

**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>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>COMMUNITY FOUNDATION OF CENTRAL FLORIDA, INC.</b>	<b>D</b> Employer identification number <b>59-3182886</b>
	Number and street (or P.O. box if mail is not delivered to street address) <b>P.O. BOX 2071</b>	<b>E</b> Telephone number <b>(407) 872-3050</b>
	City or town, state or country, and ZIP + 4 <b>ORLANDO, FL 32802-2071</b>	<b>F</b> Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify)
	Please use IRS label or print or type. See Specific Instructions.	

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**

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

**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.

**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**

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

COMMUNITY FOUNDATION OF CENTRAL FLORIDA, INC.

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**Part II Statement of Functional Expenses**

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ 2,010,929, noncash \$ 0. If this amount includes foreign grants, check here <input type="checkbox"/> )	22a 2,010,929.	2,010,929.	STATEMENT 7	
22b Other grants and allocations (attach schedule) (cash \$ 1,165,592, noncash \$ 0. If this amount includes foreign grants, check here <input type="checkbox"/> )	22b 1,165,592.	1,165,592.	STATEMENT 8	
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 STMT 6	25a 118,450.	11,608.	20,729.	86,113.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b 0.	0.	0.	0.
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	26 261,041.	58,034.	154,704.	48,303.
27 Pension plan contributions not included on lines 25a, b, and c	27 3,773.	700.	2,580.	493.
28 Employee benefits not included on lines 25a - 27	28 90,990.	17,063.	42,477.	31,450.
29 Payroll taxes	29 26,392.	4,864.	12,270.	9,258.
30 Professional fundraising fees	30			
31 Accounting fees	31 21,420.		21,420.	
32 Legal fees	32 8,800.		8,800.	
33 Supplies	33 4,775.		4,775.	
34 Telephone	34 7,198.	1,327.	3,346.	2,525.
35 Postage and shipping	35 2,402.		2,216.	186.
36 Occupancy	36 72,307.	10,434.	43,366.	18,507.
37 Equipment rental and maintenance	37 6,688.		5,986.	702.
38 Printing and publications	38 5,749.		354.	5,395.
39 Travel	39			
40 Conferences, conventions, and meetings	40 16,462.		5,432.	11,030.
41 Interest	41			
42 Depreciation, depletion, etc. (attach schedule)	42 11,895.	2,192.	5,530.	4,173.
43 Other expenses not covered above (itemize):				
a	43a			
b	43b			
c	43c			
d	43d			
e	43e			
f	43f			
g SEE STATEMENT 5	43g 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)	44 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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**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>	
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.)	<b>Program Service Expenses</b> (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
<b>a CONTRIBUTIONS TO LOCAL AGENCIES FOR VARIOUS CHARITABLE PURPOSES IN AND AROUND CENTRAL FLORIDA</b>	
(Grants and allocations \$ <u>3,176,521.</u> ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	<b>3,285,789.</b>
<b>b ADMINISTRATIVE FEES RELATED TO MANAGEMENT FEE REVENUE DERIVED FROM HOLDING AND INVESTING FUNDS FOR COMMUNITY PROJECTS</b>	
(Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	<b>682,014.</b>
<b>c</b>	
(Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>d</b>	
(Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>e Other program services (attach schedule)</b>	
(Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>f Total of Program Service Expenses (should equal line 44, column (B), Program services)</b>	<b>3,967,803.</b>

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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
<b>Assets</b>	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 .....	48a 1,485,148.		
	b Less: allowance for doubtful accounts .....	48b		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 .....	Cost FMV		54a
	b Investments - other securities .....	Cost 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
57 a Land, buildings, and equipment: basis .....	57a 93,539.			
b Less: accumulated depreciation .....	57b 71,947.	21,497.	57c	21,592.
58 Other assets, including program-related investments (describe SEE STATEMENT 12 ) .....	1,410,616.	58	1,550,224.	
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58 .....	40,819,775.	59	49,797,140.	
<b>Liabilities</b>	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 SEE STATEMENT 13 ) .....	2,758,353.	65	2,435,705.
66 <b>Total liabilities.</b> Add lines 60 through 65 .....	3,097,123.	66	3,396,427.	
<b>Net Assets or Fund Balances</b>	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 <b>Total net assets or fund balances.</b> 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 <b>Total liabilities and net assets/fund balances.</b> 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? .....		<input checked="" type="checkbox"/>	
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See Instructions in Part III.) .....	82b <u>700.</u>		
83 a Did the organization comply with the public inspection requirements for returns and exemption applications? .....		<input checked="" type="checkbox"/>	
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions? .....		<input checked="" type="checkbox"/>	
84 a Did the organization solicit any contributions or gifts that were not tax deductible? .....	N/A		
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? .....	N/A		
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? .....	N/A		
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	N/A		
If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			
c Dues, assessments, and similar amounts from members .....	85c N/A		
d Section 162(e) lobbying and political expenditures .....	85d N/A		
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices .....	85e N/A		
f Taxable amount of lobbying and political expenditures (line 85d less 85e) .....	85f N/A		
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? .....	N/A		
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? .....	N/A		
86 501(c)(7) organizations. 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 .....			<input checked="" type="checkbox"/>
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 .....			<input checked="" type="checkbox"/>
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 .....			<input checked="" type="checkbox"/>
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? .....			<input checked="" type="checkbox"/>
f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract? .....			<input checked="" type="checkbox"/>
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? .....			<input checked="" type="checkbox"/>
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, 2006 .....	90b <u>6</u>		
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> .....			<input checked="" type="checkbox"/>
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			

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**Part VI Other Information** (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? Yes No  
 If "Yes," enter the name of the foreign country ▶ N/A 91c X

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here ▶   
 and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92 N/A

**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 <b>MANAGEMENT FEES</b>					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 <b>OTHER INCOME</b>			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** (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  
 Yes  No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No  
 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	-----			
<b>Totals</b>				

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	-----			
<b>Totals</b>				

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

Paid Preparer's Use Only: Preparer's signature: *Anne-Mah 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
<u>MEGHAN WARRICK</u> <u>1411 EDGEWATER DR #203, ORLANDO, FL</u>	<u>CFO</u> <u>45.00</u>	<u>82,750.</u>	<u>2,483.</u>	<u>0.</u>
<u>JEFFREY PICKERING</u> <u>1411 EDGEWATER DR #203, ORLANDO, FL</u>	<u>VP-PHILANTHROPIC SVC</u> <u>45.00</u>	<u>82,500.</u>	<u>700.</u>	<u>0.</u>
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-----				
Total number of other employees paid over \$50,000 ▶	<u>0</u>			

**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
<u>COLONIAL CONSULTING, LLC</u> <u>750 THIRD AVENUE, 20TH FLOOR, NEW YORK, NY 10017</u>	<u>INVESTMENT CONSULTING</u>	<u>50,294.</u>
-----		
-----		
-----		
-----		
Total number of others receiving over \$50,000 for professional services ▶	<u>0</u>	

**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
<u>NONE</u>		
-----		
-----		
-----		
-----		
Total number of other contractors receiving over \$50,000 for other services ▶	<u>0</u>	

**Part III** Statements About Activities (See page 2 of the instructions.)

Yes No

<p>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.)</p> <p>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.</p>	1		X
<p>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.)</p>			
<p>a Sale, exchange, or leasing of property? .....</p>	2a		X
<p>b Lending of money or other extension of credit? .....</p>	2b		X
<p>c Furnishing of goods, services, or facilities? .....</p>	2c		X
<p>d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990</p>	2d	X	
<p>e Transfer of any part of its income or assets? .....</p>	2e		X
<p>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.) .....</p>	3a	X	
<p>b Did the organization have a section 403(b) annuity plan for its employees? .....</p>	3b		X
<p>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 .....</p>	3c		X
<p>d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? .....</p>	3d		X
<p>4 a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g .....</p>	4a	X	
<p>b Did the organization make any taxable distributions under section 4966? .....</p>	4b		X
<p>c Did the organization make a distribution to a donor, donor advisor, or related person? .....</p>	4c		X
<p>d Enter the total number of donor advised funds owned at the end of the tax year .....</p>	77		
<p>e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year .....</p>	17,110,568.		
<p>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 .....</p>	7.		
<p>g Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year .....</p>	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	
<b>Total</b> .....					▶

- 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 2,345.	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					26a 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					26b 1,735,094.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 14,621,224.
d Add: Amounts from column (e) for lines: 18 1,913,514. 19 22 19,496. 26b 1,735,094.					26d 3,668,104.
e Public support (line 26c minus line 26d total)					26e 10,953,120.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 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					
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					
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 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.					

023131 01-18-07

NONE

Schedule A (Form 990 or 990-EZ) 2006

**COMMUNITY FOUNDATION OF CENTRAL FLORIDA,**

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

59-3182886 Page 5

**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? .....		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? .....		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....		
d	Copies of all material used by the organization or on its behalf to solicit contributions? .....		
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges? .....		
b	Admissions policies? .....		
c	Employment of faculty or administrative staff? .....		
d	Scholarships or other financial assistance? .....		
e	Educational policies? .....		
f	Use of facilities? .....		
g	Athletic programs? .....		
h	Other extracurricular activities? .....		
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
34 a	Does the organization receive any financial aid or assistance from a governmental agency? .....		
b	Has the organization's right to such aid ever been revoked or suspended? .....		
If you answered "Yes" to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation .....		

Schedule A (Form 990 or 990-EZ) 2006

**COMMUNITY FOUNDATION OF CENTRAL FLORIDA,**

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

59-3182886 Page 6

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 10 of the instructions.)

N/A

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

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

**Limits on Lobbying Expenditures**

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

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

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

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45 Lobbying nontaxable amount .....					0.
46 Lobbying ceiling amount (150% of line 45(a)) .....					0.
47 Total lobbying expenditures .....					0.
48 Grassroots nontaxable amount .....					0.
49 Grassroots ceiling amount (150% of line 48(a)) .....					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 13 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.  
2006 Form 990  
Part II, Line 22a

59-3182886

Year Ended April 30, 2007

Grants Paid from Donor Advised Funds

Academy Prep Foundation	20,000
Adult Literacy League	1,250
Advocates for Youth	2,000
All Saints Episcopal Church	3,000
Alzheimer's Disease and Related Disorders Association	2,500
American Cancer Society	5,550
American Heart Association	30,000
American Hospice Foundation	500
American Red Cross of Central Florida	5,000
Angel Flight Southeast	1,000
Asian Access	500
BETA Center, Inc.	10,000
Bishop Moore Catholic High School	5,000
Boys & Girls Club of Central Florida	2,250
Boys and Girls Club of Volusia/Flagler Counties	20,000
Camp Boggy Creek	4,000
Campus Communications, Inc	25,000
Campus Crusade for Christ	500
Canine Companions For Independence	25,000
Catholic Relief Services	20,000
Central Florida YMCA Foundation, Inc.	500
Children's Advocacy Center for Osceola County	1,000
Christian Service Center For Central Florida Inc	2,500
City of Orlando	59,560
Civic Theatre of Central Florida	1,000
Community Concepts Services Inc.	326,000
Community Foundation of East Central Florida	1,000
Covenant House	250
Crested Butte Community Foundation	1,000
Cross International Catholic Outreach	400
Cystic Fibrosis Foundation	10,000
Destiny Foundation of Central Florida	1,000
Doctors Without Borders USA, Inc.	1,000
Down Syndrome Association of Central Florida	500
Excelsis	3,300
Faith Trust	250
FCS Urban Ministries	500
First Congregational Church of Winter Park	3,000
First Presbyterian Church of Orlando	1,400
First United Methodist Church of Orlando	6,200
Florida Hospital Foundation	10,000
Florida Kiwanis Foundation	1,000
Food for the Poor	20,000
Foundation For Orange County Public Schools Inc	1,000
Foundation for Seminole County Public Schools	7,500
Frontline Outreach, Inc.	1,500

Futures Foundation, Inc./Take Stock in Children	750
Gina Ds Reading Across America Program, Inc.	1,000
Girls and Boys Town of Central Florida	5,000
Global Connections Foundation	10,000
Greater Reading or Writing Skills Literacy Council, Inc.	2,258
Habitat for Humanity of Winter Park/Maitland	1,000
Hands On Orlando, Inc.	2,000
Harbor House	5,750
Health Council of East Central Florida, Inc.	98,000
Heart of Florida United Way	60,000
Helper International	10,000
Hope Evangelistic Outreach	500
Hospice of the Comforter, Inc.	26,000
Jeppesen VisionQuest, Inc.	50,000
Jewish Federation of Greater Orlando	10,000
Jewish National Fund	25,000
JMJ Life Center, Inc.	5,000
Joni and Friends	500
Kids House of Seminole, Inc.	1,000
Kiwanis International Foundation	1,000
Lake County Board of County Commissioners	33,124
Lake County School District/Educational Foundation of Lak	7,500
Lake Highland Preparatory School	55,000
LIFE CONCEPTS INC d/b/a Quest, Inc.	1,000
LIGHTHOUSE CENTRAL FLORIDA INC	1,000
Living Hope International Ministry, Inc.	1,000
Loaves and Fishes, Inc.	500
Make- A Wish Foundation of Central and Northern Florida	2,400
Malaria No More Funds	20,000
Metropolitan Orlando Urban League	10,000
MicheLee Puppets, Inc.	28,800
Montreat College	2,000
Nathaniel's Hope	1,000
Nerinx Hall High School	1,000
New Hope for Kids	487,000
New Hope Manor	250
NYU School of Medicine	500
Orange Audubon Society	200
Orange County Library	200
Orlando Ballet, Inc.	10,000
Orlando Community & Youth Trust, Inc	5,000
Orlando Museum of Art	500
Orlando Performing Arts Center	25,000
Orlando Regional Healthcare Foundation	10,728
Orlando Theatre Project, Inc.	3,000
Orlando Union Rescue Mission	1,000
People's Theatre, Inc.	1,000
Pineloch Elementary School	1,500
Ravi Zacharias Int'l Ministries	1,000
Robert R. McCormick Tribune Foundation	4,000
Rollins College Center for Leadership Development	2,500
Russell Home for Atypical Children	1,000

Russian-American Christian University	1,500
Salvation Army	1,000
Sanford Crisis Pregnancy Center	1,000
Schloss Mittersill Christian Conferences, Inc.	1,000
Seniors First, Inc.	14,000
Shepherds Hope, Inc.	8,000
Sisters of Loretto	2,000
South Asia Pure Water Initiative, Inc.	20,000
St. Barnabas Episcopal School	25,000
St. John Vianney Catholic Church	2,000
St. Josephs Indian School	10,000
St. Margaret Mary Catholic School	2,500
Stetson University	70,000
Tannenbaum Center	19,375
Ten Thousand Villages Orlando, Inc.	4,000
The Chelonian Research Institute	12,000
The Easter Bunny, Inc.	2,500
The Great Books Foundation	200
The Mustard Seed of Central Florida, Inc.	12,000
The Smile Train	25,000
The United Negro College Fund, Inc.	1,180
Trinity Forum	1,000
United Arts of Central Florida	22,250
UCP of Central Florida, Inc.	10,104
United Way of Lee County	1,000
United Way of Tampa Bay	25,000
University of Central Florida	1,500
University of Notre Dame	500
University of Pennsylvania	10,000
Webster University	25,000
Winter Park Historical Association Inc.	1,000
Winter Park Public Library Association	450
WMFE	1,000
<b>Total grants from donor advised funds</b>	<b><u>2,010,929</u></b>

Community Foundation of Central Florida, Inc  
2006 Form 990  
Part II, Line 22b

59-3182886

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/Brynna 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

Community Foundation of Central Florida, Inc  
2006 Form 990  
Part II, Line 22b

59-3182886

*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



Community Foundation of Central Florida, Inc  
2006 Form 990  
Part II, Line 22b

59-3182886

<i>Year ended April 30,</i>	<b>2007</b>
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
<b>Total grant expense</b>	<b>758,324</b>

Community Foundation of Central Florida, Inc  
2006 Form 990  
Part II, Line 22b

59-3182886

<i>Year ended April 30,</i>	<b>2007</b>
<b>Distributions from Agency Endowments:</b>	
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)
<b>Total distributions from agency endowments</b>	<b>407,268</b>
<b>Total other grants</b>	<b>\$ 1,165,592</b>

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)
	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.
<b>TOTAL TO FM 990, LN 43</b>	<b>874,718.</b>	<b>685,060.</b>	<b>145,163.</b>	<b>44,495.</b>

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				118,450.

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

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

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

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

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.