

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2002

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

A For the 2002 calendar year, or tax year period beginning MAY 1, 2002 and ending APR 30, 2003

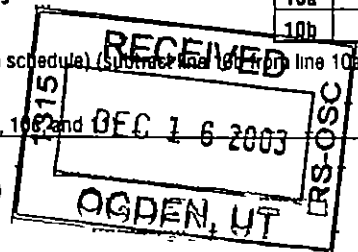
B Check if applicable. C Name of organization COMMUNITY FOUNDATION OF CENTRAL FLORIDA, INC. D Employer identification number 59-3182886 E Telephone number (407) 872-3050

G Web site WWW.CFCFLORIDA.ORG J Organization type 501(c)(3) K Check here if the organization's gross receipts are normally not more than \$25,000

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 2,526,899. M Check if the organization is not required to attach Sch B

Part 1 Revenue, Expenses, and Changes in Net Assets or Fund Balances

Table with 21 rows and 4 columns: Description, Sub-description, Amount, Total. Includes Revenue (lines 1-12), Expenses (lines 13-17), and Net Assets (lines 18-21). Total revenue: 1,457,828. Total expenses: 1,612,779. Net assets at end of year: 18,942,761.



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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 \$917,893. noncash \$	917,893.	917,893.	STATEMENT 6	
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	141,154.		141,154.	
27	Pension plan contributions	3,000.		3,000.	
28	Other employee benefits	28,426.		28,426.	
29	Payroll taxes	17,121.		17,121.	
30	Professional fundraising fees				
31	Accounting fees	15,575.		15,575.	
32	Legal fees	1,652.		1,652.	
33	Supplies				
34	Telephone	6,308.		6,308.	
35	Postage and shipping	2,141.		2,141.	
36	Occupancy	64,656.		64,656.	
37	Equipment rental and maintenance	9,212.		9,212.	
38	Printing and publications	2,527.		2,527.	
39	Travel				
40	Conferences, conventions, and meetings	3,872.		3,872.	
41	Interest				
42	Depreciation, depletion, etc (attach schedule)	4,045.		4,045.	
43	Other expenses not covered above (itemize)				
a					
b					
c					
d					
e	SEE STATEMENT 4	310,197.	166,581.	143,616.	
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15	1,612,779.	1,084,474.	528,305.	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 5		Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)
a	CONTRIBUTIONS TO LOCAL AGENCIES FOR VARIOUS CHARITABLE PURPOSES IN AND AROUND CENTRAL FLORIDA  (Grants and allocations \$ 917,893.)	917,893.
b	ADMINISTRATIVE FEES RELATED TO MANAGEMENT FEE REVENUE DERIVED FROM HOLDING AND INVESTING FUNDS FOR COMMUNITY PROJECTS  (Grants and allocations \$ )	166,581.
c	  (Grants and allocations \$ )	
d	  (Grants and allocations \$ )	
e	Other program services (attach schedule) (Grants and allocations \$ )	
f	Total of Program Service Expenses (should equal line 44, column (B) Program services)	1,084,474.

**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	55,020.	45	435,602.
	46 Savings and temporary cash investments	4,998,368.	46	4,761,692.
	47 a Accounts receivable		47a	
	b Less allowance for doubtful accounts		47b	47c
	48 a Pledges receivable	31,705.	48a	
	b Less allowance for doubtful accounts		48b	31,705.
	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	4,274.	53	5,349.
	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 7	20,107,394.	56	19,634,182.
57 a Land, buildings, and equipment basis	44,506.	57a		
b Less accumulated depreciation	33,316.	57b	11,190.	
58 Other assets (describe <input type="checkbox"/> SEE STATEMENT 8 )		1,304,342.	58	1,038,568.
59 Total assets (add lines 45 through 58) (must equal line 74)		26,670,345.	59	25,918,288.
Liabilities	60 Accounts payable and accrued expenses		60	
	61 Grants payable	195,649.	61	102,249.
	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 9 )		6,515,121.	65
66 Total liabilities (add lines 60 through 65)		6,710,770.	66	6,975,527.
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	18,439,272.	67	17,748,790.
	68 Temporarily restricted	1,520,303.	68	1,193,971.
	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)		19,959,575.	73	18,942,761.
74 Total liabilities and net assets / fund balances (add lines 66 and 73)		26,670,345.	74	25,918,288.

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 (2002)

59-3182886

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**Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return**

a	Total revenue, gains, and other support per audited financial statements	a	595,965.
b	Amounts included on line a but not on line 12, Form 990		
(1)	Net unrealized gains on investments \$		
(2)	Donated services and use of facilities \$		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify) STMT 10 \$		<861,863.>
	Add amounts on lines (1) through (4)	b	<861,863.>
c	Line a minus line b	c	1,457,828.
d	Amounts included on line 12, Form 990 but not on line a		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify) \$		
	Add amounts on lines (1) and (2)	d	0.
e	Total revenue per line 12, Form 990 (line c plus line d)	e	1,457,828.

**Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return**

a	Total expenses and losses per audited financial statements	a	1,612,779.
b	Amounts included on line a but not on line 17, Form 990		
(1)	Donated services and use of facilities \$		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify) \$		
	Add amounts on lines (1) through (4)	b	0.
c	Line a minus line b	c	1,612,779.
d	Amounts included on line 17, Form 990 but not on line a		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify) \$		
	Add amounts on lines (1) and (2)	d	0.
e	Total expenses per line 17, Form 990 (line c plus line d)	e	1,612,779.

**Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated)**

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
MARK BREWER 1411 EDGEWATER DRIVE, SUITE 203 ORLANDO, FL 32804	PRESIDENT/CEO 50	85,000.	2,550.	1,020.
STEPHEN ELKER 111 NORTH ORANGE AVENUE, SUITE 1600 ORLANDO, FL 32801	CHAIRMAN 0.	0.	0.	0.
JULIE WOLF SUNTRUST BANK, 200 S. ORANGE AVE. ORLANDO, FL 32801	VICE CHAIRMAN 0.	0.	0.	0.
TICO PEREZ BAKER & HOSTETLER, 200 S. ORANGE AVE. ORLANDO, FL 32801	SECRETARY 0.	0.	0.	0.
J. GORDON ARKIN 111 NORTH ORANGE AVENUE, SUITE 1800 ORLANDO, FL 32801	TREASURER 0.	0.	0.	0.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? If 'Yes,' attach schedule  Yes  No Form 990 (2002)

COMMUNITY FOUNDATION OF CENTRAL FLORIDA,  
INC.

Form 990 (2002)

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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		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		X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		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?		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 <input type="checkbox"/> 81a   0.		
b	Did the organization file Form 1120-POL for this year?		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?		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) <input type="checkbox"/> 82b   N/A		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible? N/A		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? N/A		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? 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 <input type="checkbox"/> 85c   N/A		
d	Section 162(e) lobbying and political expenditures <input type="checkbox"/> 85d   N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices <input type="checkbox"/> 85e   N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) <input type="checkbox"/> 85f   N/A		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A		
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12 <input type="checkbox"/> 86a   N/A		
b	Gross receipts, included on line 12, for public use of club facilities <input type="checkbox"/> 86b   N/A		
87	501(c)(12) organizations Enter: a Gross income from members or shareholders <input type="checkbox"/> 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) <input type="checkbox"/> 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		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		X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955 and 4958 <input type="checkbox"/> 0.		
d	Enter Amount of tax on line 89c, above, reimbursed by the organization <input type="checkbox"/> 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, 2002 <input type="checkbox"/> 90b   5		
91	The books are in care of <input type="checkbox"/> MARK BREWER, PRESIDENT Telephone no <input type="checkbox"/> (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.

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Form 990 (2002)

COMMUNITY FOUNDATION OF CENTRAL FLORIDA, INC.

Form 990 (2002)

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**Part VII Analysis of Income-Producing Activities** (See page 31 of the instructions)

	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>93</b> Program service revenue					
<b>a</b> <b>MANAGEMENT FEES</b>					179,446.
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>f</b> Medicare/Medicaid payments					
<b>g</b> Fees and contracts from government agencies					
<b>94</b> Membership dues and assessments					
<b>95</b> Interest on savings and temporary cash investments					
<b>96</b> Dividends and interest from securities					
<b>97</b> Net rental income or (loss) from real estate					
<b>a</b> debt-financed property					
<b>b</b> not debt-financed property					
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income			14	471,373.	
<b>100</b> Gain or (loss) from sales of assets other than inventory			18	<1,069,071.>	
<b>101</b> Net income or (loss) from special events					
<b>102</b> Gross profit or (loss) from sales of inventory					
<b>103</b> Other revenue					
<b>a</b> <b>OTHER INCOME</b>			01	450.	
<b>b</b> <b>RETURNED GRANTS</b>			01	1,377.	
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>104</b> Subtotal (add columns (B), (D), and (E))		0.		<595,871.>	179,446.
<b>105</b> Total (add line 104 columns (B), (D), and (E))					<416,425.>

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 page 32 of the instructions)

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

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 32 of the instructions)

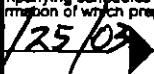
(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See page 33 of the instructions)

- (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 schedule and statements, and to the best of my knowledge and belief it is true, correct, and complete in all respects, and I am not aware of any information of which preparer has any knowledge.

1/25/03  
 **MARK BREWER** PRESIDENT/CEO  
 Type or print name and title

Date	Check if	Preparer's SSN or PTIN
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**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**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

**Supplementary Information-(See separate instructions.)**

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

**2002**

Department of the Treasury  
Internal Revenue Service

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
NONE				
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-----				
-----				
-----				
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-----				
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	

<b>Part III Statements About Activities</b> (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 ▶ \$ _____ \$ _____ (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
Note: 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 11			

**Part IV Reason for Non-Private Foundation Status** (See pages 3 through 5 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 5 of the instructions)

COMMUNITY FOUNDATION OF CENTRAL FLORIDA,

Schedule A (Form 990 or 990-EZ) 2002 INC.

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**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) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	3,886,678.	1,032,801.	7,326,166.	651,086.	12,896,731.
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	177,014.				177,014.
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	538,473.	329,025.	993,721.	1,047,227.	2,908,446.
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	<2,769.>	37,962.	SEE STATEMENT 12		35,193.
23 Total of lines 15 through 22	4,599,396.	1,399,788.	8,319,887.	1,698,313.	16,017,384.
24 Line 23 minus line 17	4,422,382.	1,399,788.	8,319,887.	1,698,313.	15,840,370.
25 Enter 1% of line 23	45,994.	13,998.	83,199.	16,983.	
26 Organizations described on lines 10 or 11					
a Enter 2% of amount in column (e), line 24					26a 316,807.
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 1998 through 2001 exceeded the amount shown in line 26a Do not file this list with your return Enter the sum of all these excess amounts					26b 1,242,669.
c Total support for section 509(a)(1) test Enter line 24, column (e)					26c 15,840,370.
d Add Amounts from column (e) for lines 18 2,908,446. 19 22 35,193. 26b 1,242,669.					26d 4,186,308.
e Public support (line 26c minus line 26d total)					26e 11,654,062.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 73.5719%
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	(2001) N/A	(2000) N/A	(1999) N/A	(1998) N/A	
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	(2001) N/A	(2000) N/A	(1999) N/A	(1998) N/A	
c Add Amounts from column (e) for lines 15 17 17 20 16 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 1998 through 2001, 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/> <hr/>		
32 Does the organization maintain the following		
a Records indicating the racial composition of the student body, faculty, and administrative staff?		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
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 )		
<hr/> <hr/> <hr/>		
33 Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges?		
b Admissions policies?		
c Employment of faculty or administrative staff?		
d Scholarships or other financial assistance?		
e Educational policies?		
f Use of facilities?		
g Athletic programs?		
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )		
<hr/> <hr/> <hr/>		
34 a Does the organization receive any financial aid or assistance from a governmental agency?		
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		
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		

COMMUNITY FOUNDATION OF CENTRAL FLORIDA,

Schedule A (Form 990 or 990-EZ) 2002 INC.

59-3182886 Page 5

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions)

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

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)	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	
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)	42	
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	

Caution 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
	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
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 11 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



FORM 990	OTHER INVESTMENT INCOME	STATEMENT	1
DESCRIPTION		AMOUNT	
INTEREST INCOME		306,869.	
DIVIDEND INCOME		164,504.	
TOTAL TO FORM 990, PART I, LINE 7		471,373.	

FORM 990	GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES	STATEMENT	2	
DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
SALE OF INVESTMENTS	0.	1,069,071.	0.	<1,069,071.>
TO FORM 990, PART I, LINE 8		1,069,071.	0.	<1,069,071.>

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	3
DESCRIPTION		AMOUNT	
UNREALIZED LOSS ON INVESTMENTS		<530,399.>	
CHANGE IN VALUE OF CHARITABLE REMAINDER TRUST		<331,464.>	
TOTAL TO FORM 990, PART I, LINE 20		<861,863.>	

FORM 990	OTHER EXPENSES	STATEMENT	4	
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
MISCELLANEOUS OFFICE EXPENSE	3,974.		3,974.	
INVESTMENT MANAGEMENT FEES	91,088.		91,088.	
EDUCATION & TRAINING	175.		175.	
PARKING & MILEAGE	2,079.		2,079.	
INSURANCE	2,379.		2,379.	
SOFTWARE SUPPORT	5,127.		5,127.	
DUES & SUBSCRIPTIONS	5,427.		5,427.	

CONSULTING SERVICES	21,851.		21,851.
LICENSES & FEES	461.		461.
BAD DEBT EXPENSE	10,000.		10,000.
MISCELLANEOUS	1,055.		1,055.
ADMINISTRATIVE FEES	166,581.	166,581.	
<b>TOTAL TO FM 990, LN 43</b>	<b>310,197.</b>	<b>166,581.</b>	<b>143,616.</b>

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 5  
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 6

CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
SEE ATTACHED SCHEDULE			NONE	917,893.
<b>TOTAL INCLUDED ON FORM 990, PART II, LINE 22</b>				<b>917,893.</b>

FORM 990 OTHER INVESTMENTS STATEMENT 7

DESCRIPTION	VALUATION METHOD	AMOUNT
STOCKS & BONDS	MARKET VALUE	19,634,182.
<b>TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B</b>		<b>19,634,182.</b>

FORM 990	OTHER ASSETS	STATEMENT	8
DESCRIPTION		AMOUNT	
RECEIVABLE FROM CHARITABLE REMAINDER TRUST		866,720.	
ASSETS HELD IN CHARITABLE REMAINDER TRUST		171,848.	
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B		1,038,568.	

FORM 990	OTHER LIABILITIES	STATEMENT	9
DESCRIPTION		AMOUNT	
LIABILITY UNDER CHARITABLE REMAINDER TRUST		680,913.	
AMOUNTS HELD FOR OTHERS		3,328,784.	
LIABILITY FOR AGENCY FUNDS		2,863,581.	
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B		6,873,278.	

FORM 990	OTHER REVENUE NOT INCLUDED ON FORM 990	STATEMENT	10
DESCRIPTION		AMOUNT	
DECREASE IN VALUE OF CHARITABLE REMAINDER TRUST		<331,464.>	
NET UNREALIZED LOSSES ON INVESTMENTS		<530,399.>	
TOTAL TO FORM 990, PART IV-A		<861,863.>	

SCHEDULE A	EXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS	STATEMENT	11
	PART III, LINE 3		

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 12
DESCRIPTION	2001 AMOUNT	2000 AMOUNT	1999 AMOUNT	1998 AMOUNT
MISCELLANEOUS	<2,769.>	37,962.	0.	0.
TOTAL TO SCHEDULE A, LINE 22	<2,769.>	37,962.	0.	0.

COMMUNITY FOUNDATION OF CENTRAL FLORIDA, INC  
 EIN 59-3182886

<i>Year ended April 30,</i>	2003	2002
<b>Grant expense:</b>		
A Gift for Teaching, Inc	\$ -	\$ 10,000
All Saints Episcopal Church	1,298	1,307
All Souls Catholic Church	269	246
American Cancer Society	10,441	10,515
American Musical & Dramatic Academy (D. Hudson)	3,000	-
American Red Cross	55	55
Anthony House	-	4,500
Asian Cultural Association of Central Florida	-	5,000
Association of Fundraising Professionals	2,500	-
B E T A Center	-	6,500
Bach Festival Society of Winter Park	404	447
Baptist College of Florida (G. Granger)	1,500	1,500
Bethune Cookman College (K Williams)	-	2,000
Bethune Cookman College (J Daughtry)	3,000	-
Boys & Girls Clubs of Central Florida	870	-
Brede Wilkins Scholarship Foundation	294	290
Catholic Charities	-	25,000
Center for Drug Free Living	-	10,000
Central Florida FOCUS Fund	-	10,000
Central Florida Theatre Alliance	511	521
Central Florida Women's Emergency Fund	183	194
Central Florida YMCA	-	8,900
Central Florida Zoological Society	6,469	1,450
Champion Community Schools	641	-
Children's Home Society of Florida	1,437	-
Christian HELP Foundation	15,000	6,000
Christian Service Center for Central Florida	1,983	27,200
City of Orlando Arts & Cultural Affairs	1,000	-
City of Winter Park Tree Fund	883	923
Coalition for the Homeless of Central Florida	6,265	20,550
Community Foundation of Central Florida	33,000	1,000
Community Foundation of Tampa Bay	-	500
Community Funds, Inc	-	7,342
Community Health Centers, Inc	7,000	-
Community Service Center of Orange County	-	19,700
Community Services Network	-	51,559
Covenant House Florida	-	4,000
Crealde School of Art	1,100	10,000
Defenders Food Coop	-	6,000
Diocese of Orlando	948	1,305
Edgewater High School Foundation	2,000	-
Esteem, Inc	26,910	10,000
First Baptist Church of Winter Haven	1,500	1,500
First Church of Christ Scientist	15,109	15,215

COMMUNITY FOUNDATION OF CENTRAL FLORIDA, INC.  
 EIN 59-3182886

<i>Year ended April 30,</i>	2003	2002
First Congregational Church	2,959	563
First United Methodist Church of Orlando	5,060	4,500
First United Methodist Church of Oviedo	594	598
Florida A&M University (T Jackson)	—	1,000
Florida A&M University (J White)	—	1,122
Florida A&M University (N Felder)	—	2,000
Florida A&M University (R Parker)	1,500	1,500
Florida A&M University (D Bryant)	1,000	—
Florida A&M University (A Butts)	3,000	—
Florida A&M University (T Blake)	1,000	—
Florida A&M University	132	—
Florida Audubon Society	—	5,000
Florida Baptist Family Ministry	600	600
Florida Easter Seals Society	555	559
Florida Hospital Foundation	4,279	—
Florida Senior Programs, Inc	270	10,000
Florida Southern College (D Maxwell)	1,500	1,500
Florida Southern College (A Waller)	1,500	1,500
Florida Southern College (T. Dollison)	3,000	—
Florida Southern College (E Miller)	1,500	—
Florida State University (J Dandle)	—	1,000
Florida State University (J Pitts)	—	1,500
Florida State University (K. Shepard)	1,500	1,500
Florida State University (M. Griffin)	1,000	—
Florida State University (R Sullivan)	1,000	—
Florida State University (V. Patel)	1,500	—
Foundation for Osceola Education	20,000	—
Genesis Church of Religious Science	—	6,530
Good Samaritan Health Center	1,100	—
Good Shepherd Corporation of Orlando	8,000	6,263
Goodwill Industries of Central Florida	21,000	—
Guardian Care Nursing & Rehabilitation Center	132	—
Gulf Coast Community College (G Milner)	2,000	—
Hands On Orlando, Inc	5,000	—
Harbor House	10,300	57,000
Harbor School	54	49
Healing the Children Florida	2,500	—
Healthy Community Initiatives	—	43,506
Heart of Florida United Way	41,773	42,050
Hindu University of America	16,155	167,000
Holocaust Memorial Resource Center	—	5,000
Hopewell Methodist Church	1,118	1,126
Hospice of the Comforter	5,000	—
Humane Society of Vero Beach & Indian River County	7,353	—
Inner Directions Foundation	9,995	—

COMMUNITY FOUNDATION OF CENTRAL FLORIDA, INC  
 EIN 59-3182886

<i>Year ended April 30,</i>	2003	2002
Jewish Family Services	5,000	39,400
Jones High School Choral Music Program	1,500	1,500
Kids House of Seminole County	5,000	—
Lake Nona YMCA	500	—
League of Women Voters of Florida Education Fund	750	—
Learning Disabilities Resource Center	—	4,000
Leukemia Society of Central Florida	—	2,024
Loaves and Fishes	—	9,700
Mary DePugh Nursing Home	3,669	3,695
Mental Health Association of Central Florida	20,375	365
Meridian Club	20,580	13,308
Metro Atlanta Recovery Residences	1,212	—
Miami University	881	870
MicheLee Puppets	—	7,000
National Association for Children of Alcoholics	500	—
National Association of Teachers of Singing	1,070	—
National Audubon Society	3,126	3,149
National Conference for Community & Justice	—	10,000
New Hope Center, Inc	202,581	248,683
Oral Roberts University (D Voss)	1,500	1,500
Orange County Bar Educational Foundation	1,000	1,000
Orange County Public Schools Foundation	12,640	9,800
Orlando Ballet	1,769	15,436
Orlando Day Nursery	—	4,000
Orlando Neighborhood Improvement Corporation	1,000	1,000
Orlando Opera Company	5,766	12,635
Orlando Philharmonic Orchestra	12,236	1,779
Orlando Science Center	6,183	194
Orlando Technical Education Center (K Mott)	—	1,000
Orlando Technical Education Center (A Nunez)	1,000	—
Orlando Technical Education Center	20,000	—
Orlando Theatre Project, Inc	—	10,000
Orlando Union Rescue Mission	1,000	—
Oviedo Cemetery	297	299
Oviedo Women's Club	297	640
PACE-Brantley Hall School	54	49
Philanthropy & Nonprofit Leadership Center	12,572	—
Polk Community College (T Brannen)	—	1,500
Polk Community College (L Rowe)	1,500	1,500
Polk Community College (M Bandy)	1,500	—
Polk Community College (M Woodward)	1,500	—
Polk Community College (A Harris)	1,500	—
Polk Community College (K King)	1,500	—
Polk Community College (C Sauveur)	1,500	—
Prevent Blindness Florida	10,442	18,015

COMMUNITY FOUNDATION OF CENTRAL FLORIDA, INC  
 EIN 59-3182886

<i>Year ended April 30,</i>	<b>2003</b>	<b>2002</b>
Primrose Center	10,242	10,309
Restore Orlando	378	10,299
Robert McCormick Tribune Foundation	1,500	-
Rollins College	15,725	15,986
Ronald McDonald House Charities	5,000	-
Russell Home for Atypical Children	500	-
Safe House of Seminole	8,800	-
Salvation Army	-	35,400
Second Harvest Food Bank of Central Florida	-	6,000
Seminole Community College (L Gonsalves)	1,000	-
Shepherd's Hope, Inc	9,000	-
Single Mothers in a Learning Environment	-	10,000
Southeastern College (M Ortagus)	1,500	1,500
Southeastern College (K Whittenton)	1,500	-
SPCA of Central Florida	450	-
St John the Baptist Episcopal Church	132	-
St Margaret Mary Catholic School	816	-
St Mary Magdalen School	81	74
Stepping Stone Foundation	3,450	-
Stetson University (P Smith)	1,500	1,500
Stetson University (K Parsley)	-	1,500
Stetson University (K Daniel)	1,500	-
Theatre Downtown, Inc	1,000	-
Toastmasters Club 1066	1,260	-
Union University (A Abney)	1,500	1,500
United Arts of Central Florida	19,500	-
United We Stand for Non-Violence	-	10,000
Unity Church of Vero Beach	-	2,539
University of Central Florida (M Groover)	-	1,500
University of Central Florida (J Edmondson)	-	1,122
University of Florida (D Campbell)	-	1,500
University of Florida (B Hilson)	1,139	-
University of Florida (C Brown)	1,000	-
University of Florida (K Mangan)	1,000	-
University of South Florida (N. Silva)	-	1,500
University of South Florida (R Monreal)	-	1,500
University of South Florida (N. Gustave)	1,500	-
University of Wisconsin	294	290
Valencia Community College (A Dorielan)	1,139	-
Valencia Community College (D Bell)	1,000	-
Weekends of Greater Orlando	-	2,000
Westside Tech	1,000	-
Winter Haven Hospital Foundation	-	10,000
Winter Park Day Nursery	3,126	3,149
Winter Park Health Foundation	86,333	92,563

COMMUNITY FOUNDATION OF CENTRAL FLORIDA, INC  
EIN 59-3182886

<i>Year ended April 30,</i>	<b>2003</b>	<b>2002</b>
Winter Park High School Foundation	–	2,000
Winter Park Historical Association	–	10,000
Winter Park Presbyterian Church	<b>1,267</b>	–
Winter Park Public Library	<b>38,247</b>	38,522
WMFE-FM	<b>100</b>	–
Young Life M O W	<b>415</b>	–
<b>Total grant expense</b>	<b>917,893</b>	<b>1,340,479</b>

**COMMUNITY FOUNDATION OF CENTRAL FLORIDA, INC.**

**EIN 59-3182886**

**4/30/2003**

**FIXED ASSETS**

	<b><u>4/30/2002</u></b>	<b><u>ADDITIONS</u></b>	<b><u>DELETIONS</u></b>	<b><u>4/30/2003</u></b>
FURNITURE & FIXTURES	2,634			2,634
OFFICE EQUIPMENT	19,005			19,005
COMPUTER SOFTWARE	22,867			22,867
TOTALS	<u>44,506</u>	<u>0</u>	<u>0</u>	<u>44,506</u>

**ACCUMULATED DEPRECIATION**

FURNITURE & FIXTURES	1,018	368		1,386
OFFICE EQUIPMENT	9,818	2,516		12,334
COMPUTER SOFTWARE	18,434	1,162		19,596
TOTALS	<u>29,270</u>	<u>4,046</u>	<u>0</u>	<u>33,316</u>

# 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>
File by the due date for filing your return. See instructions.	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 15, 2003.

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, 2002, and ending APR 30, 2003

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 Long Kagel Title ▶ CPA

Date ▶ 9-2-03

LHA For Paperwork Reduction Act Notice, see instruction

Form 8868 (12-2000)