

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

2005

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 2005 calendar year, or tax year beginning **MAY 1, 2005** and ending **APR 30, 2006**

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.
 Number and street (or P O box if mail is not delivered to street address) Room/suite
P.O. BOX 2071
 City or town, state or country, and ZIP + 4
ORLANDO, FL 32802-2071

D Employer identification number
59-3182886

E Telephone number
(407) 872-3050

F Accounting method: Cash Accrual
 Other (specify) **▶**

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

G Website: **WWW.CFCFLORIDA.ORG**

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

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.

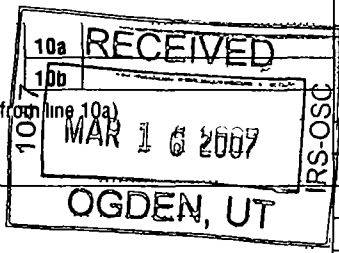
L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 **▶ 8,192,953.**

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 **▶ N/A**
H(c) Are all affiliates included? **N/A** Yes No (If "No," attach a list)
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No
I Group Exemption Number **▶ N/A**
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

SCANNED APR 02 2007

Revenue																	
1	Contributions, gifts, grants, and similar amounts received																
a	Direct public support	1a	6,260,870.														
b	Indirect public support	1b															
c	Government contributions (grants)	1c															
d	Total (add lines 1a through 1c) (cash \$ 5,517,386. noncash \$ 743,484.)	1d	6,260,870.														
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	563,037.														
3	Membership dues and assessments	3															
4	Interest on savings and temporary cash investments	4															
5	Dividends and interest from securities	5	647,724.														
6 a	Gross rents	6a															
b	Less rental expenses	6b															
c	Net rental income or (loss) (subtract line 6b from line 6a)	6c															
7	Other investment income (describe ▶)	7															
8 a	Gross amount from sales of assets other than inventory	<table border="1"> <thead> <tr> <th>(A) Securities</th> <th>(B) Other</th> </tr> </thead> <tbody> <tr> <td>710,944.</td> <td></td> </tr> <tr> <td>8a</td> <td></td> </tr> <tr> <td>710,944.</td> <td></td> </tr> <tr> <td>8b</td> <td></td> </tr> <tr> <td>8c</td> <td></td> </tr> </tbody> </table>		(A) Securities	(B) Other	710,944.		8a		710,944.		8b		8c			
(A) Securities	(B) Other																
710,944.																	
8a																	
710,944.																	
8b																	
8c																	
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)) STMT 1	8d	710,944.														
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															
10 a	Gross sales of inventory, less returns and allowances	10a															
b	Less cost of goods sold	10b															
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c															
11	Other revenue (from Part VII, line 103)	11	10,378.														
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	8,192,953.														
Expenses																	
13	Program services (from line 44, column (B))	13	2,736,663.														
14	Management and general (from line 44, column (C))	14	433,822.														
15	Fundraising (from line 44, column (D))	15	249,235.														
16	Payments to affiliates (attach schedule)	16															
17	Total expenses (add lines 16 and 44, column (A))	17	3,419,720.														
Net Assets																	
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	4,773,233.														
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	24,401,887.														
20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 2	20	8,547,532.														
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	37,722,652.														



COMMUNITY FOUNDATION OF CENTRAL FLORIDA,
INC.

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Part II Statement of Functional Expenses

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$2104276 • noncash \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/>	22 2,104,276.	2,104,276.	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. **	25 107,952.	10,579.	18,891.	78,482.
26 Other salaries and wages	26 229,512.	54,874.	131,159.	43,479.
27 Pension plan contributions	27 4,845.	1,210.	3,045.	590.
28 Other employee benefits	28 74,409.	14,539.	33,251.	26,619.
29 Payroll taxes	29 24,093.	4,695.	10,774.	8,624.
30 Professional fundraising fees	30			
31 Accounting fees	31 35,246.		35,246.	
32 Legal fees	32 5,072.		5,072.	
33 Supplies	33 5,830.		5,830.	
34 Telephone	34 6,015.	1,172.	2,690.	2,153.
35 Postage and shipping	35 4,982.		3,706.	1,276.
36 Occupancy	36 69,534.	10,034.	41,703.	17,797.
37 Equipment rental and maintenance	37 16,365.	630.	12,695.	3,040.
38 Printing and publications	38 51,690.		1,283.	50,407.
39 Travel	39			
40 Conferences, conventions, and meetings	40 11,662.		5,153.	6,509.
41 Interest	41			
42 Depreciation, depletion, etc. (attach schedule)	42 13,988.	2,726.	6,256.	5,006.
43 Other expenses not covered above (itemize):				
a _____	43a			
b _____	43b			
c _____	43c			
d _____	43d			
e _____	43e			
f _____	43f			
g SEE STATEMENT 3	43g 654,249.	531,928.	117,068.	5,253.
44 Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 3,419,720.	2,736,663.	433,822.	249,235.

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 \$ N/A, (ii) the amount allocated to Program services \$ N/A,
 (iii) the amount allocated to Management and general \$ N/A, and (iv) the amount allocated to Fundraising \$ N/A

** SEE STATEMENT 4

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Part III Statement of Program Service Accomplishments (See the instructions)

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.

What is the organization's primary exempt purpose? ► SEE STATEMENT 6	Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others)
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.)	
a CONTRIBUTIONS TO LOCAL AGENCIES FOR VARIOUS CHARITABLE PURPOSES IN AND AROUND CENTRAL FLORIDA	
(Grants and allocations \$ 2,104,276.) If this amount includes foreign grants, check here ► <input type="checkbox"/>	2,198,349.
b ADMINISTRATIVE FEES RELATED TO MANAGEMENT FEE REVENUE DERIVED FROM HOLDING AND INVESTING FUNDS FOR COMMUNITY PROJECTS	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	538,314.
c	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
d	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
e Other program services (attach schedule)	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	2,736,663.

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Part IV Balance Sheets (See the instructions)

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	271,254.	45 421,702.
	46 Savings and temporary cash investments	3,082,323.	46 3,236,363.
	47 a Accounts receivable	47a	
	b Less: allowance for doubtful accounts	47b	47c
	48 a Pledges receivable	48a 1,637,426.	
	b Less: allowance for doubtful accounts	48b	48c 1,637,426.
	49 Grants receivable		49
	50 Receivables from officers, directors, trustees, and key employees		50
	51 a Other notes and loans receivable	51a	
	b Less: allowance for doubtful accounts	51b	51c
	52 Inventories for sale or use		52
	53 Prepaid expenses and deferred charges	13,963.	53 21,433.
	54 Investments - securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54
	55 a Investments - land, buildings, and equipment: basis	55a	
	b Less: accumulated depreciation	55b	55c
56 Investments - other	SEE STATEMENT 7	27,985,933.	56 34,070,738.
57 a Land, buildings, and equipment: basis	57a 84,308.		
b Less: accumulated depreciation	57b 62,811.	28,250.	57c 21,497.
58 Other assets (describe <input type="checkbox"/> SEE STATEMENT 8)		1,246,686.	58 1,410,616.
59 Total assets (must equal line 74). Add lines 45 through 58		32,761,755.	59 40,819,775.
Liabilities	60 Accounts payable and accrued expenses	30,294.	60 14,679.
	61 Grants payable	391,134.	61 324,091.
	62 Deferred revenue		62
	63 Loans from officers, directors, trustees, and key employees		63
	64 a Tax-exempt bond liabilities		64a
	b Mortgages and other notes payable		64b
	65 Other liabilities (describe <input type="checkbox"/> SEE STATEMENT 9)		7,938,440.
66 Total liabilities. Add lines 60 through 65)		8,359,868.	66 3,097,123.
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	22,918,264.	67 34,495,915.
	68 Temporarily restricted	1,483,623.	68 3,226,737.
	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)	24,401,887.	73 37,722,652.
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	32,761,755.	74 40,819,775.	

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Part VI Other Information (continued)		Yes	No
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		N/A
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		N/A
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		N/A
85	501(c)(4), (5), or (6) organizations		
a	Were substantially all dues nondeductible by members?		N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		N/A
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members		85c N/A
d	Section 162(e) lobbying and political expenditures		85d N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		85e N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		85f N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		N/A
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?		N/A
85h			
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12		86a N/A
b	Gross receipts, included on line 12, for public use of club facilities		86b N/A
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders		87a N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		87b N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		88 X
89 a	501(c)(3) organizations Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0., section 4912 ▶ 0., section 4955 ▶ 0.		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		89b X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		0.
90 a	List the states with which a copy of this return is filed ▶ FL		
b	Number of employees employed in the pay period that includes March 12, 2005	90b	6
91 a	The books are in care of ▶ MEGHAN WARRICK, CFO Telephone no ▶ (407)-872-3050 Located at ▶ 1411 EDGEWATER DR., STE 203, ORLANDO, FL ZIP + 4 ▶ 32804		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ N/A See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	91b	X
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country ▶ N/A	91c	X
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year	92	N/A

Form 990 (2005)

COMMUNITY FOUNDATION OF CENTRAL FLORIDA,
INC.

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Part VII Analysis of Income-Producing Activities (See 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					563,037.
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	647,724.	
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	710,944.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a OTHER INCOME			01	10,085.	
b RETURNED GRANTS			01	293.	
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		1,369,046.	563,037.
105 Total (add line 104, columns (B), (D), and (E))					1,932,083.

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 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 the instructions.)

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

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See 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)

Please Sign Here: 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.

Signature of officer: *Mark Brewer* Date: *3/14/07* Type or print name and title: *MARK BREWER PRESIDENT/CEO*

Paid Preparer's Use Only: Preparer's signature: *Ann-Maria Kagol, CPA* Date: *3-12-07* 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*

Form 990 (2005)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

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

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

OMB No 1545-0047

2005

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 DR #203, ORLANDO, FL	CFO 45.00	66,872.	2,006.	0.
JEFFREY PICKERING 1411 EDGEWATER DR #203, ORLANDO, FL	VP-PHILANTHROPIC SVC 45.00	77,000.	2,122.	0.
Total number of other employees paid over \$50,000 ▶	0			

Part II-A 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 II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms If there are none, enter "None" See page 2 of the instructions)

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

COMMUNITY FOUNDATION OF CENTRAL FLORIDA,

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	1	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?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990	2d	X
e Transfer of any part of its income or assets?	2e	X
3 a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments)	3a	X
b Do you have a section 403(b) annuity plan for your employees?	3b	X
c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3c	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?	4a	X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b	X

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

The organization is not a private foundation because it is (Please check only ONE applicable box)

- 5 A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6 A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7 A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8 A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9 A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state **▶** _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 11b A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 12 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) Check the box that describes the type of supporting organization **▶** Type 1 Type 2 Type 3

Provide the following information about the supported organizations (See page 6 of the instructions)

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

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

COMMUNITY FOUNDATION OF CENTRAL FLORIDA,

Schedule A (Form 990 or 990-EZ) 2005 INC.

59-3182886 Page 3

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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	3,862,244.	2,040,921.	2,028,259.	3,886,678.	11,818,102.
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	429,407.	364,852.	179,446.	177,014.	1,150,719.
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	514,726.	364,378.	471,373.	538,473.	1,888,950.
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	4,946.	2,345.	SEE STATEMENT 17 1,827.	<2,769.>	6,349.
23 Total of lines 15 through 22	4,811,323.	2,772,496.	2,680,905.	4,599,396.	14,864,120.
24 Line 23 minus line 17	4,381,916.	2,407,644.	2,501,459.	4,422,382.	13,713,401.
25 Enter 1% of line 23	48,113.	27,725.	26,809.	45,994.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 274,268.
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 2001 through 2004 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts					26b 1,592,185.
c Total support for section 509(a)(1) test Enter line 24, column (e)					26c 13,713,401.
d Add Amounts from column (e) for lines 18 1,888,950. 19 1,592,185. 22 6,349. 26b 1,592,185.					26d 3,487,484.
e Public support (line 26c minus line 26d total)					26e 10,225,917.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 74.5688%
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	(2004)	(2003)	(2002)	(2001)	
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 11b, 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	(2004)	(2003)	(2002)	(2001)	
c Add Amounts from column (e) for lines 15 16 17 20 21					27c N/A
d Add Line 27a total and line 27b total					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test Enter amount on line 23, column (e)					27f N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, 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

COMMUNITY FOUNDATION OF CENTRAL FLORIDA,

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	

COMMUNITY FOUNDATION OF CENTRAL FLORIDA,

Schedule A (Form 990 or 990-EZ) 2005 INC.

59-3182886 Page 5

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

N/A

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

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

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred)

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

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

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

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A (e) Total
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	
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

Community Foundation of Central Florida, Inc.
 2005 Form 990
 Part II, Line 22
 Year ended April 30,

59-3182886

	2006	2005
Grant expense:		
100 Black Men of Orlando, Inc.	\$ -	\$ 5,000
A Gift for Teaching, Inc.	9,600	6,750
ACORN Institute	25,000	-
Adult Literacy League, Inc.	6,300	7,000
Advocates for Youth	2,500	-
Air Mobile Ministries	1,500	-
Albin Polasek Museum and Sculpture Gardens	12,372	200
All Saints Episcopal Church	1,075	1,094
All Souls Catholic Church	198	192
Alzheimer's Disease and Related Disorders Association	-	5,000
Alzheimer's Resource Center	9,367	-
American Cancer Society	8,469	8,796
American Heart Association	1,000	14,000
American Red Cross	32,711	13,896
Association of Fundraising Professionals	2,500	5,490
B.E.T.A. Center	13,000	39,565
Bach Festival Society of Winter Park	1,643	449
Back to Nature Wildlife Refuge	7,500	-
Baptist Bible College (R. Willis)	-	1,500
Bethune Cookman College (S. Smith)	1,500	-
Bethune Cookman College (S. Moore)	-	3,000
Bethune Cookman College (A. Obas)	-	1,500
Big Brothers Big Sisters of Central Florida	-	1,200
Bishop Moore Catholic High School	8,750	-
Boggy Creek Gang	-	2,000
Boys & Girls Clubs of Central Florida	2,500	8,160
Brede Wilkins Scholarship Foundation	704	541
Campus Crusade for Christ	2,400	-
Center for Independent Living	-	1,000
Central Florida Haven of Hope Ministries, Inc.	-	450
Central Florida Performing Arts Alliance	457	2,743
Central Florida Pharmacy Council	10,000	-
Central Florida Women's Emergency Fund	183	181
Central Florida Young Men's Christian Association	5,000	-
Central Florida Zoological Society	3,518	8,147
Children Advocacy Center for Osceola	1,000	-
Church Street Counseling Center	500	-
Christian HELP Foundation	-	21,000
Christian Service Center for Central Florida	-	12,273
Christian Sharing Center	-	12,500
City of Winter Park Tree Fund	1,109	1,024
Civic Theatre of Central Florida, Inc.	5,745	5,000
Coalition for the Homeless of Central Florida	1,076	70

<i>Year ended April 30,</i>	2006	2005
College Scholarships – Schools to be determined	16,500	9,500
Community Foundation of Central Florida	–	1,350
Community Foundation of Greater Winter Haven	–	108,165
Community Health Centers, Inc.	4,099	–
Community Service Center of South Orange County	25,000	11,500
Community Vision	–	5,000
Crealde School of Art	2,644	10,000
Cross International Catholic Outreach	5,500	–
Cystic Fibrosis Foundation	10,000	–
Daily Bread, Inc.	–	15,000
Downtown Orlando Foundation	–	2,319
Easter Seals of Florida, Inc.	3,959	467
Esteem, Inc.	–	10,072
Enzian Theatres	6,025	–
Exchanged Life Ministries	2,500	–
Eye and Ear Foundation	–	1,000
Father Lopez Catholic High School	2,000	–
Federation of Congregations United to Serve	500	–
First Baptist Church of Winter Haven	1,500	1,500
First Church of Christ Scientist, Boston, MA	9,652	9,810
First Church of Christ Scientist, Winter Park, FL	2,875	2,923
First Congregational Church of Lyme	463	471
First Congregational Church of Winter Park	700	13,109
First Presbyterian Church of Eustis	250	–
First United Methodist Church of Orlando	5,300	–
First United Methodist Church of Oviedo	492	500
Florida A&M University (D. Johnson)	1,000	–
Florida A&M University (J. Robinson)	1,000	–
Florida A&M University (J. Vega)	1,000	–
Florida A&M University (M. Bandy)	1,500	–
Florida A&M University (S. Guice)	1,000	–
Florida A&M University (T. Rice)	1,000	–
Florida A&M University (N. Williams)	–	1,500
Florida A&M University (W. Smith)	–	1,500
Florida Alliance for Arts Education	10,000	–
Florida Baptist Family Ministry	600	600
Florida Easter Seals Society	–	700
Florida Emergency Medicine Foundation	2,500	–
Florida Hospital Foundation	75,000	30,000
Florida Philanthropic Network	–	5,000
Florida Respite Coalition, Inc.	–	500
Florida Southern College (E. Miller)	1,500	–
Florida Southern College (B. Tillus)	–	1,250
Florida Southern College (K. Milton)	–	2,000

	2006	2005
Florida Southern College (M. Johnson)	-	2,000
Florida Southern College (E. Miller)	-	1,500
Florida State University (K. Shepard)	-	1,500
Florida State University (V. Patel)	-	2,834
Florida Symphony Youth Orchestra, Inc.	20,401	-
Food for the Poor	10,000	-
Foundation for Building Community, Inc.	18,000	-
Foundation for Seminole County Public Schools	322	5,309
Frontline Outreach	5,000	-
Girl Scouts of Citrus Council, Inc.	4,800	-
Global Connections Foundation	10,000	-
Good Shepherd Services of Orlando	-	7,880
Gorman Family Life Center, Inc.	-	500
Great Oaks Village	103	-
Habitat for Humanity of Collier County	25,000	-
Habitat for Humanity of Winter Park/Maitland	-	1,000
Harbor House	15,000	45,400
Harbor School	85	82
Harmony Farms, Inc.	-	1,000
Harvard Law School	2,500	-
Health Care Center for the Homeless	-	1,000
Heart of Florida United Way	47,883	55,047
Heifer International	10,000	-
Holocaust Memorial Resource & Education Center	-	7,500
Hopewell Methodist Church	926	942
Hospice of the Comforter	500	4,949
Howard Phillips Center for Children and Families	1,633	1,601
Howard University (C. Jackson)	-	2,000
Indian Springs School	500	-
InterFaith Hospitality Network	1,000	-
Intervention Services, Inc.	-	6,000
Jewish Family Services	23,718	20,500
Jewish Federation of Greater Orlando	22,500	20,000
JMJ Life Center, Inc.	5,000	-
Jones High School	-	140
Jones High School Choral Music Program	793	1,627
Junior Achievement of Central Florida, Inc.	250	1,750
Justice and Peace Office, Inc.	1,000	1,000
Kenyon College	100	-
Kids House of Seminole County	11,254	1,500
La Amistad Foundation, Inc.	2,144	-
Lake Eustis Foundation	1,000	-
Lake Highland Preparatory School	5,000	-
Lake Nona YMCA	-	500

	2006	2005
LBS Foundation, Inc.	-	30,000
Leukemia and Lymphoma Society of Central Florida	1,696	-
Liberty University (J. Ferdinand)	1,500	-
Lifeline of Central Florida, Inc.	-	11,580
Lutheran Counseling Services, Inc.	-	12,500
Maitland Historical Society, Inc.	-	500
Mary DePugh Nursing Home	29,039	18,421
Mental Health Association of Central Florida	443	31,911
Meridian Club	3,954	17,819
Messiah Choral Society, Inc.	-	500
Metro Atlanta Recovery Residences	-	6,595
Miami University	2,111	1,624
MicheLee Puppets	-	6,600
Mujeres Valientes	32,000	-
National Audubon Society	2,590	2,634
National Leiomyosarcoma Foundation	500	-
Nature Conservancy, Florida Chapter	100	-
Negro Spiritual Scholarship Foundation	11,208	-
New Hope for Kids, Inc.	127,585	256,017
Oakwood College (J. Jacobs)	-	3,000
Office for Farmworker Ministry	75,645	-
One Bread, One Body	4,700	-
Oral Roberts University (D. Voss)	-	1,500
Orange County Healthy Start Coalition	6,950	7,000
Orlando Ballet	8,462	5,004
Orlando Day Nursery Association	1,205	-
Orlando Gay Chorus	-	500
Orlando Museum of Art, Inc.	9,374	2,023
Orlando Opera Company	5,194	6,573
Orlando Performing Arts Center	-	100,000
Orlando Philharmonic Orchestra	3,942	10,479
Orlando Science Center	52,644	2,526
Orlando Sentinel Family Fund	3,200	-
Orlando Union Rescue Mission	3,500	1,000
Orlando-UCF Shakespeare Festival	50,194	-
Osceola County Council on Aging	7,120	23,770
Osceola Mental Health	-	10,350
Oviedo Cemetery	246	250
Oviedo Women's Club	246	250
P-3 Community Foundation	3,000	-
PACE-Brantley Hall School	85	82
Pace Center for Girls, Inc.	6,524	463
Pathways to Care	27,500	-
Philanthropy & Nonprofit Leadership Center	800	1,000

2005 Form 990

Part II, Line 22

Year ended April 30,

	2006	2005
Pineloch Elementary School	3,000	-
Planned Parenthood of Greater Orlando, Inc.	250	10,000
Polk Community College (A. Denmark)	1,500	-
Polk Community College (C. Garcia-Prescott)	1,496	-
Polk Community College (L. Rowe)	-	1,500
Polk Community College (M. Bandy)	-	1,500
Polk Community College (L. Floto)	1,500	1,500
Polk Community College (A. Smith)	-	1,500
Polk Community College (K. Ganzy-King)	1,500	1,500
Polk Community College (A. Clay)	-	1,500
Polk Community College (J. Francois)	-	1,500
Polk Community College (K. Stoner)	-	1,500
Polk Community College (P. Hoffman)	1,500	1,500
Polk Community College (R. Rubio)	1,500	1,500
Polk Community College (S. Pepilus)	-	1,500
Prevent Blindness Florida	8,654	8,799
Primrose Center	8,513	94,876
Princeton Theological Seminary (K. Daniel)	1,500	1,500
Project Imagination	1,000	-
Pulmonary Hypertension Association	-	99
Quest, Inc.	8,571	500
Restore Orlando	426	405
Robert McCormick Tribune Foundation	-	3,000
Rollins College	32,867	13,250
Russell Home for Atypical Children	5,000	1,500
Safe Passage for Kids, Inc.	-	500
Salvation Army	500	5,000
Second Harvest Food Bank of Central Florida	1,000	5,000
Seminole Cultural Arts Council	500	-
Seniors First, Inc.	8,500	30,172
Shepherd's Hope, Inc.	50,000	10,000
Southeastern College (K. Whittenton)	1,500	1,500
Southwest Florida Community Foundation	9,000	2,500
St. Josephs Indian School	5,000	-
South Brevard Sharing Center, Inc.	-	20,000
SPCA of Central Florida	-	18,560
St. Boniface Catholic Church	-	250
St. Margaret Mary Catholic Church	-	6,500
St. Mary Magdalen School	113	110
Stepping Stone Foundation	10,000	28,388
Stetson University (J. Tyre)	-	1,500
Stetson University (A. Leach)	-	1,500
Stetson University (C. Smith)	-	3,000
Stetson University (M. Christian)	1,500	1,500

2005 Form 990

Part II, Line 22

Year ended April 30,

	2006	2005
The Conservation Fund	250	-
The Foundation for Osceola Education	10,000	-
The Jeppesen Foundation, Inc.	150,000	-
The Jewish Community Center	3,700	-
The Mustard Seed of Central Florida, Inc.	5,000	36,520
The Smile Train	30,000	-
Theatre Downtown, Inc.	-	1,000
Toastmasters Club 1066	604	576
Traviss Technical Center (T. Brannen)	-	1,500
Trinity Baptist College (A. Coffman)	1,500	1,500
Trinity Baptist College (G. Merime)	1,500	1,500
United Arts of Central Florida	38,250	12,500
United Cerebral Palsy of Central Florida	10,000	10,000
United We Stand For Non-Violence, Inc.	-	1,000
University Club of Winter Park	5,750	-
University of Central Florida (K. Antoine)	-	240
University of Central Florida (M. John)	-	3,000
University of Florida (H. Gavigan)	1,000	-
University of Florida (A. Harden)	1,000	-
University of Florida (J. Eggeling)	1,000	-
University of Florida (J. Jenkins)	1,000	-
University of Florida (T. McDonley)	1,000	-
University of Florida (J. Sanders)	1,500	1,378
University of Florida (K. Albert)	-	1,000
University of Florida (T. Bavis)	-	1,000
University of North Florida (K. Shaw)	1,500	-
University of South Florida (N. Gustave)	-	1,500
University of South Florida (A. Ayers)	1,500	1,500
University of South Florida (J. Francios)	1,500	-
University of Wisconsin	704	541
Vox Populi	-	1,000
Warner Southern College (A. Jahjah)	1,500	1,500
Winter Haven Hospital	10,000	-
Winter Park Day Nursery	10,475	17,907
Winter Park Health Foundation	-	11,889
Winter Park Historical Association	3,985	-
Winter Park Live Oak Fund, Inc.	134,327	51,000
Winter Park Memorial Hospital	73,697	62,704
Winter Park Public Library	55,716	71,898
WMFE Community Communications	1,200	-
World of Life Bible Institute (A. Revels)	1,500	-
Total grant expense	1,842,383	1,783,551

Community Foundation of Central Florida, Inc.

59-3182886

2005 Form 990

Part II, Line 22

*Year ended April 30,***2006****2005****Distributions from Agency Endowments:**

Adult Literacy League	499	506
Alzheimer's Disease and Related Disorders	253	–
College Park Baptist Church	1,757	939
Community Service Center of South Orange County	4,740	2,427
Coalition for the Homeless of Central Florida	3,330	–
Edgewood Children's Ranch	70,099	32,846
Festival of Orchestras, Inc.	3,039	–
Florida Symphony Youth Orchestra	500	–
Foundation for Seminole County Public Schools	468	487
Guardian Care Nursing and Rehabilitation Center	1,306	609
Health Care Center for the Homeless	1,836	1,760
Heart of Florida United Way	67,776	59,370
Lighthouse Central Florida	1,106	–
Mental Health Association of Central Florida	458	–
New Hope For Kids, Inc.	60,000	–
Orlando Philharmonic Orchestra	21,087	16,456
PACE-Brantley Hall School	5,917	3,103
Second Harvest Food Bank of Central Florida	14,497	7,201
United Cerebral Palsy of Central Florida	1,225	–

Total distributions from agency endowments**259,893**

125,704

Distribution to Supporting Organization

N. Donald Diebel, Jr. M.D. Good Samaritan, Inc.

2,000

0

Total grants to beneficiaries**\$ 2,104,276****\$ 1,909,255**

COMMUNITY FOUNDATION OF CENTRAL FLORIDA, INC.
EIN: 59-3182886
4/30/2006 Form 990
Parts II and IV

FIXED ASSETS	4/30/2005	ADDITIONS	DELETIONS	4/30/2006
FURNITURE & FIXTURES	2,634	8,135	(1,950)	8,819
OFFICE EQUIPMENT	40,264	-	(3,904)	36,360
COMPUTER SOFTWARE	40,720	5,910	(7,500)	39,130
TOTALS	83,618	14,045	(13,354)	84,309

ACCUMULATED DEPRECIATION				
FURNITURE & FIXTURES	2,117	636	(1,393)	1,360
OFFICE EQUIPMENT	21,456	5,866	(3,904)	23,418
COMPUTER SOFTWARE	31,795	7,487	(1,250)	38,032
TOTALS	55,368	13,989	(6,547)	62,810

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	710,944.	0.	0.	710,944.
TO FORM 990, PART I, LINE 8	710,944.	0.	0.	710,944.

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

DESCRIPTION	AMOUNT
UNREALIZED GAIN ON INVESTMENTS	3,361,021.
CHANGE IN VALUE OF CHARITABLE REMAINDER TRUST	188,069.
ADJUSTMENT FOR INCLUSION OF AGENCY FUNDS	4,998,442.
TOTAL TO FORM 990, PART I, LINE 20	8,547,532.

FORM 990 OTHER EXPENSES STATEMENT 3

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
MISCELLANEOUS OFFICE EXPENSE	1,053.		1,053.	
INVESTMENT MANAGEMENT FEES	33,619.		33,619.	
EDUCATION & TRAINING	4,295.		4,295.	
PARKING & MILEAGE	3,641.	710.	1,628.	1,303.
INSURANCE	3,647.		3,647.	
SOFTWARE SUPPORT	23,699.	1,039.	19,710.	2,950.
DUES & SUBSCRIPTIONS	11,967.		10,967.	1,000.
CONSULTING SERVICES	41,531.		41,531.	
LICENSES & FEES	618.		618.	
ADMINISTRATIVE FEES	538,314.	538,314.		
INKIND SERVICES	<8,135.>	<8,135.>		
TOTAL TO FM 990, LN 43	654,249.	531,928.	117,068.	5,253.

FORM 990 OFFICER COMPENSATION ALLOCATION STATEMENT 4
PART II, LINE 25

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
MARK BREWER	104,808.	3,144.		107,952.
A. PROGRAM SERVICES	10,271.	308.		10,579.
B. MANAGEMENT AND GENERAL	18,341.	550.		18,891.
C. FUNDRAISING	76,196.	2,286.		78,482.
TOTAL PROGRAM SERVICES				10,579.
TOTAL MANAGEMENT AND GENERAL				18,891.
TOTAL FUNDRAISING				78,482.
TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PARTS V-A AND V-B				107,952.

FORM 990 CASH GRANTS AND ALLOCATIONS STATEMENT 5

CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
SEE ATTACHED SCHEDULE			NONE	2104276.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22				2104276.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 6
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 OTHER INVESTMENTS STATEMENT 7

DESCRIPTION	VALUATION METHOD	AMOUNT
STOCKS & BONDS	MARKET VALUE	34,070,738.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		34,070,738.

FORM 990 OTHER ASSETS STATEMENT 8

DESCRIPTION	AMOUNT
RECEIVABLE FROM CHARITABLE REMAINDER TRUST	1,229,932.
ASSETS HELD IN CHARITABLE REMAINDER TRUST	180,684.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	1,410,616.

FORM 990 OTHER LIABILITIES STATEMENT 9

DESCRIPTION	AMOUNT
AMOUNTS HELD FOR OTHERS	2,001,017.
LIABILITY FOR AGENCY FUNDS	0.
LIABILITY UNDER SPLIT INTEREST AGREEMENTS	757,336.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	2,758,353.

FORM 990 OTHER REVENUE NOT INCLUDED ON FORM 990 STATEMENT 10

DESCRIPTION	AMOUNT
REVENUE FROM SUPPORTING ORGANIZATION INCLUDED ON CONSOLIDATED FINANCIAL STATEMENTS	241,795.
INCREASE IN VALUE OF CHARITABLE REMAINDER TRUST	188,069.
TOTAL TO FORM 990, PART IV-A	429,864.

FORM 990	OTHER EXPENSES NOT INCLUDED ON FORM 990	STATEMENT 11
DESCRIPTION		AMOUNT
EXPENSE FROM SUPPORTING ORGANIZATION INCLUDED ON CONSOLIDATED FINANCIAL STATEMENTS		171,895.
TOTAL TO FORM 990, PART IV-B		171,895.

FORM 990	OTHER REVENUE INCLUDED ON FORM 990	STATEMENT 12
DESCRIPTION		AMOUNT
REVENUES FROM AGENCY FUNDS		3,413,927.
GROSS MANAGEMENT FEES FROM AGENCY FUNDS		538,314.
TOTAL TO FORM 990, PART IV-A		3,952,241.

FORM 990	OTHER EXPENSES INCLUDED ON FORM 990	STATEMENT 13
DESCRIPTION		AMOUNT
EXPENSES FROM AGENCY FUNDS		266,289.
ADMINISTRATIVE EXPENSES FROM MANAGING AGENCY FUNDS		538,314.
GRANT TO SUPPORTING ORGANIZATION		2,000.
TOTAL TO FORM 990, PART IV-B		806,603.

FORM 990

PART V-A - LIST OF OFFICERS, DIRECTORS,
TRUSTEES AND KEY EMPLOYEES

STATEMENT 14

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 50.00	104,808.	3,144.	0.
J. GORDON ARKIN 1411 EDGEWATER DRIVE, SUITE 203 ORLANDO, FL 32804	CHAIRMAN 2.00	0.	0.	0.
SYDNEY GREEN 1411 EDGEWATER DRIVE, SUITE 203 ORLANDO, FL 32804	VICE CHAIRMAN 2.00	0.	0.	0.
SUZIE ALLEN 1411 EDGEWATER DRIVE, SUITE 203 ORLANDO, FL 32804	BOARD MEMBER 1.00	0.	0.	0.
GREGORY HESS 1411 EDGEWATER DRIVE, SUITE 203 ORLANDO, FL 32804	BOARD MEMBER 1.00	0.	0.	0.
JONATHAN BAETY 1411 EDGEWATER DRIVE, SUITE 203 ORLANDO, FL 32804	TREASURER 2.00	0.	0.	0.
BRAHAM AGGARWAL 1411 EDGEWATER DRIVE, SUITE 203 ORLANDO, FL 32804	SECRETARY 2.00	0.	0.	0.
JEFF ADLER 1411 EDGEWATER DRIVE, SUITE 203 ORLANDO, FL 32804	BOARD MEMBER 1.00	0.	0.	0.
RICHARD BOGUE 1411 EDGEWATER DRIVE, SUITE 203 ORLANDO, FL 32804	BOARD MEMBER 1.00	0.	0.	0.
JOHN SABOOR 1411 EDGEWATER DRIVE, SUITE 203 ORLANDO, FL 32804	BOARD MEMBER 1.00	0.	0.	0.
RITA LOWNDES 1411 EDGEWATER DRIVE, SUITE 203 ORLANDO, FL 32804	BOARD MEMBER 1.00	0.	0.	0.

COMMUNITY FOUNDATION OF CENTRAL FLORIDA,

59-3182886

STEVE KIRBY 1411 EDGEWATER DRIVE, SUITE 203 ORLANDO, FL 32804	BOARD MEMBER 1.00	0.	0.	0.
RAFAEL SALDANA 1411 EDGEWATER DRIVE, SUITE 203 ORLANDO, FL 32804	BOARD MEMBER 1.00	0.	0.	0.
ED TIMBERLAKE 1411 EDGEWATER DRIVE, SUITE 203 ORLANDO, FL 32804	BOARD MEMBER 1.00	0.	0.	0.
RICK HURT 1411 EDGEWATER DRIVE, SUITE 203 ORLANDO, FL 32804	BOARD MEMBER 1.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		<u>104,808.</u>	<u>3,144.</u>	<u>0.</u>

FORM 990 IDENTIFICATION OF RELATED ORGANIZATIONS STATEMENT 15
PART VI, LINE 80B

NAME OF ORGANIZATION	EXEMPT	NONEXEMPT
N. DONALD DIEBEL JR M.D. GOOD SAMARITAN FUND, INC.	X	

SCHEDULE A EXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS STATEMENT 16
PART III, LINE 3A

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 17

DESCRIPTION	2004 AMOUNT	2003 AMOUNT	2002 AMOUNT	2001 AMOUNT
MISCELLANEOUS	4,946.	2,345.	1,827.	<2,769.>
TOTAL TO SCHEDULE A, LINE 22	<u>4,946.</u>	<u>2,345.</u>	<u>1,827.</u>	<u><2,769.></u>

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
 - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- 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 COMMUNITY FOUNDATION OF CENTRAL FLORIDA, INC.	Employer identification number 59-3182886
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. 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 ▶ **MEGHAN WARRICK, CFO**
 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, 2006** 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, 2005**, and ending **APR 30, 2006**.

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.

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

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 5227	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> 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 **MEGHAN WARRICK, CFO**
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, 2007**.

5 For calendar year _____, or other tax year beginning **MAY 1, 2005** and ending **APR 30, 2006**

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-Marie L Kagol** Title **CPA** Date **12/8/06**

Notice to Applicant - To Be Completed by the IRS

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

Director _____ By _____ Date _____

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

Type or print	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

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