

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)

2004

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 MAY 1, 2004 and ending APR 30, 2005

B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending. C Name of organization: COMMUNITY FOUNDATION OF CENTRAL FLORIDA, INC. D Employer identification number: 59-3182886. E Telephone number: (407) 872-3050. F Accounting method: Cash, Accrual.

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

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 5,436,399. 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

Table with 21 rows and 4 columns. Rows 1-12: Revenue. Rows 13-17: Expenses. Rows 18-21: Net Assets. Includes a 'RECEIVED' stamp dated MAR 16 2006 from OGDEN, UT.

SCANNED MAR 29 2006

Part I Statement of Functional Expenses

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ <u>1909255</u> noncash \$ _____)	22 1,909,255.	1,909,255.	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 92,500.	0.	92,500.	0.
26	Other salaries and wages	26 178,188.		178,188.	
27	Pension plan contributions	27 5,400.		5,400.	
28	Other employee benefits	28 50,045.		50,045.	
29	Payroll taxes	29 20,379.		20,379.	
30	Professional fundraising fees	30			
31	Accounting fees	31 19,198.		19,198.	
32	Legal fees	32 411.		411.	
33	Supplies	33 4,461.		4,461.	
34	Telephone	34 6,504.		6,504.	
35	Postage and shipping	35 2,104.		2,104.	
36	Occupancy	36 61,457.		61,457.	
37	Equipment rental and maintenance	37 12,036.		12,036.	
38	Printing and publications	38 3,536.		3,536.	
39	Travel	39			
40	Conferences, conventions, and meetings	40 8,301.		8,301.	
41	Interest	41			
42	Depreciation, depletion, etc (attach schedule)	42 15,229.		15,229.	
43	Other expenses not covered above (itemize)				
a		43a			
b		43b			
c		43c			
d		43d			
e	SEE STATEMENT 3	43e 603,931.	421,764.	174,161.	8,006.
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15.	44 2,992,935.	2,331,019.	653,910.	8,006.

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 II Statement of Program Service Accomplishments

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

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

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

a	CONTRIBUTIONS TO LOCAL AGENCIES FOR VARIOUS CHARITABLE PURPOSES IN AND AROUND CENTRAL FLORIDA	(Grants and allocations \$ 1,909,255.)	1,909,255.
b	ADMINISTRATIVE FEES RELATED TO MANAGEMENT FEE REVENUE DERIVED FROM HOLDING AND INVESTING FUNDS FOR COMMUNITY PROJECTS	(Grants and allocations \$ _____)	421,764.
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)		2,331,019.

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	92,135.	271,254.	
	46 Savings and temporary cash investments	3,597,507.	3,082,323.	
	47 a Accounts receivable			
	47a			
	b Less allowance for doubtful accounts		47c	
	47b			
	48 a Pledges receivable	133,346.		
	48a			
	b Less allowance for doubtful accounts	22,148.	133,346.	
	48b			
	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		51c	
51b				
52 Inventories for sale or use		52		
53 Prepaid expenses and deferred charges	10,931.	13,963.		
54 Investments - securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54		
55 a Investments - land, buildings, and equipment basis				
55a				
b Less accumulated depreciation		55c		
55b				
56 Investments - other	SEE STATEMENT 6	24,572,194.	27,985,933.	
57 a Land, buildings, and equipment basis	57a 83,618.			
57a				
b Less accumulated depreciation	57b 55,368.	34,325.	28,250.	
57b				
58 Other assets (describe <input type="checkbox"/> SEE STATEMENT 7)		1,238,404.	1,246,686.	
59 Total assets (add lines 45 through 58) (must equal line 74)		29,567,644.	32,761,755.	
Liabilities	60 Accounts payable and accrued expenses	2,907.	30,294.	
	61 Grants payable	320,710.	391,134.	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	64a			
	b Mortgages and other notes payable		64b	
64b				
65 Other liabilities (describe <input type="checkbox"/> SEE STATEMENT 8)		6,601,936.	7,938,440.	
66 Total liabilities (add lines 60 through 65)		6,925,553.	8,359,868.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	21,250,533.	22,918,264.	
	68 Temporarily restricted	1,391,558.	1,483,623.	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)		22,642,091.	24,401,887.
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)		29,567,644.	32,761,755.

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

		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	X	
b	If "Yes," enter the name of the organization \triangleright <u>GOOD SAMARITAN FUND, INC.</u> and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81 a	Enter direct or indirect political expenditures See line 81 instructions 81a <u>0.</u>		
b	Did the organization file Form 1120-POL for this year?		X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III) 82b <u>N/A</u>		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible? N/A		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A		
85	501(c)(4), (5), or (6) organizations		
a	Were substantially all dues nondeductible by members? N/A		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members 85c <u>N/A</u>		
d	Section 162(e) lobbying and political expenditures 85d <u>N/A</u>		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e <u>N/A</u>		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f <u>N/A</u>		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A		
86	501(c)(7) organizations		
a	Initiation fees and capital contributions included on line 12 86a <u>N/A</u>		
b	Gross receipts, included on line 12, for public use of club facilities 86b <u>N/A</u>		
87	501(c)(12) organizations		
a	Gross income from members or shareholders 87a <u>N/A</u>		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b <u>N/A</u>		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	X	
89 a	501(c)(3) organizations . Enter: Amount of tax imposed on the organization during the year under section 4911 \triangleright <u>0.</u> , section 4912 \triangleright <u>0.</u> , section 4955 \triangleright <u>0.</u>		
b	501(c)(3) and 501(c)(4) organizations . Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 \triangleright <u>0.</u>		
d	Enter Amount of tax on line 89c, above, reimbursed by the organization \triangleright <u>0.</u>		
90 a	List the states with which a copy of this return is filed \triangleright <u>NONE</u>		
b	Number of employees employed in the pay period that includes March 12, 2004 90b <u>4</u>		
91	The books are in care of \triangleright <u>MEGHAN WARRICK, CFO</u> Telephone no \triangleright <u>(407)-872-3050</u>		
Located at \triangleright <u>1411 EDGEWATER DR., STE 203, ORLANDO, FL</u> ZIP + 4 \triangleright <u>32804</u>			
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 \triangleright <u>92</u> <u>N/A</u>		

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					429,407.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	514,726.	
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			18	513,878.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a OTHER INCOME			01	4,935.	
b RETURNED GRANTS			01	11.	
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		1,033,550.	429,407.
105 Total (add line 104, columns (B), (D), and (E))					1,462,957.

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)
93	THE FOUNDATION HOLDS AND INVESTS FUNDS FOR COMMUNITY 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
SEE STATEMENT 14	%			
	%			
	%			
	%			

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: *Mark Beavel* 3/10/06 PRESIDENT/CEO
Signature of officer Date Type or print name and title

Paid Preparer's Use Only: *Anne-Mark Kagol, CPA* 3-6-06
Preparer's signature Date Check if self-employed Preparer's SSN or PTIN

Firm's name (or yours if self-employed), address, and ZIP + 4: CROSS, FERNANDEZ & RILEY, LLP
201 S. ORANGE AVE., SUITE 950
ORLANDO, FL 32801-3421
EIN: Phone no: (407) 841-6930

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

OMB No 1545-0047

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

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

Employer identification number
59 3182886

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

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

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
MEGHAN WARRICK 1411 EDGEWATER DRIVE, SUITE 203, ORLANDO, FL 32804	CFO 45	70,385.	1,170.	

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 \blacktriangleright \$ _____ \$ _____ (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		X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V, FORM 990	X	
e Transfer of any part of its income or assets?		X
3 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) SEE STATEMENT 15	X	
b Do you have a section 403(b) annuity plan for your employees?		X
4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	X	
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		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 \blacktriangleright _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 11b A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 12 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

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

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

- 14 An organization organized and operated to test for public safety Section 509(a)(4) (See page 5 of the instructions)

COMMUNITY FOUNDATION OF CENTRAL FLORIDA,

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)	2,040,921.	2,028,259.	3,886,678.	1,032,801.	8,988,659.
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	364,852.	179,446.	177,014.		721,312.
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	364,378.	471,373.	538,473.	329,025.	1,703,249.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.	2,345.	1,827.	SEE STATEMENT 16 <2,769.>	37,962.	39,365.
23 Total of lines 15 through 22	2,772,496.	2,680,905.	4,599,396.	1,399,788.	11,452,585.
24 Line 23 minus line 17	2,407,644.	2,501,459.	4,422,382.	1,399,788.	10,731,273.
25 Enter 1% of line 23	27,725.	26,809.	45,994.	13,998.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 214,625.
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 2,927,058.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 10,731,273.
d Add Amounts from column (e) for lines 18 1,703,249. 19 22 39,365. 26b 2,927,058.					26d 4,669,672.
e Public support (line 26c minus line 26d total)					26e 6,061,601.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 56.4854%
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	(2003)	(2002)	(2001)	(2000)	
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	(2003)	(2002)	(2001)	(2000)	
c Add Amounts from column (e) for lines: 15 17 20 21					27c N/A
d Add Line 27a total and line 27b total					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 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	NONE				

Part V Private School Questionnaire (See page 7 of the instructions)

N/A

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

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)		

32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)	32d	

33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	33h	

34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b	
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

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

N/A

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations												
		N/A													
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	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 border="0"> <tr> <td>If the amount on line 40 is -</td> <td>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				N/A (e) Total
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	
45	Lobbying nontaxable amount				0.
46	Lobbying ceiling amount (150% of line 45(e))				0.
47	Total lobbying expenditures				0.
48	Grassroots nontaxable amount				0.
49	Grassroots ceiling amount (150% of line 48(e))				0.
50	Grassroots lobbying expenditures				0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
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.)			0.

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

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 COMMUNITY FOUNDATION OF CENTRAL FLORIDA, INC.	Employer identification number 59-3182886
	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 2071	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ORLANDO, FL 32802-2071	

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.

- The books are in the care of **MARK BREWER, PRESIDENT/CEO**
Telephone No. **(407)-872-3050** 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 is for.

- 4 I request an additional 3-month extension of time until **MARCH 15, 2006**
- 5 For calendar year _____, or other tax year beginning **MAY 1, 2004** and ending **APR 30, 2005**
- 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
TAXPAYER HAS NOT RECEIVED ALL OF THE INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN

- 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**

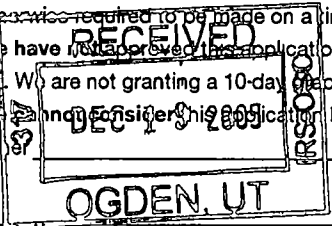
Signature and Verification

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 **Anne-Mark Kagol** Title **CPA** Date **12-12-05**

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 other than those 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 a 10-day grace period.
- We have not considered this application because it was filed after the extended due date of the return for which an extension was requested.
- Other _____



EXTENSION APPROVED

Director _____ By _____ Date **JAN 20 2006**

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.

FIELD DIRECTOR, SUBMISSION PROCESSING, OGDEN

Type or print	Name CROSS, FERNANDEZ & RILEY, LLP
	Number and street (include suite, room, or apt. no.) or a P.O. box number 201 S. ORANGE AVE., SUITE 950
	City or town, province or state, and country (including postal or ZIP code) ORLANDO, FL 32801-3421

423832 01-10-05

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

- ⊙ If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box
- ⊙ If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

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 File by the due date for filing your return. See instructions	Name of Exempt Organization COMMUNITY FOUNDATION OF CENTRAL FLORIDA, INC.	Employer identification number 59-3182886
	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 2071	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ORLANDO, FL 32802-2071	

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 ▶ MARK BREWER, PRESIDENT/CEO
Telephone No. ▶ (407)-872-3050 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 DECEMBER 15, 2005 to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 - ▶ calendar year _____ or
 - ▶ tax year beginning MAY 1, 2004, and ending APR 30, 2005.
- 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

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.

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

<i>Year ended April 30,</i>	2005	2004
Grant expense:		
100 Black Men of Orlando, Inc.	\$ 5,000	\$ -
A Gift for Teaching, Inc.	6,750	1,000
Adult Literacy League, Inc.	7,000	-
Albin Polasek Museum and Sculpture Gardens	200	500
All Saints Episcopal Church	1,094	1,173
All Souls Catholic Church	192	190
Alzheimer's Disease and Related Disorders Association	5,000	-
American Cancer Society	8,796	9,431
American Heart Association	14,000	-
American Red Cross	13,896	9,757
Association of Fundraising Professionals	5,490	2,858
Atlanta Community Ministries, Inc.	-	300
Atlantic Center for the Arts	-	1,000
Avant-Garde Mission, Inc.	-	1,800
B.E.T.A. Center	39,565	11,000
Bach Festival Society of Winter Park	449	5,413
Baptist Bible College (R. Willis)	1,500	1,500
Baptist College of Florida (G. Granger)	-	3,000
Bethune Cookman College (S. Moore)	3,000	-
Bethune Cookman College (A. Obas)	1,500	-
Big Brothers Big Sisters of Central Florida	1,200	5,449
Bishop Grady Villas	-	10,000
Bishop Moore Catholic High School	-	250
Boggy Creek Gang	2,000	-
Boundless Playground	-	2,000
Boys & Girls Clubs of Central Florida	8,160	10,000
Brede Wilkins Scholarship Foundation	541	407
Buoniconti Fund	-	500
Campus Crusade for Christ	-	10,000
Candlelighters Childhood Cancer Foundation of Greater Orlando	-	300
Center for Independent Living	1,000	-
Center for Urban Leadership & Community Development	-	500
Central Florida Ballet, Inc.	-	500
Central Florida Haven of Hope Ministries, Inc.	450	-
Central Florida Hillel	-	500
Central Florida Performing Arts Alliance	2,743	963
Central Florida Women's Emergency Fund	181	187
Central Florida Zoological Society	8,147	2,334
Christian HELP Foundation	21,000	-
Christian Service Center for Central Florida	12,273	-
Christian Sharing Center	12,500	-
City of Winter Park	-	1,407

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

<i>Year ended April 30,</i>	2005	2004
City of Winter Park Tree Fund	1,024	975
Civic Theatre of Central Florida, Inc.	5,000	—
Coalition for the Homeless of Central Florida	70	70
College Scholarships – Schools to be determined	9,500	—
Community Foundation of Central Florida	1,350	35,000
Community Foundation of Greater Winter Haven	108,165	—
Community Health Centers, Inc.	—	7,865
Community Service Center of South Orange County	11,500	—
Community Services Network	—	18,000
Community Vision	5,000	—
Crealde School of Art	10,000	—
Cystic Fibrosis Foundation	—	10,000
Daily Bread, Inc.	15,000	—
Daytona Beach Community College (A. Butts)	—	3,000
Diocese of Orlando	—	301
Downtown Orlando Foundation	2,319	—
Easter Seals of Florida, Inc.	467	3,500
Esteem, Inc.	10,072	—
Enzian Theatres	—	5,000
Every Kid Outreach	—	500
Eye and Ear Foundation	1,000	—
First Baptist Church of Winter Haven	1,500	1,500
First Church of Christ Scientist, Boston, MA	9,810	10,066
First Church of Christ Scientist, Winter Park, FL	2,923	3,134
First Congregational Church of Lyme	471	505
First Congregational Church of Winter Park	13,109	3,200
First United Methodist Church of Orlando	—	5,160
First United Methodist Church of Oviedo	500	536
Florida A&M University (R. Parker)	—	1,500
Florida A&M University (N. Williams)	1,500	—
Florida A&M University (W. Smith)	1,500	—
Florida A&M University (M. Foggy)	—	1,000
FAMU Foundation	—	1,000
Florida Baptist Family Ministry	600	600
Florida Easter Seals Society	700	501
Florida Hospital Cancer Institute	—	100
Florida Hospital Foundation	30,000	653
Florida Philanthropic Network	5,000	—
Florida Respite Coalition, Inc.	500	—
Florida Senior Programs, Inc.	—	1,000
Florida Southern College (D. Maxwell)	—	1,500
Florida Southern College (B. Tillus)	1,250	—
Florida Southern College (K. Milton)	2,000	—
Florida Southern College (M. Johnson)	2,000	—
Florida Southern College (E. Miller)	1,500	1,500

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

<i>Year ended April 30,</i>	2005	2004
Florida Southern College (A. Wilcox)	–	1,500
Florida State University (K. Shepard)	1,500	1,500
Florida State University (M. Griffin)	–	1,000
Florida State University (V. Patel)	2,834	1,500
Florida State University (L. Martin)	–	1,000
Foundation for Seminole County Public Schools	5,309	–
Friends of Fleet Peoples Park, Inc.	–	500
Friends of Mead Garden	–	5,000
Frontline Outreach	–	2,500
Good Shepherd Services of Orlando	7,880	–
Gorman Family Life Center, Inc.	500	–
GROWS Literacy Council, Inc.	–	10,500
Gulf Coast Community College (G. Milner)	–	2,000
Habitat for Humanity of Winter Park/Maitland	1,000	–
Harbor House	45,400	27,000
Harbor School	82	82
Harmony Farms, Inc.	1,000	–
Health Care Center for the Homeless	1,000	–
Heart of Florida United Way	55,047	63,608
Heritage Family Preservation Center	–	500
Hillsborough County United Soccer Club	–	500
Hi-Tech Tutoring Center, Inc.	–	520
Holocaust Memorial Resource & Education Center	7,500	–
Hopewell Methodist Church	942	1,010
Hospice of the Comforter	4,949	–
House of Healing, Inc.	–	400
Howard Phillips Center for Children and Families	1,601	1,799
Howard University (C. Jackson)	2,000	–
InterFaith Hospitality	–	500
Intervention Services, Inc.	6,000	–
Jewish Family Services	20,500	–
Jewish Federation of Greater Orlando	20,000	–
Jewish National Fund	–	2,500
Jones High School	140	–
Jones High School Choral Music Program	1,627	–
Joy Metropolitan Community Church	–	500
Junior Achievement of Central Florida, Inc.	1,750	2,000
Justice and Peace Office, Inc.	1,000	–
Kids House of Seminole County	1,500	–
Krishnamurti Foundation of America	–	5,000
La Amistad Foundation, Inc.	–	1,100
Lake Nona YMCA	500	500
Lakeside Alternatives Foundation, Inc.	–	400
Latino Elderly, Inc.	–	500
LBS Foundation, Inc.	30,000	–

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

<i>Year ended April 30,</i>	2005	2004
Learning Disabilities Association of Central Florida	—	390
Leukemia and Lymphoma Society of Central Florida	—	1,846
Lifeline of Central Florida, Inc.	11,580	3,659
Living Hope International Ministry, Inc.	—	500
Lutheran Counseling Services, Inc.	12,500	—
Mad Cow Theatre, Inc.	—	500
Maitland Historical Society, Inc.	500	—
Make-A-Wish Foundation of America	—	200
Mary DePugh Nursing Home	18,421	9,514
Meals on Wheels, Etc. Inc.	—	1,000
Mental Health Association of Central Florida	31,911	393
Meridian Club	17,819	—
Messiah Choral Society, Inc.	500	—
Metro Atlanta Recovery Residences	6,595	2,000
Miami University	1,624	1,220
MicheLee Puppets	6,600	500
National Audubon Society	2,634	2,824
New Hope for Kids, Inc.	256,017	251,082
New Warner Chapel Outreach Ministries	—	500
Oakland Nature Preserve, Inc.	—	2,800
Oakwood College (J. Jacobs)	3,000	—
Oral Roberts University (D. Voss)	1,500	1,500
Orange County Arts and Cultural Affairs	—	1,500
Orange County Healthy Start Coalition	7,000	—
Orlando Ballet	5,004	—
Orlando Gay Chorus	500	—
Orlando Museum of Art, Inc.	2,023	—
Orlando Opera Company	6,573	2,015
Orlando Performing Arts Center	100,000	—
Orlando Philharmonic Orchestra	10,479	468
Orlando Science Center	2,526	36,101
Orlando Technical Education Center (J. Pierre-Louis)	—	770
Orlando Union Rescue Mission	1,000	—
Osceola County Council on Aging	23,770	—
Osceola Mental Health	10,350	—
Oviedo Cemetery	250	268
Oviedo Women's Club	250	268
PACE-Brantley Hall School	82	82
Pace Center for Girls, Inc.	463	—
Pathways to Care	—	25,000
Philanthropy & Nonprofit Leadership Center	1,000	—
Planned Giving Council of Central Florida	—	1,000
Planned Parenthood of Greater Orlando, Inc.	10,000	—
Polk Community College (L. Rowe)	1,500	1,500
Polk Community College (M. Bandy)	1,500	1,500

COMMUNITY FOUNDATION OF CENTRAL FLORIDA, INC.

EIN: 59-3182886

<i>Year ended April 30,</i>	2005	2004
Polk Community College (L. Floto)	1,500	—
Polk Community College (A. Smith)	1,500	—
Polk Community College (K. King)	1,500	1,500
Polk Community College (C. Sauveur)	—	1,500
Polk Community College (A. Hartley)	—	1,500
Polk Community College (A. Clay)	1,500	1,500
Polk Community College (C. Garcia-Prescott)	—	1,500
Polk Community College (J. Francois)	1,500	1,500
Polk Community College (K. Stoner)	1,500	1,500
Polk Community College (P. Hoffman)	1,500	—
Polk Community College (R. Rubio)	1,500	—
Polk Community College (S. Pepilus)	1,500	—
Prevent Blindness Florida	8,799	9,433
Primrose Center	94,876	9,260
Princeton Theological Seminary (K. Daniel)	1,500	1,500
Pulmonary Hypertension Association	99	—
Quest, Inc.	500	—
Restore Orlando	405	385
Robert McCormick Tribune Foundation	3,000	2,000
Rollins College	13,250	14,205
Ronald McDonald House Charities	—	4,950
Russell Home for Atypical Children	1,500	—
Safe Passage for Kids, Inc.	500	—
Salvation Army	5,000	1,000
Second Harvest Food Bank of Central Florida	5,000	4,000
Seminole Community College (F. Huffman)	—	1,000
Seniors First, Inc.	30,172	4,000
Shepherd's Hope, Inc.	10,000	50,000
Southeastern College (M. Ortagus)	—	1,500
Southeastern College (K. Whittenton)	1,500	1,500
Southwest Florida Community Foundation	2,500	—
South Brevard Sharing Center, Inc.	20,000	—
South Florida Community College (A. Jahjah)	—	1,500
SPCA of Central Florida	18,560	—
St. Boniface Catholic Church	250	—
St. Francis House of Hospitality	—	1,000
St. Margaret Mary Catholic Church	6,500	—
St. Margaret Mary Saturday Center	—	500
St. Mary Magdalen School	110	109
Stepping Stone Foundation	28,388	10,000
Stetson University (J. Tyre)	1,500	—
Stetson University (A. Leach)	1,500	1,500
Stetson University (C. Smith)	3,000	3,000
Stetson University (M. Christian)	1,500	1,500
Stetson University (T. Oney)	—	3,000

COMMUNITY FOUNDATION OF CENTRAL FLORIDA, INC.

EIN: 59-3182886

<i>Year ended April 30,</i>	2005	2004
Teen Crime Prevention Academy of Central Florida	–	3,000
Teen Pregnancy Prevention Coalition of Orange County	–	500
The Mustard Seed of Central Florida, Inc.	36,520	5,500
The Ripple Effect	–	500
Theatre Downtown, Inc.	1,000	–
Toastmasters Club 1066	576	595
Traviss Technical Center (T. Brannen)	1,500	–
Trinity Baptist College (A. Coffman)	1,500	–
Trinity Baptist College (G. Merime)	1,500	–
United Arts of Central Florida	12,500	10,000
United Cerebral Palsy of Central Florida	10,000	10,000
United We Stand For Non-Violence, Inc.	1,000	–
University Club of Winter Park	–	1,000
University of Central Florida (K. Antoine)	240	1,260
University of Central Florida (M. John)	3,000	–
University of Florida (A. Ayers)	–	1,500
University of Florida (G. Bill)	–	1,000
University of Florida (J. Sanders)	1,378	1,500
University of Florida (M. Ferguson)	–	1,000
University of Florida (K. Albert)	1,000	–
University of Florida (T. Bavis)	1,000	–
University of Miami (J. Zwolinski)	–	1,500
University of North Florida (J. Sanders)	–	1,500
University of North Florida (K. Newton)	–	1,500
University of South Florida (N. Gustave)	1,500	1,500
University of South Florida (A. Ayers)	1,500	–
University of Wisconsin	541	406
Vox Populi	1,000	–
Warner Southern College (A. Jahjah)	1,500	–
Winter Garden Heritage Museum	–	500
Winter Park Day Nursery	17,907	7,823
Winter Park Health Foundation	11,889	13,518
Winter Park Live Oak Fund, Inc.	51,000	–
Winter Park Memorial Hospital	62,704	66,331
Winter Park Public Library	71,898	–
Winter Park YMCA	–	2,000
Women's Giving Alliance	–	5,000
Total grant expense	1,783,551	974,479

COMMUNITY FOUNDATION OF CENTRAL FLORIDA, INC.

EIN: 59-3182886

<i>Year ended April 30,</i>	2005	2004
Distributions from Agency Endowments:		
Adult Literacy League	506	531
College Park Baptist Church	939	887
Community Service Center of South Orange County	2,427	—
Coalition for the Homeless of Central Florida	—	5,559
Edgewood Children's Ranch	32,846	36,679
Foundation for Seminole County Public Schools	487	516
Guardian Care Nursing and Rehabilitation Center	609	—
Health Care Center for the Homeless	1,760	1,660
Heart of Florida United Way	59,370	73,779
Orlando Philharmonic Orchestra	16,456	—
PACE-Brantley Hall School	3,103	3,332
Second Harvest Food Bank of Central Florida	7,201	6,153
Total distributions from agency endowments	125,704	129,096
Total grants to beneficiaries	\$1,909,255	\$1,103,575

COMMUNITY FOUNDATION OF CENTRAL FLORIDA, INC.
EIN: 59-3182886
4/30/2004

<u>FIXED ASSETS</u>	<u>4/30/2004</u>	<u>ADDITIONS</u>	<u>DELETIONS</u>	<u>4/30/2005</u>
FURNITURE & FIXTURES	2,634	-	-	2,634
OFFICE EQUIPMENT	31,111	9,153	-	40,264
COMPUTER SOFTWARE	40,720	-	-	40,720
TOTALS	74,465	9,153	-	83,618

<u>ACCUMULATED DEPRECIATION</u>				
FURNITURE & FIXTURES	1,754	363	-	2,117
OFFICE EQUIPMENT	13,632	7,824	-	21,456
COMPUTER SOFTWARE	24,753	7,042	-	31,795
TOTALS	40,139	15,229	-	55,368

FORM 990 GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES STATEMENT 1

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
SALE OF INVESTMENTS	513,878.	0.	0.	513,878.
TO FORM 990, PART I, LINE 8	513,878.	0.	0.	513,878.

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 2

DESCRIPTION	AMOUNT
UNREALIZED GAIN ON INVESTMENTS	771,629.
CHANGE IN VALUE OF CHARITABLE REMAINDER TRUST	<7,130.>
GRANTS FROM AGENCY FUNDS	125,704.
INTEREST & DIVIDENDS FROM AGENCY FUNDS	<88,466.>
REALIZED GAIN FROM AGENCY FUNDS	<49,837.>
CONTRIBUTIONS RECEIVED THROUGH AGENCY FUND	<1,473,088.>
ADMINISTRATIVE FEES FROM AGENCY FUNDS	22,211.
MANAGEMENT FEES FROM AGENCY FUNDS	15,309.
TOTAL TO FORM 990, PART I, LINE 20	<683,668.>

FORM 990 OTHER EXPENSES STATEMENT 3

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
MISCELLANEOUS OFFICE EXPENSE	63.		63.	
INVESTMENT MANAGEMENT FEES	84,533.		84,533.	
EDUCATION & TRAINING	6,042.		6,042.	
PARKING & MILEAGE	1,781.		1,781.	
INSURANCE	3,109.		3,109.	
SOFTWARE SUPPORT	16,516.		16,516.	
DUES & SUBSCRIPTIONS	6,064.		6,064.	
CONSULTING SERVICES	50,275.		50,275.	
LICENSES & FEES	350.		350.	
BAD DEBT	5,428.		5,428.	
ADMINISTRATIVE FEES	421,764.	421,764.		
FUNDRAISING EXPENSE	8,006.			8,006.
TOTAL TO FM 990, LN 43	603,931.	421,764.	174,161.	8,006.

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

EXPLANATION

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

FORM 990 CASH GRANTS AND ALLOCATIONS STATEMENT 5

CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
SEE ATTACHED SCHEDULE			NONE	1909255.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22				1909255.

FORM 990 OTHER INVESTMENTS STATEMENT 6

DESCRIPTION	VALUATION METHOD	AMOUNT
STOCKS & BONDS	MARKET VALUE	27,985,933.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		27,985,933.

FORM 990 OTHER ASSETS STATEMENT 7

DESCRIPTION	AMOUNT
RECEIVABLE FROM CHARITABLE REMAINDER TRUST	1,073,272.
ASSETS HELD IN CHARITABLE REMAINDER TRUST	173,414.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	1,246,686.

FORM 990	OTHER LIABILITIES	STATEMENT	8
DESCRIPTION		AMOUNT	
AMOUNTS HELD FOR OTHERS		2,247,533.	
LIABILITY FOR AGENCY FUNDS		4,989,915.	
LIABILITY UNDER SPLIT INTEREST AGREEMENTS		700,992.	
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B		7,938,440.	

FORM 990	OTHER REVENUE NOT INCLUDED ON FORM 990	STATEMENT	9
DESCRIPTION		AMOUNT	
REVENUE FROM SUPPORTING ORGANIZATION INCLUDED ON CONSOLIDATED FINANCIAL STATEMENTS		227,505.	
DECREASE IN VALUE OF CHARITABLE REMAINDER TRUST		<7,130.>	
FUNDRAISING EXPENSES		<8,006.>	
TOTAL TO FORM 990, PART IV-A		212,369.	

FORM 990	OTHER EXPENSES NOT INCLUDED ON FORM 990	STATEMENT	10
DESCRIPTION		AMOUNT	
EXPENSE FROM SUPPORTING ORGANIZATION INCLUDED ON CONSOLIDATED FINANCIAL STATEMENTS		108,170.	
TOTAL TO FORM 990, PART IV-B		108,170.	

FORM 990	OTHER REVENUE INCLUDED ON FORM 990	STATEMENT	11
DESCRIPTION		AMOUNT	
CONTRIBUTION FROM SUPPORTING ORGANIZATION		150,000.	
INTEREST & DIVIDENDS FROM AGENCY ENDOWMENT FUNDS		88,466.	
REALIZED GAIN ON SALE OF INVESTMENTS FROM AGENCY ENDOWMENT FUNDS		49,837.	
CONTRIBUTION RECEIVED THROUGH AGENCY FUND		1,473,088.	
TOTAL TO FORM 990, PART IV-A		1,761,391.	

FORM 990	OTHER EXPENSES INCLUDED ON FORM 990	STATEMENT	12
DESCRIPTION		AMOUNT	
FUNDRAISING EXPENSE		8,006.	
GRANTS EXPENSE FROM AGENCY FUNDS		125,704.	
ADMINISTRATIVE FEES FROM AGENCY FUNDS		22,211.	
MANAGEMENT FEES FROM AGENCY FUNDS		15,309.	
TOTAL TO FORM 990, PART IV-B		171,230.	

FORM 990	PART V - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES	STATEMENT	13
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NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN-SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
MARK BREWER 1411 EDGEWATER DRIVE, SUITE 203 ORLANDO, FL 32804	PRESIDENT/CEO 50	92,500.	2,775.	1,020.
J. GORDON ARKIN 1411 EDGEWATER DRIVE, SUITE 203 ORLANDO, FL 32804	CHAIRMAN 05	0.	0.	0.
SYDNEY GREEN 1411 EDGEWATER DRIVE, SUITE 203 ORLANDO, FL 32804	VICE CHAIRMAN 2	0.	0.	0.
SUZIE ALLEN 1411 EDGEWATER DRIVE, SUITE 203 ORLANDO, FL 32804	SECRETARY 2	0.	0.	0.
GREGORY HESS 1411 EDGEWATER DRIVE, SUITE 203 ORLANDO, FL 32804	TREASURER 2	0.	0.	0.
JONATHAN BAETY 1411 EDGEWATER DRIVE, SUITE 203 ORLANDO, FL 32804	DIRECTOR 1	0.	0.	0.
BRAHAM AGGARWAL 1411 EDGEWATER DRIVE, SUITE 203 ORLANDO, FL 32804	DIRECTOR 1	0.	0.	0.

JEFF ADLER 1411 EDGEWATER DRIVE, SUITE 203 ORLANDO, FL 32804	DIRECTOR 1	0.	0.	0.
RICHARD BOGUE 1411 EDGEWATER DRIVE, SUITE 203 ORLANDO, FL 32804	DIRECTOR 1	0.	0.	0.
ANDREW MCEACHRON 1411 EDGEWATER DRIVE, SUITE 203 ORLANDO, FL 32804	DIRECTOR 1	0.	0.	0.
KENNETH MURRAH 1411 EDGEWATER DRIVE, SUITE 203 ORLANDO, FL 32804	DIRECTOR 1	0.	0.	0.
ROYCE WALDEN 1411 EDGEWATER DRIVE, SUITE 203 ORLANDO, FL 32804	DIRECTOR 1	0.	0.	0.
JOHN SABOOR 1411 EDGEWATER DRIVE, SUITE 203 ORLANDO, FL 32804	DIRECTOR 1	0.	0.	0.
JULIE WOLF 1411 EDGEWATER DRIVE, SUITE 203 ORLANDO, FL 32804	DIRECTOR 1	0.	0.	0.

1411 EDGEWATER DRIVE, SUITE 203
ORLANDO, FL 32804

TOTALS INCLUDED ON FORM 990, PART V

<u>92,500.</u>	<u>2,775.</u>	<u>1,020.</u>
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FORM 990 PART IX - INFORMATION REGARDING TAXABLE SUBSIDIARIES AND DISREGARDED ENTITIES STATEMENT 14

NAME OF CORPORATION, PARTNERSHIP OR DISREGARDED ENTITY

CFCC II LLC

ADDRESS

1411 EDGEWATER DRIVE, SUITE 203, ORLANDO, FL 32804

EMPLOYER ID NUMBER	PERCENT OWNED	NATURE OF ACTIVITIES	TOTAL INCOME	END-OF-YEAR ASSETS
	100.00%	ACCEPT CONTRIBUTIONS	0.	0.

NAME OF CORPORATION, PARTNERSHIP OR DISREGARDED ENTITY

CFCC LLC

ADDRESS

1411 EDGEWATER DRIVE, SUITE 203, ORLANDO, FL 32804

EMPLOYER ID NUMBER	PERCENT OWNED	NATURE OF ACTIVITIES	TOTAL INCOME	END-OF-YEAR ASSETS
	100.00%	ACCEPT CONTRIBUTIONS	0.	0.

SCHEDULE A EXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS STATEMENT 15 PART III, LINE 3

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

SCHEDULE A OTHER INCOME STATEMENT 16

DESCRIPTION	2003 AMOUNT	2002 AMOUNT	2001 AMOUNT	2000 AMOUNT
MISCELLANEOUS	2,345.	1,827.	<2,769.>	37,962.
TOTAL TO SCHEDULE A, LINE 22	2,345.	1,827.	<2,769.>	37,962.