

October 26, 2005

The Golden Rule Foundation, Inc.
225 South Swoope Avenue No. 107
Maitland, FL 32751
Attention: Henry Vales

Dear Henry:

Enclosed are the original and one copy of the 2004 Exempt Organization return, as follows...

2004 FORM 990

Each original should be dated, signed and filed in accordance with the filing instructions. The copy should be retained for your files.

We have prepared the return from information you furnished us without verification. Upon examination of the return by tax authorities, requests may be made for underlying data. We therefore recommend that you preserve all records which you may be called upon to produce in connection with such possible examinations.

Please review the return for completeness and accuracy.

We recommend that you use certified mail with post marked receipt for proof of timely filing.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax return.

Very truly yours,

Cheryl Yeomans

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

June 30, 2005

Prepared for	The Golden Rule Foundation, Inc. 225 South Swoope Avenue No. 107 Maitland, FL 32751
Prepared by	Tedder, James, Worden & Associates, P.A. 800 N. Magnolia Avenue, Suite 1700 Orlando, FL 32803
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Internal Revenue Service Center Ogden, UT 84201-0027
Return must be mailed on or before	November 15, 2005
Special Instructions	The return should be signed and dated.

Return of Organization Exempt From Income Tax

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

2004

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2004 calendar year, or tax year beginning **JUL 1, 2004** and ending **JUN 30, 2005**

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return
 Amended return
 Application pending

C Name of organization
THE GOLDEN RULE FOUNDATION, INC.
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
225 SOUTH SWOOPE AVENUE 107
 City or town, state or country, and ZIP + 4
MAITLAND, FL 32751

D Employer identification number
59-3611339

E Telephone number
407-647-4047

F Accounting method: Cash Accrual
 Other (Specify):

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

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes," enter number of affiliates

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

G Website: **WWW.DOUNTOOTHERS.NET**

J Organization type: 501(c)(3) 4947(a)(1) or 527

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

I Group Exemption Number

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

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **201,533.**

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

1 Contributions, gifts, grants, and similar amounts received:				
a	Direct public support	1a	126,654.	
b	Indirect public support	1b		
c	Government contributions (grants)	1c		
d	Total (add lines 1a through 1c) (cash \$ 118,108. noncash \$ 8,546.)	1d	126,654.	
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		
3	Membership dues and assessments	3		
4	Interest on savings and temporary cash investments	4	212.	
5	Dividends and interest from securities	5		
6 a	Gross rents	6a		
b	Less: rental expenses	6b		
c	Net rental income or (loss) (subtract line 6b from line 6a)	6c		
7	Other investment income (describe)	7		
8 a	Gross amount from sales of assets other than inventory	(A) Securities 8a	(B) Other	
b	Less: cost or other basis and sales expenses	8b		
c	Gain or (loss) (attach schedule)	8c		
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8d		
9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			
a	Gross revenue (not including \$ 0. of contributions reported on line 1a)	9a	74,667.	
b	Less: direct expenses other than fundraising expenses	9b	38,844.	
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c	35,823.	
10 a	Gross sales of inventory, less returns and allowances	10a		
b	Less: cost of goods sold	10b		
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c		
11	Other revenue (from Part VII, line 103)	11		
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	162,689.	
13	Program services (from line 44, column (B))	13	86,148.	
14	Management and general (from line 44, column (C))	14	60,994.	
15	Fundraising (from line 44, column (D))	15	24,836.	
16	Payments to affiliates (attach schedule)	16		
17	Total expenses (add lines 16 and 44, column (A))	17	171,978.	
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	<9,289.>	
19	Net assets or fund balances at beginning of year (from line 13, column (A))	19	44,152.	
20	Other changes in net assets or fund balances (attach explanation)	20	0.	
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	34,863.	

Part II Statement of Functional Expenses

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule)				
	Cash \$ 38,243. Non-cash \$	38,243.	38,243.	STATEMENT 3	
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc.	87,099.	39,100.	23,163.	24,836.
26	Other salaries and wages				
27	Pension plan contributions				
28	Other employee benefits				
29	Payroll taxes				
30	Professional fundraising fees				
31	Accounting fees	14,722.		14,722.	
32	Legal fees				
33	Supplies	7,271.	3,953.	3,318.	
34	Telephone	2,753.		2,753.	
35	Postage and shipping	409.		409.	
36	Occupancy	6,435.		6,435.	
37	Equipment rental and maintenance				
38	Printing and publications	2,980.		2,980.	
39	Travel	2,375.	1,396.	979.	
40	Conferences, conventions, and meetings				
41	Interest				
42	Depreciation, depletion, etc. (attach schedule)	2,963.		2,963.	
43	Other expenses not covered above (itemize):				
a	MISCELLANEOUS	3,356.	3,356.		
b	EDUCATION	903.	100.	803.	
c	BANK CHARGES	572.		572.	
d	DUES & SUBSCRIPTIONS	45.		45.	
e	INSURANCE	1,852.		1,852.	
44	Total functional expenses (add lines 22 through 43) (organizations not making claims (a)-(d) enter these figures on lines 13-15)	171,978.	86,148.	60,994.	24,836.

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____;
 (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? **SEE STATEMENT 2**

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 section 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

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

a	PROVIDING HANDS-ON SERVICE-LEARNING PROGRAMS TO CHILDREN IN GRADES K THROUGH 5 IN CENTRAL FLORIDA ELEMENTARY SCHOOLS.	(Grants and allocations \$ _____)	86,148.
b		(Grants and allocations \$ _____)	
c		(Grants and allocations \$ _____)	
d		(Grants and allocations \$ _____)	
e	Other program services (attach schedule)	(Grants and allocations \$ _____)	
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)		86,148.

Part IV Balance Sheets

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year	(B) End of year
Assets	45 Cash - non-interest-bearing		45
	46 Savings and temporary cash investments	32,561.	46 57,847.
	47 a Accounts receivable	47a	
	b Less: allowance for doubtful accounts	47b	47c
	48 a Pledges receivable	48a	
	b Less: allowance for doubtful accounts	48b	48c
	49 Grants receivable	7,500.	49 1,250.
	50 Receivables from officers, directors, trustees, and key employees		50
	51 a Other notes and loans receivable	51a	
	b Less: allowance for doubtful accounts	51b	51c
	52 Inventories for sale or use		52
	53 Prepaid expenses and deferred charges	585.	53 585.
	54 Investments - securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54
	55 a Investments - land, buildings, and equipment; basis	55a	
b Less: accumulated depreciation	55b	55c	
56 Investments - other		56	
57 a Land, buildings, and equipment; basis	57a 11,170.		
b Less: accumulated depreciation	57b 8,989.	57c 2,506.	
58 Other assets (describe SECURITY DEPOSIT)	1,000.	58 1,000.	
59 Total assets (add lines 45 through 58) (must equal line 74)	44,152.	59 62,863.	
Liabilities	60 Accounts payable and accrued expenses		60
	61 Grants payable		61
	62 Deferred revenue		62 28,000.
	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)		65
66 Total liabilities (add lines 60 through 65)	0.	66 28,000.	
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	36,652.	67 27,106.
	68 Temporarily restricted	7,500.	68 7,757.
	69 Permanently restricted		69
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.		
	70 Capital stock, trust principal, or current funds		70
	71 Paid-in or capital surplus, or land, building, and equipment fund		71
	72 Retained earnings, endowment, accumulated income, or other funds		72
73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 23)	44,152.	73 34,863.	
74 Total liabilities and net assets / fund balances (add lines 66 and 73)	44,152.	74 62,863.	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part VI Other Information		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A	78b	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b	If "Yes," enter the name of the organization and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81 a	Enter direct or indirect political expenditures. See line 81 instructions 81a 0.		
b	Did the organization file Form 1120-POL for this year?	81b	X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	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 147,034.		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A	84b	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? N/A	85a	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A	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 N/A		
d	Section 162(e) lobbying and political expenditures 85d N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A	85g	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A	85h	
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12 86a N/A		
b	Gross receipts, included on line 12, for public use of club facilities 86b N/A		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders 87a N/A		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b N/A		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 0.; section 4912 0.; section 4955 0.		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		0.
90 a	List the states with which a copy of this return is filed N/A		
b	Number of employees employed in the pay period that includes March 12, 2004 90b 2		
91	The books are in care of HENRY VALES Telephone no. 407-647-4047		

Located at 225 SWOOPE AVENUE, STE. 107, MAITLAND, FL

ZIP+4 32751

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 page 33 of the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a _____					
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			14	212.	
96 Dividends and interest from securities					
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					
101 Net income or (loss) from special events			01	35,823.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (F))		0.		36,035.	0.
105 Total (add line 104, columns (B), (D), and (E))					36,035.

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

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 34 of the instructions.)

Line No.	Explain how each activity for which income is reported in column (F) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.)

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

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Please Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer _____ Date _____ Type or print name and title _____

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____ Check if self-employed: Preparer's SSN or PTIN: _____

Firm's name (or your own if self-employed), address, and ZIP + 4: **TEDDER, JAMES, WORDEN & ASSOCIATES, P.A.**
800 N. MAGNOLIA AVENUE, SUITE 1700
ORLANDO, FL 32803 EIN: _____

Phone no.: **407-898-2727**

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

OMB No. 1545-0047

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

2004

Supplementary Information-(See separate instructions.)

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

Department of the Treasury
Internal Revenue Service

Name of the organization **THE GOLDEN RULE FOUNDATION, INC.** Employer identification number **59-3611339**

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
NONE				
Total number of other employees paid over \$50,000	▶ 0			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

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

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

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities: $\$$ _____ $\$$ _____ (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 5708 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V, FORM 990	X	
e Transfer of any part of its income or assets?		X
3 a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.) SEE STATEMENT S	X	
b Do you have a section 403(b) annuity plan for your employees?		X
4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		X

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

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

- 5** A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6** A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7** A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8** A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9** A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iv). 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 1/8% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13** An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).) Provide the following information about the supported organizations. (See page 5 of the instructions.)

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

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

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.
 Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	173,326.	310,301.	304,122.	184,753.	972,502.
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	61,259.				61,259.
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	51.	82.	3,749.	2,181.	6,063.
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					
23 Total of lines 15 through 22	234,636.	310,383.	307,871.	186,934.	1,039,824.
24 Line 23 minus line 17	173,377.	310,383.	307,871.	186,934.	978,565.
25 Enter 1% of line 23	2,346.	3,104.	3,079.	1,869.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (c), line 24					26a 19,571.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 184,715.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 978,565.
d Add: Amounts from column (e) for lines: 18 6,063. 19					26d 190,778.
22 26b 184,715.					26e 787,787.
e Public support (line 26c minus line 26d total)					26f 80.5043%
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A					
(2003) (2002) (2001) (2000)					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A					
(2003) (2002) (2001) (2000)					
c Add: Amounts from column (e) for lines: 15 16					27c N/A
17 20 21					27d N/A
d Add: line 27a total and line 27b total					27e N/A
e Public support (line 27c total minus line 27d total)					27f N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27g N/A %
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27h N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					NONE

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

N/A

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

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

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

N/A

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

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

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred.)		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		\$500,000 plus 25% of the excess over \$500,000
	Over \$1,000,000 but not over \$1,500,000		\$175,000 plus 20% of the excess over \$1,000,000
	Over \$1,500,000 but not over \$17,000,000		\$225,000 plus 0% of the excess over \$1,500,000
	Over \$17,000,000		\$1,000,000
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

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

4-Year Averaging Period Under Section 501(h)

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

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
45	Lobbying nontaxable amount				0.
46	Lobbying ceiling amount (150% of line 45(e))				0.
47	Total lobbying expenditures				0.
48	Grassroots nontaxable amount				0.
49	Grassroots ceiling amount (150% of line 48(e))				0.
50	Grassroots lobbying expenditures				0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

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

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

	Yes	No	Amount
a			
b			
c			
d			
e			
f			
g			
h			
i			0.

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

Schedule B
(Form 990, 990-EZ, or
990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

2004

Name of organization

Employer identification number

THE GOLDEN RULE FOUNDATION, INC.

59-3611339

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule—see instructions.)

General Rule-

- For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules-

- For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ▶ \$

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions
for Form 990, Form 990-EZ, and Form 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2004)

Name of organization THE GOLDEN RULE FOUNDATION, INC.	Employer identification number 59-3611339
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Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	AVALON PARK 13001 FOUNDERS SQUARE DRIVE ORLANDO, FL 32828	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	CITIZENS' COMMISSIONS FOR CHILDREN 2002 A EAST MICHIGAN STREET ORLANDO, FL 32806-4998	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	MAYOR'S FAITH BASED GRANT & NEIGHBORHOOD ENHANCEMENT 400 S. ORANGE AVENUE ORLANDO, FL 32802	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	CONCORD MANAGEMENT LIMITED 1551 SANDSPUR ROAD MAITLAND, FL 32751	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	DARDEN RESTAURANTS FOUADATION P.O. BOX 593330 ORLANDO, FL 32859-3330	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	GLOBAL-WEST AUCTIONS 953 NORTH LAKE ADAIR BLVD. SUITE 600 ORLANDO, FL 32804	\$ 5,515.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization THE GOLDEN RULE FOUNDATION, INC.	Employer identification number 59-3611339
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Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	THE MEDLINE FOUNDATION ONE MEDLINE PLACE MUNDELEIN, IL 60060	\$ 28,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	NEXTEL 851 TRAFALGAR COURT SUITE 300 MAITLAND, FL 32751	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	TIGER WOODS FOUNDATION, INC 4281 KATELLA AVE SUITE 111 LOS ALAMITOS, CA 90720	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	VERITAS SOFTWARE FOUNDATION 6800 KNOLL CENTER PARKWAY SUITE 200 PLEASANTON, CA 94566	\$ 13,394.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	WESTGATE RESORTS FOUNDATION 5767 MAJOR BLVD. ORLANDO, FL 32819	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	CLAY AND DEBORAH WORDEN 1216 KYLESTON CT. ORLANDO, FL 32806-1422	\$ 5,908.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization THE GOLDEN RULE FOUNDATION, INC.	Employer identification number 59-3611339
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Part I Contributors (See Specific Instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	MICHAEL WRIGHT 867 CRANES COURT MAITLAND, FL 32751	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

THE GOLDEN RULE FOUNDATION, INC.

59-3611339

Part II Noncash Property (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
12		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

Asset Number	Description of property							
	Date placed in service	Method/IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
	MANAGEMENT AND GENERAL							
1	OFFICE FURNITURE AND EQUIPMENT							
	122999	SL	5.00	16	544.		544.	0.
2	COMPUTER							
	102201	SL	3.00	16	954.		849.	105.
3	OFFICE FURNITURE AND EQUIPMENT							
	120202	SL	3.00	16	250.		111.	83.
4	GIFTFAKER SOFTWARE							
	070102	SL	3.00	16	6,784.		4,522.	2,262.
5	LAPTOP COMPUTER							
	113004	SL	3.00	16	2,638.			513.
	* 990 PAGE 2 TOTAL MANAGEMENT AND GENERAL				11,170.	0.	6,026.	2,963.
	* GRAND TOTAL 990 PAGE 2 DEPR				11,170.	0.	6,026.	2,963.

FORM 990	SPECIAL EVENTS AND ACTIVITIES				STATEMENT	1
DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME	
GOLDEN EVENING AT THE ESTATE GALA CHARITY GOLF TOURNAMENT	74,667.		74,667.	31,693. 7,151.	42,974. <7,151.>	
TO FM 990, PART I, LINE 9	74,667.		74,667.	38,844.	35,823.	

FORM 990	STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE	STATEMENT	2
PART III			

EXPLANATION

TO PROVIDE EDUCATIONAL AND SOCIAL PROGRAMS, AS WELL AS TO RAISE MONEY TO BENEFIT CHILDREN IN VARIOUS COMMUNITIES AND CITIES. DURING THE PAST YEAR, THE GOLDEN RULE FOUNDATION EXPANDED ITS HANDS-ON, COMMUNITY SERVICE PROGRAM TO THREE ADDITIONAL COUNTIES BESIDES ORANGE COUNTY. THE GOLDEN RULE FOUNDATION'S SERVICE-LEARNING PROGRAM RAN IN 42 ELEMENTARY SCHOOLS IN LAKE, ORANGE, OSCEOLA, AND SEMINOLE COUNTIES. THE PROGRAM REACHED OVER 3,000 CHILDREN AND HELPED THEM TO LEARN AND INTERNALIZE THE ROLE THEY PLAY IN THE COMMUNITY AND THE POWERFUL CHOICE THEY HAVE TO HELP OTHERS. THE GOLDEN RULE FUNDED AND FACILITATED 92 PROJECTS, WHICH HELPED A MYRIAD OF NON-PROFIT AGENCIES IN CENTRAL FLORIDA. THESE CHILDREN-RUN SERVICE PROJECTS GENERATED OVER 30,000 SERVICE HOURS FOR THE COMMUNITY. THE TYPES OF PROJECTS FUNDED INCLUDED ASSISTING THE ELDERLY, HELPING THE NEEDY, HELPING OTHER CHILDREN, ASSISTING THE SICK, BEAUTIFICATION/ENVIRONMENT, AND ANIMAL WELFARE. THE GOLDEN RULE WAS AWARDED THE DAILY POINT OF LIGHT AWARD, WHICH HONORS INDIVIDUALS AND VOLUNTEER GROUPS THAT HAVE A COMMITMENT TO CONNECT AMERICANS THROUGH SERVICE TO HELP MEET CRITICAL NEEDS IN THEIR COMMUNITIES.

FORM 990	CASH GRANTS AND ALLOCATIONS			STATEMENT	3
CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT	
COMMUNITY SERVICE PROJECTS	BROOKSHIRE ELEMENTARY	400 GREENE DR., WINTER PARK, FL 32792	N/A	1,000.	
COMMUNITY SERVICE PROJECTS	FRUITLAND PARK ELEMENTARY	304 W FOUNTAIN STREET, FRUITLAND PARK, FL 34731	N/A	500.	
COMMUNITY SERVICE PROJECTS	CHICKASAW ELEMENTARY	6900 AUTUMNVALE DR., ORLANDO, FL 32822	N/A	500.	

COMMUNITY SERVICE PROJECTS	GROVELAND ELEMENTARY	930 PARKWOOD STREET, GROVELAND, FL 34736	N/A	1,000.
COMMUNITY SERVICE PROJECTS	KILLARNEY ELEMENTARY	2401 WELLINGTON BOULEVARD, WINTER PARK, FL 32789	N/A	500.
COMMUNITY SERVICE PROJECTS	DOVER SHORES ELEMENTARY	1200 GASTON FOSTER RD., ORLANDO, FL 32812	N/A	500.
COMMUNITY SERVICE PROJECTS	HAMILTON ELEMENTARY	1501 E. 8TH ST., SANFORD, FL 32771	N/A	2,000.
COMMUNITY SERVICE PROJECTS	HUNGERFORD ELEMENTARY	230 COLLEGE ST., EATONVILLE, FL 32751	N/A	500.
COMMUNITY SERVICE PROJECTS	VILLAGES ELEMENTARY	695 ROLLING ACRES RD., LADY LAKE, FL 32159	N/A	1,000.
COMMUNITY SERVICE PROJECTS	LANCASTER ELEMENTARY	6700 SHERYL ANN DR., ORLANDO, FL 32809	N/A	1,500.
COMMUNITY SERVICE PROJECTS	LOST LAKE ELEMENTARY	1901 JOHNS LAKE RD., CLERMONT, FL 34711	N/A	2,500.
COMMUNITY SERVICE PROJECTS	LAKE SIDE ELEMENTARY	900 NW 136 AVENUE PEMBROKE PINES, FL 33028	N/A	500.
COMMUNITY SERVICE PROJECTS	MCCOY ELEMENTARY	5225 S. SEMORAN BLVD., ORLANDO, FL 32822	N/A	500.
COMMUNITY SERVICE PROJECTS	LAKE SYBELIA ELEMENTARY	600 SANDSPUR ROAD, MAITLAND, FL 32751	N/A	500.
COMMUNITY SERVICE PROJECTS	MOLLIE RAY ELEMENTARY	2000 BEECHER ST., ORLANDO, FL 32808	N/A	729.
COMMUNITY SERVICE PROJECTS	PARTIN SETTLEMENT ELEMENTARY	2434 REMINGTON BLVD., KISSIMMEE, FL 34744	N/A	500.
COMMUNITY SERVICE PROJECTS	PINAR ELEMENTARY	3701 ANTHONY LANE, ORLANDO, FL 32822	N/A	750.

COMMUNITY SERVICE PROJECTS	REEDY CREEK ELEMENTARY	5100 EAGLES TRAIL, N/A KISSIMMEE, FL 34758	2,179.
COMMUNITY SERVICE PROJECTS	LEESBURG ELEMENTARY	2229 SOUTH STREET, N/A LEESBURG, FL 34748	1,500.
COMMUNITY SERVICE PROJECTS	ROSEMONT ELEMENTARY	4650 POINT LOOKOUT N/A RD., ORLANDO, FL 32808	3,460.
COMMUNITY SERVICE PROJECTS	WINDERMERE ELEMENTARY	11125 PARK AVENUE, N/A WINDERMERE, FL 34786	500.
COMMUNITY SERVICE PROJECTS	SUNRISE ELEMENTARY	101 LONE PALM RD., N/A ORLANDO, FL 32828	500.
COMMUNITY SERVICE PROJECTS	TAVARES ELEMENTARY	720 E. CLIFFORD N/A ST., TAVARES, FL 32778	500.
COMMUNITY SERVICE PROJECTS	TILDENVILLE ELEMENTARY	1221 BRICK RD., N/A WINTER GARDEN, FL 34787	1,250.
COMMUNITY SERVICE PROJECTS	TREADWAY ELEMENTARY	10619 TREADWAY N/A SCHOOL RD., LEESBURG, FL 34788	1,000.
COMMUNITY SERVICE PROJECTS	WATERFORD ELEMENTARY	12950 LAKE N/A UNDERHILL RD., ORLANDO, FL 32828	500.
COMMUNITY SERVICE PROJECTS	ZELLWOOD ELEMENTARY	3551 WASHINGTON N/A AVE., ZELLWOOD, FL 32798	500.
COMMUNITY SERVICE PROJECTS	RIVERSIDE ELEMENTARY	3125 PEMBROOK N/A DRIVE, ORLANDO, FL 32810	500.
COMMUNITY SERVICE PROJECTS	ROCK SPRINGS ELEMENTARY	2400 ROCK SPRINGS N/A ROAD, APOPKA, FL 32712	500.
SCHOLARSHIP	MICHAEL CHANDLERS	1543 SKYLINE N/A DRIVE, KISSIMMEE, FL 34744	500.
SCHOLARSHIP	KATHERINE TRACY	3315 GREENS N/A AVENUE, ORLANDO FL 32804	500.

SCHOLARSHIP	UNIVERSITY OF CENTRAL FLORIDA	4000 CENTRAL FLORIDA BLVD., ORLANDO, FL 32816	N/A	4,375.
SCHOLARSHIP	HEIDI SIMONS	1550 MYRTLE ST, SANFORD, FL 32773	N/A	500.
SCHOLARSHIP	JOSHUA PORTHOUSE	3360 STRATFORD LANE, MOUNT DORA, FL 32757	N/A	500.
SCHOLARSHIP	SAMANTHA RUIZ	1325 LE LOS TORO AVE , WINTER SPRINGS, FL 32708	N/A	500.
SCHOLARSHIP	AIDYBERT SILVA-ORTIZ	409 N. MAGNOLIA AVENUE ORLANDO ,FL 32801	N/A	500.
COMMUNITY SERVICE PROJECTS	CATALINA ELEMENTARY	2510 GULFSTREAM ROAD, ORLANDO, FL 32805	N/A	1,000.
COMMUNITY SERVICE PROJECTS	EUSTIS ELEMENTARY	714 E CITRUS AVE, EUTIS, FL 32726	N/A	500.
COMMUNITY SERVICE PROJECTS	THREE POINTS ELEMENTARY	4001 S GOLDENROD ROAD, ORLANDO, FL 32822	N/A	500.
SCHOLARSHIP	COURTNEY SAMORL		N/A	500.
SCHOLARSHIP	JEREMIAH PEREZ	P.O. BOX 203, WINDERMERE, FL 34786	N/A	500.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22				<u>38,243.</u>

FORM 990 **DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT** **STATEMENT** **4**

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
OFFICE FURNITURE AND EQUIPMENT	544.	544.	0.
COMPUTER	954.	954.	0.
OFFICE FURNITURE AND EQUIPMENT	250.	194.	56.
GIFTMAKER SOFTWARE	6,784.	6,784.	0.
LAPTOP COMPUTER	2,638.	513.	2,125.
TOTAL TO FORM 990, PART IV, LN 57	11,170.	8,989.	2,181.

FORM 990 **OTHER REVENUE NOT INCLUDED ON FORM 990** **STATEMENT** **5**

DESCRIPTION	AMOUNT
SPECIAL EVENTS EXPENSES NETTED WITH REVENUE	38,844.
TOTAL TO FORM 990, PART IV-A	38,844.

FORM 990 **OTHER EXPENSES NOT INCLUDED ON FORM 990** **STATEMENT** **6**

DESCRIPTION	AMOUNT
SPECIAL EVENTS EXPENSES NETTED WITH REVENUE	38,844.
TOTAL TO FORM 990, PART IV-B	38,844.

FORM 990

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

STATEMENT 7

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
BRAD HAMMAN 225 SOUTH SWOOPE, STE. 107 MAITLAND, FL 32751	TREASURER 1	0.	0.	0.
HENRY VALES 225 SOUTH SWOOPE, STE. 107 MAITLAND, FL 32751	EXECUTIVE DIRECTOR 40	54,175.	0.	0.
ROBERT HENDRY 20 NORTH ORANGE AVE., STE. 407 ORLANDO, FL 32801	DIRECTOR 1	0.	0.	0.
JAMES TYSON 5850 T.G. LEE BLVD. ORLANDO, FL 32822	DIRECTOR 1	0.	0.	0.
SCOTT SUITS 450 SOUTH ORANGE AVE. ORLANDO, FL 32802	DIRECTOR 1	0.	0.	0.
KEN WHEELER 1155 LOUISIANA AVE., STE. 100 WINTER PARK, FL 32789	VICE CHAIR 3	0.	0.	0.
RAY COUDRIET 7635 ASHLEY PARK COURT, STE. 505 ORLANDO, FL 32835	DIRECTOR 1	0.	0.	0.
JOE CONTE 800 CONCOURSE PARKWAY SOUTH, STE. 200 MAITLAND, FL 32751	CHAIR 3	0.	0.	0.
KIMBROUGH JENNINGS 225 SOUTH SWOOPE, STE. 107 MAITLAND, FL 32751	PROGRAM MANAGER 40	32,924.	0.	0.
MYRON BROWN 245 BLUE STONE CIRCLE WINTER GARDEN, FL 34787	SECRETARY 3	0.	0.	0.

MICHAEL LEIF 118 OLYMPUS DRIVE OCOE, FL 34761	DIRECTOR 1	0.	0.	0.
KEITH EWING 4025 AVALON PARK EAST BLVD. ORLANDO, FL. 32828	DIRECTOR 1	0.	0.	0.
TICO PEREZ 200 S. ORANGE AVE. SUITE 2300 ORLANDO, FL. 32801	CORPORATE REPRESENTATIVE 1	0.	0.	0.
STEPHANIE HENLEY 1412 DRUID RD. MAITLAND, FL. 32751	DIRECTOR 1	0.	0.	0.
ERNEST PAGE 400 S. ORANGE AVE. SUITE 400 ORLANDO, FL. 32801	DIRECTOR 1	0.	0.	0.
DR. SHANNON RAY 4000 CENTRAL FLORIDA BLVD. ORLANDO, FL. 32816-1250	DIRECTOR 3	0.	0.	0.
DR. JOYCE MCLEOD 3277 LAKEVIEW OAKS DR. LONGWOOD, FL 32779	DIRECTOR 3	0.	0.	0.
GERALDINE GALLAGHER 190 S. ORANGE AVE. ORLANDO, FL. 32801	DIRECTOR 3	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V		87,099.	0.	0.

SCHEDULE A EXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS STATEMENT 8
PART III, LINE 3

GRANTS ARE GIVEN TO ELEMENTARY SCHOOL TEACHERS TO FUND SERVICE-LEARNING PROJECTS SELECTED FOR THEIR RESPECTIVE CLASSROOMS. THE RECIPIENTS ARE CHOSEN ON A COMPETITIVE BASIS BY THE BOARD MEMBERS AND PROGRAM STAFF, AND ARE RATED ON COMPREHENSIVENESS, REPLICATION ISSUES AND SPECIFIC OBJECTIVES. EACH TEACHER WHO PARTICIPATES IN THE SERVICE-LEARNING PROGRAM IS AWARDED A SCHOLARSHIP TO UNIVERSITY OF CENTRAL FLORIDA'S SUMMER SYMPOSIUM ON CHARACTER EDUCATION AND SOCIAL RESPONSIBILITY. COLLEGE SCHOLARSHIPS ARE AWARDED TO GRADUATING HIGH SCHOOL SENIORS WHO SUBMIT AN ESSAY, HAVE A LETTER OF RECOMMENDATION, ACHIEVE ACADEMIC EXCELLENCE, HAVE PROPER ATTENDANCE AND SHOW FINANCIAL NEED BUT PRIMARILY ON COMMUNITY INVOLVEMENT IN VOLUNTEERISM. THE APPLICATIONS ARE REVIEWED BY A PANEL OF SIX JUDGES FROM THE BOARD OF DIRECTORS AND COMMUNITY LEADERS FROM THE TRI-COUNTY AREA.