

# Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

**2001**

Open to Public Inspection

**A** For the 2001 calendar year, or tax year period beginning **MAY 1, 2001** and ending **APR 30, 2002**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return  
 Amended return  
 Application pending

**C** Name of organization  
**COMMUNITY FOUNDATION OF CENTRAL FLORIDA, INC.**

**D** Employer identification number  
**59-3182886**

Number and street (or P.O. box if mail is not delivered to street address) Room/suite **E** Telephone number  
**P.O. BOX 2071** **(407) 872-3050**

City or town, state or country, and ZIP + 4 **F** Accounting method:  Cash  Accrual  
**ORLANDO, FL 32802-2071**  Other (specify) \_\_\_\_\_

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

H and I are not applicable to section 527 organizations  
**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** If "Yes," enter number of affiliates \_\_\_\_\_  
**H(c)** Are all affiliates included? **N/A**  Yes  No (if "No," attach a list)  
**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No  
**I** Enter 4-digit GEN \_\_\_\_\_

**G** Web site **WWW.CFCFLORIDA.ORG**

**J** Organization type (check only one)  501(c)(3) (insert no)  4947(a)(1) or  527

**K** Check here  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail it should file a return without financial data. Some states require a complete return

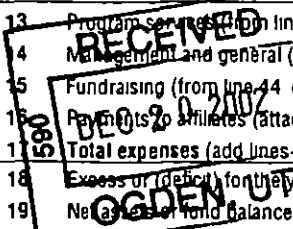
**M** Check  if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

**L** Gross receipts Add lines 6b, 8b, 9b and 10b to line 12 **668,858.**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue	1	Contributions, gifts, grants, and similar amounts received			
	a	Direct public support	1a	1,103,297.	
	b	Indirect public support	1b		
	c	Government contributions (grants)	1c		
	d	Total (add lines 1a through 1c) (cash \$ 1,103,297. noncash \$ _____)			1d 1,103,297.
	2	Program service revenue including government fees and contracts (from Part VII, line 93)			2 177,014.
	3	Membership dues and assessments			3
	4	Interest on savings and temporary cash investments			4
	5	Dividends and interest from securities			5
	6a	Gross rents	6a		
	b	Less rental expenses	6b		
	c	Net rental income or (loss) (subtract line 6b from line 6a)			6c
7	Other investment income (describe <b>SEE STATEMENT 1</b> )			7 <608,684.>	
8a	Gross amount from sale of assets other than inventory	(A) Securities	(B) Other		
b	Less cost or other basis and sales expenses	8a			
c	Gain or (loss) (attach schedule)	8b			
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8c		8d	
9	Special events and activities (attach schedule)				
a	Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a			
b	Less direct expenses other than fundraising expenses	9b			
c	Net income or (loss) from special events (subtract line 9b from line 9a)			9c	
10a	Gross sales of inventory, less returns and allowances	10a			
b	Less cost of goods sold	10b			
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)			10c	
11	Other revenue (from Part VII, line 103)			11 <2,769.>	
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			12 668,858.	
Expenses	13	Program services (from line 44, column (B))			13 1,490,694.
	14	Management and general (from line 44, column (C))			14 564,122.
	15	Fundraising (from line 44, column (D))			15
	16	Payments to affiliates (attach schedule)			16
	17	Total expenses (add lines 13 and 14, column (A))			17 2,054,816.
18	Excess or (deficit) for the year (subtract line 17 from line 12)			18 <1,385,958.>	
Net Assets	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19 22,160,685.
	20	Other changes in net assets or fund balances (attach explanation) <b>SEE STATEMENT 2</b>			20 <815,152.>
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)			21 19,959,575.

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**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) cash \$1,340,479. noncash \$	1,340,479.	1,340,479.	STATEMENT 5	
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc	85,000.	0.	85,000.	0.
26	Other salaries and wages	154,070.		154,070.	
27	Pension plan contributions	2,400.		2,400.	
28	Other employee benefits	25,284.		25,284.	
29	Payroll taxes	18,109.		18,109.	
30	Professional fundraising fees				
31	Accounting fees	14,500.		14,500.	
32	Legal fees	1,189.		1,189.	
33	Supplies				
34	Telephone	6,651.		6,651.	
35	Postage and shipping	3,196.		3,196.	
36	Occupancy	62,773.		62,773.	
37	Equipment rental and maintenance	10,016.		10,016.	
38	Printing and publications	6,419.		6,419.	
39	Travel				
40	Conferences, conventions, and meetings	15,244.		15,244.	
41	Interest				
42	Depreciation, depletion etc (attach schedule)	4,354.		4,354.	
43	Other expenses not covered above (itemize)				
a		43a			
b		43b			
c		43c			
d		43d			
e	SEE STATEMENT 3	43e	305,132.	150,215.	154,917.
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D) carry these totals to lines 13-15	2,054,816.	1,490,694.	564,122.	0.

Joint Costs Check  if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No

If 'Yes,' enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_, (iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments**

What is the organization's primary exempt purpose? **SEE STATEMENT 4**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

**Program Service Expenses**  
(Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts, but optional for others.)

a	<b>CONTRIBUTIONS TO LOCAL AGENCIES FOR VARIOUS CHARITABLE PURPOSES IN AND AROUND CENTRAL FLORIDA</b>	(Grants and allocations \$ 1,340,479.)	1,340,479.
b	<b>ADMINISTRATIVE FEES RELATED TO MANAGEMENT FEE REVENUE DERIVED FROM HOLDING AND INVESTING FUNDS FOR COMMUNITY PROJECTS</b>	(Grants and allocations \$ )	150,215.
c		(Grants and allocations \$ )	
d		(Grants and allocations \$ )	
e	Other program services (attach schedule)	(Grants and allocations \$ )	
f	<b>Total of Program Service Expenses (should equal line 44, column (B), Program services)</b>		<b>1,490,694.</b>

**Part IV Balance Sheets**

Note Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year	(B) End of year
Assets	45 Cash - non-interest-bearing	474,199.	45 55,020.
	46 Savings and temporary cash investments	8,491,415.	46 4,998,368.
	47 a Accounts receivable	47a	
	b Less allowance for doubtful accounts	47b	47c
	48 a Pledges receivable	48a 185,711.	
	b Less allowance for doubtful accounts	48b	48c 185,711.
	49 Grants receivable		49
	50 Receivables from officers, directors, trustees, and key employees		50
	51 a Other notes and loans receivable	51a	
	b Less allowance for doubtful accounts	51b	51c
	52 Inventories for sale or use		52
	53 Prepaid expenses and deferred charges	3,707.	53 4,274.
	54 Investments - securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54
	55 a Investments - land, buildings, and equipment basis	55a	
	b Less accumulated depreciation	55b	55c
56 Investments - other	SEE STATEMENT 6	17,442,400.	56 20,107,394.
57 a Land, buildings, and equipment basis	57a 44,506.		
b Less accumulated depreciation	57b 29,270.	19,590.	57c 15,236.
58 Other assets (describe <input type="checkbox"/> SEE STATEMENT 7 )		1,564,748.	58 1,304,342.
59 Total assets (add lines 45 through 58) (must equal line 74)		30,965,151.	59 26,670,345.
Liabilities	60 Accounts payable and accrued expenses	5,611.	60
	61 Grants payable	147,718.	61 195,649.
	62 Deferred revenue		62
	63 Loans from officers, directors, trustees, and key employees		63
	64 a Tax-exempt bond liabilities		64a
	b Mortgages and other notes payable		64b
	65 Other liabilities (describe <input type="checkbox"/> SEE STATEMENT 8 )		8,651,137.
66 Total liabilities (add lines 60 through 65)		8,804,466.	66 6,710,770.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74		
	67 Unrestricted	20,323,508.	67 18,439,272.
	68 Temporarily restricted	1,837,177.	68 1,520,303.
	69 Permanently restricted		69
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74		
	70 Capital stock, trust principal, or current funds		70
	71 Paid-in or capital surplus, or land, building, and equipment fund		71
	72 Retained earnings, endowment, accumulated income, or other funds		72
73 Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)		22,160,685.	73 19,959,575.
74 Total liabilities and net assets / fund balances (add lines 66 and 73)		30,965,151.	74 26,670,345.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.



COMMUNITY FOUNDATION OF CENTRAL FLORIDA,  
INC.

Form 990 (2001)

59-3182886

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**Part VI Other Information**

	Yes	No
76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77	X
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?	78b	N/A
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b If "Yes," enter the name of the organization _____ and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt		
81 a Enter direct or indirect political expenditures See line 81 instructions	81a	0.
b Did the organization file Form 1120-POL for this year?	81b	X
82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)	82b	N/A
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a Did the organization solicit any contributions or gifts that were not tax deductible?	84a	N/A
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a	N/A
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	N/A
If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year		
c Dues, assessments, and similar amounts from members	85c	N/A
d Section 162(e) lobbying and political expenditures	85d	N/A
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	85g	N/A
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86 501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12	86a	N/A
b Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87 501(c)(12) organizations Enter a Gross income from members or shareholders	87a	N/A
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	N/A
88 At any time during the year did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89 a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> 0., section 4912 <input type="checkbox"/> 0., section 4955 <input type="checkbox"/> 0.		
b 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955 and 4958		0.
d Enter Amount of tax on line 89c, above, reimbursed by the organization		0.
90 a List the states with which a copy of this return is filed <input type="checkbox"/> NONE		
b Number of employees employed in the pay period that includes March 12, 2001	90b	6

91 The books are in care of **MARK BREWER, PRESIDENT** Telephone no **(407)-872-3050**  
Located at **PO BOX 2071 ORLANDO, FL** ZIP + 4 **32802**

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here   
and enter the amount of tax-exempt interest received or accrued during the tax year  92  0.

**Part VII Analysis of Income-Producing Activities** (See Specific Instructions on page 32)

	Unrelated business income		Excluded by section 512 513 or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
<b>Note</b> Enter gross amounts unless otherwise indicated					
93 Program service revenue					
a <b>MANAGEMENT FEES</b>					177,014.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income			18	<608,684.>	
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a <b>FUND TRANSERS</b>					<25,536.>
b <b>RETURNED GRANTS</b>					22,767.
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		<608,684.>	174,245.
105 Total (add line 104, columns (B), (D), and (E))					<434,439.>

**Note** Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See Specific Instructions on page 32)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93	THE FOUNDATION HOLDS AND INVESTS FUNDS FOR COMMUNITY PROJECTS
103	TITLES ARE SELF-EXPLANATORY

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See Specific Instructions on page 33)

(A) Name, address and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See Specific Instructions on page 33)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No
- (b) Did the organization during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

**Note.** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

I am preparing this return on behalf of the taxpayer and I am not a preparer. I am providing this information to the best of my knowledge and belief. It is true, correct, and complete to the best of my knowledge and belief.

12/13/02 MARK BREWER / PRES. 1  
Type or print name and title

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

**2001**

Department of the Treasury  
Internal Revenue Service

**Supplementary Information-(See separate instructions )**  
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization **COMMUNITY FOUNDATION OF CENTRAL FLORIDA, INC.** Employer identification number **59 3182886**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See page 1 of the instructions List each one If there are none, enter "None")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
TIM OLSSON ----- 1411 EDGEWATER DR., #203, ORLANDO, FL 40	ACCOUNTANT	53,560.	0.	0.
-----				
-----				
-----				
-----				
-----				
-----				
-----				
-----				
Total number of other employees paid over \$50,000 ▶	0			

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE -----		
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-----		
-----		
-----		
-----		
-----		
-----		
-----		
Total number of others receiving over \$50,000 for professional services ▶	0	

**Part III Statements About Activities** (See page 2 of the instructions)

	Yes	No
1 During the year has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities <b>\$</b> _____ <b>\$</b> _____ (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities		X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)		
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V, FORM 990	X	
e Transfer of any part of its income or assets?		X
3 Does the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below)		X
4 Do you have a section 403(b) annuity plan for your employees?		X
<b>Note</b> Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments		SEE STATEMENT 10

**Part IV Reason for Non-Private Foundation Status** (See pages 3 through 6 of the instructions)

- The organization is not a private foundation because it is (Please check only ONE applicable box)
- 5  A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
  - 6  A school Section 170(b)(1)(A)(ii) (Also complete Part V)
  - 7  A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
  - 8  A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
  - 9  A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state **▶** \_\_\_\_\_
  - 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)
  - 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
  - 11b  A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
  - 12  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 charitable etc., 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) (Also complete the **Support Schedule** in Part IV-A)
  - 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See page 5 of the instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14  An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 of the instructions)

COMMUNITY FOUNDATION OF CENTRAL FLORIDA,

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting  
 Note You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	1,032,801.	7,326,166.	651,086.	1,562,255.	10,572,308.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable etc. purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	329,025.	993,721.	1,047,227.	588,684.	2,958,657.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.	37,962.		SEE STATEMENT 11		37,962.
23 Total of lines 15 through 22	1,399,788.	8,319,887.	1,698,313.	2,150,939.	13,568,927.
24 Line 23 minus line 17	1,399,788.	8,319,887.	1,698,313.	2,150,939.	13,568,927.
25 Enter 1% of line 23	13,998.	83,199.	16,983.	21,509.	

26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24	26a	271,379.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.		26b	1,741,646.
c Total support for section 509(a)(1) test. Enter line 24, column (e).		26c	13,568,927.
d Add: Amounts from column (e) for lines 18 <u>2,958,657.</u> 19 <u>1,741,646.</u>		26d	4,738,265.
22 <u>37,962.</u> 26b		26e	8,830,662.
e Public support (line 26c minus line 26d total)		26f	65.0800%
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))			

27 Organizations described on line 12	a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A	(2000)	(1999)	(1998)	(1997)
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A	(2000)	(1999)	(1998)	(1997)	
c Add: Amounts from column (e) for lines 15 _____ 16 _____	17 _____ 20 _____	21 _____	27c	N/A	
d Add: Line 27a total _____ and line 27b total _____			27d	N/A	
e Public support (line 27c total minus line 27d total)			27e	N/A	
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e):		27f	N/A		
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))		27g	N/A %		
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))		27h	N/A %		

28 Unusual Grants For an organization described in line 10, 11, or 12, that received any unusual grants during 1997 through 2000, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

NONE

**Part V**

**Private School Questionnaire** (See page 7 of the instructions)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space attach a separate statement )		
<hr/>			
<hr/>			
32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement )	32d	
<hr/>			
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )	33h	
<hr/>			
<hr/>			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement	34b	
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587 covering racial nondiscrimination? If "No," attach an explanation	35	

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions)  
 (To be completed ONLY by an eligible organization that filed Form 5768)

N/A

Check  a if the organization belongs to an affiliated group Check  b if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred )		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
		N/A	
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)		
37	Total lobbying expenditures to influence a legislative body (direct lobbying)		
38	Total lobbying expenditures (add lines 36 and 37)		
39	Other exempt purpose expenditures		
40	Total exempt purpose expenditures (add lines 38 and 39)		
41	Lobbying nontaxable amount Enter the amount from the following table - If the amount on line 40 is - The lobbying nontaxable amount is - Not over \$500,000 20% of the amount on line 40 Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000		
42	Grassroots nontaxable amount (enter 25% of line 41)		
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36		
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38		
<b>Caution</b> If there is an amount on either line 43 or line 44, you must file Form 4720			

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below See the instructions for lines 45 through 50 on page 11 of the instructions )

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A (e) Total
	(a) 2001	(b) 2000	(c) 1999	(d) 1998	
45	Lobbying nontaxable amount				0.
46	Lobbying ceiling amount (150% of line 45(e))				0.
47	Total lobbying expenditures				0.
48	Grassroots nontaxable amount				0.
49	Grassroots ceiling amount (150% of line 48(e))				0.
50	Grassroots lobbying expenditures				0.

**Part VI-B Lobbying Activity by Nonelecting Public Charities**  
 (For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h )
- c Media advertisements
- d Mailings to members legislators or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches lectures, or any other means
- i Total lobbying expenditures (Add lines c through h )

Yes	No	Amount
		0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities



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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Supplementary Information for  
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No 1545-0047

**2001**

Name of organization

COMMUNITY FOUNDATION OF CENTRAL FLORIDA,  
INC.

Employer identification number

59-3182886

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 box(es) for both the General rule and a Special rule-see instructions )

**General Rule-**

For organizations 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 Form 990 EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms (Complete Parts I and II )

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990 EZ, that received from any one contributor, during the year, aggregate contributions or bequests 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 Form 990 EZ, that received from any one contributor, during the year, some 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** Organizations that are not covered by the General rule and/or the Special rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must check the box in the heading of their Form 990, Form 990-EZ, or on line 1 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Schedule B (Form 990, 990-EZ, or 990-PF) (2001)

Name of organization  
**COMMUNITY FOUNDATION OF CENTRAL FLORIDA,  
 INC.**

Employer identification number

**59-3182886**

**Part I Contributors** (See Specific Instructions)

(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>1</u>		\$ <u>26,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>2</u>		\$ <u>30,372.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>3</u>		\$ <u>51,075.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>4</u>		\$ <u>209,622.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>5</u>		\$ <u>125,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>6</u>		\$ <u>61,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

Name of organization  
**COMMUNITY FOUNDATION OF CENTRAL FLORIDA,  
 INC.**

Employer identification number

**59-3182886**

**Part I Contributors** (See Specific Instructions)

(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7		\$ 28,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
8		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
9		\$ 125,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
10		\$ 60,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
11		\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

FORM 990	OTHER INVESTMENT INCOME	STATEMENT	1
DESCRIPTION		AMOUNT	
INTEREST INCOME		325,063.	
DIVIDEND INCOME		213,410.	
REALIZED LOSS ON INVESTMENT		<1,147,157.>	
TOTAL TO FORM 990, PART I, LINE 7		<608,684.>	

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	2
DESCRIPTION		AMOUNT	
UNREALIZED LOSS ON INVESTMENTS		<483,829.>	
CHANGE IN VALUE OF CHARITABLE REMAINDER TRUST		<331,323.>	
TOTAL TO FORM 990, PART I, LINE 20		<815,152.>	

FORM 990	OTHER EXPENSES			STATEMENT	3
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING	
MISCELLANEOUS OFFICE EXPENSE	2,767.		2,767.		
INVESTMENT MANAGEMENT FEES	99,130.		99,130.		
EDUCATION & TRAINING	1,315.		1,315.		
PARKING & MILEAGE	2,023.		2,023.		
INSURANCE	2,349.		2,349.		
SOFTWARE SUPPORT	4,698.		4,698.		
DUES & SUBSCRIPTIONS	9,203.		9,203.		
CONSULTING SERVICES	18,000.		18,000.		
LICENSES & FEES	411.		411.		
BAD DEBT EXPENSE	12,600.		12,600.		
MISCELLANEOUS	2,421.		2,421.		
ADMINISTRATIVE FEES	150,215.	150,215.			
TOTAL TO FM 990, LN 43	305,132.	150,215.	154,917.		

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 4  
PART III

EXPLANATION

IT PROVIDES A PERMANENT POOL OF PHILANTHROPIC DOLLARS WHICH WILL SUPPORT COMMUNITY PROJECTS - HEALTH/HUMAN SERVICES, ARTS/CULTURE, AND EDUCATION.

FORM 990 CASH GRANTS AND ALLOCATIONS STATEMENT 5

CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
SEE ATTACHED SCHEDULE			NONE	1340479.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22				1340479.

FORM 990 OTHER INVESTMENTS STATEMENT 6

DESCRIPTION	VALUATION METHOD	AMOUNT
STOCKS & BONDS	MARKET VALUE	20,107,394.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		20,107,394.

FORM 990 OTHER ASSETS STATEMENT 7

DESCRIPTION	AMOUNT	
RECEIVABLE FROM CHARITABLE REMAINDER TRUST	1,089,411.	
ASSETS HELD IN CHARITABLE REMAINDER TRUST	214,931.	
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B		1,304,342.

FORM 990 OTHER LIABILITIES STATEMENT 8

DESCRIPTION	AMOUNT
LIABILITY UNDER CHARITABLE REMAINDER TRUST	704,332.
REFUNDABLE ADVANCES	3,024,625.
LIABILITY FOR AGENCY FUNDS	2,786,164.
<b>TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B</b>	<b>6,515,121.</b>

FORM 990 OTHER REVENUE NOT INCLUDED ON FORM 990 STATEMENT 9

DESCRIPTION	AMOUNT
DECREASE IN VALUE OF CHARITABLE REMAINDER TRUST	<331,323.>
NET UNREALIZED LOSSES ON INVESTMENTS	<483,829.>
<b>TOTAL TO FORM 990, PART IV-A</b>	<b>&lt;815,152.&gt;</b>

SCHEDULE A EXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS STATEMENT 10  
PART III, LINE 4

POTENTIAL RECIPIENTS MUST PROVIDE A COPY OF THEIR 501(C)(3) DETERMINATION LETTER AS WELL AS COPIES OF THEIR FINANCIAL STATEMENTS AND OPERATING BUDGET. THOSE RECEIVING GRANTS SIGN A GRANT AGREEMENT CONTRACT AND DETAIL THE USE OF THE FUNDS WHEN THE GRANT IS COMPLETED.

SCHEDULE A OTHER INCOME STATEMENT 11

DESCRIPTION	2000 AMOUNT	1999 AMOUNT	1998 AMOUNT	1997 AMOUNT
MISCELLANEOUS	37,962.	0.	0.	0.
<b>TOTAL TO SCHEDULE A, LINE 22</b>	<b>37,962.</b>	<b>0.</b>	<b>0.</b>	<b>0.</b>

COMMUNITY FOUNDATION OF CENTRAL FLORIDA, INC  
 EIN 59-3182886

*Year ended April 30,*

2002

2001

**Grant expense:**

A Gift for Teaching, Inc	\$ 10,000	\$ -
All Saint's Episcopal Church	1,307	1,492
All Souls Catholic Church	246	-
American Cancer Society	10,515	11,998
American Red Cross	55	63
Anthony House	4,500	-
Asian Cultural Association of Central Florida	5,000	-
B E T A Center, Inc	6,500	1,000
Bach Festival Society	-	164
Bach Festival Society of Winter Park	447	7,000
Baptist College of Florida (G Granger)	1,500	-
Bethune Cookman College (K Williams)	2,000	-
Brede Wilkins Scholarship Foundation	290	265
Campus Crusade for Christ	-	2,500
Catholic Charities	25,000	6,100
Center for Drug Free Living	10,000	9,500
Central Florida FOCUS Fund	10,000	-
Central Florida Theatre Alliance	521	541
Central Florida Women's Emergency Fund	194	224
Central Florida YMCA	8,900	-
Central Florida Zoological Society	1,450	1,331
Christian HELP Foundation	6,000	-
Christian Service Center for Central Florida	27,200	2,347
City of Winter Park Murrah Tree Fund	923	1,348
Coalition of Community Foundations for Youth	-	500
Coalition for the Homeless of Central Florida	20,550	-
Community Foundation of Central Florida, Inc	1,000	3,501
Community Foundation of Tampa Bay	500	-
Community Funds, Inc	7,342	-
Community Health Centers, Inc	-	10,000
Community Service Center of Orange County	19,700	-
Community Services Network	51,559	-
Community Vision, Inc	-	5,000
Covenant House Florida	4,000	-
Crealde School of Art	10,000	-
Defenders Food Coop	6,000	-
Diocese of Orlando	1,305	-
Esteem, Inc	10,000	-
First Baptist Church of Winter Haven	1,500	3,000
First Church of Christ Scientist	15,215	17,362
First Congregational Church	563	642
First United Methodist Church of Orlando	4,500	-
First United Methodist Church of Oviedo	598	682
Florida A&M University	-	149
Florida A&M University (T Jackson)	1,000	-
Florida A&M University (J White)	1,122	-
Florida A&M University (S Porter)	-	500

COMMUNITY FOUNDATION OF CENTRAL FLORIDA, INC  
 EIN 59-3182886

<i>Year ended April 30,</i>	<b>2002</b>	<b>2001</b>
Florida A&M University (N Felder)	2,000	-
Florida A&M University (R Parker)	1,500	1,500
Florida A&M University (A Dan-Azoum)	-	1,000
Florida A&M University (G Grant)	-	500
Florida A&M University (D Johnson)	-	1,000
Florida A&M University (T Jones)	-	300
Florida A&M University (Y Burns)	-	1,000
Florida Audubon Society - Birds of Prey	5,000	-
Florida Baptist Family Ministry	600	1,200
Florida Easter Seals Society	559	637
Florida Hospital Foundation	-	6,000
Florida Senior Programs, Inc	10,000	-
Florida Southern College (D Maxwell)	1,500	1,500
Florida Southern College (A Waller)	1,500	-
Florida State University (J Dandle)	1,000	-
Florida State University (J Pitts)	1,500	-
Florida State University (K Shepard)	1,500	-
Florida State University (L Rivera)	-	2,500
Gay & Lesbian Community Service	-	7,538
Genesis Church of Religious Science	6,530	-
Golden Rule Foundation	-	3,400
Good Shepherd Corporation of Orlando	6,263	-
Greater Orlando Leadership Foundation	-	2,500
Guardian Care Convalescent Center	-	149
Harbor House	57,000	-
Harbor School	49	-
Health Care Center for the Homeless	-	40,000
Healthy Community Initiatives	43,506	-
Heart of Florida United Way	42,050	48,962
Heritage for Black Children	-	3,000
Hindu University of America	167,000	-
Holocaust Memorial Resource Center	5,000	-
Hopewell Methodist Church	1,126	1,285
Jewish Family Services	39,400	-
Jones High School Choral Music Program	1,500	1,500
Junior Achievement	-	10,000
Learning Disabilities Resource Center	4,000	-
Leukemia Society of Central Florida	2,024	1,567
Life Concepts, Inc	-	10,000
Loaves and Fishes	9,700	-
Lutheran Counseling Services	-	8,000
Mad Cow Theatre, Inc	-	5,000
Mary De Pugh Nursing Home	3,695	4,216
Mental Health Association of Central Florida	365	-
Mendian Club	13,308	11,966
Metro Atlanta Recovery Residences	-	1,500
Miami University	870	799
MicheLee Puppets	7,000	-
Mustard Seed of Central Florida	-	9,873
National Audubon Society	3,149	3,593

COMMUNITY FOUNDATION OF CENTRAL FLORIDA, INC  
 EIN 59-3182886

<i>Year ended April 30,</i>	2002	2001
National Conference for Community & Justice	10,000	-
New Hope Center, Inc	248,683	200,000
Oral Roberts University (D Voss)	1,500	-
Orange County Bar Educational Foundation	1,000	-
Orange County Public Schools Foundation	9,800	8,000
Orange County Historical Society	-	7,200
Orlando Day Nursery	4,000	-
Orlando Museum of Art	-	8,660
Orlando Neighborhood Improvement Corp	1,000	-
Orlando Opera Company	12,635	11,991
Orlando Philharmonic Orchestra	1,779	5,653
Orlando Regional Medical Center	-	34,000
Orlando Science Center	194	224
Orlando Tech (A Echandy)	-	1,000
Orlando Tech (K Mott)	1,000	-
Orlando Theatre Project, Inc	10,000	-
Osceola County Council on Aging	-	9,904
Oviedo Cemetery	299	341
Oviedo Women's Club	640	341
PACE-Brantley Hall School	49	-
Polk Community College (J Garcon)	-	2,346
Polk Community College (T Brannen)	1,500	-
Polk Community College (L Rowe)	1,500	-
Prevent Blindness	18,015	11,998
Primrose Center	10,309	11,764
Restore Orlando	10,299	-
Rollins College	15,986	17,921
Salvation Army	35,400	7,000
Sante Fe Comm College/J Drake	-	1,500
Second Harvest Food Bank of Central Florida	6,000	-
Seminole Community College (J Kennedy)	-	1,000
Senior Housing, Inc	-	8,500
Seniors First, Inc	-	2,500
Single Mothers in a Learning Environment	10,000	-
Southeastern College (M Ortagus)	1,500	1,500
Southern Ballet Theatre	15,436	8,653
Southern Methodist University (D Pollard)	-	2,500
St John's Episcopal Church	-	149
St Mary Magdalen School	74	-
Stepping Stone/Cornerstone Dist Fdn	-	7,123
Stetson University (P Smith)	1,500	1,500
Stetson University (K Parsley)	1,500	-
Toastmasters	-	709
Turning Point of Central Florida	-	500
Union University (A Abney)	1,500	1,500
United Arts of Central Florida	-	6,000
United Cerebral Palsy	-	10,000
United Way of Brevard County	-	15,000
United We Stand for Non-Violence	10,000	-
Unity Church of Vero Beach	2,539	-

COMMUNITY FOUNDATION OF CENTRAL FLORIDA, INC  
 EIN 59-3182886

<i>Year ended April 30,</i>	2002	2001
University Club of Winter Park	-	750
University of Central Florida (M Reich)	-	1,000
University of Central Florida (K Hunter)	-	1,500
University of Central Florida (M Groover)	1,500	-
University of Central Florida (J Edmondson)	1,122	-
University of Florida (D Campbell)	1,500	3,000
University of Florida (M Horwitz)	-	1,000
University of Florida (M Terry)	-	1,000
University of Florida (J Davis)	-	1,500
University of Florida (L Hersh)	-	1,000
University of South Florida (N Silva)	1,500	1,500
University of South Florida (R Monreal)	1,500	1,500
University of South Florida (N Gustave)	-	1,500
University of Wisconsin	290	266
Valencia Community College (A Clemons)	-	250
Valencia Community College (C Martin)	-	1,500
Valencia Community College (C Royal)	-	750
Weekends of Greater Orlando	2,000	8,000
Westminster Community Care Services	-	4,521
Winter Haven Hospital Foundation	10,000	-
Winter Park Day Nursery	3,149	11,628
Winter Park Health Foundation	92,563	100,121
Winter Park High School Foundation	2,000	-
Winter Park Historical Association	10,000	-
Winter Park Public Library	38,522	43,952
<b>Total grant expense</b>	<b>1,340,479</b>	<b>872,409</b>

**COMMUNITY FOUNDATION OF CENTRAL FLORIDA, INC**  
**EIN 59-3182886**  
**4/30/02**

<b>FIXED ASSETS</b>	<b>4/30/01</b>	<b>ADDITIONS</b>	<b>DELETIONS</b>	<b>4/30/02</b>
FURNITURE & FIXTURES	2,634			2,634
OFFICE EQUIPMENT	19,005			19,005
COMPUTER SOFTWARE	22,867			22,867
<b>TOTALS</b>	<b>44,506</b>	<b>0</b>	<b>0</b>	<b>44,506</b>

**ACCUMULATED DEPRECIATION**

FURNITURE & FIXTURES	649	368		
OFFICE EQUIPMENT	6,994	2,824		
COMPUTER SOFTWARE	17,272	1,162		
<b>TOTALS</b>	<b>24,916</b>	<b>4,354</b>	<b>0</b>	<b>29,270</b>

# Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box
  - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II (on page 2 of this form)
- Note:** Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

## Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)

**Note.** Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only   
 All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Type or print	Name of Exempt Organization <b>COMMUNITY FOUNDATION OF CENTRAL FLORIDA, INC.</b>	Employer identification number <b>59-3182886</b>
	Number, street, and room or suite no. If a P O box, see instructions <b>P.O. BOX 2071</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>ORLANDO, FL 32802-2071</b>	

Check type of return to be filed (file a separate application for each return)

- |  |  |                                    |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990 T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)     | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                             | <input type="checkbox"/> Form 8870 |

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the **whole** group, check this box  If it is for **part** of the group, check this box  and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3 month (6 month, for 990-T corporation) extension of time until DECEMBER 16, 2002 to file the exempt organization return for the organization named above. The extension is for the organization's return for  calendar year \_\_\_\_\_ or  tax year beginning MAY 1, 2001, and ending APR 30, 2002

2 If this tax year is for less than 12 months, check reason  Initial return  Final return  Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ \_\_\_\_\_

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ \_\_\_\_\_

c **Balance Due** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ N/A

### Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete, and that I am authorized to prepare this form.

Signature ▶ Anne-Marie L. Kagel Title ▶ CPA Date ▶ 9/3/02

LHA For Paperwork Reduction Act Notice, see instruction