		X Yes] No
Sig	nature of officer or trustee	- 1 / 1 / - 1		Date	Title				
	Print/Type preparer's na		Preparer's			Check If PTIN			
		- ·-	1/		1	self- employed			
Paid	TERRY WALK	ממי	1/		8/11/11	· •	0201	214	
Preparer			ILER CPA	C	~/"//W		$\frac{0381}{1000}$		
Use Only		TAL & W	ILER CPA	79		Firm's EIN ► 59 – 3	TARO	4 1	
USO UIIIY		1 5 5-		000 001					
	Firm's address ► 20								
	OR	LANDO,	FL 32801			Phone no. (407)			
						F	orm 99 0)-PF	(2015)

FOUNDATION, INC.

Part XV Supplementary Information

26-4207486

3 Grants and Contributions Paid During the		,		
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (nome or obsidess)	or substantial contributor	recipient		
FOUNDATION FOR ORANGE COUNTY PUBLIC SCHOOLS	NONE	PC	OCPS HALL OF FAME DINNER TABLE SPONSOR	
445 W AMELIA ST SUITE 90				
ORLANDO FL 32801			 	1.00
DR. PHILLIPS ROTARY	NONE	PC	TASTE OF DR. PHILLIPS	
P.O. BOX 1381			SPONSORSHIP	
WINDERMERE FL 34786		ļ <u>-</u>		1,50
DRANGE COUNTY FRATERNAL ORDER OF	NONE	PC	SAY NO TO DRUGS AND	
POLICE, DISTRICT 7			YOUTH VIOLENCE DRIVE	
250 N ORANGE AVE STE 1200				
ORLANDO FL 32801	_	 		25
FLORIDA TECHNICAL COLLEGE	NONE	NC	SCHOLARSHIP FOR 1	
12900 CHALLENGER PARKWAY			STUDENT	
ORLANDO FL 32826			+	2,00
GRAND TOUR FOUNDATION	NONE	PC	DICK POPE LEGACY	
P.O. BOX 2261		1.0	AWARDS - PATHFINDER	
WINTER PARK FL 32790-2261			SPONSORSHIP TABLE	1,50
OSCEOLA ARTS	NONE	PC	SUMMER CAMP	
2411 E IRLO BRONSON MEMORIAL HWY			SCHOLARSHIP PROGRAM	
KISSIMMEE PL 34744			-	10 00
HOPE NOW INTERNATIONAL INC. 423 SANDRINGHAM CT SUITE 200	NONE	PC	10TH ANNUAL BACK TO SCHOOL BASH	
WINTER SPRINGS PL 32708			SCROOL BASK	2,50
MID FLORIDA TECH	NONE	GOV	SCHOLARSHIPS	
2900 WEST OAK RIDGE ROAD			1	
ORLANDO FL 32809				2.00
ORLANDO CITY SOCCER FOUNDATION 618 E. SOUTH ST SUITE 510	NONE	PC	DRLANDO CITY AWARDS GALA TABLE	
ORLANDO FL 32801			DAMA TABLE	3,50
ORANGE COUNTY PUBLIC SCHOOLS	NONE	GOV	HOSPITALITY & CULINARY	
445 W. AMELIA STREET, SUITE 901			COMPETITION COSTS	
ORLANDO FL 32801 Total from continuation sheets		<u> </u>		3 30 133 40

Part XV Supplementary Information 3 Grants and Contributions Paid During the Y				
Recipient	If recipient is an individual.	5	D	
Name and address (home or business)	show any relationship to any foundation manager status of or substantial contributor recipient		Purpose of grant or contribution	Amount
SCHOOL DISTRICT OF OSCEOLA COUNTY 817 BILL BECK BLVD KISSIMMEE, FL 34744	NONE	GOV	DVD AND INSTRUCTIONAL/INDUSTRY CERTIFICATION EXAM MATERIALS	950
UCF - ROSEN SCHOOL OF HOSPITALITY MANAGEMENT 4000 CENTRAL FLORIDA BLVD., MILICAN HALL ROOM 120 ORLANDO, FL 32816	NONE	GOV	THE PINEAPPLE BALL	3,000
UCF - ROSEN SCHOOL OF HOSPITALITY MANAGEMENT 4000 CENTRAL FLORIDA BLVD., MILICAN	NONE	GOV	SCHOLARSHIPS FOR 18 STUDENTS	
HALL ROOM 120 ORLANDO FL 32801	-	 		35,000
UCF FOUNDATION, INC. 12424 RESEARCH PARKWAY, SUITE 250 ORLANDO, FL 32826	NONE	PC	PAYMENT 4 OF 10 YEAR COMMITMENT FOR THE STUDENT LOUNGE	10,000
UNIVERSITY OF CENTRAL FLORIDA 4000 CENTRAL FLORIDA BLVD. ORLANDO, FL 32816	NONE	GOV	FAMILY MEMBER SCHOLARSHIPS (1)	2,000
UNIVERSITY OF FLORIDA PO BOX 114050, S-113 CRISER HALL GAINESVILLE, FL 32611	NONE	GOV	FAMILY MEMBER SCHOLARSHIPS (5)	10,000
VALENCIA COLLEGE 190 S. ORANGE AVENUE ORLANDO, FL 32801	NONE	gov	SCHOLARSHIPS FOR 7 STUDENTS	11,000
VALENCIA COLLEGE FOUNDATION 1768 PARK CENTER DRIVE ORLANDO FL 32835	NONE	PC	PAYMENT 2 OF 10 FOR HOSPITALITY CLASSROOM NAMING RIGHTS	5,000
UNIVERSITY OF NORTH FLORIDA 1 UNIVERSITY OF NORTH FL DR JACKSONVILLE FL 32224	NONE	GOV	FAMILY MEMBER SCHOLARSHIPS (1)	2,000
UNIVERSITY OF SOUTH FLORIDA 4202 E FOWLER AVE TAMPA FL 33620	NONE	GOV	FAMILY MEMBER SCHOLARSHIPS (1)	2,000

3 Grants and Contributions Paid During the You				
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor recipient		CONDIDUCTION	
PLORIDA STATE UNIVERSITY	NONE	GOV	FAMILY MEMBER	
500 W COLLEGE AVE			SCHOLARSHIPS (2)	
FALLAHASSEE, FL 32306				4.0
SEMINOLE STATE COLLEGE	ноие	GOV	SCHOLARSHIP FOR 1	
00 WELDON BLVD			STUDENT	
SANFORD FL 32773				1.0
CENTRAL FLORIDA HOTEL & LODGING	NONE	PC	2 STIPENDS AWARDED FOR	
ASSOCIATION			TEACHERS ACADEMY	
675 WESTWOOD BLVD, SUITE 210				
ORLANDO FL 32821				7
NOMEN'S RESIDENTIAL COUNSELING CENTER 107 HILLCREST STREET	NONE	PC	VARIOUS SUPPLIES	
ORLANDO FL 32801				9
Marabo, 12 Jeog.				
CHILDREN'S MIRACLE NETWORK	NONE	PC	DONATION FOR	
3160 SOUTHGATE COMMERCE BLVD, SUITE 60			ENGINEER'S GOLF	
DRLANDO, FL 32806				1
OCKHART ELEMENTARY	NONE	GOV	SCHOOL UNIFORMS;	
7500 EDGEWATER DRIVE			PORTABLE RADIOS;	
ORLANDO, PL 32810			BOOKS; PRINTER;	
· · · · · · · · · · · · · · · · · · ·			UMBRELLA	8,2
NUBBARD HOUSE	NONE	PC	PRESSURE WASHER	
29 WEST MILLER STREET	l'ione	"	FRESSORE WASHER	
ORLANDO, FL 32806				4
SECOND HARVEST FOOD BANK	NONE	PC	HIGH 5 KIDS FOOD BAGS	
411 MERCY DRIVE		İ		
DRLANDO, FL 32805				8
CENTRAL FLORIDA CONCERNS OF POLICE	NONE	PC	GENERAL SUPPORT	
SURVIVORS				
P.O. BOX 782385 DRLANDO FL 32878-2385				5,7
ASIS INTERNATIONAL GREATER ORLANDO	NONE	PC	LAW ENFORCEMENT OFICER	
P.O. BOX 692646			AWARDS	
ORLANDO PL 32869				3
Total from continuation sheets				

FOUNDATION, INC. 26-4207486 Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation show any relationship to Purpose of grant or Amount status of contribution any foundation manager Name and address (home or business) recipient or substantial contributor YMCA TEEN ACHIEVERS NONE PC "A SEAT FOR A WEEK" 433 N MILLS AVENUE SPONSOR ORLANDO FL 32803 2,500.

Total from continuation sheets

Schedule B (Form 990, 990-EZ,

or 990-PF) Department of the Treasury

Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF. Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.lrs.gov/form990

OMB No 1545-0047

Name of the organization

CENTRAL FLORIDA HOTEL & LODGING ASSOC. FOUNDATION, INC.

Employer identification number

26-4207486 Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions **General Rule** For an organization filing Form 990, 990 EZ, or 990 PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990 EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990 EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7). (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. 🔟 For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF),

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990 EZ or on its Form 990 PF, Part I, line 2, to

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

CENTRAL FLORIDA HOTEL & LODGING ASSOC.

FOUNDATION, INC.

Employer identification number

26-4207486

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	COCA COLA BOTTLING COMPANY 2900 MERCY DRIVE ORLANDO, FL 32808	s10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	CFHLA ASSOCIATION, INC. 6675 WESTWOOD BLVD., SUITE 210 ORLANDO, FL 32808	s77,195.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	SERVICEMASTER 800 RIDGE LAKE BLVD. MEMPHIS, TN 38126	s5,000.	Person X Payroli Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	DON AND LORRAINE FREEBURG FOUNDATION 801 N. BRAND BLVD., SUITE 1010 GLENDALE, CA 91203	s10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	CHARITY CHALLENGE, INC. 640 JASMINE RD. ALTAMONTE SPRINGS, FL 32701	\$5,980.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Oceann (Complete Part II for noncash contributions)

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FOUNDATION, INC.

26-4207486

Employer identification number

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) No. (d) FMV (or estimate) from Description of noncash property given Date received (see instructions) Part I (a) (c) No. (d) FMV (or estimate) from Description of noncash property given **Date received** (see instructions) Part I (a) (c) No. (d) FMV (or estimate) from Description of noncash property given **Date received** (see instructions) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (see instructions) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (see instructions) Part I (a) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (see instructions) Part I

523454 10-26-15

FORM 990-PF	OTHER	INCOME		STATEMENT	1
DESCRIPTION		(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTE NET INCO	
TEACHERS' ACADEMY	_	1,350.	0.	•	
GROSS INCOME FROM SPECIAL FUNDRAISING EVENTS		103,852.	0.	•	
TOTAL TO FORM 990-PF, PART I	, LINE 11	105,202.	0.		
	=				
FORM 990-PF	LEGA	L FEES	STATEMENT 2		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME			
LEGAL FEES	1,300	0.	•	0	
TO FM 990-PF, PG 1, LN 16A	1,300	0	•		0.
FORM 990-PF	OTHER	EXPENSES		STATEMENT	3
DESCRIPTION	(A) EXPENSES PER BOOKS				
OTHER EXPENSES	13,486				0.
POSTAGE BANK CHARGES	2,734				0.
FUNDRAISING EXPENSE	93,464				0.
TO FORM 990-PF, PG 1, LN 23	109,692	0	•		0.

FORM 990-PF	ОТ	HER LIABILITIES		STAT	EMENT 4	
DESCRIPTION			BOY AMOUNT	EOY A	AMOUNT	
DEFERRED BB/SPONSORSHIPS	3	·	12,94	17.	13,692.	
TOTAL TO FORM 990-PF, PA	ART II, LI	NE 22	12,94	17.	13,692.	
		T OF OFFICERS, D FOUNDATION MANA		STAT	EMENT 5	
NAME AND ADDRESS		TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	EXPENSE	
RICHARD MALADECKI 6675 WESTWOOD BLVD., SUI ORLANDO, FL 32821	TE 210	PRESIDENT/CEO/	STAFF LIASON 0.		0.	
SCOTT TRIPOLI 6675 WESTWOOD BLVD., SUI ORLANDO, FL 32821	TE 210	MEMBER 1.00	0.	0.	0.	
RON CAIMANO 6675 WESTWOOD BLVD., SUI ORLANDO, FL 32821	ITE 210	MEMBER 1.00	0.	0.	0.	
LAURA SHERMAN 6675 WESTWOOD BLVD., SUI ORLANDO, FL 32821	TE 210	MEMBER 1.00	0.	0.	0.	
LOUIS ROBBINS 6675 WESTWOOD BLVD., SUI ORLANDO, FL 32821	TE 210	CHAIRPERSON 1.00	0.	0.	0.	
DENNIS BEMENT 6675 WESTWOOD BLVD., SUI ORLANDO, FL 32821	TE 210	MEMBER 1.00	0.	0.	0.	
JOE MAHONEY 6675 WESTWOOD BLVD., SUI ORLANDO, FL 32821	TE 210	MEMBER 1.00	0.	0.	0.	
BRIAN STRADER 6675 WESTWOOD BLVD., SUI ORLANDO, FL 32821	TE 210	MEMBER 1.00	0.	0.	0.	

CENTRAL FLORIDA HOTEL & LODGING ASSOC. F		26-42	207486
JETSE POTTINGA TREASURER 6675 WESTWOOD BLVD., SUITE 210 1.00 ORLANDO, FL 32821	0.	0.	0.
GREG HAUENSTEIN MEMBER 6675 WESTWOOD BLVD., SUITE 210 1.00 ORLANDO, FL 32821	0.	0.	0.
GERALD URQUIOLA MEMBER 6675 WESTWOOD BLVD., SUITE 210 1.00 ORLANDO, FL 32821	0.	0.	0.
PETER KACHERIS 6675 WESTWOOD BLVD., SUITE 210 0RLANDO, FL 32821 MEMBER 1.00	0.	0.	0.
DUANE WINJUM MEMBER 6675 WESTWOOD BLVD., SUITE 210 1.00 ORLANDO, FL 32821	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII	0.	0.	0.

FORM 990-PF GRANT APPLICATION SUBMISSION INFORMATION STATEMENT PART XV, LINES 2A THROUGH 2D

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

RICHARD MALADECKI 6675 WESTWOOD BLVD, SUITE 210 ORLANDO, FL 32821

TELEPHONE NUMBER

407-313-5000

FORM AND CONTENT OF APPLICATIONS

GRANT REQUEST LETTER

ANY SUBMISSION DEADLINES

NONE

RESTRICTIONS AND LIMITATIONS ON AWARDS

THE ORGANIZATION WILL MAKE GRANTS TO OTHER 501(C)(3) ORGANIZATIONS THAT ARE PUBLIC CHARITIES AND TO GOVERNMENTAL UNITS TO FURTHER CHARITABLE, SCIENTIFIC, LITERARY AND EDUCATIONAL PROGRAMS TO BENEFIT THE CENTRAL FLORIDA COMMUNITY.

990-PF INVOLVEMENT WITH NONCHARITABLE ORGANIZATIONS STATEMENT PART XVII, LINE 1, COLUMN (D)

7

NAME OF NONCHARITABLE EXEMPT ORGANIZATION

CENTRAL FLORIDA HOTEL & LODGING ASSOCIATION

DESCRIPTION OF TRANSFERS, TRANSACTIONS, AND SHARING ARRANGEMENTS

THE ORGANIZATION USES THE OFFICE FACILITIES AND EMPLOYEES OF CENTRAL FLORIDA HOTEL & LODGING ASSOCIATION, WHICH IS A 501(C)(6) ORGANIZATION AND A CONTRIBUTOR TO THE FOUNDATION.

NAME OF NONCHARITABLE EXEMPT ORGANIZATION

CENTRAL FLORIDA HOTEL & LODGING ASSOCIATION

DESCRIPTION OF TRANSFERS, TRANSACTIONS, AND SHARING ARRANGEMENTS CONTRIBUTION FOR SCHOLARSHIPS.

990-PF AFFILIATION WITH TAX-EXEMPT ORGANIZATIONS PART XVII, LINE 2, COLUMN (C)

STATEMENT 8

NAME OF AFFILIATED OR RELATED ORGANIZATION

CENTRAL FLORIDA HOTEL & LODGING ASSOCIATION

DESCRIPTION OF RELATIONSHIP WITH AFFILIATED OR RELATED ORGANIZATION

CENTRAL FLORIDA HOTEL & LODGING ASSOCIATION HAS A CONTROLLING FINANCIAL INTEREST IN THE ORGANIZATION THROUGH VOTING INTEREST ON THE ORGANIZATION'S BOARD OF DIRECTORS.