

HURRICANE FRANCES

Form **990**

Department of the Treasury
Internal Revenue Service

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

2003

Open to Public Inspection

A For the 2003 calendar year, or tax year beginning

and ending

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final return ☐ Amended return ☐ Application pending	Please use IRS label or print or type See Specific Instructions	C Name of organization CORAL GABLES COMMUNITY FOUNDATION, INC.		D Employer identification number 65-0208290
		Number and street (or P O box if mail is not delivered to street address) Room/suite 2655 LEJEUNE ROAD, SUITE 1109		E Telephone number (305) 446-9670
		City or town, state or country, and ZIP + 4 CORAL GABLES, FL 33134-4418		F Accounting method: ☒ Cash ☐ Accrual ☐ 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).		

G Website: ▶ **N/A**

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.

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

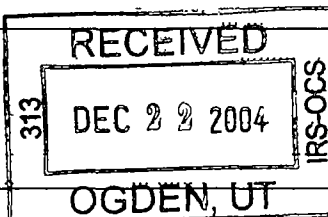
I Group Exemption Number ▶

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **316,078.**

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

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	145,083.		
	b Indirect public support	1b			
	c Government contributions (grants)	1c			
	d Total (add lines 1a through 1c) (cash \$ 115,818. noncash \$ 29,265.)			1d	145,083.
	2 Program service revenue including government fees and contracts (from Part VII, line 93)			2	34,425.
	3 Membership dues and assessments			3	19,250.
	4 Interest on savings and temporary cash investments			4	14,171.
	5 Dividends and interest from securities			5	
	6 a 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 ▶)			7		
Revenue	8 a Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
		19,973.	8a		
	b Less cost or other basis and sales expenses	29,038.	8b		
	c Gain or (loss) (attach schedule)	-9,065.	8c		
	d Net gain or (loss) (combine line 8c, columns (A) and (B)) STMT 1			8d	-9,065.
	9 Special events and activities (attach schedule) If any amount is from gaming, check here ☐				
	a Gross revenue (not including \$ 0. of contributions reported on line 1a)	9a	83,176.		
	b Less direct expenses other than fundraising expenses	9b			
	c Net income or (loss) from special events (subtract line 9b from line 9a) SEE STATEMENT 2			9c	83,176.
	10 a 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		
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			12	287,040.	
Expenses	13 Program services (from line 44, column (B))			13	165,797.
	14 Management and general (from line 44, column (C))			14	77,799.
	15 Fundraising (from line 44, column (D))			15	88,250.
	16 Payments to affiliates (attach schedule)			16	
	17 Total expenses (add lines 13 and 14, column (A))			17	331,846.
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)			18	-44,806.
	19 Net assets or fund balances at beginning of year (from line 73, column (A))			19	850,814.
	20 Other changes in net assets or fund balances (attach explanation)			20	0.
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)			21	806,008.



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

Form 990 (2003)

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

Page 2

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 \$128,393. noncash \$	22 128,393.	128,393.	STATEMENT 5	
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc	25 50,000.	0.	25,000.	25,000.
26	Other salaries and wages	26 31,800.		15,900.	15,900.
27	Pension plan contributions	27			
28	Other employee benefits	28			
29	Payroll taxes	29 15,085.		7,543.	7,542.
30	Professional fundraising fees	30			
31	Accounting fees	31 8,350.		8,350.	
32	Legal fees	32			
33	Supplies	33			
34	Telephone	34 3,540.		1,770.	1,770.
35	Postage and shipping	35 938.		469.	469.
36	Occupancy	36 25,700.		12,850.	12,850.
37	Equipment rental and maintenance	37			
38	Printing and publications	38 624.		312.	312.
39	Travel	39 25.		13.	12.
40	Conferences, conventions, and meetings	40			
41	Interest	41			
42	Depreciation, depletion, etc (attach schedule)	42 62.		31.	31.
43	Other expenses not covered above (itemize)				
a		43a			
b		43b			
c		43c			
d		43d			
e	SEE STATEMENT 3	43e 67,329.	37,404.	5,561.	24,364.
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44 331,846.	165,797.	77,799.	88,250.

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 AccomplishmentsWhat 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	VARIOUS EDUCATIONAL GRANTS/DISTRIBUTIONS	
	(Grants and allocations \$)	128,393.
b	VARIOUS SOCIAL SERVICES GRANTS/DISTRIBUTIONS	
	(Grants and allocations \$)	37,404.
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)	165,797.

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	388,339.	45 346,390.
	46 Savings and temporary cash investments	54,967.	46
	47 a Accounts receivable	47a	
	b Less allowance for doubtful accounts	47b	47c
	48 a Pledges receivable	48a	
	b Less allowance for doubtful accounts	48b	48c
	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		53
	54 Investments - securities STMT 6 ☒ Cost ☐ FMV	378,014.	54 430,186.
	55 a Investments - land, buildings, and equipment basis	55a	
	b Less accumulated depreciation	55b	55c
56 Investments - other		56	
57 a Land, buildings, and equipment basis	57a 4,475.		
b Less accumulated depreciation STMT 7	57b 4,468.	57c 7.	
58 Other assets (describe ☒ SEE STATEMENT 8)	29,425.	58 29,425.	
59 Total assets (add lines 45 through 58) (must equal line 74)	850,814.	59 806,008.	
Liabilities	60 Accounts payable and accrued expenses		60
	61 Grants payable		61
	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 ☐)		65
66 Total liabilities (add lines 60 through 65)	0.	66 0.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 67 through 69 and lines 73 and 74		
	67 Unrestricted	202,702.	67 153,602.
	68 Temporarily restricted	648,112.	68 652,406.
	69 Permanently restricted		69
	Organizations that do not follow SFAS 117, check here ☐ 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)	850,814.	73 806,008.
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)	850,814.	74 806,008.

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.

Part IV-B	Reconciliation of Expenses per Audited Financial Statements with Expenses per Return
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Total revenue, gains, and other support per audited financial statements		Total expenses and losses per audited financial statements	
a	295,254.	a	333,629.
b		b	
(1)		(1)	
(2)		(2)	
(3)		(3)	
(4)		(4)	
STMT 9	8,214.	STMT 10	1,783.
Add amounts on lines (1) through (4)	8,214.	Add amounts on lines (1) through (4)	1,783.
c	287,040.	c	331,846.
d		d	
(1)		(1)	
(2)		(2)	
Add amounts on lines (1) and (2)	0.	Add amounts on lines (1) and (2)	0.
e	287,040.	e	331,846.

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

[illegible]

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

Yes	No
-----	----

ZIP + 4 ► 33134

N/A

Part VII Analysis of Income-Producing Activities (See page 33 of the instructions)

Note: Enter gross amounts unless otherwise indicated.

	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	
93 Program service revenue					
a MANAGEMENT FEES					34,425.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					19,250.
95 Interest on savings and temporary cash investments			14		14,171.
96 Dividends and interest from securities			14		
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					
100 Gain or (loss) from sales of assets other than inventory			14	-9,065.	
101 Net income or (loss) from special events			05	83,176.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		74,111.	67,846.
105 Total (add line 104, columns (B), (D), and (E))					141,957.

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 34 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)
94	MEMBERSHIP PROMOTES THE AWARENESS OF CULTURAL, EDUCATIONAL, HISTORICAL, SOCIAL AND HEALTH CHARITABLE PROJECTS.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 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 34 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).

accompanying schedules and statements, and to the best of my knowledge and belief, it is true,
information of which preparer has any knowledge

12/17/04 ☒ GLORIA BURUS, Executive Director

Date Type or print name and title

Date Check if Preparer's SSN or PTIN

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

2003

Name of the organization

CORAL GABLES COMMUNITY FOUNDATION, INC.

Employer identification number

65 0208290

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				
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		
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 **►** \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)

1 X

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

- 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?

2a X

b Lending of money or other extension of credit?

2b X

c Furnishing of goods, services, or facilities?

2c X

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V, FORM 990

2d X

e Transfer of any part of its income or assets?

2e X

- 3 a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments)

3a X

b Do you have a section 403(b) annuity plan for your employees?

3b X

- 4 Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?

4 X

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)

Schedule A (Form 990 or 990-EZ) 2003

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) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	378,202.	250,453.	108,929.	144,897.	882,481.
16 Membership fees received	29,810.	34,210.	37,168.	13,446.	114,634.
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	0.	19,231.	31,158.	15,415.	65,804.
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.					
23 Total of lines 15 through 22	408,012.	303,894.	177,255.	173,758.	1,062,919.
24 Line 23 minus line 17	408,012.	303,894.	177,255.	173,758.	1,062,919.
25 Enter 1% of line 23	4,080.	3,039.	1,773.	1,738.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					21,258.
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 1999 through 2002 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					0.
c Total support for section 509(a)(1) test. Enter line 24, column (e)					1,062,919.
d Add: Amounts from column (e) for lines: 18 <u>65,804.</u> 19 _____ 22 _____ 26b _____					65,804.
e Public support (line 26c minus line 26d total)					997,115.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					93.8091%
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					
(2002) (2001) (2000) (1999)					
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					
(2002) (2001) (2000) (1999)					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					N/A
d Add: Line 27a total _____ and line 27b total _____					N/A
e Public support (line 27c total minus line 27d total)					N/A
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e)					N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, 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

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)

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?

Yes No

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)

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)

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)

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

Schedule A (Form 990 or 990-EZ) 2003

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 groupCheck ☐ 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 -		
Not over \$500,000		
Over \$500,000 but not over \$1,000,000		
Over \$1,000,000 but not over \$1,500,000		
Over \$1,500,000 but not over \$17,000,000		
Over \$17,000,000		
The lobbying nontaxable amount is -		
20% of the amount on line 40		
\$100,000 plus 15% of the excess over \$500,000		
\$175,000 plus 10% of the excess over \$1,000,000		
\$225,000 plus 5% of the excess over \$1,500,000		
\$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 (e) Total
	(a) 2003	(b) 2002	(c) 2001	(d) 2000	
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.)

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

Yes	No	Amount
		0.

990

316261
05-01-03

13

FORM 990	GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES	STATEMENT	1
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DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
MARKETABLE SECURITIES	19,973.	29,038.	0.	-9,065.
TO FORM 990, PART I, LINE 8	19,973.	29,038.	0.	-9,065.

FORM 990	SPECIAL EVENTS AND ACTIVITIES	STATEMENT	2
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DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
AUCTION PROCEEDS	83,176.		83,176.		83,176.
TO FM 990, PART I, LINE 9	83,176.		83,176.		83,176.

FORM 990	OTHER EXPENSES	STATEMENT	3
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DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
AUCTION EXPENSES	11,804.			11,804.
AUTO EXPENSES	1,212.		606.	606.
BANK CHARGES	742.		371.	371.
BOARD OF DIRECTORS EXPENSES	338.		338.	
DUES AND PUBLICATIONS	3,001.		1,501.	1,500.
INSURANCE	418.		209.	209.
NEWSLETTER EXPENSES	973.			973.
OFFICE SUPPLIES AND EXPENSES	2,171.		1,086.	1,085.
LICENSES AND TAXES	261.		131.	130.
MISCELLANEOUS/OTHER EXPENSES	20.		10.	10.
CREDIT CARD FEES	3,460.			3,460.
PROMOTION AND ENTERTAINMENT	1,098.		549.	549.
INVEST. ACCT. MGMT. FEES	311.	219.	92.	
ADVERTISING	365.		183.	182.

MUSEUM	37,185.	37,185.		
SEMINIARS	970.		485.	485.
MOVING EXPENSES	3,000.			3,000.
TOTAL TO FM 990, LN 43	67,329.	37,404.	5,561.	24,364.

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

EXPLANATION

TO FOSTER PROGRAMS TO ENCOURAGE CULTURAL, EDUCATIONAL, HISTORIC, SOCIAL, AND HEALTH CHARITABLE PROJECTS.

FORM 990 CASH GRANTS AND ALLOCATIONS STATEMENT 5

CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
VAR PROJ/RESTR FDS	VARIOUS	VARIOUS	NONE	128,393.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22				128,393.

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 6

SECURITY DESCRIPTION	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	OTHER SECURITIES	TOTAL NON-GOV'T SECURITIES
MARKETABLE SECURITIES			430,186.		430,186.
TO 990, LN 54 COL B			430,186.		430,186.

FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT	7
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DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
EQUIPMENT	2,325.	2,325.	0.
COPIER	1,100.	1,100.	0.
COMPUTER	1,000.	1,000.	0.
TYPEWRITER	50.	43.	7.
TOTAL TO FORM 990, PART IV, LN 57	4,475.	4,468.	7.

FORM 990	OTHER ASSETS	STATEMENT	8
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DESCRIPTION	AMOUNT
DONATED FINE ART HELD FOR SALE	29,425.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	29,425.

FORM 990	OTHER REVENUE NOT INCLUDED ON FORM 990	STATEMENT	9
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DESCRIPTION	AMOUNT
ACCURAL VS CASH	8,214.
TOTAL TO FORM 990, PART IV-A	8,214.

FORM 990	OTHER EXPENSES NOT INCLUDED ON FORM 990	STATEMENT	10
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DESCRIPTION	AMOUNT
ACCURAL VS. CASH	1,783.
TOTAL TO FORM 990, PART IV-B	1,783.

Depreciation and Amortization 990
(Including Information on Listed Property)

OMB No 1545-0172

2003
Attachment
Sequence No 67

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

CORAL GABLES COMMUNITY FOUNDATION, INC. FORM 990 PAGE 2

65-0208290

Part I Election To Expense Certain Tangible Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I

1	Maximum amount. See instructions for a higher limit for certain businesses	1	100,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	400,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2002 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2004. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election (see instructions)	15	
16	Other depreciation (including ACRS) (see instructions)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2003	17	62.
18	If you are electing under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B - Assets Placed in Service During 2003 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a - 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2003 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year	/		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	62.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)
Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No **24b** If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
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25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use

25

26 Property used more than 50% in a qualified business use:

		%						
		%						
		%						

27 Property used 50% or less in a qualified business use:

		%			S/L -			
		%			S/L -			
		%			S/L -			

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1

28

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1

29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2003 tax year:					
43 Amortization of costs that began before your 2003 tax year					
44 Total. Add amounts in column (f). See instructions for where to report					

Coral Gables Community Foundation – 2003 Board of Directors

Anthony Baradat

Anthony Baradat Iglesias
Advertising
2601 S. Bayshore Drive, Ste. 300C
Miami, FL 33133

Tere Benach

Sr. Vice President Sales &
Marketing Manager
Commercebank, N.A.
220 Alhambra Circle
Coral Gables, FL 33134

Lettie Bien (*Ex officio member*)

President
Coral Gables Chamber of Commerce
PO Box 347555
Coral Gables, FL 33234

Gino Caliendo (*Auction Co-Chair*)

General Manager
Hyatt Regency Coral Gables
50 Alhambra Plaza
Coral Gables, FL 33134

Debra Charbonnet

Senior Vice President & Manager
Private Client Services
SunTrust Bank, Miami
201 Alhambra Circle, 14 Floor
Coral Gables, FL 33134

Patricia H. Clarke “Pat”

1001 Sunset Drive
Coral Gables, FL 33143-61

Dean C. Colson

Colson, Hicks, Eidson, et al
255 Aragon Avenue, 2nd Floor
Coral Gables, FL 33134

J. Thomas Cookson (Treasurer)

Akerman Senterfitt
h- 645 Sierra Circle
Coral Gables, FL 33156

Zeke Guilford

Guilford & Associates, P.A.
2222 Ponce de Leon Blvd.
Coral Gables, FL 33134

Marian Krutulis

Founder/Owner/Director
Gulliver Schools
6575 North Kendall Drive
Miami, FL 33156

Henry (Hank) O. Langston
(Chair)

Director, University, Corporate &
Community Affairs,
Gulliver Schools
6575 N. Kendall Drive
Miami, FL 33156

Clinton “Sandy” Lewis

Vice-President & GM
The Village of Merrick Park
300 Greco Avenue
Coral Gables, FL 33146

Ben Mollere (Vice Chair)

The Biltmore Hotel, V.P. of Sales
1200 Anastasia Avenue
Coral Gables, FL 33134

Art Murphy

CMC Group Inc.
701 Brickell Avenue, Ste. 3150
Miami, FL 33131

Bill Murphy (Chair-Elect)

Northern Trust Bank
595 Biltmore Way
Coral Gables, FL 33134

Phillis Oeters-Pena

Corporate V.P. of Govt. &
Community Relations
Baptist Health South Florida
6855 Red Road, Ste. 600
Coral Gables, FL 33146

Dabney “Bud” Park

Performance Executive Search
2121 Ponce de Leon Blvd., 4th Floor
Coral Gables, FL 33134

Ann Pope

15626 SW 111 Terrace
Miami, FL 33196

Forrest Robinson

President
Codina Development Services
355 Alhambra Circle, Suite 900
Coral Gables, FL 33134

Robert J. Shafer

Robert J. Shafer & Associate Inc.
4206 Laguna Street
Coral Gables, FL 33146

Verneka Silva (*Board Member Emeritus*)

P.O. Box 1607
Miami, FL 33233

Jeannett Slesnick

Esslinger - Wooten – Maxwell
827 N. Greenway Drive
Coral Gables, FL 33134

Dr. Al Smith

1301 Asturia Avenue
Coral Gables, FL 33134

Rudy Stern

President, Landstar Homes
550 Biltmore Way
Coral Gables, FL 33134

Commissioner Chip Withers (*Ex-officio*)

Withers Transfer & Storage
10890 NW 29th St.
Miami, FL 33172

Yolanda Woodbridge (Secretary)

8700 S.W. 133rd Avenue # 419
Miami, FL 33183

Mary Young (Immediate Past Chair)

1115 Country Club Prado
Coral Gables, FL 33134

Council of Past Chairman

Willy Bermello ('92- '95)

Bermello, Ajamil & Partners, Inc.
2601 South Bayshore Drive, Suite
1000
Miami, Florida 33133

Jose A. Calvo II ('99- '00)
305 794-9524 – Cell
(Deceased)

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Ronald A. Shuffield ('96- '97)
Esslinger - Wooten - Maxwell
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Coral Gables, FL 33146-2945

Donald D. Slesnick (97- 98)
Law Offices of Slesnick & Casey
10680 N.W. 25th Street, Ste. 202
Miami, FL 33172-2108

**Gloria A. Burns (Executive
Director)**
Coral Gables Community
Foundation
1825 Ponce de Leon Blvd, PMB 447
Coral Gables, FL 33134

Amy Ashman (Assistant Director)
1111 Brickell Bay Drive, #809
Miami, FL 33131

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► 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	Employer identification number
	CORAL GABLES COMMUNITY FOUNDATION, INC.	65-0208290
	Number, street, and room or suite no. If a P.O. box, see instructions. 1825 PONCE DE LEON BOULEVARD, PMB447	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CORAL GABLES, FL 33134-4418	

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

- | | | |
|--|---|------------------------------------|
| ☒ Form 990 | ☐ Form 990-T (corporation) | ☐ Form 4720 |
| ☐ Form 990-BL | ☐ Form 990-T (sec. 401(a) or 408(a) trust) | ☐ Form 5227 |
| ☐ Form 990-EZ | ☐ Form 990-T (trust other than above) | ☐ Form 6069 |
| ☐ Form 990-PF | ☐ Form 1041-A | ☐ 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 AUGUST 16, 2004 to file the exempt organization return for the organization named above. The extension is for the organization's return for:
► ☒ calendar year 2003 or
► ☐ tax year beginning _____, and ending _____

- 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 ► Al [Signature] Title ► CRA Date ► 5/12/04
LHA For Paperwork Reduction Act Notice, see instruction Form 8868 (12-2000)

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box ☒

Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy.

Type or print. File by the extended due date for filing the return. See instructions.	Name of Exempt Organization	Employer identification number
	CORAL GABLES COMMUNITY FOUNDATION, INC.	65-0208290
	Number, street, and room or suite no. If a P.O. box, see instructions. 1825 PONCE DE LEON BOULEVARD, PMB447	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CORAL GABLES, FL 33134-4418	

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

- ☒ Form 990
 ☐ Form 990-EZ
 ☐ Form 990-T (sec. 401(a) or 408(a) trust)
 ☒ Form 1041-A
 ☐ Form 5227
 ☐ Form 8870
☐ Form 990-BL
☐ Form 990-PF
☐ Form 990-T (trust other than above)
☐ Form 4720
☐ Form 6069

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- 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 is for.

- 4 I request an additional 3-month extension of time until NOVEMBER 15, 2004.
 5 For calendar year 2003, or other tax year beginning _____ and ending _____.
 6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
 7 State in detail why you need the extension FINANCIAL DATA IS IN PROCESS OF REVIEW AND AUDIT, ADDITIONAL TIME TO CONDUCT AUDIT AND TAX RETURN IS NEEDED
 8a 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, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ _____
 c **Balance Due.** Subtract line 8b from line 8a. 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 CE Colbert Title CPA Date 8/9/04

Notice to Applicant - To Be Completed by the IRS

- ☐ We have approved this application. Please attach this form to the organization's return.
☐ We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
☐ We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting the 10-day grace period.
☐ We cannot consider this application because it was filed after the due date of the return for which an extension was requested.
☐ Other _____

Director _____ By: _____ Date _____

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print. 323832 05-01-03	Name
	COLBERT, BOUE AND JUNCADELLA, PA
	Number and street (include suite, room, or apt. no.) Or a P.O. box number 3001 PONCE DE LEON BLVD. SUITE 211
	City or town, province or state, and country (including postal or ZIP code) CORAL GABLES, FL 33134