

Form **990**

OMB No 1545-0047

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)

2002

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 2002 calendar year, or tax year beginning 7/01/02 , and ending 6/30/03

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

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
211 Brevard, Inc.

Number and street (or P O box if mail is not delivered to street address) Room/suite
P.O. Box 417

City or town, state or country, and ZIP + 4
Cocoa FL 32923-0417

D Employer ID number
59-1897447

E Telephone number
321-631-9290

F Accounting method: Cash Accrual Other (specify)

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

G Web site: www.211brevard.org

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

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

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 no. of affiliates Yes No

H(c) Are all affiliates included? Yes No (If "No," att a list See instr)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Enter 4-digit GEN

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 12 577,766

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 17 of the instructions.)

1 Contributions, gifts, grants, and similar amounts received:				
a Direct public support	1a	13,571		
b Indirect public support	1b	172,523		
c Government contributions (grants)	1c	291,973		
d Total (add lines 1a through 1c) (cash \$ <u>477,567</u> noncash \$ <u>500</u>)			1d	478,067
2 Program service revenue including government fees and contracts (from Part VII, line 93)			2	30,194
3 Membership dues and assessments			3	
4 Interest on savings and temporary cash investments			4	505
5 Dividends and interest from securities			5	
6a 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	
8a Gross amount from sales of assets other than inventory	(A) Securities	(B) Other		
b Less cost or other basis and sales expenses	8a	64,000		
c Gain or (loss) (attach schedule)	8b	53,896		
d Net gain or (loss) (combine line 8c, columns (A) and (B))	8c	10,104	8d	10,104
9 Special events and activities (attach schedule)				
a Gross revenue (not including contributions reported on line 1a)	9a			
b Less: direct expenses other than fundraising expenses	9b			
c Net income or (loss) from special events (subtract line 9b from line 9a)			9c	
10a Gross sales of inventory, less returns and allowances	10a			
b Less cost of goods sold	10b			
c Gross profit or (loss) from sales of inventory (att. sch) (subtract line 10b from line 10a)			10c	
11 Other revenue (from Part VII, line 103)			11	5,000
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			12	523,870
13 Program services (from line 44, column (B))			13	469,665
14 Management and general (from line 44, column (C))			14	45,080
15 Fundraising (from line 44, column (D))			15	
16 Payments to affiliates (attach schedule)			16	
17 Total expenses (add lines 16 and 44, column (A))			17	514,745
18 Excess or (deficit) for the year (subtract line 17 from line 12)			18	9,125
19 Net assets or fund balances at beginning of year (from line 73, column (A))			19	284,812
20 Other changes in net assets or fund balances (attach explanation)		See Stmt 2	20	-5,136
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)			21	288,801

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2002)

FILMED FEB 27 2004

REVENUE

EXPENSES

NET ASSETS

RECEIVED
FEB 18 2004
OGDEN UT

11

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. (See page 21 of the instructions.)

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 \$ _____ non-cash \$ _____)				
23	Specific assistance to individuals				
24	Benefits paid to or for members				
25	Compensation of officers, directors, etc	44,746	43,637	1,109	
26	Other salaries and wages	198,805	196,524	2,281	
27	Pension plan contributions				
28	Other employee benefits	18,385	17,929	456	
29	Payroll taxes	19,980	19,485	495	
30	Professional fundraising fees				
31	Accounting fees	13,846	13,846		
32	Legal fees				
33	Supplies	31,779	31,769	10	
34	Telephone	12,186	11,998	188	
35	Postage and shipping	1,226	1,190	36	
36	Occupancy	30,122	29,218	904	
37	Equipment rental and maintenance	1,588		1,588	
38	Printing and publications	6,068	5,887	181	
39	Travel	1,539	1,515	24	
40	Conferences, conventions, and meetings	9,927	9,774	153	
41	Interest	2,584	2,508	76	
42	Depreciation, depletion, etc (attach schedule)	5,209	5,052	157	
43	Other expenses not covered above (itemize): a				
b	See Statement 3	116,755	79,333	37,422	
c					
d					
e					
44	Total functional expenses (add lines 22 - 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	514,745	469,665	45,080	0

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 (See page 24 of the instructions.)

What is the organization's primary exempt purpose?

▶ See Statement 4

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.)

Program Service Expenses
(Required for 501(c)(3) & (4) orgs. & 4947(a)(1) trusts, but optional for others.)

a	Operate a twenty-four hour helpline as a source of intervention and support for people in personal crisis or in need of information and referral. (Grants and allocations \$ _____)	327,206
b	Serve as the local fiscal and administrative agent for a Federal Emergency Management Agency grant program. (Grants and allocations \$ _____)	9,908
c	Administer a system to coordinate client intake for homeless persons in the Brevard County area and to track the services provided to them. (Grants and allocations \$ _____)	132,551
d		
e	Other program services (attach schedule) (Grants and allocations \$ _____)	
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)	469,665

Part IV Balance Sheets (See page 24 of 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
A s s e t s	45 Cash - non-interest-bearing	111,261	45	4,382
	46 Savings and temporary cash investments	39,764	46	45,360
	47a Accounts receivable			
	b Less: allowance for doubtful accounts		47c	
		30,675		
	48a Pledges receivable	155,984		
	b Less: allowance for doubtful accounts		48c	155,984
		148,168		
	49 Grants receivable		49	57,661
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a Other notes and loans receivable (attach schedule) See Worksheet	43,770		
	b Less: allowance for doubtful accounts		51c	43,770
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	1,512	53	5,789
	54 Investments-securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
	55a Investments-land, buildings, and equipment: basis			
	b Less: accumulated depreciation (attach schedule)		55c	
	56 Investments-other (attach schedule)		56	
	57a Land, buildings, and equipment: basis	15,595		
	b Less: accumulated depreciation (attach schedule)		57c	2,226
		13,369		
	58 Other assets (describe <input type="checkbox"/>)		58	
	59 Total assets (add lines 45 through 58) (must equal line 74)	392,679	59	315,172
L i a b i l i t i e s	60 Accounts payable and accrued expenses	14,759	60	26,371
	61 Grants payable		61	
	62 Deferred revenue	1,699	62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule) See Worksheet	20,218	64b	
	65 Other liabilities (describe <input type="checkbox"/> See Stmt 5)	71,191	65	
	66 Total liabilities (add lines 60 through 65)	107,867	66	26,371
NF e u n d A s s e t s o e r s	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	136,644	67	132,817
	68 Temporarily restricted	148,168	68	155,984
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19; column (B) must equal line 21)	284,812	73	288,801
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)	392,679	74	315,172

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 (See page 27 of the instructions.)

		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 See Stmt 7	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
78a	Did the organization have unrelated business gross inc. 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?	78b	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80a	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 <input type="checkbox"/> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81a	Enter direct or indirect political expenditures. See line 81 instr.	81a	
b	Did the organization file Form 1120-POL for this year?	81b	X
82a	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	
83a	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	N/A
84a	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?	84b	N/A
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a	N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	85b	N/A
c	Dues, assessments, and similar amounts from members	85c	
d	Section 162(e) lobbying and political expenditures	85d	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	85g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86	501(c)(7) orgs Enter: a Initiation fees and capital contributions included on line 12	86a	
b	Gross receipts, included on line 12, for public use of club facilities	86b	
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89a	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) orgs. 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 <input type="checkbox"/>		0
d	Enter. Amount of tax on line 89c, above, reimbursed by the organization <input type="checkbox"/>		0
90a	List the states with which a copy of this return is filed <input type="checkbox"/> None		
b	Number of employees employed in the pay period that includes March 12, 2002 (See instructions)	90b	16
91	The books are in care of <input type="checkbox"/> 211 Brevard, Inc. Located at <input type="checkbox"/> Cocoa, FL		
	Telephone no. <input type="checkbox"/> 321-631-9290 ZIP + 4 <input type="checkbox"/> 32923		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> 92		

Part VII Analysis of Income-Producing Activities (See page 31 of the instructions.)

	Unrelated business income		Excluded by sec 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
Note: Enter gross amounts unless otherwise indicated					
93 Program service revenue					
a _____					6,794
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					23,400
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	505	
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					10,104
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a _____					
b Misc			1	5,000	
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0		5,505	40,298
105 Total (add line 104, columns (B), (D), and (E))					45,803

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 32 of 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)
●	See Statement 8

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 32 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 33 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)

Under penalties of perjury, I declare that I have examined this return, including attachments, if any, and believe that it is true, correct, and complete. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has knowledge.

Please Sign Here

Signature of officer: *Elizabeth B Donohue*
 Type or print name and title: **Elizabeth B Donohue, Executive Director**

Paid Preparer's Use Only

Preparer's signature: *Jack James CPA*
 Firm's name (or yours if self-employed): **James, Key & Dinho**
 address, and ZIP + 4: **2717 North Wickham Melbourne, FL 329**

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),

501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

OMB No 1545-0047

2002

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

211 Brevard, Inc.

59-1897447

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 ben plans & deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$50,000 ▶				

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instr. 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 ▶		

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

Schedule A (Form 990 or 990-EZ) 2002

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 amount on line 38, Part VI-A, or line I of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities		X
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property?		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 exp if more than \$1,000)? See Part V, Form 990		X
e	Transfer of any part of its income or assets?		X
3	Does the organization make grants for scholarships, fellowships, student loans, etc ? (See Note below)		X
4	Do you have a section 403(b) annuity plan for your employees?	X	

Note: Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments

Part IV Reason for Non-Private Foundation Status (See pages 3 through 5 of the instructions.)

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

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i)
- 6 A school Section 170(b)(1)(A)(ii) (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8 A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii) **Enter the hospital's name, city, and state ▶**
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A)
- 12 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc , functions-subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) 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) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	255,697	458,421	432,919	290,064	1,437,101
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	86,408				86,408
18 Gross inc from int, dividends, amounts received from pymt on securities loans (section 512(a)(5)), rents, royalties, & unrelated busn taxable inc (less sec 511 taxes) from businesses acquired by the organization after June 30, 1975	4,473	2,432	156	2,381	9,442
19 Net income from unrelated business activities not included in line 18					
20 Tax revn levied for the organization's ben & either paid to it or expended on its behalf					
21 The value of serv or fac furnished to the org by a governmental unit without charge. Do not incl the value of serv or fac generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of cap assets.	6,690		2,750	7,897	17,337
23 Total of lines 15 through 22	353,268	460,853	435,825	300,342	1,550,288
24 Line 23 minus line 17	266,860	460,853	435,825	300,342	1,463,880
25 Enter 1% of line 23	3,533	4,609	4,358	3,003	
26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24				26a 29,278
	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 1998 through 2001 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts				26b
	c Total support for section 509(a)(1) test. Enter line 24, column (e)				26c 1,463,880
	d Add: Amounts from column (e) for lines: 18 <u>9,442</u> 19 _____				26d 26,779
	22 <u>17,337</u> 26b _____				
	e Public support (line 26c minus line 26d total)				26e 1,437,101
	f Public support percentage (line 26e (numerator) divided by line 26c (denominator))				26f 98.1707%

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

(2001) (2000) (1999) (1998)

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

(2001) (2000) (1999) (1998)

c Add. Amounts from column (e) for lines: 15 _____ 16 _____

17 _____ 20 _____ 21 _____

d Add: Line 27a total _____ and line 27b total _____

e Public support (line 27c total minus line 27d total)

f Total support for section 509(a)(2) test Enter amount on line 23, column (e) 27f _____

g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) 27g _____ %

h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) 27h _____ %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, 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.

Part V Private School Questionnaire (See page 7 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	N/A	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?	29		
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?	30		
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.)	31		
32 Does the organization maintain the following			
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
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?	33a		
b Admissions policies?	33b		
c Employment of faculty or administrative staff?	33c		
d Scholarships or other financial assistance?	33d		
e Educational policies?	33e		
f Use of facilities?	33f		
g Athletic programs?	33g		
h Other extracurricular activities?	33h		
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
34a Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement	34b		
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		

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

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

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)

Table with 3 columns: Line number, Description, (a) Affiliated group totals, (b) To be completed for ALL electing organizations. Rows include Total lobbying expenditures, Total exempt purpose expenditures, and Lobbying nontaxable amount.

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)

Table titled 'Lobbying Expenditures During 4-Year Averaging Period' with columns for Calendar year (2002, 2001, 2000, 1999) and Total. Rows include Lobbying nontaxable amount, Lobbying ceiling amount, Total lobbying expenditures, Grassroots nontaxable amount, Grassroots ceiling amount, and Grassroots lobbying expenditures.

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 instr.)

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:

- 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.)

Table with 3 columns: Yes, No, Amount. Rows correspond to items a through i.

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

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 12 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of:

- (i) Cash
(ii) Other assets
b Other transactions.
(i) Sales or exchanges of assets with a noncharitable exempt organization
(ii) Purchases of assets from a noncharitable exempt organization
(iii) Rental of facilities, equipment, or other assets
(iv) Reimbursement arrangements
(v) Loans or loan guarantees
(vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

Table with 3 columns: Question, Yes, No. Rows include 51a(i), a(ii), b(i), b(ii), b(iii), b(iv), b(v), b(vi), and c. All 'No' boxes are checked with an 'X'.

Table with 4 columns: (a) Line no, (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. The first row contains 'N/A' in column (a).

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

Yes No (No is checked)

b If "Yes," complete the following schedule:

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. The first row contains 'N/A' in column (a).

Other Notes and Loans Receivable

Form
990/990-PF

For calendar year 2002, or tax year beginning

7/01/02, and ending

6/30/03

2002

Name

211 Brevard, Inc.

Employer Identification Number

59-1897447

Form 990, Part IV, Line 51a - Additional Information

Name of borrower	Relationship to disqualified person
(1) David and Georgia Ralston	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1) 43,800	4/16/03	1/01/07	\$317/mo; balloon on 1/1/07	7.840
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Security provided by borrower	Purpose of loan
(1) Secured by real estate	Owner financed sale of real estate
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year	Fair market value (990-PF only)
(1)		43,770	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Totals		43,770	

Mortgages and Other Notes Payable

Form
990/990-PF

2002

For calendar year 2002, or tax year beginning

7/01/02, and ending

6/30/03

Name
211 Brevard, Inc.

Employer Identification Number
59-1897447

Form 990, Part IV, Line 64b - Additional Information

Name of lender	Relationship to disqualified person
(1) Wachovia	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1) 20,335	5/15/02	5/15/07	\$250 monthly incl interest	7.840
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Security provided by borrower	Purpose of loan
(1) Secured by real estate	Used to purchase real estate
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1) None	20,218	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Totals	20,218	

Federal Statements

Statement 1 - Form 990, Part I, Line 8c - Sale of Assets Other Than Inventory - Other

Desc								
	How Rec'd	Whom Sold	Date Acquired	Date Sold	Sale Price	Cost & Expense	Deprec	Gain/ -Loss
Building	Purchase		12/01/90	4/16/03	\$ 64,000	\$ 84,600	\$ 33,350	\$ 12,750
Building	Purchase		1/28/91	4/16/03		2,355	918	-1,437
Vinyl siding	Purchase		6/01/96	4/16/03		3,825	2,616	-1,209
Total					\$ 64,000	\$ 90,780	\$ 36,884	\$ 10,104

Federal Statements

Statement 2 - Form 990, Line 20 - Other Changes in Net Assets or Fund Balances

<u>Description</u>	<u>Amount</u>
Prior period adjustments:	\$
United Way revenue	12,000
Other revenue adjustments	<u>-17,136</u>
Total	\$ <u><u>-5,136</u></u>

Federal Statements**Statement 3 - Form 990, Part II, Line 43 - Other Functional Expenses**

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Mgt & General</u>	<u>Fund-Raising</u>
	\$	\$	\$	\$
Expenses				
Advertising	14,790	14,790		
Insurance	3,910	3,768	142	
Insurance	141	141		
Insurance	659	659		
Office	14,939	14,399	540	
Office	540	540		
Office	2,520	2,520		
Unauthorized expenditures	35,308		35,308	
Dues and fees	1,148		1,148	
Internet	7,846	7,562	284	
Internet	284	284		
Internet	16,655	16,655		
Service agency stipends	18,015	18,015		
Total	<u>\$ 116,755</u>	<u>\$ 79,333</u>	<u>\$ 37,422</u>	<u>\$ 0</u>

Statement 4 - Form 990, Part III - Organization's Primary Exempt Purpose

211 Brevard, Inc. operates the community's
211 information and referral and crisis intervention
telephone service.

Federal Statements

Statement 5 - Form 990, Part IV, Line 65 - Other Liabilities

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
Liability under agency transactions	\$ 71,191	\$
Total	\$ 71,191	\$ 0

Federal Statements

Statement 6 - Form 990, Part V - List of Officers, Directors, Trustees, and Key Employees

Name			Title	Average Hours	City, State, Zip
Comp	Benefits	Expenses	Address		
Elizabeth Donoghue			Exe dir, Sec	40	Melbourne, FL
44,746	0	0			
Joan Madden	0	0	Past Pres	various	Melbourne, FL
Malcolm McLouth	0	0	President	various	Cape Canaveral, FL
Joyce Boudrie	0	0	Member	various	Indialantic, FL
Rhonda Babb	0	0	Member	various	Melbourne, FL
Diane Baccus Horsley	0	0	Member	various	Indialantic, FL
Steve Gobeli	0	0	Member	various	Melbourne, FL
Anna Marsh	0	0	Treasurer	various	Rockledge, FL
Delores McLaughlin	0	0	Member	various	Viera, FL
Rick Stottler	0	0	Member	various	Cape Canaveral, FL
Carol Waters	0	0	Vice Pres	various	Melbourne, FL
Charles Crawford	0	0	Member	various	Titusville, FL
Gerry Ryan	0	0	Member	various	Rockledge, FL
Rosemary Laird	0	0	Member	various	Cocoa Beach, FL

Federal Statements

Statement 7 - Form 990, Part VI, Line 76 - Description of Not Previously Reported Activity

The Organization administers a system to coordinate client intake for homeless persons in the Brevard County area and to track the services provided to them.

Federal Statements

Statement 8 - Form 990, Part VIII - Relationship of Activities

<u>Line No.</u>	<u>Description</u>
93a	Fees from program recipients who benefit from an outreach program for isolated elderly individuals.
93g	Revenue from local government jurisdictions used to support community 211 information and referral phone line as well as the Homeless Management Information System program

Federal Asset Report

Indirect Depreciation

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Sec 168(k)	Basis for Depr	PerConv Meth	Prior	Current
Other Depreciation:										
1	Building	12/01/90	84,600				84,600	31 MO S/L	31,111	2,238
	Sold/Scrapped. 4/16/03									
2	Building	1/28/91	2,355				2,355	31 MO S/L	856	62
	Sold/Scrapped: 4/16/03									
3	Vinyl siding	6/01/96	3,825				3,825	10 MO S/L	2,329	319
	Sold/Scrapped: 4/16/03									
6	Ins software upgrade	10/31/97	2,697				2,697	5 MO S/L	2,518	179
7	SPSS software	4/05/00	1,198				1,198	5 MO S/L	719	240
45	ABI - cubicles	8/25/99	2,936				2,936	7 MO S/L	2,518	418
47	Telephone system	5/17/00	7,595				7,595	5 MO S/L	4,557	1,519
49	Computer (SBM)	8/09/00	1,094				1,094	5 MO S/L	438	219
50	Conference	5/17/01	75				75	5 MO S/L	30	15
	Total Other Depreciation		<u>106,375</u>				<u>106,375</u>		<u>45,076</u>	<u>5,209</u>
	Total ACRS and Other Depreciation		<u>106,375</u>				<u>106,375</u>		<u>45,076</u>	<u>5,209</u>
	Grand Totals		106,375				106,375		45,076	5,209
	Less: Dispositions		<u>90,780</u>				<u>90,780</u>		<u>34,296</u>	<u>2,619</u>
	Net Grand Totals		<u>15,595</u>				<u>15,595</u>		<u>10,780</u>	<u>2,590</u>

10,780
 Rounding (1)
 Agrees to Part IV 13,369