

Return of Organization Exempt From Income Tax

2004

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

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 2004 calendar year, or tax year beginning MARCH 1, 2004, and ending FEBRUARY 28, 20 05

- 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
CENTRAL CARE MISSION OF ORLANDO, INC.

Number and street (or P O box if mail is not delivered to street address) Room/suite
4027 LENOX BLVD

City or town, state or country, and ZIP + 4
ORLANDO, FL 32811

D Employer identification number
59 : 2800360

E Telephone number
(407) 299-6146

F Accounting method: Cash Accrual
 Other (specify) ▶

G Website: ▶

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? Yes No
(If "No," attach a list. See instructions.)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

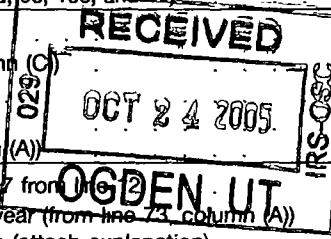
I Group Exemption Number ▶

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

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions.)

Revenue	1 Contributions, gifts, grants, and similar amounts received:					
	a Direct public support	1a		150,605		
	b Indirect public support	1b				
	c Government contributions (grants)	1c				
	d Total (add lines 1a through 1c) (cash \$ <u>150,605</u> noncash \$ _____)				1d	150,605
	2 Program service revenue including government fees and contracts (from Part VII, line 93)				2	107,835
	3 Membership dues and assessments				3	
	4 Interest on savings and temporary cash investments				4	6
	5 Dividends and interest from securities				5	
	6a Gross rents	6a				
	b Less: rental expenses	6b				
	c Net rental income or (loss) (subtract line 6b from line 6a)				6c	
7 Other investment income (describe ▶)				7		
8a Gross amount from sales of assets other than inventory	(A) Securities		(B) Other			
		8a				
	b Less: cost or other basis and sales expenses		8b			
	c Gain or (loss) (attach schedule)		8c			
d Net gain or (loss) (combine line 8c, columns (A) and (B))				8d		
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>	a Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a				
	b Less: direct expenses other than fundraising expenses	9b				
	c Net income or (loss) from special events (subtract line 9b from line 9a)				9c	
10a Gross sales of inventory, less returns and allowances		10a				
	b Less: cost of goods sold	10b				
c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)				10c		
11 Other revenue (from Part VII, line 103)				11		
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)				12	258,446	
Expenses	13 Program services (from line 44, column (B))			13	198,766	
	14 Management and general (from line 44, column (C))			14	10,464	
	15 Fundraising (from line 44, column (D))			15	1,823	
	16 Payments to affiliates (attach schedule)			16		
	17 Total expenses (add lines 13 and 14, column (A))				17	211,053
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)			18	47,393	
	19 Net assets or fund balances at beginning of year (from line 21, column (A))			19	15,599	
	20 Other changes in net assets or fund balances (attach explanation)			20		
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)				21	62,992



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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. (See page 22 of the instructions.)

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 \$ _____ noncash \$ _____)	22				
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	42,558	40,430	2,128	
26	Other salaries and wages	26	11,900	11,305	595	
27	Pension plan contributions	27				
28	Other employee benefits	28	244	232	12	
29	Payroll taxes	29	4,166	3,958	208	
30	Professional fundraising fees	30				
31	Accounting fees	31	4,377	4,158	219	
32	Legal fees	32				
33	Supplies	33	1,737	1,650	87	
34	Telephone	34	2,472	2,348	124	
35	Postage and shipping	35	776	737	39	
36	Occupancy	36	12,968	12,320	648	
37	Equipment rental and maintenance	37	5,391	5,121	270	
38	Printing and publications	38	1,823		1,823	
39	Travel	39	36,711	34,875	1,836	
40	Conferences, conventions, and meetings	40				
41	Interest	41	26,476	25,152	1,324	
42	Depreciation, depletion, etc. (attach schedule)	42	11,375	11,281	594	
43	Other expenses not covered above (itemize): a UTIL	43a	21,933	20,836	1,097	
b	FOOD PROGRAM	43b	3,779	3,590	189	
c	REPAIRS AND MAINTENANCE	43c	5,501	5,226	275	
d	GOOD NEWS PROGRAM	43d	1,167	1,109	58	
e	SEE SCHEDULE ATTACHED	43e	15,199	14,438	761	
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15.	44	211,053	198,766	10,464	1,823

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 (See page 25 of the instructions.)

What is the organization's primary exempt purpose? ▶	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)
a PROVIDE REHABILITATIVE SHELTER, COUNSELING, JOB SEARCH & DEVELOPMENT, TRANSPORTATION, AND MINISTRY SERVICES FOR MEN AGES 18 AND ABOVE (Grants and allocations \$ _____)	198,766
b (Grants and allocations \$ _____)	
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) ▶	198,766

Part IV Balance Sheets (See page 25 of the instructions.)

		(A) Beginning of year		(B) End of year	
Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.					
Assets	45 Cash—non-interest-bearing		215	45	7,763
	46 Savings and temporary cash investments		306	46	37,247
	47a Accounts receivable	47a			
	b Less: allowance for doubtful accounts	47b		47c	
	48a Pledges receivable	48a			
	b Less: allowance for doubtful accounts	48b	300	48c	
	49 Grants receivable			49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)			50	
	51a Other notes and loans receivable (attach schedule)	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 (attach schedule) ▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV			54	
	55a Investments—land, buildings, and equipment: basis	55a			
	b Less: accumulated depreciation (attach schedule)	55b		55c	
	56 Investments—other (attach schedule)			56	
	57a Land, buildings, and equipment: basis	57a	473,494		
	b Less: accumulated depreciation (attach schedule)	57b	125,118		
58 Other assets (describe ▶ LOAN COSTS (NET))		335,968	57c	348,376	
		3,759	58	2,908	
59 Total assets (add lines 45 through 58) (must equal line 74)		340,548	59	396,294	
Liabilities	60 Accounts payable and accrued expenses		1,036	60	1,871
	61 Grants payable			61	
	62 Deferred revenue			62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)			63	
	64a Tax-exempt bond liabilities (attach schedule)			64a	
	b Mortgages and other notes payable (attach schedule)		323,913	64b	331,431
	65 Other liabilities (describe ▶)			65	
66 Total liabilities (add lines 60 through 65)		324,949	66	333,302	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67 Unrestricted		15,599	67	62,992
	68 Temporarily restricted			68	
	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)		15,599	73	62,992
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)		340,548	74	396,294

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 VI Other Information (See page 28 of the instructions.)		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.		✓
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.		✓
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		✓
78b	b If "Yes," has it filed a tax return on Form 990-T for this year?		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		✓
80a	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?		✓
	b If "Yes," enter the name of the organization ▶ _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81a	Enter direct and indirect political expenditures. See line 81 instructions 81a _____		
81b	b Did the organization file Form 1120-POL for this year?		✓
82a	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?	✓	
	b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) 82b _____		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	✓	
83b	b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	✓	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		✓
84b	b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		
	b Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
	c Dues, assessments, and similar amounts from members 85c _____		
	d Section 162(e) lobbying and political expenditures 85d _____		
	e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e _____		
	f Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f _____		
	g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? 85g _____		
	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? 85h _____		
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12. 86a _____		
	b Gross receipts, included on line 12, for public use of club facilities 86b _____		
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders 87a _____		
	b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b _____		
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.		✓
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____		
	b 501(c)(3) and 501(c)(4) orgs. 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.		✓
	c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____ 0		
	d Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶ _____ 0		
90a	List the states with which a copy of this return is filed ▶ NONE		
	b Number of employees employed in the pay period that includes March 12, 2004 (See instructions.) 90b _____		
91	The books are in care of ▶ LESENA JONES, TREASURER Telephone no. ▶ (407) 582-3344		
	Located at ▶ 190 S ORANGE AVE, ORLANDO FL ZIP + 4 ▶ 32801		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92 _____		

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) Exclusion code	(D) Amount	
93 Program service revenue:					
a DIRECT PUBLIC SUPPORT					150,605
b TEMPORARY HOUSING RELIEF					107,835
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					6
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))					258,446
105 Total (add line 104, columns (B), (D), and (E))					258,446

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).
▼	

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
	%			
	%			
	%			
	%			

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).

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Please Sign Here: *Lesena Jones* Signature of officer Date: 10/16/05

Date: 10/16/05 Check if self-employed Preparer's SSN or PTIN (See Gen. Inst. W): P00294298

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

OMB No. 1545-0047

2004

Department of the Treasury
Internal Revenue Service

Supplementary Information—(See separate instructions.)

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

Name of the organization

CENTRAL CARE MISSION OF ORLANDO, INC.

Employer identification number

59 : 2800360

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.) 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.		✓
2a Sale, exchange, or leasing of property?	✓	
2b Lending of money or other extension of credit?		✓
2c Furnishing of goods, services, or facilities?	✓	
2d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	✓	
2e Transfer of any part of its income or assets?		✓
3a 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.)		✓
3b Do you have a section 403(b) annuity plan for your employees?		✓
4a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		✓
4b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		✓

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 5 of the instructions.)

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) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	98,387	72,023	84,897	134,946	390,253
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	2	21	36	247	306
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	98,389	72,044	84,933	135,193	390,559
24 Line 23 minus line 17	98,389	72,044	84,933	135,193	390,559
25 Enter 1% of line 23	984	720	849	1,352	
26 Organizations described on lines 10 or 11:					
a Enter 2% of amount in column (e), line 24					26a
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 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____					26d
e Public support (line 26c minus line 26d total)					26e
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f %
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: (2003) 0 (2002) 0 (2001) 0 (2000) 0					
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: (2003) 0 (2002) 0 (2001) 0 (2000) 0					
c Add: Amounts from column (e) for lines: 15 <u>390,253</u> 16 _____ 17 _____ 20 _____ 21 _____					27c 390,253
d Add: Line 27a total _____ and line 27b total _____					27d
e Public support (line 27c total minus line 27d total)					27e 390,253
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)					27f 390,559
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g 99.92 %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h 00.08 %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, 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.)
(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.)		
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.)		
34a 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		

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

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		(a) Affiliated group totals	(b) To be completed for ALL electing organizations												
(The term "expenditures" means amounts paid or incurred.)															
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— <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">If the amount on line 40 is—</td> <td style="width: 50%;">The lobbying nontaxable amount is—</td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </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	41	
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				
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

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.)

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

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

CENTRAL CARE MISSION OF ORLANDO, INC.
 FORM 990, PART II, LINE 43E
 59-2800360
 MARCH 01, 2004 TO FEBRUARY 28, 2005

		(A) Total	(B) Program	(C) Management and general	(D) Fundraising
AMORTIZATION EXPENSE	43F	851	808	43	-
AUTOMOBILE EXPENSES	43G	6,407	6,087	320	-
BANK SERVICE CHARGES	43H	506	481	25	-
COLLECTION & TREASURER	43I	2,080	1,976	104	-
DUES & SUBSCRIPTIONS	43J	-	-	-	-
LICENSES & FEES	43L	376	357	19	-
MISCELLANEOUS	43M	97	92	5	-
MISSION POSSIBLE	43N	-	-	-	-
RECOGNITION & AWARDS	43P	1,291	1,226	65	-
WORK & WITNESS	43Q	3,591	3,411	180	-
FORM 990, PART II, LINE 43E		<u>15,199</u>	<u>14,438</u>	<u>761</u>	<u>-</u>

CENTRAL CARE MISSION OF ORLANDO, INC.
 FORM 990, PART IV
 59-2800360
 MARCH 01, 2004 TO FEBRUARY 28, 2005

<u>LINE 57A AND 57B: LAND, BUILDING, AND EQUIPMENT</u>	<u>2005</u>	<u>2004</u>
FURNITURE AND FIXTURES	6,059	6,059
VEHICLES	42,112	42,112
BUILDING & IMPROVEMENTS	295,240	295,240
LAND	<u>105,800</u>	<u>105,800</u>
 TOTAL	 449,211	 449,211
LESS: ACCUMULATED DEPRECIATION	<u>(125,118)</u>	<u>(113,243)</u>
CONSTRUCTION-IN-PROGRESS	<u>24,283</u>	<u>-</u>
NET LAND, BUILDING, AND EQUIPMENT	<u>348,376</u>	<u>335,968</u>
 <u>LINE 64B: MORTGAGES AND OTHER NOTES PAYABLE</u>	 <u>2005</u>	 <u>2004</u>
ADVANCE FROM RELATED PARTY, NO STATED TERMS	18,223	-
MORTGAGE NOTE PAYABLE-DATED JULY 22, 2003 PAYABLE IN 59 MONTHLY INSTALLMENTS OF \$1,199 INCLUDING INTEREST AT 6%, MATURING JULY 21, 2008 SECURED BY LAND AND BUILDING	132,370	138,610
MORTGAGE NOTE PAYABLE-DATED DECEMBER 31, 2000 PAYABLE IN 240 MONTHLY INSTALLMENTS OF \$1,890 INCLUDING INTEREST AT 10%, MATURING DEC 31, 2020 SECURED BY LAND AND BUILDING	<u>180,838</u>	<u>185,303</u>
TOTAL MORTGAGES AND OTHER NOTES PAYABLE	<u>331,431</u>	<u>323,913</u>

CENTRAL CARE MISSION OF ORLANDO, INC.
 FORM 990, PART V
 59-2800360
 MARCH 01, 2004 TO FEBRUARY 28, 2005

NAME AND ADDRESS	TITLE AND AVG HRS WORKED	COMPENSATION	CONT-EMPLOYEE BENEFIT PLANS	EXP ACCT AND ALLOWANCES
DENNIS CREARY: 1425 PINECREST PL #B ORLANDO, FL 32803	BOARD MEMBER 2 HOURS	\$ -	\$ -	\$ -
LAURA MARTIN: 10507 HUNTRIDGE ROAD ORLANDO, FL 32825	BOARD MEMBER 2 HOURS	\$ -	\$ -	\$ -
KIMBERLEE TOLLIE: 424 ALLYSON PT WAY ORLANDO, FL 32825	BOARD MEMBER 2 HOURS	\$ -	\$ -	\$ -
DONNA GUYSE: 609 BRIERCLIFF DRIVE ORLANDO, FL 32801	BOARD MEMBER 2 HOURS	\$ -	\$ -	\$ -
JUDY CUMMINS: 3520 BOCAGE DR #711 ORLANDO, FL 32812	BOARD MEMBER 2 HOURS	\$ -	\$ -	\$ -
SCOTT LOWRY: 401 E. JACKSON STREET ORLANDO, FL 32801	PASTOR 5 HOURS	\$ -	\$ -	\$ -
SHEILA AUSTIN: 3006 BILLINGSWORTH ORLANDO, FL 32806	BOARD MEMBER 2 HOURS	\$ -	\$ -	\$ -
GARY POTTS: 540 FOLKSTONE WAY ORLANDO, FL 32822	BOARD MEMBER 2 HOURS	\$ -	\$ -	\$ -
WILLIAM LOWRY: 2619 E COMPTON STREET ORLANDO, FL 32806	DIRECTOR 55 HOURS	\$ 42,558.00	\$ -	\$ 15,170.00
LESENA JONES: 10573 FAIRHAVEN WAY ORLANDO, FL 32825	TREASURER 5 HOURS	\$ 780.00	\$ -	\$ -
JOAN TILLER: 11036 WURDERMANN DR ORLANDO, FL 32825	BOARD CHAIR 5 HOURS	\$ -	\$ -	\$ -
ROBERT HUDSON: 8048 CITRON COURT ORLANDO, FL 32819	VICE CHAIR 5 HOURS	\$ -	\$ -	\$ -
CAROL BRENEMAN: 815 GUTHRIE STREET WINTER PARK, FL 32792	SECRETARY 5 HOURS	\$ -	\$ -	\$ -
CHAUNCEY HAYES: 1648 FOXBORO DR ORLANDO, FL 32812	BOARD MEMBER 2 HOURS	\$ -	\$ -	\$ -
HARRY ROMESBURG: 2003 CAYUGA DR ORLANDO, FL 32839	BOARD MEMBER 2 HOURS	\$ -	\$ -	\$ -
DON HASTINGS: 1677 TORRINGTON CIR LONGWOOD, FL 32750	FINANCE COMM 2 HOURS	\$ -	\$ -	\$ -
DARLA HANCOCK: 6046 WESTGATE DR #201 ORLANDO, FL 32835	BOARD MEMBER 2 HOURS	\$ -	\$ -	\$ -

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).
- 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)

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.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile.

Type or print	Name of Exempt Organization CENTRAL CARE MISSION OF ORLANDO, INC.	Employer identification number 59 : 2800360
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. 4027 LENOX BLVD	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ORLANDO, FL 32811-4107	

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 |

• The books are in the care of ▶ **LESENA JONES, TREASURER**

Telephone No. ▶ (**407**) **582-3344** FAX No. ▶ ()

- 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-months for a **Form 990-T corporation**) extension of time until _____, 20____, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year 20... or
 ▶ tax year beginning **MARCH 1**, 20 **04**, and ending **FEBRUARY 28**, 20 **05**.

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 \$ _____

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.