

COMMUNITY FOUNDATION OF CENTRAL FLORIDA,

Form 990 (2007)

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
22a Grants paid from donor advised funds (attach schedule) (cash \$ 2,044,818, noncash \$ 0. If this amount includes foreign grants, check here <input type="checkbox"/>			STATEMENT 5	
22a	2,044,818.	2,044,818.		
22b Other grants and allocations (attach schedule) (cash \$ 1,230,305, noncash \$ 0. If this amount includes foreign grants, check here <input type="checkbox"/>			STATEMENT 6	
22b	1,230,305.	1,230,305.		
23 Specific assistance to individuals (attach schedule)				
23				
24 Benefits paid to or for members (attach schedule)				
24				
25a Compensation of current officers, directors, key employees, etc listed in Part V-A	128,177.	8,972.	16,663.	102,542.
b Compensation of former officers, directors, key employees, etc listed in Part V-B	0.	0.	0.	0.
25b				
c 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)				
25c				
26 Salaries and wages of employees not included on lines 25a, b, and c	292,206.	53,371.	135,305.	103,530.
26				
27 Pension plan contributions not included on lines 25a, b, and c	3,323.	598.	1,529.	1,196.
27				
28 Employee benefits not included on lines 25a - 27	96,986.	14,588.	35,650.	46,748.
28				
29 Payroll taxes	29,305.	4,363.	10,646.	14,296.
29				
30 Professional fundraising fees				
30				
31 Accounting fees	27,724.		27,724.	
31				
32 Legal fees	1,885.		1,885.	
32				
33 Supplies	7,732.		7,732.	
33				
34 Telephone	7,114.	1,059.	2,584.	3,471.
34				
35 Postage and shipping	2,420.		772.	1,648.
35				
36 Occupancy	75,190.	8,654.	39,208.	27,328.
36				
37 Equipment rental and maintenance	9,659.		8,840.	819.
37				
38 Printing and publications	5,395.		1,291.	4,104.
38				
39 Travel				
39				
40 Conferences, conventions, and meetings	36,133.		22,913.	13,220.
40				
41 Interest				
41				
42 Depreciation, depletion, etc. (attach schedule)	9,072.	1,351.	3,295.	4,426.
42				
43 Other expenses not covered above (itemize):				
a				
43a				
b				
43b				
c				
43c				
d				
43d				
e				
43e				
f				
43f				
g SEE STATEMENT 4	1,024,485.	810,497.	160,957.	53,031.
43g				
44 Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	5,031,929.	4,178,576.	476,994.	376,359.
44				

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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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 7	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 \$ 3,275,123.) If this amount includes foreign grants, check here ► <input type="checkbox"/>	3,369,650.
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"/>	808,926.
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)	4,178,576.

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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	559,416.	45	308,203.
	46 Savings and temporary cash investments	5,449,262.	46	57,744.
	47 a Accounts receivable			
	b Less: allowance for doubtful accounts		47c	
	48 a Pledges receivable	541,922.		
	b Less: allowance for doubtful accounts		48c	541,922.
	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			
	b Less: allowance for doubtful accounts		51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	13,735.	53	16,279.
	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				
b Less: accumulated depreciation		55c		
56 Investments - other SEE STATEMENT 8	40,717,763.	56	47,880,271.	
57 a Land, buildings, and equipment: basis	90,396.			
b Less: accumulated depreciation	69,929.	57c	20,467.	
58 Other assets, including program-related investments (describe SEE STATEMENT 9)	1,550,224.	58	1,416,203.	
59 Total assets (must equal line 74). Add lines 45 through 58	49,797,140.	59	50,241,089.	
Liabilities	60 Accounts payable and accrued expenses	1,900.	60	2,447.
	61 Grants payable	958,822.	61	1,026,515.
	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 SEE STATEMENT 10)	2,435,705.	65	2,176,985.
66 Total liabilities. Add lines 60 through 65	3,396,427.	66	3,205,947.	
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	43,226,630.	67	44,910,233.
	68 Temporarily restricted	3,174,083.	68	2,124,909.
	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)	46,400,713.	73	47,035,142.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	49,797,140.	74	50,241,089.	

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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
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?	83a	X
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	
	84b	N/A	
85 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	85a	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members	85c	
d	Section 162(e) lobbying and political expenditures	85d	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	
	85h	N/A	
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a	
b	Gross receipts, included on line 12, for public use of club facilities	86b	
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	
	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 ▶ <u>FL</u>		
b	Number of employees employed in the pay period that includes March 12, 2007	90b	6
91 a	The books are in care of ▶ <u>MEGHAN WARRICK, CFO</u> Telephone no ▶ <u>(407)-872-3050</u> Located at ▶ <u>1411 EDGEWATER DR., STE 203, ORLANDO, FL</u> ZIP + 4 ▶ <u>32804</u>		
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 ▶ <u>N/A</u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	91b	X

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Part VI Other Information (continued) Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c
 If "Yes," enter the name of the foreign country N/A

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

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					808,337.
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	1,350,517.	
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	911,132.	
101 Net income or (loss) from special events			01	<13,640.>	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a OTHER INCOME			01	908.	
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		2,248,917.	808,337.
105 Total (add line 104, columns (B), (D), and (E))					3,057,254.

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 (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)

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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?

Yes	No

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

Signature of officer: *Mark Brewer* Date: *3/16/09*
 Type or print name and title: *MARIC BREWER PRESIDENT/CEO*

Paid Preparer's Use Only

Preparer's signature: *Anne-Marie L. Kagor, CPA* Date: *3-16-09* Check if self-employed:
 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
 Preparer's SSN or PTIN (See Gen. Inst. X):
 EIN:
 Phone no: *(407) 841-6930*

Form 990 (2007)

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

2007

Department of the Treasury
Internal Revenue Service

Supplementary Information-(See separate instructions.)

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

Name of the organization **COMMUNITY FOUNDATION OF CENTRAL FLORIDA, INC.** Employer identification number **59 3182886**

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

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

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
MEGHAN WARRICK 1411 EDGEWATER DR #203, ORLANDO, FL	CFO 45.00	86,652.	2,600.	0.
JEFFREY PICKERING 1411 EDGEWATER DR #203, ORLANDO, FL	VP-PHILANTHROPIC SVC 45.00	86,652.	0.	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	51,491.

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.		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 16	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 ▶	83	
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶	18,556,994.	
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 ▶	10.	
g	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year ▶	2172607.	

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 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 8 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 8 of the instructions)

COMMUNITY FOUNDATION OF CENTRAL FLORIDA,

Schedule A (Form 990 or 990-EZ) 2007 INC.

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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) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	8,145,993.	4,756,790.	3,862,244.	2,040,921.	18,805,948.
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	694,846.	647,724.	429,407.	364,852.	2,136,829.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	1,027,452.	563,037.	514,726.	364,378.	2,469,593.
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	394.	10,378.	4,946.	2,345.	18,063.
23 Total of lines 15 through 22	9,868,685.	5,977,929.	4,811,323.	2,772,496.	23,430,433.
24 Line 23 minus line 17	9,173,839.	5,330,205.	4,381,916.	2,407,644.	21,293,604.
25 Enter 1% of line 23	98,687.	59,779.	48,113.	27,725.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 425,872.
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 2003 through 2006 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts					26b 3,328,123.
c Total support for section 509(a)(1) test Enter line 24, column (e)					26c 21,293,604.
d Add Amounts from column (e) for lines 18 2,469,593. 19 22 18,063. 26b 3,328,123.					26d 5,815,779.
e Public support (line 26c minus line 26d total)					26e 15,477,825.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 72.6877%
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	(2006)	(2005)	(2004)	(2003)	
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	(2006)	(2005)	(2004)	(2003)	
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 2003 through 2006, 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

723131 12-27-07

NONE

Schedule A (Form 990 or 990-EZ) 2007

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

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 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 - The lobbying nontaxable amount is - Not over \$500,000 20% of the amount on line 40 Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000	41	
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 13 of the instructions)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A (e) Total
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	
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 14 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.
2007 Form 990
Part II, Line 22a

59-3182886

Year Ended April 30, 2008
Grants Paid from Donor Advised Funds

10,000
13,500
500
3,000
1,450
1,000
1,000
1,000
500
14,300
7,500
14,500
250
13,500
26,771
100,000
50,000
10,000
2,000
2,000
5,000
10,000
1,000
5,000
34,560
500
800
1,500
137,157
2,500
6,000
5,000
10,200
700
1,000
788
1,200
25,300
52,000
1,000
10,000
20,000
1,000
1,000
40,000
200

10,000
1,000
6,000
21,000
15,444
35,682
12,500
1,000
100
47,000
2,000
50,000
6,000
500
1,000
15,000
519
10,000
30,000
2,500
100
5,000
3,000
500
70,000
2,500
500
1,000
2,000
1,500
2,500
1,000
14,436
2,600
20,000
1,000
1,000
2,000
678
1,000
1,000
5,000
15,000
1,000
126,000
500
10,000
25,000
5,000
25,000
1,000
1,000

500
12,669
27,272
2,000
3,600
42,500
200
3,500
3,000
1,000
3,500
500
1,000
200
100
10,000
2,000
100
1,000
3,500
1,000
2,000
2,500
3,000
2,500
10,000
300
1,500
15,000
1,000
11,000
40,000
20,000
2,500
8,500
5,000
50,000
3,500
10,000
1,000
2,443
1,100
250
2,500
500
5,000
5,000
1,000
1,000
11,000
4,000
1,161

250,000
25,000
320
1,000
19,168
12,500
28,500
10,000
1,500
50,000
25,000
5,000
100
10,000
1,000
1,000
100

Total

2,044,818

Community Foundation of Central Florida, Inc.
2007 Form 990
Part II, Line 22b

59-3182886

Year Ended April 30, 2008

Grants Paid from Non-Donor Advised Funds

— 6,000
4,015
11,123
1,053
196
8,472
9,676
45
4,000
2,500
3,136
30,000
2,000
4,500
11,430
49,117
25,000
153
449
187
533
9,660
5,018
14,710
1,267
90
941
12,704
1,000
2,515
50,943
22,430
2,977
2,167
450
32,609
6,000
30,000
6,766
1,500
9,466
2,816
454
482
1,500
600
584
6,000
5,000

2,038
804
1,000
513
5,000
584
84
1,940
31,000
77,317
10,169
7,020
19,882
907
1,682
494
500
796
1,000
1,662
6,000
8,589
9,362
958
8,319
3,011
2,537
74,396
28,931
7,109
8,957
25,000
8,527
2,984
10,000
10,000
241
241
471
3,093
1,534
3,000
6,000
6,000
6,000
8,477
8,344
10,000
450
6,000
12,762
8,216
16,700
104,978
12,500

8,412
112
2,000
6,000
7,110
19,500
49,049
792
5,000
5,000
1,000
1,000
8,737
44,849
71,437
1,228,305

COMMUNITY FOUNDATION OF CENTRAL FLORIDA, INC.

EIN: 59-3182886

4/30/2008

FIXED ASSETS	4/30/2007	ADDITIONS	DELETIONS	4/30/2008
FURNITURE & FIXTURES	8,819	-	-	8,819
OFFICE EQUIPMENT	45,591	7,946	(10,878)	42,659
COMPUTER SOFTWARE	39,130	-	(212)	38,918
TOTALS	93,540	7,946	(11,090)	90,396

ACCUMULATED DEPRECIATION				
FURNITURE & FIXTURES	2,522	1,178	-	3,700
OFFICE EQUIPMENT	25,895	5,647	(10,878)	20,664
COMPUTER SOFTWARE	43,531	2,246	(212)	45,565
TOTALS	71,948	9,071	(11,090)	69,929

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).

A corporation 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 a corporation 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
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 corporation required to file Form 990-T) extension of time until **DECEMBER 15, 2008**, 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, 2007**, and ending **APR 30, 2008**

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.

- 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. 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):
- | | | | | | |
|--|--------------------------------------|--|--------------------------------------|------------------------------------|------------------------------------|
| <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, 2009**
- 5 For calendar year _____, or other tax year beginning **MAY 1, 2007**, and ending **APR 30, 2008**
- 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.	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-Mark Kagel** Title **CPA** Date **12-10-08**

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	911,132.	0.	0.	911,132.
TO FORM 990, PART I, LINE 8	911,132.	0.	0.	911,132.

FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 2

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME OR (LOSS)
POWER OF THE PURSE	26,461.	26,461.		13,640.	<13,640.>
TO FM 990, PART I, LINE 9	26,461.	26,461.		13,640.	<13,640.>

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 3

DESCRIPTION	AMOUNT
UNREALIZED LOSS ON INVESTMENTS	<1,220,675.>
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	<169,041.>
TOTAL TO FORM 990, PART I, LINE 20	<1,389,716.>

FORM 990 OTHER EXPENSES STATEMENT 4

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
INVESTMENT MANAGEMENT FEES	59,991.		59,991.	
PARKING & MILEAGE	5,303.	790.	1,927.	2,586.
INSURANCE	3,984.		3,984.	
SOFTWARE SUPPORT	33,618.	781.	27,582.	5,255.
DUES & SUBSCRIPTIONS	6,995.		6,995.	
CONSULTING SERVICES	68,592.		56,352.	12,240.
LICENSES & FEES	2,773.		2,773.	
ADMINISTRATIVE FEES	808,926.	808,926.		

MARKETING	32,950.			32,950.
MISCELLANEOUS OFFICE EXPENSE	1,353.		1,353.	
TOTAL TO FM 990, LN 43	1,024,485.	810,497.	160,957.	53,031.

FORM 990	CASH GRANTS AND ALLOCATIONS TO OTHERS FROM DONOR ADVISED FUNDS			STATEMENT 5
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CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	AMOUNT
SEE ATTACHED SCHEDULE	2,044,818.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22A	2,044,818.

FORM 990 CASH GRANTS AND ALLOCATIONS TO OTHERS STATEMENT 6

CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	AMOUNT
SEE ATTACHED SCHEDULE	1,228,305.
	2,000.
N. DONALD DIEBEL JR M.D. GOOD SAMARITAN FUND 1150 VIA LUGANO WINTER PARK, FL 32789	
TOTAL INCLUDED ON FORM 990, PART II, LINE 22B	1,230,305.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE PART III STATEMENT 7

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 8

DESCRIPTION	VALUATION METHOD	AMOUNT
STOCKS, BONDS, AND ALTERNATIVE INVESTMENTS	MARKET VALUE	47,880,271.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		47,880,271.

FORM 990	OTHER ASSETS	STATEMENT 9	
DESCRIPTION		BEGINNING OF YEAR	END OF YEAR
RECEIVABLE FROM CHARITABLE REMAINDER TRUST		1,375,225.	1,269,328.
ASSETS HELD IN CHARITABLE REMAINDER TRUST		174,999.	146,875.
TOTAL TO FORM 990, PART IV, LINE 58		1,550,224.	1,416,203.

FORM 990	OTHER LIABILITIES	STATEMENT 10	
DESCRIPTION		BEGINNING OF YEAR	END OF YEAR
AMOUNTS HELD FOR OTHERS		1,771,769.	1,442,598.
LIABILITY UNDER SPLIT INTEREST AGREEMENTS		663,936.	734,387.
TOTAL TO FORM 990, PART IV, LINE 65		2,435,705.	2,176,985.

FORM 990	OTHER REVENUE NOT INCLUDED ON FORM 990	STATEMENT 11	
DESCRIPTION		AMOUNT	
REVENUE INCLUDED ON CONSOLIDATED FINANCIAL STATEMENTS		397,356.	
DECREASE IN VALUE OF CHARITABLE REMAINDER TRUST		<180,172.>	
MANAGEMENT FEE NETTED WITH REVENUE ON AUDITED FINANCIAL STATEMENTS		<711,953.>	
TOTAL TO FORM 990, PART IV-A		<494,769.>	

FORM 990	OTHER REVENUE INCLUDED ON FORM 990	STATEMENT 12	
DESCRIPTION		AMOUNT	
REVENUES FROM AGENCY FUNDS		767,468.	
SPECIAL EVENT EXPENSES		<13,640.>	
TOTAL TO FORM 990, PART IV-A		753,828.	

FORM 990	OTHER EXPENSES INCLUDED ON FORM 990	STATEMENT 13
DESCRIPTION		AMOUNT
ADMINISTRATIVE EXPENSES FROM MANAGING AGENCY FUNDS		96,973.
MANAGEMENT FEE NETTED WITH REVENUE ON AUDITED FINANCIAL STATEMENTS		711,953.
EXPENSES ELIMINATED ON CONSOLIDATED FINANCIALS STATEMENTS		11,597.
TOTAL TO FORM 990, PART IV-B		820,523.

FORM 990 PART V-A - LIST OF CURRENT 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	125,000.	3,177.	0.
SUZANNE 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.
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	SECRETARY 2.00	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	VICE CHAIRMAN 2.00	0.	0.	0.
RICK HURT 1411 EDGEWATER DRIVE, SUITE 203 ORLANDO, FL 32804	BOARD MEMBER 1.00	0.	0.	0.
SUSAN ARKIN 1411 EDGEWATER DRIVE, SUITE 203 ORLANDO, FL 32804	BOARD MEMBER 1.00	0.	0.	0.
LYN BERELSMAN 1411 EDGEWATER DRIVE, SUITE 203 ORLANDO, FL 32804	BOARD MEMBER 1.00	0.	0.	0.
DEREK BRUCE 1411 EDGEWATER DRIVE, SUITE 203 ORLANDO, FL 32804	BOARD MEMBER 1.00	0.	0.	0.
ROBIN ROBERTS 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.

TOTALS INCLUDED ON FORM 990, PART V-A	125,000.	3,177.	0.
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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	
LAKE COMMUNITY FOUNDATION, INC.	X	
ISLEWORTH COMMUNITY TRUST, 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 COMPETITIVE 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	2006 AMOUNT	2005 AMOUNT	2004 AMOUNT	2003 AMOUNT
MISCELLANEOUS	394.	10,378.	4,946.	2,345.
TOTAL TO SCHEDULE A, LINE 22	394.	10,378.	4,946.	2,345.