

**IRS e-file Signature Authorization  
for an Exempt Organization**

For calendar year 2010, or fiscal year beginning 07-01, 2010, & ending 06-30, 20 11

Department of the Treasury  
Internal Revenue Service

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

**2010**

Name of exempt organization  
COMMUNITY FOUNDATION OF GREATER LAKELAND, INC Employer identification number  
59-3649871

Name and title of officer  
JOHN FITZWATER CEO

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

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

<b>1a</b> Form 990 check here ▶ <input checked="" type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> <u>30,004,808</u>
<b>2a</b> Form 990-EZ check here ▶ <input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9) .....	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here ▶ <input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22) .....	<b>3b</b> _____
<b>4a</b> Form 990-PF check here ▶ <input type="checkbox"/>	<b>b</b> Tax based on investment income (Form 990-PF, Part VI, line 5) .....	<b>4b</b> _____
<b>5a</b> Form 8868 check here ▶ <input type="checkbox"/>	<b>b</b> Balance Due (Form 8868, line 3c) .....	<b>5b</b> _____

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2010 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**

I authorize DAVID R RAMOS, CPA to enter my PIN 49871 as my signature  
**ERO firm name** **Enter five numbers, but do not enter all zeros**

on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**Part III Certification and Authentication**

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 596034 41038  
**do not enter all zeros**

I certify that the above numeric entry is my PIN, which is my signature on the 2010 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

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

**For Paperwork Reduction Act Notice, see the instructions.**

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)

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Header section A-M containing organization details: Name (COMMUNITY FOUNDATION OF GREATER LAKELAND), EIN (59-3649871), Address (1501 S. FLORIDA AVE., LAKELAND FL 33803), and other identifying information.

Part I Summary table with columns for Revenue and Expenses. Rows include mission statement, governing body statistics, and financial data for 2010 and prior years.

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.

Signature of officer: JOHN FITZWATER, CEO. Includes date field.

Paid Preparer Use Only section: DAVID R. RAMOS, CPA. Includes firm name, address, and phone number.

May the IRS discuss this return with the preparer shown above? (see instructions) [X] 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:  
SEE ATTACHMENT #3

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 \$ 9,985,919 including grants of \$ 9,817,903 ) (Revenue \$ )  
SEE ATTACHMENT #4

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services. (Describe in Schedule O.)  
(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses ► \$ 9,985,919

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows include questions 1 through 20b regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 21 through 38 regarding grant reporting, tax-exempt bonds, excess benefit transactions, and controlled entities.

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 1a through 14b regarding Form 1096, Form W-2G, backup withholding, Form W-3, unrelated business gross income, foreign accounts, prohibited tax shelter transactions, deductible contributions, and charitable trusts.

Part VI

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (13), 1b (13), 2, 3, 4, 5, 6, 7a, 7b, 8, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed FL
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection.
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.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: SEE ATTACHMENT #5

**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. 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 organizations 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)							(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		INDIVIDUAL TRUSTEES	DIRECTOR	INSTITUTIONAL TRUSTEES	OFFICER	KEY EMPLOYEE	HIGHEST COMPENSATED EMPLOYEE	FORMER			
JOHN W FITZWATER PRESIDENT-CEO	40.00					X			87,231	0	0
TERRY SIMMERS CHIEF FINANCIAL OFFICER	40.00					X			75,280	0	0
KAY STEFANSKI EXECUTIVE DIRECTOR	40.00					X			50,855	0	0
LORI MARTINI CHIEF OPERATING OFFICER	40.00					X			70,916	0	0
CHARLES MCPHERSON BOARD CHAIR	1.00				X				0	0	0
BRUCE ABELS VICE CHAIRMAN OF THE BOARD	1.00				X				0	0	0
LAURA HAWLEY SECRETARY-TREASURER	1.00				X				0	0	0
JOHN CANNON III DIRECTOR	1.00	X							0	0	0
BRENDA CRAFT DIRECTOR	1.00	X							0	0	0
CONNIE DURRENCE DIRECTOR	1.00	X							0	0	0
MARTHA LINDER DIRECTOR	1.00	X							0	0	0
EVIE MCCUTCHEON DIRECTOR	1.00	X							0	0	0
SARAH MCKAY DIRECTOR	1.00	X							0	0	0
CHARLES MCPHERSON DIRECTOR	1.00	X							0	0	0
LYLE PHILIPSON											

**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)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		INDIVIDUAL	DIRECTOR	TRUSTEE	INSTITUTIONAL	OFFICER	KEY EMPLOYEE			
DIRECTOR JOHN VREELAND	1.00	X						0	0	0
DIRECTOR JEFF WALKER	1.00	X						0	0	0
DIRECTOR WALKER WILKERSON	1.00	X						0	0	0
DIRECTOR	1.00	X						0	0	0
<b>1b Sub-total</b>								284282	0	0
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								284282	0	0

**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
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
<b>4</b> 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		X
<b>5</b> 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		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(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 ▶

<b>Part VIII</b>		<b>Statement of Revenue</b>		(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
OTHER CONTRIBUTIONS SIMILAR AMOUNTS	<b>1a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>	17,875				
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, & similar amounts not included above	<b>1f</b>	18,650,225				
	<b>g</b> Noncash contributions included in lines 1a-1f:		\$ 8,756,834				
	<b>h Total.</b> Add lines 1a-1f			18,668,100			
PROGRAM SERVICE REVENUE			<b>Business Code</b>				
	<b>2a</b>						
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
<b>g Total.</b> Add lines 2a-2f							
OTHER REVENUE	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			1,147,671	1,147,671		
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6a</b> Gross Rents	(i) Real	(ii) Personal				
		<b>b</b> Less: rental expenses					
		<b>c</b> Rental income or (loss)					
	<b>d</b> Net rental income or (loss)						
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses					
		<b>c</b> Gain or (loss)					
	<b>d</b> Net gain or (loss)			10,000,574	10,000,574		
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18.	<b>a</b>		378,543			
		<b>b</b> Less: direct expenses		190,080			
		<b>c</b> Net income or (loss) from fundraising events			188,463		
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>					
<b>b</b> Less: direct expenses							
<b>c</b> Net income or (loss) from gaming activities							
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>a</b>						
	<b>b</b> Less: cost of goods sold						
	<b>c</b> Net income or (loss) from sales of inventory						
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11a</b>							
<b>b</b>							
<b>c</b>							
<b>d</b> All other revenue							
<b>e Total.</b> Add lines 11a-11d							
<b>12 Total revenue.</b> See instructions				30,004,808	11,148,245		

**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	9,817,903	9,817,903		
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	284,282	91,316	192,966	
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	73,016	49,155	23,861	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	6,739	2,696	4,043	
9 Other employee benefits	7,315	2,926	4,389	
10 Payroll taxes	27,833	11,133	16,700	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	16,209		16,209	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	2,025	810	1,215	
12 Advertising and promotion	4,064	3,824	240	
13 Office expenses	36,844	1,300	35,544	
14 Information technology				
15 Royalties				
16 Occupancy	5,580		5,580	
17 Travel	1,131		1,131	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,454		2,454	
20 Interest	17,334	1,734	15,600	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	25,624	2,562	23,062	
23 Insurance	13,907	170	13,737	
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 <u>DUES AND MEMBERSHIPS</u>	12,588		12,588	
b <u>COMPUTER EXPENSES</u>	7,802	390	7,412	
c <u>MISCELLANEOUS</u>	2,684		2,684	
d <u>TAXES AND LICENSES</u>	577		577	
e <u>MEALS</u>	310		310	
f All other expenses				
<b>25 Total functional expenses.</b> Add lines 1 through 24f	10,366,221	9,985,919	380,302	
<b>26 Joint costs.</b> Check here <input type="checkbox"/> 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)		(B)
		Beginning of year		End of year
<b>A S S E T S</b>	<b>1</b> Cash -- non-interest bearing .....	3,048,113	<b>1</b>	2,176,677
	<b>2</b> Savings and temporary cash investments .....	20,688	<b>2</b>	15,227
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....	5,959,376	<b>4</b>	7,802,204
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> 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) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	16,283	<b>9</b>	11,534
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D. ....	<b>10a</b> 948,705		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 89,154	870,679	<b>10c</b> 859,551
	<b>11</b> Investments -- publicly traded securities .....	53,826,231	<b>11</b>	76,712,354
	<b>12</b> Investments -- other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments -- program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....	1,703	<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	63,743,073	<b>16</b>	87,577,547	
<b>L I A B I L I T I E S</b>	<b>17</b> Accounts payable and accrued expenses .....	5,882	<b>17</b>	9,463
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D. ....		<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	384,392	<b>23</b>	374,493
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities. Complete Part X of Schedule D. ....	2,765,438	<b>25</b>	4,467,536
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	3,155,712	<b>26</b>	4,851,492
<b>F U N D A S S E T S  B A L A N C E S</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	54,627,985	<b>27</b>	74,928,140
	<b>28</b> Temporarily restricted net assets .....	5,959,376	<b>28</b>	7,797,915
	<b>29</b> Permanently restricted net assets .....		<b>29</b>	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
	<b>33</b> Total net assets or fund balances .....	60,587,361	<b>33</b>	82,726,055
	<b>34</b> Total liabilities and net assets/fund balances .....	63,743,073	<b>34</b>	87,577,547

**Part XI Reconciliation 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	30,004,808
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,366,221
3	Revenue less expenses. Subtract line 2 from line 1	3	19,638,587
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	60,587,361
5	Other changes in net assets or fund balances (explain in Schedule O)	5	
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	82,726,055

**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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate 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?		X
3b	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 . . . . . N/A		

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2010**

Department of the Treasury  
Internal Revenue Service

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

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

**Open to Public Inspection**

<b>Name of the organization</b> COMMUNITY FOUNDATION OF GREATER LAKELAND, INC	<b>Employer identification number</b> 59-3649871
--	---

**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?

	Yes	No
<b>11g(i)</b>		X
<b>11g(ii)</b>		X
<b>11g(iii)</b>		X

(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	
<b>Total</b>									

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.")	17,235,292	7,292,717	11,488,183	12,915,888	21,929,659	70,861,739
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 <b>Total.</b> Add lines 1 through 3	17,235,292	7,292,717	11,488,183	12,915,888	21,929,659	70,861,739
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)						54,714,699
6 <b>Public support.</b> Subtract line 5 from line 4.						16,147,040

**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	17,235,292	7,292,717	11,488,183	12,915,888	21,929,659	70,861,739
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	6,004,634	-1,093,653	-7,323,851	4,457,261	11,527,144	13,571,535
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 <b>Total support.</b> Add lines 7 through 10						84,433,274
12 Gross receipts from related activities, etc. (see instructions)					12	
13 <b>First five years.</b> 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 <b>stop here</b> <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)).	14	19.12 %
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	39.67 %
16a <b>33 1/3 % support test -- 2010.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b <b>33 1/3 % support test -- 2009.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
17a <b>10%-facts-and-circumstances test -- 2010.</b> 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 <b>stop here.</b> 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 <b>10%-facts-and-circumstances test -- 2009.</b> 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 <b>stop here.</b> 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 <b>Private foundation.</b> 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"/>		

**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

**2010**

Name of the organization

COMMUNITY FOUNDATION OF GREATER LAKELAND, INC

Employer identification number

59-3649871

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

For a section 501(c)(3) organization 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), and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to 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 religious, charitable, etc., contributions of \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

**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), 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 line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

**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) (2010)**

**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** COMMUNITY FOUNDATION OF GREATER LAKELAND, INC  
**Employer identification number** 59-3649871

**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	99	47
2 Aggregate contributions to (during year)	19,225,998	2,960,610
3 Aggregate grants from (during year)	8,598,499	1,219,403
4 Aggregate value at end of year	67,582,823	10,685,184
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?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can 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?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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).
- |  |  |
|--|--|
| <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) | <input type="checkbox"/> Preservation of an historically important land area |
| <input type="checkbox"/> Protection of natural habitat                                       | <input type="checkbox"/> Preservation of a certified historic structure      |
| <input type="checkbox"/> Preservation of open space  |  |
- 2 Complete lines 2a through 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 Tax Year |
|----|---------------------------------|
| 2a |                                 |
| 2b |                                 |
| 2c |                                 |
| 2d |                                 |
- a Total number of conservation easements
- b Total acreage restricted by conservation easements
- c Number of conservation easements on a certified historic structure included in (a)
- d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register.
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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 section 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 (ASC 958), 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 (ASC 958), 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 (ASC 958) 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 acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

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	54,627,985	44,346,687			
b Contributions	19,430,262	12,915,888			
c Net investment earnings, gains, and losses	11,475,727	4,592,325			
d Grants or scholarships	-9,587,538	-8,368,811			
e Other expenditures for facilities and programs	-1,018,296	1,141,896			
f Administrative expenses					
g End of year balance	74,928,140	54,627,985			

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

- a Board designated or quasi-endowment  \_\_\_\_\_ %
- 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:

- (i) unrelated organizations  N/A
- (ii) related organizations  N/A

	Yes	No
3a(i)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3a(ii)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3b	<input type="checkbox"/>	<input type="checkbox"/>

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

**Part VI 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	442,195			442,195
b Buildings	408,180		27,212	380,968
c Leasehold improvements				
d Equipment	66,734		33,629	33,105
e Other	31,596		28,313	3,283

**Total.** Add lines 1a through 1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)  859,551

<b>Part VII Investments -- Other Securities.</b> See Form 990, Part X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

<b>Part VIII Investments -- Program Related.</b> 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
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

<b>Part IX Other Assets.</b> See Form 990, Part X, line 15.	
(a) Description	(b) Book value
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

<b>Part X Other Liabilities.</b> See Form 990, Part X, line 25.	
1. (a) Description of liability	(b) Amount
Federal income taxes	
FUNDS HELD AS AGENCY ENDOWMENT	3,988,836
GRANTS PAYABLE	478,700
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	
	4,467,536

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 (ASC 740).

<b>Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements</b>		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	30,004,808
2	Total expenses (Form 990, Part IX, column (A), line 25)	10,366,221
3	Excess or (deficit) for the year. Subtract line 2 from line 1	19,638,587
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV.)	
9	Total adjustments (net). Add lines 4 through 8	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	19,638,587

<b>Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return</b>		
1	Total revenue, gains, and other support per audited financial statements	30,004,808
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
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	30,004,808
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
c	Add lines 4a and 4b	4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	30,004,808

<b>Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return</b>		
1	Total expenses and losses per audited financial statements	10,366,221
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	10,366,221
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 must equal Form 990, Part I, line 18.)	10,366,221

**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, line 2; 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.



**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		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		75TH DETROIT (event type)	SUNFLOWER PR (event type)	11 (total number)	(add col. (a) through col. (c))
1	Gross receipts .....	97,330	51,640	229,573	378,543
2	Less: Charitable contributions .....				
3	Gross income (line 1 minus line 2) .....	97,330	51,640	229,573	378,543
DIRECT EXPENSES	4	Cash prizes .....			
	5	Noncash prizes .....			
	6	Rent/facility costs .....			
	7	Food and beverages .....			
	8	Entertainment .....			
	9	Other direct expenses .....	81,463	7,167	101,450
10	Direct expense summary. Add lines 4 through 9 in column (d) .....				( 190,080 )
11	Net income summary. Combine line 3, column (d), and line 10 .....				188,463

**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) thru col. (c))
		1	Gross revenue .....		
DIRECT EXPENSES	2	Cash prizes .....			
	3	Noncash prizes .....			
	4	Rent/facility costs .....			
	5	Other direct expenses .....			
	6	Volunteer labor .....	Yes _____% No	Yes _____% No	Yes _____% 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: \_\_\_\_\_

- 11 Does the organization operate gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity operated in:
 

<b>13a</b>		%
<b>13b</b>		%

  - a The organization's facility
  - b An outside facility
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.
- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

Director/officer       Employee       Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

**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

COMMUNITY FOUNDATION OF GREATER LAKELAND, INC

Employer identification number

59-3649871

**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 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
FLORIDA SOUTHERN COLLEGE 111 LAKE HOLLINGSWORTH DRIVE LAKELAND FL 33803			1,003,175				TUITION ASSISTANCE AND GENERAL OPERATIONS
PARKER STREET MINISTRIES 719 N MASSACHUSETTS AVENUE LAKELAND FL 33801			719,500				GENERAL OPERATIONS
ALL SAINTS ACADEMY 651 CARL FLOYD ROAD WINTER HAVEN FL 33884			670,781				TUITION ASSISTANCE AND GENERAL OPERATIONS
CITY OF LAKELAND 228 S MASSACHUSETTS AVENUE LAKELAND FL 33801			559,235				ANNUAL MAINTENANCE
FIRST UNITED METHODIST CHURCH 72 LAKE MORTON DRIVE LAKELAND FL 33801			473,565				HOLLIS GARDENS GENERAL OPERATIONS
STETSON UNIVERSITY 1401 61ST STREET GULFPORT FL 33701			420,000				DEFERRED MAINTENANCE FUNDS- CAMPUS PLANNING
LAKELAND VOLUNTEERS IN MEDICINE INC							GENERAL CONTRIBUTION

- 2 Enter total number of section 501(c)(3) and government organizations ▶ 281
- 3 Enter total number of other organizations ▶

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

Schedule I (Form 990) (2010)

**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.

Part III can be duplicated if additional space is needed.

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

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

**990 - Sch I - Part I, Continuation of Grants and Other Assistance to Governments and Organizations in the United States**

For Calendar year 2010, or tax year period beginning 07-01 and ending 06-30-2011.

Name of the organization  
**COMMUNITY FOUNDATION OF GREATER LAKELAND, INC** Employer identification number  
**59-3649871**

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
1201 LAKELAND HILLS BLVD LAKELAND FL 33805 VISTE 1232 E MAGNOLIA STREET LAKELAND FL 33801			356,662				ANNUAL CAMPAIGN-
POLK THEATRE 121 S FLORIDA AVENUE LAKELAND FL 33801 ALLIANCE FOR INDEPENDENCE 1038 SUNSHINE DR EAST LAKELAND FL 33801			310,700				VARIOUS PROGRAMS GENERAL CONTRIBUTION-
LIGHTHOUSE MINISTRIES INC 519 N KENTUCKY AVENUE LAKELAND FL 33801 UNITED WAY OF CENTRAL FLORIDA POST OFFICE BOX HIGHLAND CITY FL 33846 NEWSPAPER WITH A HEART FUND POST OFFICE BOX 408 LAKELAND FL 33802 FLORIDA METHODIST FOUNDATION 450 W MLK JR AVENUE LAKELAND FL 33801			294,500				OPERATIONS PROGRAM SUPPORT  VARIOUS PROGRAMS
LAKELAND CHRISTIAN SCHOOL 1111 FOREST PARK STREET LAKELAND FL 33803 ST DAVIDS EPISCOPAL CHURCH 145 EDGEWOOD DRIVE			232,500				VARIOUS  GENERAL CONTRIBUTION
LAKELAND CHRISTIAN SCHOOL 1111 FOREST PARK STREET LAKELAND FL 33803			227,599				TOGETHER CAMPAIGN
LAKELAND CHRISTIAN SCHOOL 1111 FOREST PARK STREET LAKELAND FL 33803			206,250				WONDER ROOM- DISCOVERY WING
LAKELAND CHRISTIAN SCHOOL 1111 FOREST PARK STREET LAKELAND FL 33803			200,000				GENERAL DISTRIBUTION

**990 - Sch I - Part I, Continuation of Grants and Other Assistance to Governments and Organizations in the United States**

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**COMMUNITY FOUNDATION OF GREATER LAKELAND, INC**  
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LAKELAND FL 33803 THE SALVATION ARMY 830 N MASSACHUSETTS AVE LAKELAND FL 33801			167,850				GENERAL OPERATIONS
DESIRE STREET MINISTRIES POST OFFICE BOX 1328 DECATUR GA 30031			150,225				STRATEGIC PARTNERSHIP
HABITAT FOR HUMANITY 1317 GEORGE JENKINS BLVD LAKELAND FL 33815			150,000				MINISTRY HOUSE SPONSOR
EARLY CHILDHOOD INITIATIVE INC 3250 SW 3 AVENUE 6TH FLOOR MIAMI FL 33129			131,250				VARIOUS PROGRAMS
POLK MUSEUM OF ART 800 E PALMETTO STREET LAKELAND FL 33801			115,000				ANNUAL- GENERAL CONTRIBUTION
TALBOT HOUSE MINISTRIES INC 814 N KENTUCKY AVENUE LAKELAND FL 33801			112,675				GENERAL OPERATIONS
CRYSTAL SPRINGS FOUNDATION INC 40 RANCH ROAD THONOTASSA FL 33592			103,500				GENERAL OPERATIONS
DRUG FREE AMERICA FOUNDATION INC 5999 CENTRAL AVENUE ST PETERSBURG FL 33710			100,000				VARIOUS PROGRAMS
SPECIAL OPERATIONS WARRIOR FOUNDATION 4409 W EL PRADO BLVD			100,000				GENERAL OPERATIONS

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TAMPA FL 33629			100,000				PROGRAMS
ACHIEVEMENT ACADEMY							SUPPORT
716 E BELLA VISTA STREET			49,000				
LAKELAND FL 33805							
ALIVE IN CHRIST			9,000				GENERAL
210 W LEMON STREET							CONTRIBUTION
LAKELAND FL 33815							
ALL SAINTS EPISCOPAL							2011
CHURCH							CONTRIBUTION;
202 S MASSACHUSETTS AVENUE			19,500				BUILDING FUND
LAKELAND FL 33801							
ALZHEIMER'S ASSOCIATION							PROGRAM
FLORIDA GULF COAST CH							SUPPORT;
14010 ROOSEVELT BLVD STE							OPERATING
709							FUNDS;
CLEARWATER FL 33762			11,800				CAREGIVERS
AMERICAN RED CROSS - POLK							GENERAL
CO CHAPTER							CONTRIBUTION;
147 AVENUE A NW							TORNADO RELIEF
WINTER HAVEN FL 33881			22,550				EFFORTS
ANCHOR HOUSE MINISTRIES							CHANGING BOYS
PO BOX 625							INTO MATURE MEN
AUBURNDALE FL 33823			24,000				PROGRAMS;
BABSON PARK COMMUNITY							GENERAL
CHURCH INC							OPERATING COSTS
725 RAINBOW BLVD							
BABSON PARK FL 33827			25,000				
BOYS & GIRLS CLUBS OF							ANNUAL PROGRAM
LAKELAND, INC.							SUPPORT
1525 MARTIN LUTHER KING JR							
AVE							

**990 - Sch I - Part I, Continuation of Grants and Other Assistance to Governments and Organizations in the United States**

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LAKELAND FL 33805 CAMBRIDGE STUDY CENTER PO BOX 8940 LAKELAND FL 33806 CAMP FIRE USA 2600 BUCKINGHAM			5,000				STUDENT FINANCIAL ASSISTANCE PROGRAM SUPPORT
LAKELAND FL 33803 CATHOLIC DIOCESE OF ORLANDO 50 E ROBINSON STREET ORLANDO FL 32801			18,000				PROGRAM SUPPORT AND GENERAL
ORLANDO FL 32801 CENTER OF INDEPENDENT LIVING IN CENT FL 500 S FLORIDA AVE STE 330 LAKELAND FL 33801			32,500				GENERAL CONTRIBUTION
LAKELAND FL 33801 CENTRAL FLORIDA AUTISM INSTITUTE 1525 S FLORIDA AVE STE 2 LAKELAND FL 33803			7,000				PROGRAM SUPPORT
LAKELAND FL 33803 CENTRAL FLORIDA SPEECH AND HEARING CTR 710 EAST BELLA VISTA ST LAKELAND FL 33805			10,250				GENERAL PROGRAM AND AS NEEDED
LAKELAND FL 33805 CENTRAL MISSIONARY CLEARING HOUSE PO BOX 219228 HOUSTON TX 77218			18,092				2011 PROGRAM SUPPORT
HOUSTON TX 77218 CHARITY BAPTIST MISSION INC PO BOX 692 BRISTOL TN 37621			6,000				PROGRAM SUPPORT
BRISTOL TN 37621 CHRISTIAN CHILDRENS FUND			11,000				GENERAL AND

**990 - Sch I - Part I, Continuation of Grants and Other Assistance to Governments and Organizations in the United States**

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2821 EMERYWOOD PLACE HENRICO VA 23294			35,040				PROGRAM SUPPORT
CHURCH OF THE RESURRECTION 3855 S FLORIDA AVENUE LAKELAND FL 33813			19,200				2011 ANNUAL CONTRIBUTION; GENERAL GENERAL SUPPORT
CITRUS CENTER BOYS & GIRLS CLUBS INC 2400 HAVENDALE BLVD NW WINTER HAVEN FL 33881			44,334				PROGRAM AND GENERAL
COMMUNITY PARTNERSHIP INTERNATIONAL INC 530 BONNIE DRIVE LAKELAND FL 33803			8,845				FOOD ASSISTANCE
ELDER POINT MINISTRIES 1111 S FLORIDA AVENUE LAKELAND FL 33801			22,500				PROGRAM SUPPORT
EMORY UNIVERSITY 201 DOWMAN DRIVE ATLANTA GA 30322			8,230				GENERAL SUPPORT AND PROGRAMS
EXPLORATIONS V CHILDREN'S MUSEUM 109 N KENTUCKY AVENUE LAKELAND FL 33801			24,000				PROGRAM SUPPORT
FAITH IN ACTION OF NORTH LAKELAND 1123 OMOJUNDRO AVENUE LAKELAND FL 33805			42,039				LIBRARY EXPANSION; GENERAL
FAMILY LITERACY ACADEMY OF LAKE WALES 306 FLORIDA AVENUE LAKE WALES FL 33853			17,010				2011 PROGRAM
FELLOWSHIP OF CHRISTIAN							





**990 - Sch I - Part I, Continuation of Grants and Other Assistance to Governments and Organizations in the United States**

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12973 TELECOM PKWY STE 100 TAMPA FL 33637			51,341				OPERATIONS
GULF RIDGE COUNCIL BOYS SCOUTS OF AMERICA 13228 N. CENTRAL AVENUE TAMPA FL 33612			31,969				ENDOWMENT FUND; YOUTH PROGRAM; GENERAL
HARRISON CENTER FOR THE ARTS PARENTS ASSN 750 HOLLINGSWORTH RD LAKELAND FL 33801			15,000				SUMMER PROGRAM
HEALTHY START COALITION OF HARDEE, HIGHLANDS & POLK 650 E. DAVIDSON STREET BARTOW FL 33831			20,000				BEDS FOR BABIES
HEARTLAND FOR CHILDREN PO BOX 1017 BARTOW FL 33831			6,000				FOSTER PARENT MENTORS PROGRAM
HEIFER PROJECT INTERNATIONAL INC PO BOX 8058 LITTLE ROCK AR 72203			50,250				FOOD AND CHRISTMAS
HELP OF FORT MEADE INC 121 W BROADWAY FORT MEADE FL 33841			30,000				TEMPORARY RAMP
HELPING OUR NEEDY ONES RESPECTFULLY INC 3032 WESTMORELAND LAKELAND FL 33810			6,500				GENERAL
HOLY TRINITY EPISCOPAL CHURCH 500 WEST STUART STREET LAKELAND FL 33810			5,000				

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IMPERIAL SYMPHONY ORCHESTRA 1035 S FLORIDA AVE STE 205 LAKELAND FL 33803			32,500				PROGRAM AND GENERAL
INNERACT ALLIANCE 621 S FLORIDA AVENUE LAKELAND FL 33801			16,000				PRESCRIPTION DRUG FORCE; PROGRAM PROGRAM
JUNIOR LEAGUE OF GREATER LAKELAND 90 LAKE MORTON DRIVE LAKELAND FL 33801			9,000				UTILITES ASSISTANCE;
LAKE WALES CARE CENTER 140 E PARK AVENUE LAKE WALES FL 33853			77,150				VARIOUS PROGRAMS; GENERAL CAPITAL CAMPAIGN
LAKE WALES CHARTER SCHOOLS FOUNDATION INC 151 E CENTRAL AVENUE LAKE WALES FL 33853			50,000				GENERAL
LAKELAND COMMUNITY THEATRE INC 121 S FLORIDA AVENUE LAKELAND FL 33801			19,000				PURCHASE OF MUSIC
LAKELAND CONCERT BANK PO BOX 24238 LAKELAND FL 33802			5,000				MEMORIAL FUND
LAKELAND LAW ENFORCEMENT CHAPLAINCY CORP 219 N. MASSACHUSETTS AVENUE LAKELAND FL 33801			10,000				

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LAKELAND REGIONAL MEDICAL CENTER FOUNDATION 1324 LAKELAND HILLS BLVD LAKELAND FL 33805			30,600				EMERGENCY & CRITICAL CARE; GENERAL; CAPITAL CAMPAIGN PROGRAMS
LEARNING RESOURCE CENTER OF POLK COUNTY 1628 S FLORIDA AVENUE LAKELAND FL 33803			32,000				
MAKE A WISH FOUNDATION 324 N DALE MABRY HWY TAMPA FL 33609			25,000				WISHES FOR POLK CO CHILDREN
MARINE TOYS FOR TOTS FOUNDATION PO BOX 303 LAKELAND FL 33802			18,000				2011 TOYS FOR POLK COUNTY
MILLIKIN UNIVERSITY 1184 W MAIN STREET DECATUR IL 62522			10,000				SCIENCE DEPARTMENT
MULBERRY COMMUNITY SERVICE 301 NE 5TH STREET MULBERRY FL 33860			7,500				FOOD GIFT CARDS AND GENERAL
NAMI-POLK COUNTY INC 1090 US HWY 175 BARTOW FL 33830			5,715				GENERAL CONTRIBUTION
NATIONAL BASEBALL HALL OF FAME & MUSEUM INC 25 MAIN STREET COOPERSTOWN NY 13326			10,000				PROGRAM SUPPORT
NOAH'S ARK OF CENTRAL FLORIDA 505 BARTOW ROAD							GENERAL

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LAKELAND FL 33803 NORTH LAKELAND PRESBYTERIAN CHURCH 6725 N SOCRUM LOOP RD LAKELAND FL 33809			5,000				GENERAL CONTRIBUTION
ORLANDO MAGIC YOUTH FOUNDATION 8701 MAITLAND SUMMIT BLVD ORLANDO FL 33810 PACE CENTER FOR GIRLS OF POLK COUNTY 440 S FLORIDA AVENUE LAKELAND FL 33801			5,000				2011 CELEBRITY DRAFT; BLACK TIE GALA DONATION AFTER SCHOOL PROGRAM
PAINT YOUR HEART OUT LAKELAND PO BOX 1712 LAKELAND FL 33802			15,000				PAINT DAY 2011
PARALYZED VETERANS OF AMERICA 801 EIGHTEENTH ST NW WASHINGTON DC 20006 PEACE RIVER CENTER 4419 S FLORIDA AVENUE LAKELAND FL 33801			5,000				GENERAL AND PROGRAM SUPPORT
POLICE ATHLETIC LEAGUE OF LAKELAND 1725 MARTIN LUTHER KING JR AVE LAKELAND FL 33805			45,213				DAY CARE SERVICES AND GENERAL PROGRAMS AND GENERAL CONTRIBUTION
POLK COUNTY HUMANE SOCIETY 555 SAGE ROAD WINTER HAVEN FL 33881			11,825				GENERAL CONTRIBUTION
			17,579				
			10,000				

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POLK EDUCATION FOUNDATION 1530 SHUMATE DRIVE BARTOW FL 33830			28,800				SCHOLARSHIPS; PROGRAM SUPPORT
POLK STATE COLLEGE FUND 999 AVENUE H NE WINTER HAVEN FL 33881			27,150				SCHOLARSHIPS; PROGRAM SUPPORT
RITZ THEATRE 100 INC PO BOX WINTER HAVEN FL 33882			5,000				GENERAL CONTRIBUTION
SOUTHSIDE BAPTIST CHURCH 5330 LAKELAND HIGHLANDS ROAD LAKELAND FL 33813			19,100				SUPPORT AND GENERAL
SPCA INC 5850 BRANNEN ROAD S LAKELAND FL 33813			14,600				AUCTION FOR ANIMALS; GENERAL
ST JOSEPHS ACADEMY 310 MCDONALD STREET LAKELAND FL 33803			25,750				TUITION ASSISTANCE; DEVELOPMENT
ST JOSEPHS CATHOLIC CHURCH 118 W LEMON STREET LAKELAND FL 33801			21,467				EDUCATIONAL ENDOWMENT; PROGRAM
SYMPHONY GUILD OF WINTER HAVEN 56 4TH STREET WINTER HAVEN FL 33883			5,093				GENERAL OPERATIONS
TEMPO OF LAKELAND HIGH SCHOOL 726 LAKE HOLLINGSWORTH ROAD LAKELAND FL 33801			24,500				AWARDS; SUPPLIES FOR NEEDY STUDENTS
THE FALLS ADVENTURE							PROGRAM

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4798 S FLORIDA AVENUE LAKELAND FL 33813			5,000				
THE WILSON HOUSE 1836 N CRYSTAL LAKE DRIVE LAKELAND FL 33801			27,500				PART TIME COUNSELOR; ROOF SUPPLIES
THEATRE WORKS OF CENTRAL FLORIDA PO BOX DAVENPORT FL 33837			10,000				GENERAL CONTRIBUTION
THEATRE WINTER HAVEN 210 CYPRESS GARDENS BLVD WINTER HAVEN FL 33880			24,500				GENERAL DONATION
TIANVICA RIDING ACADEMY INC PO BOX 7301 LAKELAND FL 33807			60,000				GENERAL CONTRIBUTION
UNITED NEGRO COLLEGE FUND 229 PEACHTREE STREET ATLANTA GA 30303			5,000				SCHOLARSHIPS
VANDERBILT UNIVERSITY DIVINITY SCHOOL 411 21ST AVENUE S NASHVILLE TN 37240			20,000				PROGRAM SUPPORT
WARRICK DUNN FOUNDATION 777 S HARBOUR ISLAND BLVD STE 800 TAMPA FL 33602			10,000				GENERAL CONTRIBUTION
WILLOW OAK ASSEMBLE OF GOD 4045 BAILEY ROAD MULBERRY FL 33860			25,000				CANCER CARE CENTER;
WINTER HAVEN HOSPITAL DEVELOPMENT FOUNDATION							



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1112 E KENNEDY BLVD TAMPA FL 33602 THE SMILE TRAIN 41 MADISON AVENUE 28TH FLOOR NEW YORK NY 10010 THE RAINBOW NETWORK 7299 WINNERS BLVD LAKELAND FL 33810 UNIVERSITY OF FLORIDA FOUNDATION PO BOX 100424 GAINESVILLE FL 32610 USF FOUNDATION INC 140 7TH AVENUE SOUTH ST PETERSBURG FL 33701 WOMEN'S RESOURCE CENTER OF FLORIDA INC 165 AVENUE A NW WINTER HAVEN FL 33881			7,500   50,750  15,000  11,000  18,334  26,500				LAKELAND  PROGRAM SUPPORT   GENERAL CONTRIBUTION  JUDGING TEAM FUND; GENERAL  PROGRAMS; SCHOLA  INDEPENDENCE PROGRAM; GENERAL

**SCHEDULE M**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**  
▶ **Attach to Form 990.**

OMB No. 1545-0047

**2010**

**Open To Public Inspection**

Name of the organization: **COMMUNITY FOUNDATION OF GREATER LAKELAND, INC**  
Employer identification number: **59-3649871**

<b>Part I</b>	<b>Types of Property</b>	<b>(a)</b> Check if applicable	<b>(b)</b> Number of contributions or items contributed	<b>(c)</b> Noncash contribution amounts reported on Form 990, Part VIII, line 1g	<b>(d)</b> Method of determining noncash contribution amounts
1	Art -- Works of art				
2	Art -- Historical treasures				
3	Art -- Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities -- Publicly traded	X	26	8,756,834	FMV
10	Securities -- Closely held stock				
11	Securities -- Partnership, LLC, or trust interests				
12	Securities -- Miscellaneous				
13	Qualified conservation contribution -- Historic structures				
14	Qualified conservation contribution -- Other				
15	Real estate -- Residential				
16	Real estate -- Commercial				
17	Real estate -- Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archaeological artifacts				
25	Other ▶ ( )				
26	Other ▶ ( )				
27	Other ▶ ( )				
28	Other ▶ ( )				

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

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

**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 990-EZ 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

COMMUNITY FOUNDATION OF GREATER LAKELAND, INC

Employer identification number

59-3649871

COPIES OF FORM 990 ARE DISTRIBUTED TO BOARD MEMBERS VIA EMAIL FOR  
FOR THEIR REVIEW.

OFFICERS, DIRECTORS AND KEY EMPLOYEES ARE REQUIRED TO  
DISCLOSE ANNUALLY ANY INTERESTS THAT COULD GIVE RISE TO  
CONFLICTS. THEY SUBMIT SIGNED DISCLOSURES.

SALARIES ARE REVIEWED AND APPROVED ANNUALLY BY A  
COMMITTEE OF BOARD MEMBERS.

**990 PRINCIPAL OFFICER NAME AND ADDRESS**

ATTACHMENT 1: FORM 990 PAGE 1, LINE F

OPEN TO PUBLIC INSPECTION	For calendar year 2010, or tax period beginning	07-01-2010, and ending	06-30-2011.
Name of Organization COMMUNITY FOUNDATION OF GREATER LAKELAND, INC			Employer Identification Number 59-3649871

**990, Page 1, Line F**

Principal officer name ..... CHARLES MCPHERSON  
or  
Business Name:

Street Address ..... 309 QUAILS RUN PASS

U.S. Address:

Zip code 33884 City WINTER HAVEN State FL

or

Foreign Address

City .....

Province or State .....

Country .....

Postal code .....

## 990 PRIMARY EXEMPT PURPOSE

ATTACHMENT 2: FORM 990 PAGE 1, PART I

OPEN TO PUBLIC INSPECTION	For calendar year 2010 or tax period beginning	07-01	, and ending	06-30-2011.
Name of Organization	COMMUNITY FOUNDATION OF GREATER LAKELAND, INC			Employer Identification Number 59-3649871

### Primary Purpose

THE COMMUNITY FOUNDATION EMBRACES AN UMBRELLA CONCEPT. ITS GOAL IS TO IMPROVE THE QUALITY OF LIFE IN ALL AREAS OF GREATER LAKELAND. IT DOES THIS BY SERVING THREE CONSTITUENCIES: 1)DONORS: FOR PEOPLE WHO LOVE LAKELAND AND HAVE DESIRE TO GIVE SOMETHING BACK TO THEIR CITY, THE FOUNDATION PROVIDES QUALIFIED COUNSEL, GUIDANCE AND STEWARDSHIP IN HELPING THEM MEET THEIR CHARITABLE GOALS; 2)LOCAL NON-PROFIT CHARITIES: THE FOUNDATION DISTRIBUTES MONIES IN ACCORDANCE WITH DONOR DESIRES. IN ADDITION, IT PROVIDES SUPPORT FOR SPECIFIC PROGRAMS AND OFFERS ASSISTANCE IN MANAGING INDIVIDUAL ENDOWMENT FUNDS. 3)THE COMMUNITY AT LARGE: THE FOUNDATION AND ITS BOARD SERVE AS A CATALYST WITH LAKELAND IN ADDRESSING THE NEEDS OF OUR COMMUNITY. THROUGH GRANT MAKING BY DONORS, THE FOUNDATION REACHES OUT TO A BROAD SPECTRUM INCLUDING THE ARTS, YOUTH, EDUCATION, HEALTH, SOCIAL SERVICES AND MORE.

## 990 PRIMARY EXEMPT PURPOSE

ATTACHMENT 3: FORM 990 PAGE 2, PART III

OPEN TO PUBLIC INSPECTION	For calendar year 2010 or tax period beginning	07-01-2010, and ending	06-30-2011.
Name of Organization	COMMUNITY FOUNDATION OF GREATER LAKELAND, INC		Employer Identification Number 59-3649871

### Primary Purpose

THE COMMUNITY FOUNDATION EMBRACES AN UMBRELLA CONCEPT. ITS GOAL IS TO IMPROVE THE QUALITY OF LIFE IN ALL AREAS OF GREATER LAKELAND. IT DOES THIS BY SERVING THREE CONSTITUENCIES: 1)DONORS: FOR PEOPLE WHO LOVE LAKELAND AND HAVE DESIRE TO GIVE SOMETHING BACK TO THEIR CITY, THE FOUNDATION PROVIDES QUALIFIED COUNSEL, GUIDANCE AND STEWARDSHIP IN HELPING THEM MEET THEIR CHARITABLE GOALS; 2)LOCAL NON-PROFIT CHARITIES: THE FOUNDATION DISTRIBUTES MONIES IN ACCORDANCE WITH DONOR DESIRES. IN ADDITION, IT PROVIDES SUPPORT FOR SPECIFIC PROGRAMS AND OFFERS ASSISTANCE IN MANAGING INDIVIDUAL ENDOWMENT FUNDS. 3)THE COMMUNITY AT LARGE: THE FOUNDATION AND ITS BOARD SERVE AS A CATALYST WITH LAKELAND IN ADDRESSING THE NEEDS OF OUR COMMUNITY. THROUGH GRANT MAKING BY DONORS, THE FOUNDATION REACHES OUT TO A BROAD SPECTRUM INCLUDING THE ARTS, YOUTH, EDUCATION, HEALTH, SOCIAL SERVICES AND MORE.

# 990 PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 4: FORM 990 PAGE 2, PART III

OPEN TO PUBLIC INSPECTION	For calendar year 2010, or tax period beginning	07-01-2010, and ending	06-30-2011.
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Name of Organization COMMUNITY FOUNDATION OF GREATER LAKELAND, INC	Employer Identification Number 59-3649871
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## Part III - Statement of Program Service Accomplishments

Code:	Expenses: 9,985,919	including Grants of: 9,817,903	Revenue:
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### Exempt Purpose Achievements

THE COMMUNITY FOUNDATION EMBRACES AN UMBRELLA CONCEPT. ITS GOAL IS TO IMPROVE THE QUALITY OF LIFE IN ALL AREAS OF GREATER LAKELAND. IT DOES THIS BY SERVING THREE CONSTITUENCIES: 1)DONORS: FOR PEOPLE WHO LOVE LAKELAND AND HAVE DESIRE TO GIVE SOMETHING BACK TO THEIR CITY, THE FOUNDATION PROVIDES QUALIFIED COUNSEL, GUIDANCE AND STEWARDSHIP IN HELPING THEM MEET THEIR CHARITABLE GOALS; 2)LOCAL NON-PROFIT CHARITIES: THE FOUNDATION DISTRIBUTES MONIES IN ACCORDANCE WITH DONOR DESIRES. IN ADDITION, IT PROVIDES SUPPORT FOR SPECIFIC PROGRAMS AND OFFERS ASSISTANCE IN MANAGING INDIVIDUAL ENDOWMENT FUNDS, AND 3)THE COMMUNITY AT LARGE: THE FOUNDATION AND ITS BOARD SERVE AS A CATALYST WITH LAKELAND IN ADDRESSING THE NEEDS OF OUR COMMUNITY. THROUGH GRANT MAKING BY DONORS, THE FOUNDATION REACHES OUT TO A BROAD SPECTUM INCLUDING THE ARTS, YOUTH, HEALTH, SOCIAL SERVICES AND MORE.

990 BOOKS ARE IN CARE OF

ATTACHMENT 5: FORM 990 PAGE 6, PART VI, SECTION C, LINE 20

OPEN TO PUBLIC INSPECTION	For calendar year 2010 or tax period beginning	07-01	, and ending	06-30-2011.
Name of Organization COMMUNITY FOUNDATION OF GREATER LAKELAND, INC				Employer Identification Number 59-3649871

Part VI - Line 20

Individual Name .....  
or  
Business Name:  
COMMUNITY FOUNDATION OF GREATER LAKELAND, INC.

Street Address ..... 1501 S. FLORIDA AVENUE

U.S. Address:

Zip code 33803 City LAKELAND State FL

or

Foreign Address

City .....

Province or State .....

Country .....

Postal code .....

Phone Number ..... (863) 683-3131

Fax Number .....

**2010 DETAIL STATEMENTS**

COMMUNITY FOUNDATION OF GREATER  
59-3649871

PAGE 1

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STATEMENT #1 - OTHER LIABILITIES END YR (990-EO PG 11 LINE 25)	BEGINNING	ENDING
AGENCY FUNDS LIABILITY.....	2,765,438	3,988,836
TOTAL CARRIED TO 990-EO PG 11 LINE 25.....	2,765,438	3,988,836

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