

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)

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 2006 calendar year, or tax year beginning **MAY 1, 2006** and ending **APR 30, 2007**

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): **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).

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**

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 is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

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

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12: **9,991,958.**

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

Revenue	1	Contributions, gifts, grants, and similar amounts received:				
	a	Contributions to donor advised funds	1a	5,712,296.		
	b	Direct public support (not included on line 1a)	1b	2,106,419.		
	c	Indirect public support (not included on line 1a)	1c	175,000.		
	d	Government contributions (grants) (not included on line 1a)	1d			
	e	Total (add lines 1a through 1d) (cash \$ 6,474,206. noncash \$ 1,519,509.)	1e		7,993,715.	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		694,846.	
	3	Membership dues and assessments	3			
	4	Interest on savings and temporary cash investments	4			
	5	Dividends and interest from securities	5		1,027,452.	
	6a	Gross rents	6a			
6b	Less: rental expenses	6b				
6c	Net rental income or (loss). Subtract line 6b from line 6a	6c				
7	Other investment income (describe)	7				
Revenue	8a	Gross amount from sales of assets other than inventory	(A) Securities	275,551.	8a	
	b	Less: cost or other basis and sales expenses	8b	1,839.		
	c	Gain or (loss) (attach schedule)	8c	275,551.	<1,839.>	
	d	Net gain or (loss). Combine line 8c, columns (A) and (B)	8d	STMT 1	STMT 2	273,712.
9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>					
Revenue	a	Gross revenue (not including \$ 16,075. of contributions reported on line 1b)	9a			
	b	Less: direct expenses other than fundraising expenses	9b	33,381.		
	c	Net income or (loss) from special events. Subtract line 9b from line 9a	9c	SEE STATEMENT 3	<33,381.>	
Revenue	10a	Gross sales of inventory, less returns and allowances	10a			
	b	Less: cost of goods sold	10b			
	c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c			
11	Other revenue (from Part VII, line-103)	11		394.		
12	Total revenue. Add lines 1, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12		9,956,738.		
Expenses	13	Program services (from line 44, column (B))	13		3,967,803.	
	14	Management and general (from line 44, column (C))	14		479,148.	
	15	Fundraising (from line 44, column (D))	15		262,630.	
	16	Payments to affiliates (attach schedule)	16			
	17	Total expenses. Add lines 13 and 14, column (A)	17		4,709,581.	
18	Excess or (deficit) for the year. Subtract line 17 from line 12	18		5,247,157.		
Net Assets	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		37,722,652.	
	20	Other changes in net assets or fund balances (attach explanation)	20	SEE STATEMENT 4	3,430,904.	
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21		46,400,713.	

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

Form 990 (2006)

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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.

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ <u>2,010,929</u> , noncash \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>			STATEMENT 7	
	2,010,929.	2,010,929.		
22b Other grants and allocations (attach schedule) (cash \$ <u>1,165,592</u> , noncash \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>			STATEMENT 8	
	1,165,592.	1,165,592.		
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A STMT 6	118,450.	11,608.	20,729.	86,113.
25b Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.	0.	0.	0.
25c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26 Salaries and wages of employees not included on lines 25a, b, and c	261,041.	58,034.	154,704.	48,303.
27 Pension plan contributions not included on lines 25a, b, and c	3,773.	700.	2,580.	493.
28 Employee benefits not included on lines 25a-27	90,990.	17,063.	42,477.	31,450.
29 Payroll taxes	26,392.	4,864.	12,270.	9,258.
30 Professional fundraising fees				
31 Accounting fees	21,420.		21,420.	
32 Legal fees	8,800.		8,800.	
33 Supplies	4,775.		4,775.	
34 Telephone	7,198.	1,327.	3,346.	2,525.
35 Postage and shipping	2,402.		2,216.	186.
36 Occupancy	72,307.	10,434.	43,366.	18,507.
37 Equipment rental and maintenance	6,688.		5,986.	702.
38 Printing and publications	5,749.		354.	5,395.
39 Travel				
40 Conferences, conventions, and meetings	16,462.		5,432.	11,030.
41 Interest				
42 Depreciation, depletion, etc. (attach schedule)	11,895.	2,192.	5,530.	4,173.
43 Other expenses not covered above (itemize):				
a				
b				
c				
d				
e				
f				
g SEE STATEMENT 5	874,718.	685,060.	145,163.	44,495.
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	4,709,581.	3,967,803.	479,148.	262,630.

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

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Form 990 (2006)

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

Form 990 (2006)

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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? ► <u>SEE STATEMENT 9</u>	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 \$ <u>3,176,521.</u>) If this amount includes foreign grants, check here ► <input type="checkbox"/>	<u>3,285,789.</u>
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"/>	<u>682,014.</u>
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) ►	<u>3,967,803.</u>

Form 990 (2006)

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

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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	421,702.	45	559,416.	
	46 Savings and temporary cash investments	3,236,363.	46	5,449,262.	
	47 a Accounts receivable	47a			
	b Less: allowance for doubtful accounts	47b		47c	
	48 a Pledges receivable	1,485,148.	48a		
	b Less: allowance for doubtful accounts	48b	1,637,426.	48c	
	49 Grants receivable		49		
	50 a Receivables from current and former officers, directors, trustees, and key employees		50a		
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b		
	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		21,433.	53	13,735.
	54 a Investments - publicly-traded securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV			54a	
	b Investments - other securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV			54b	
	55 a Investments - land, buildings, and equipment: basis	55a			
	b Less: accumulated depreciation	55b		55c	
	56 Investments - other	SEE STATEMENT 10	34,070,738.	56	40,717,763.
57 a Land, buildings, and equipment: basis	57a	93,539.			
b Less: accumulated depreciation	57b	71,947.	57c	21,592.	
58 Other assets, including program-related investments (describe <input type="checkbox"/> SEE STATEMENT 12)		1,410,616.	58	1,550,224.	
59 Total assets (must equal line 74). Add lines 45 through 58		40,819,775.	59	49,797,140.	
Liabilities	60 Accounts payable and accrued expenses	14,679.	60	1,900.	
	61 Grants payable	324,091.	61	958,822.	
	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 13)		2,758,353.	65	2,435,705.
66 Total liabilities. Add lines 60 through 65		3,097,123.	66	3,396,427.	
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	34,495,915.	67	43,226,630.	
	68 Temporarily restricted	3,226,737.	68	3,174,083.	
	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 and column (B) must equal line 21)		37,722,652.	73	46,400,713.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73		40,819,775.	74	49,797,140.	

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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?	82a	X
<p>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.)</p>			
	82b	700.	
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	
<p>b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</p>			
	84b	N/A	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	
<p>b Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.</p>			
	85b	N/A	
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?	85g	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?	85h	N/A
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 a	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	88a	X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>0.</u> ; section 4912 <u>0.</u> ; section 4955 <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	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		<u>0.</u>
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		<u>0.</u>
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	X
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, 2006	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

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

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Part VI	Other Information <i>(continued)</i>	Yes	No
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 ▶ <u>N/A</u>		91c	<input checked="" type="checkbox"/>
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 ▶ <u>92</u>			<input type="checkbox"/>

	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					694,846.
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	1,027,452.	
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	273,712.	
101 Net income or (loss) from special events			01	<33,381.>	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a OTHER INCOME			01	394.	
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		1,268,177.	694,846.
105 Total (add line 104, columns (B), (D), and (E))					1,963,023.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII	Relationship of Activities to the Accomplishment of Exempt Purposes <i>(See the instructions.)</i>
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 <i>(See the instructions.)</i>			
(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 <i>(See the instructions.)</i>		
(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).			

Form 990 (2006)

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

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Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13). **N/A**

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

				Yes	No
(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer		
a ----- -----					
b ----- -----					
c ----- -----					
Totals					

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

				Yes	No
(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer		
a ----- -----					
b ----- -----					
c ----- -----					
Totals					

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

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 Brewer* Signature of officer | Date *3/17/08*
 Type or print name and title: **MARK BREWER PRESIDENT/CEO**

Paid Preparer's Use Only

Preparer's signature: *Anne-Mark Kagol, CPA* | Date: *3-14-08* | Check if self-employed: | Preparer's SSN or PTIN (See Gen. Inst. X): _____

Firm's name (or yours if self-employed), address, and ZIP + 4: **CROSS, FERNANDEZ & RILEY, LLP
201 S. ORANGE AVE., SUITE 800
ORLANDO, FL 32801-3421** | EIN: _____ | Phone no.: **(407) 841-6930**

Form 990 (2006)

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 4947(a)(1) Nonexempt Charitable Trust

2006

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 2 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	82,750.	2,483.	0.
JEFFREY PICKERING 1411 EDGEWATER DR #203, ORLANDO, FL	VP-PHILANTHROPIC SVC 45.00	82,500.	700.	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
COLONIAL CONSULTING, LLC 750 THIRD AVENUE, 20TH FLOOR, NEW YORK, NY 10017	INVESTMENT CONSULTING	50,294.
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	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.) SEE STATEMENT 20	3a	X
b	Did the organization have a section 403(b) annuity plan for its employees?	3b	X
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c	X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d	X
4 a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a	X
b	Did the organization make any taxable distributions under section 4966?	4b	X
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c	X
d	Enter the total number of donor advised funds owned at the end of the tax year ▶	77	
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶	17,110,568.	
f	Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶	7.	
g	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year ▶	1673499.	

COMMUNITY FOUNDATION OF CENTRAL FLORIDA,

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)

I certify that 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 otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 Type I Type II Type III-Functionally Integrated Type III-Other

Provide the following information about the supported organizations. (See page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					►

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 of the instructions.)

COMMUNITY FOUNDATION OF CENTRAL FLORIDA,

Schedule A (Form 990 or 990-EZ) 2006 **INC.**

59-3182886 Page 4

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) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	4,756,790.	3,862,244.	2,040,921.	2,028,259.	12,688,214.
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	647,724.	429,407.	364,852.	179,446.	1,621,429.
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	563,037.	514,726.	364,378.	471,373.	1,913,514.
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	10,378.	4,946.	SEE STATEMENT 21	1,827.	19,496.
23 Total of lines 15 through 22	5,977,929.	4,811,323.	2,772,496.	2,680,905.	16,242,653.
24 Line 23 minus line 17	5,330,205.	4,381,916.	2,407,644.	2,501,459.	14,621,224.
25 Enter 1% of line 23	59,779.	48,113.	27,725.	26,809.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					292,424.
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 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					1,735,094.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					14,621,224.
d Add: Amounts from column (e) for lines: 18 <u>1,913,514.</u> 19 _____ 22 <u>19,496.</u> 26b <u>1,735,094.</u>					3,668,104.
e Public support (line 26c minus line 26d total)					10,953,120.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					74.9125%
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					
(2005) (2004) (2003) (2002)					
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					
(2005) (2004) (2003) (2002)					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					N/A
d Add: Line 27a total _____ and line 27b total _____					N/A
e Public support (line 27c total minus line 27d total)					N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)			N/A		
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, 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.

COMMUNITY FOUNDATION OF CENTRAL FLORIDA,

Part V Private School Questionnaire (See page 9 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, Inc.
2006 Form 990
Part II, Line 22a

59-3182886

Year Ended April 30, 2007

Grants Paid from Donor Advised Funds

Academy Press Foundation	20,000
	1,250
	2,000
	3,000
	2,500
	5,550
	30,000
	500
	5,000
	1,000
	500
	10,000
	5,000
	2,250
	20,000
	4,000
	25,000
	500
	25,000
	20,000
	500
	1,000
	2,500
	59,560
	1,000
	326,000
	1,000
	250
	1,000
	400
	10,000
	1,000
	1,000
	500
	3,300
	250
	500
	3,000
	1,400
	6,200
	10,000
	1,000
	20,000
	1,000
	7,500
	1,500

750
1,000
5,000
10,000
2,258
1,000
2,000
5,750
98,000
60,000
10,000
500
26,000
50,000
10,000
25,000
5,000
500
1,000
1,000
33,124
k: 7,500
55,000
1,000
1,000
1,000
500
2,400
20,000
10,000
28,800
2,000
1,000
1,000
487,000
250
500
200
200
10,000
5,000
500
25,000
10,728
3,000
1,000
1,000
1,500
1,000
4,000
2,500
1,000

1,500
1,000
1,000
1,000
14,000
8,000
2,000
20,000
25,000
2,000
10,000
2,500
70,000
19,375
4,000
12,000
2,500
200
12,000
25,000
1,180
1,000
22,250
10,104
1,000
25,000
1,500
500
10,000
25,000
1,000
450
1,000

2,010,929

Year ended April 30, 2007

Grant expense:

A Gift for Teaching, Inc.	\$	500
All Saints Episcopal Church		1,003
All Souls Catholic Church		186
Alzheimer's Resource Center		3,080
American Cancer Society		8,069
American Red Cross		42
Association of Fundraising Professionals		6,200
B.E.T.A. Center		8,380
Bach Festival Society of Winter Park		415
Catholic Charities of Orlando		10,000
Center for Independent Living		8,204
Center for Multicultural Wellness		2,600
Central Florida Performing Arts Alliance		427
Central Florida Women's Emergency Fund		571
Central Florida Women's Resource Center		500
Central Florida Zoological Society		14,036
Christian Service Center for Central Florida		1,583
City of Winter Park Tree Fund		1,120
Civil Engineering Department		807
Coalition for the Homeless of Central Florida		83
Community Foundation of Greater Winter Haven		14,620
Community Health Centers, Inc.		6,358
Covenant College/Bryinna B. Hansen		6,000
Covenant College/John M. Forman		6,000
Dade Community Foundation		500
Easter Seals of Florida, Inc.		429
Farmworkers Association of Florida		10,500
First Baptist Church of Winter Haven		1,500
First Church of Christ Scientist, Boston, MA		9,011
First Church of Christ Scientist, Winter Park, FL		2,682
First Congregational Church of Lyme		432
First Congregational Church of Winter Park		250
First United Methodist Church of Oviedo		459
Florida Baptist Family Ministry		600
Florida Bar Foundation		581
Florida State University (A. Leach)		3,000
Florida State University (S. Smith)		6,000
Florida Symphony Youth Orchestra, Inc.		6,930
Foundation for Seminole County Public Schools		302

Year ended April 30, **2007**

Harbor House	581
Harbor School	80
Health Council of East Central Florida	72,500
Heart of Florida United Way	22,588
Hispanic Heritage Scholarship	20,000
Hopewell Methodist Church	864
Howard Phillips Center for Children and Families	1,572
Hubbs-Sea World Research Institute	476
InterFaith Hospitality Network	2,198
International Justice Mission	1,000
Jewish Family Services	20,325
Jewish National Fund	400
Jones High School Choral Music Program	608
Liberty University	4,500
Lighthouse of Central Florida	7,213
Lutheran Counseling Services, Inc.	10,829
Mary DePugh Nursing Home	32,836
Mental Health Association of Central Florida	7,917
Meridian Club	7,924
Miami University	2,422
N. Donald Diebel, Jr. M.D. Good Samaritan Fund	2,000
National Audubon Society	2,416
New Hope for Kids, Inc.	80
Orange County Migrant Youth Association	100
Orlando Ballet	3,521
Orlando Gay Chorus	500
Orlando Museum of Art, Inc.	8,669
Orlando Opera Company	5,348
Orlando Philharmonic Orchestra	11,843
Orlando Science Center	2,760
Orlando Technical Center	4,337
Orlando-UCF Shakespeare Festival	10,000
Oviedo Cemetery	229
Oviedo Women's Club	229
PACE-Brantley Hall School	80
Pace Center for Girls, Inc.	453
Philanthropy & Nonprofit Leadership Center	3,000
Polk Community College (A. Smith)	3,000
Prevent Blindness Florida	8,074
Primrose Center	7,947

<i>Year ended April 30,</i>	2007
Restore Orlando	417
Rollins College	12,156
Rollins College – Cornell Fine Arts Museum	10,000
Santa Fe Community College (B. Floyd)	6,000
Second Harvest Food Bank of Central Florida	6,036
Seminole County Victim Rights Coalition	35,900
Seniors First, Inc.	10,000
SPCA of Central Florida	11,870
St. Mary Magdalen School	106
Stetson University (M. Christian)	1,500
The Jewish Community Center	1,750
Toastmasters Club 1066	641
Trevecca Nazarene University	6,000
Trinity Baptist College (A. Coffman)	3,000
Trinity Baptist College (S. Coffman)	6,000
Trinity Baptist College (G. Merime)	3,000
United Cerebral Palsy of Central Florida	6,896
University of Central Florida (2,700
University of Central Florida	1,000
University of Central Florida	1,000
University of Florida (D. Breine)	1,000
University of Florida (J. Karr)	1,000
University of North Florida (K. Shaw)	3,000
University of North Florida (F. Williams)	2,500
University of South Florida (C.G.)	3,000
University of South Florida (S.P.)	4,500
Warner Southern College (A. Jahjah)	1,500
Welbourne Ave Nursery & Kindergarten	2,500
Winter Haven Hospital	12,107
Winter Park Day Nursery	2,416
Winter Park High School	8,283
Winter Park Live Oak Fund, Inc.	38,000
Winter Park Memorial Hospital	68,933
Winter Park Public Library	48,234
Total grant expense	758,324

<i>Year ended April 30,</i>	2007
Distributions from Agency Endowments:	
Adult Literacy League	981
Alzheimer's Disease and Related Disorders	351
Central Florida Women's Resource Center	846
College Park Baptist Church	855
Community Service Center of South Orange County	2,385
Community Vision	48,501
Coalition for the Homeless of Central Florida	6,765
Edgewood Children's Ranch	32,009
Festival of Orchestras, Inc.	9,483
Florida After School Alliance	2,028
Florida Symphony Youth Orchestra	1,474
Foundation for Seminole County Public Schools	920
Guardian Care Nursing and Rehabilitation Center	690
Health Care Center for the Homeless	1,793
Heart of Florida United Way	132,038
Lighthouse Central Florida	517
Mental Health Association of Central Florida	463
New Hope For Kids, Inc.	61,517
Orlando Opera	2,537
Orlando Philharmonic Orchestra	31,180
PACE-Brantley Hall School	2,816
Second Harvest Food Bank of Central Florida	-
SENIORS FIRST	68,200
United Cerebral Palsy of Central Florida	1,270
Other	(2,351)
Total distributions from agency endowments	407,268
Total other grants	\$ 1,165,592

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	275,551.	0.	0.	275,551.
TO FORM 990, PART I, LINE 8	275,551.	0.	0.	275,551.

FORM 990 GAIN (LOSS) FROM SALE OF OTHER ASSETS STATEMENT 2

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
	VARIOUS	VARIOUS	PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
SALE OF FIXED ASSETS	0.	4,598.	0.	2,759.	<1,839.>
TO FM 990, PART I, LN 8		4,598.	0.	2,759.	<1,839.>

FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 3

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
POWER OF THE PURSE	16,075.	16,075.		33,381.	<33,381.>
TO FM 990, PART I, LINE 9	16,075.	16,075.		33,381.	<33,381.>

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 4

DESCRIPTION	AMOUNT
UNREALIZED GAIN ON INVESTMENTS	3,266,861.
CHANGE IN VALUE OF CHARITABLE REMAINDER TRUST	168,020.
PRIOR YEAR ADJUSTMENT	<3,977.>
TOTAL TO FORM 990, PART I, LINE 20	3,430,904.

FORM 990

OTHER EXPENSES

STATEMENT 5

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
INVESTMENT				
MANAGEMENT FEES	40,122.		40,122.	
EDUCATION & TRAINING	2,428.		2,428.	
PARKING & MILEAGE	4,849.	894.	2,254.	1,701.
INSURANCE	3,854.		3,854.	
SOFTWARE SUPPORT	41,071.	2,852.	33,299.	4,920.
DUES & SUBSCRIPTIONS	11,376.		11,376.	
CONSULTING SERVICES	54,374.		50,294.	4,080.
LICENSES & FEES	1,536.		1,536.	
ADMINISTRATIVE FEES	682,014.	682,014.		
INKIND SERVICES	<700.>	<700.>		
MARKETING	33,794.			33,794.
TOTAL TO FM 990, LN 43	874,718.	685,060.	145,163.	44,495.

FORM 990

OFFICER COMPENSATION ALLOCATION
PART II, LINE 25A

STATEMENT 6

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
MARK BREWER	115,000.	3,450.		118,450.
A. PROGRAM SERVICES	11,270.	338.		11,608.
B. MANAGEMENT AND GENERAL	20,125.	604.		20,729.
C. FUNDRAISING	83,605.	2,508.		86,113.
TOTAL PROGRAM SERVICES				11,608.
TOTAL MANAGEMENT AND GENERAL				20,729.
TOTAL FUNDRAISING				86,113.
TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PART II, LINE 25A				<u>118,450.</u>

FORM 990	CASH GRANTS AND ALLOCATIONS TO OTHERS FROM DONOR ADVISED FUNDS	STATEMENT	7
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CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	AMOUNT
SEE ATTACHED SCHEDULE	2,010,929.

TOTAL INCLUDED ON FORM 990, PART II, LINE 22A	2,010,929.
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FORM 990	CASH GRANTS AND ALLOCATIONS TO OTHERS	STATEMENT	8
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CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	AMOUNT
SEE ATTACHED SCHEDULE	1,165,592.

TOTAL INCLUDED ON FORM 990, PART II, LINE 22B	1,165,592.
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FORM 990	STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE PART III	STATEMENT	9
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EXPLANATION

THE COMMUNITY FOUNDATION OF CENTRAL FLORIDA PROVIDES PHILANTHROPIC DOLLARS TO SUPPORT COMMUNITY PROJECTS IN THE AREAS OF HEALTH, HUMAN SERVICES, ARTS/CULTURE, EDUCATION, RELIGION, PUBLIC-SOCIETY, AND ENVIRONMENT/ANIMALS.

FORM 990 OTHER INVESTMENTS STATEMENT 10

DESCRIPTION	VALUATION METHOD	AMOUNT
STOCKS, BONDS, AND ALTERNATIVE INVESTMENTS	MARKET VALUE	40,717,763.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		40,717,763.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 11

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
FURNITURE & FIXTURES	8,819.	2,522.	6,297.
OFFICE EQUIPMENT	45,590.	25,895.	19,695.
COMPUTER SOFTWARE	39,130.	43,530.	<4,400.>
TOTAL TO FORM 990, PART IV, LN 57	93,539.	71,947.	21,592.

FORM 990 OTHER ASSETS STATEMENT 12

DESCRIPTION	AMOUNT
RECEIVABLE FROM CHARITABLE REMAINDER TRUST	1,375,225.
ASSETS HELD IN CHARITABLE REMAINDER TRUST	174,999.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	1,550,224.

FORM 990 OTHER LIABILITIES STATEMENT 13

DESCRIPTION	AMOUNT
AMOUNTS HELD FOR OTHERS	1,771,769.
LIABILITY UNDER SPLIT INTEREST AGREEMENTS	663,936.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	2,435,705.

FORM 990	OTHER REVENUE NOT INCLUDED ON FORM 990	STATEMENT 14
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DESCRIPTION	AMOUNT
REVENUE FROM SUPPORTING ORGANIZATIONS INCLUDED ON CONSOLIDATED FINANCIAL STATEMENTS	4,017,305.
INCREASE IN VALUE OF CHARITABLE REMAINDER TRUST	168,020.
TOTAL TO FORM 990, PART IV-A	4,185,325.

FORM 990	OTHER EXPENSES NOT INCLUDED ON FORM 990	STATEMENT 15
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DESCRIPTION	AMOUNT
EXPENSE FROM SUPPORTING ORGANIZATION INCLUDED ON CONSOLIDATED FINANCIAL STATEMENTS	339,341.
LOSS FROM SALE OF FIXED ASSETS	1,839.
SPECIAL EVENT EXPENSES	33,381.
TOTAL TO FORM 990, PART IV-B	374,561.

FORM 990	OTHER REVENUE INCLUDED ON FORM 990	STATEMENT 16
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DESCRIPTION	AMOUNT
REVENUES FROM AGENCY FUNDS	1,771,664.
GROSS MANAGEMENT FEES FROM AGENCY FUNDS	596,441.
CONTRIBUTION FROM SUPPORTING ORGANIZATION	175,000.
LOSS FROM SALE OF FIXED ASSETS	<1,839.>
SPECIAL EVENT EXPENSES	<33,381.>
TOTAL TO FORM 990, PART IV-A	2,507,885.

FORM 990	OTHER EXPENSES INCLUDED ON FORM 990	STATEMENT 17
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DESCRIPTION	AMOUNT
EXPENSES FROM AGENCY FUNDS	506,767.
ADMINISTRATIVE EXPENSES FROM MANAGING AGENCY FUNDS	596,441.
TOTAL TO FORM 990, PART IV-B	1,103,208.

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 18

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	115,000.	3,450.	0.
J. GORDON ARKIN 1411 EDGEWATER DRIVE, SUITE 203 ORLANDO, FL 32804	BOARD MEMBER 1.00	0.	0.	0.
SYDNEY GREEN 1411 EDGEWATER DRIVE, SUITE 203 ORLANDO, FL 32804	BOARD MEMBER 1.00	0.	0.	0.
SUZIE ALLEN 1411 EDGEWATER DRIVE, SUITE 203 ORLANDO, FL 32804	CHAIRMAN 2.00	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	VICE CHAIRMAN 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.

STEVE KIRBY 1411 EDGEWATER DRIVE, SUITE 203 ORLANDO, FL 32804	BOARD MEMBER 1.00	0.	0.	0.
MICHAEL HARBISON 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	SECRETARY 2.00	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		115,000.	3,450.	0.

FORM 990 IDENTIFICATION OF RELATED ORGANIZATIONS STATEMENT 19
PART VI, LINE 80B

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

SCHEDULE A EXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS STATEMENT 20
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 COMPETITIVE GRANTS SIGN A GRANT AGREEMENT CONTRACT AND DETAIL THE USE OF THE FUNDS WHEN THE GRANT IS COMPLETED.

SCHEDULE A OTHER INCOME STATEMENT 21

DESCRIPTION	2005 AMOUNT	2004 AMOUNT	2003 AMOUNT	2002 AMOUNT
MISCELLANEOUS	10,378.	4,946.	2,345.	1,827.
TOTAL TO SCHEDULE A, LINE 22	10,378.	4,946.	2,345.	1,827.

- 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. You 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 **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, 2008**.

5 For calendar year _____, or other tax year beginning **MAY 1, 2006**, and ending **APR 30, 2007**.

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 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.	8a	\$	
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.	8b	\$	
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.	8c	\$	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. Kogal** Title **CPA** Date **12/10/07**

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 800
	City or town, province or state, and country (including postal or ZIP code) ORLANDO, FL 32801-3421

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).

Section 501(c) corporations required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print	Name of Exempt Organization COMMUNITY FOUNDATION OF CENTRAL FLORIDA, INC.	Employer identification number 59-3182886
<small>File by the due date for filing your return. See instructions.</small>	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 section 501(c) corporation required to file Form 990-T) extension of time until **DECEMBER 15, 2007**, 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, 2006**, and ending **APR 30, 2007**

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.	3a	\$	
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.	3b	\$	
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.	3c	\$	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.