

Form 990

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)

OMB No 1545-0047

2001

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 2001 calendar year, or tax year beginning 10/01/01, and ending 9/30/02

- 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: COASTAL HEALTH SYSTEMS OF BREVARD, INC.
Number and street (or P O box if mail is not delivered to street address) Room/suite: POST OFFICE BOX 560750
City or town, state or country, and ZIP + 4: ROCKLEDGE FL 32955-0750

D Employer ID number: 59-2908075
E Telephone number: 321-633-7050
F Accounting method: [X] 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

G Web site

J Organization type

(check only one) [X] 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(a) Is this a group return for affiliates? [ ] Yes [X] No
H(b) If "Yes" enter no. of affiliates [ ] N/A [X] N/A
H(c) Are all affiliates included? [X] N/A [ ] Yes [ ] No
H(d) Is this a separate return filed by an organization covered by a group ruling? [ ] Yes [X] No

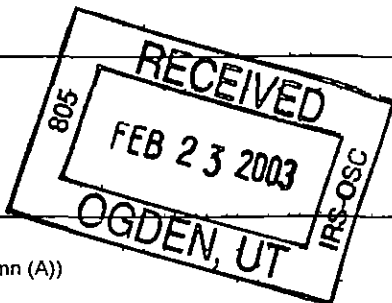
I Enter 4-digit GEN

M Check [X] 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: 5,114,697

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 16)

Table with 21 rows and 4 columns: Description, Sub-description, Amount, Total. Includes Revenue (lines 1-12) and Expenses (lines 13-17) sections.



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**Part II Statement of**

All organizations must complete column (A) Columns (B) (C) and (D) are required for section 501(c)(3) and (4) organizations

**Functional Expenses**

and section 4947(a)(1) nonexempt charitable trusts but optional for others (See Specific Instructions on page 21)

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 \$ _____ )	22				
23	Specific assistance to individuals	23				
24	Benefits paid to or for members	24				
25	Compensation of officers directors etc	25	174,253	174,253		
26	Other salaries and wages	26	2,530,736	2,223,612	307,124	
27	Pension plan contributions	27				
28	Other employee benefits	28	260,502	197,854	62,648	
29	Payroll taxes	29	211,241	165,110	46,131	
30	Professional fundraising fees	30				
31	Accounting fees	31				
32	Legal fees	32				
33	Supplies	33	19,953	19,953		
34	Telephone	34	27,472	21,679	5,793	
35	Postage and shipping	35				
36	Occupancy	36	27,084	9,316	17,768	
37	Equipment rental and maintenance	37	185,609	165,169	20,440	
38	Printing and publications	38				
39	Travel	39	13,184	8,140	5,044	
40	Conferences, conventions and meetings	40				
41	Interest	41	55,581		55,581	
42	Depreciation depletion, etc (att sch)	42	292,661	201,916	90,745	
43	Other expenses not covered above (itemize) a	43a				
	b SEE STATEMENT 1	43b	1,093,009	928,940	164,069	
	c	43c				
	d	43d				
	e	43e				
44	<b>Total functional expenses</b> (add lines 22-43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	4,891,285	3,941,689	949,596	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 Specific Instructions on page 24)**

What is the organization's primary exempt purpose?

**▶ TRANSPORTATION SERVICES**

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) and (4) orgs and 4947(a)(1) trusts but optional for others.)

a	<b>TRANSPORTATION OF AMBULANCE PATIENTS TO AND FROM MEDICAL FACILITIES.</b>	(Grants and allocations \$ _____ )	2,077,562
b	<b>TRANSPORTATION OF INDIVIDUALS WHO HAVE NO OTHER MEANS OF TRANSPORTATION TO MEDICAL APPOINTMENTS AND OTHER DAILY LIVING NEEDS.</b>	(Grants and allocations \$ _____ )	1,864,127
c		(Grants and allocations \$ _____ )	
d		(Grants and allocations \$ _____ )	
e	Other program services (attach schedule)	(Grants and allocations \$ _____ )	
f	<b>Total of Program Service Expenses</b> (should equal line 44 column (B) Program services)		<b>3,941,689</b>

**Part IV Balance Sheets** (See Specific Instructions on page 24 )

<b>Note</b>		<b>(A)</b>		<b>(B)</b>	
Where required attached schedules and amounts within the description column should be for end-of year amounts only		Beginning of year		End of year	
45	Cash-non-interest-bearing	10,306	45	10,639	
46	Savings and temporary cash investments	465,519	46	882,668	
47a	Accounts receivable	1,022,465			
b	Less allowance for doubtful accounts	292,393	47c	730,072	
48a	Pledges receivable				
b	Less allowance for doubtful accounts		48c		
49	Grants receivable		49		
50	Receivables from officers directors, trustees, and key employees (attach schedule)		50		
51a	Other notes and loans receivable (attach schedule)				
b	Less allowance for doubtful accounts		51c		
52	Inventories for sale or use		52		
53	Prepaid expenses and deferred charges		53		
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	3,283,449			
b	Less accumulated depreciation (attach schedule) <b>SEE STMT 2</b>				
57b	SEE STMT 3	1,572,640	57c	1,710,809	
58	Other assets (describe SEE STMT 3 )	128,014	58	88,879	
59	<b>Total assets</b> (add lines 45 through 58) (must equal line 74)	3,183,452	59	3,423,067	
60	Accounts payable and accrued expenses	380,110	60	397,502	
61	Grants payable		61		
62	Deferred revenue		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) <b>SEE WORKSHEET</b>	835,000	64b	833,811	
65	Other liabilities (describe )		65		
66	<b>Total liabilities</b> (add lines 60 through 65)	1,215,110	66	1,231,313	
<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74</b>					
67	Unrestricted	1,968,342	67	2,191,754	
68	Temporarily restricted		68		
69	Permanently restricted		69		
<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74</b>					
70	Capital stock trust principal or current funds		70		
71	Paid-in or capital surplus, or land building, and equipment fund		71		
72	Retained earnings, endowment, accumulated income, or other funds		72		
73	<b>Total net assets or fund balances</b> (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	1,968,342	73	2,191,754	
74	<b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)	3,183,452	74	3,423,067	

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 IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See Specific Instructions, page 26 )**

**Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return**

<b>a</b> Total revenue, gains and other support per audited financial statements ▶	<b>a</b>	<b>5,114,697</b>	<b>a</b> Total expenses and losses per audited financial statements ▶	<b>a</b>	<b>4,891,285</b>
<b>b</b> Amounts included on line a but not on line 12, Form 990			<b>b</b> Amounts included on line a but not on line 17 Form 990		
(1) Net unrealized gains on investments \$			(1) Donated services and use of facilities \$		
(2) Donated services and use of facilities \$			(2) Prior year adjustments reported on line 20, Form 990 \$		
(3) Recoveries of prior year grants \$			(3) Losses reported on line 20 Form 990 \$		
(4) Other (specify)			(4) Other (specify)		
\$			\$		
Add amounts on lines (1) through (4) ▶	<b>b</b>		Add amounts on lines (1) through (4) ▶	<b>b</b>	
<b>c</b> Line a minus line b ▶	<b>c</b>	<b>5,114,697</b>	<b>c</b> Line a minus line b ▶	<b>c</b>	<b>4,891,285</b>
<b>d</b> Amounts included on line 12 Form 990 but not on line a			<b>d</b> Amounts included on line 17, Form 990 but not on line a		
(1) Investment expenses not included on line 6b Form 990 \$			(1) Investment expenses not included on line 6b Form 990 \$		
(2) Other (specify)			(2) Other (specify)		
\$			\$		
Add amounts on lines (1) and (2) ▶	<b>d</b>		Add amounts on lines (1) and (2) ▶	<b>d</b>	
<b>e</b> Total revenue per line 12 Form 990 (line c plus line d) ▶	<b>e</b>	<b>5,114,697</b>	<b>e</b> Total expenses per line 17, Form 990 (line c plus line d) ▶	<b>e</b>	<b>4,891,285</b>

**Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see Specific Instructions on page 26 )**

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contrib to employee benefit plans & deferred compensation	(E) Expense account and other allowances
WILLIAM D. MCCARTHY ROCKLEDGE, FLORIDA	PRES./CEO 40	112,720	0	0
JULIA A. ALEXANDER ROCKLEDGE, FLORIDA	CFO/TREAS. 40	61,533	0	0
EMIL MILLER	CHAIRMAN 1	0	0	0
GEORGE MIKITARIAN	V. CHAIRMAN 1	0	0	0
LARRY GARRISON	V. CHAIRMAN 1	0	0	0
ROD BAKER	DIRECTOR 1	0	0	0
RICHARD BLAKE	DIRECTOR 1	0	0	0
REBEKAH DAVIS	DIRECTOR 1	0	0	0
ALBERT FRANCIS	DIRECTOR 1	0	0	0
SEE STATEMENT 4				

75 Did any officer, director trustee or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? ▶  Yes  No  
 If "Yes," attach schedule-see Specific Instructions on page 27

Part VI Other Information (See Specific Instructions on page 27)		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		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		X
78a	Did the organization have unrelated business gross inc of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
79	Was there a liquidation dissolution termination or substantial contraction during the year? If "Yes" attach a statement		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?	X	
b	If "Yes" enter the name of the organization <b>WUESTHOFF, CAPE CANAVERAL, &amp; N. BREV</b> and check whether it is <input checked="" 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?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	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?	N/A	
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	N/A	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? 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	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?	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?	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		0
d	Enter Amount of tax on line 89c, above reimbursed by the organization		0
90a	List the states with which a copy of this return is filed <b>FL</b>		
b	Number of employees employed in the pay period that includes March 12 2001 (See instructions)	90b	128
91	The books are in care of <b>JULIA A. ALEXANDER</b> Located at <b>486 GUS HIPP BLVD, ROCKLEDGE, FL</b>	Telephone no	<b>321-633-7050</b> ZIP + 4 <b>32955</b>
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		<input type="checkbox"/>

**Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 32 )**

**Note** Enter gross amounts unless otherwise indicated

	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	
93 Program service revenue					
a <b>AMBULANCE SERVICE</b>					2,754,294
b <b>TRANSPORTATION SERVICE</b>					1,541,232
c <b>NON-MEDICAL STRETCHER TRANSPO</b>					814,301
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	4,870	
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					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0		4,870	5,109,827
105 Total (add line 104, columns (B) (D), and (E))					5,114,697

**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 Specific Instructions on page 32 )**

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)
93A	<b>FEEES FOR AMBULANCE SERVICES PROVIDED</b>
93B	<b>FEEES FOR TRANSPORTATION SERVICES</b>
93C	<b>FEEES FOR STRETCHER TRANSPORTATION SERVICES</b>
	<b>SEE STATEMENT 5</b>

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 33 )**

(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 Specific Instructions on pg 33 )**

- (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 schedules and believe it is true, correct and complete. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has knowledge.

Signature of officer: *Julia Alexander*  
Type or print name and title: Julia Alexander, E

Preparer's signature: *Steph G. Ell*  
Firm's name (or yours if self-employed): DAVIES, HOUSER & S  
address and ZIP + 4: P.O. BOX 129 COCOA, FL 32923-0

**SCHEDULE A**  
(Form 990 of 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

**2001**

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

**COASTAL HEALTH SYSTEMS OF BREVARD,  
INC.**

Employer identification number

**59-2908075**

**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
<b>JEANMARIE PIERCE ROCKLEDGE, FLORIDA</b>	<b>V.P. OF OPER 40</b>	<b>63,207</b>	<b>0</b>	<b>0</b>
Total number of other employees paid over \$50 000	<b>0</b>			

**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
<b>NONE</b>		
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) 2001

**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 <b>▶</b> \$ _____ (Must equal amount on line 38, Part VI-A or line 1 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 expense if more than \$1,000)?	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	
<b>Note:</b> 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.			

SEE STMT 6

**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)(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 6 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) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)					
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	4,567,345	4,353,493	3,405,172	3,853,017	16,179,027
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	18,988	25,331	39,600	41,525	125,444
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			30,000	30,000	60,000
22 Other income Attach a schedule Do not include gain or (loss) from sale of cap assets <b>STMT 7</b>	39,037	15,651	52,122	7,668	114,478
23 Total of lines 15 through 22	4,625,370	4,394,475	3,526,894	3,932,210	16,478,949
24 Line 23 minus line 17	58,025	40,982	121,722	79,193	299,922
25 Enter 1% of line 23	46,254	43,945	35,269	39,322	

26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24	26a
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 1997 through 2000 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
d Add Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____		26d
e Public support (line 26c minus line 26d total)		26e
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))		26f %

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	(2000) 86,219 (1999) 86,219 (1998) 86,219 (1997) 43,780
---------------------------------------	---	---

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	(2000) _____ (1999) _____ (1998) _____ (1997) _____
c Add Amounts from column (e) for lines 15 _____ 16 _____ 17 <u>16,179,027</u> 20 _____ 21 <u>60,000</u>	27c <u>16,239,027</u>
d Add Line 27a total <u>302,437</u> and line 27b total _____	27d <u>302,437</u>
e Public support (line 27c total minus line 27d total)	27e <u>15,936,590</u>
f Total support for section 509(a)(2) test Enter amount on line 23, column (e)	27f <u>16,478,949</u>
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	27g <u>96.7088%</u>
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	27h <u>0.7612%</u>

28 Unusual Grants For an organization described in line 10 11, or 12 that received any unusual grants during 1997 through 2000, 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?			
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures catalogues, and other written communications with the public dealing with student admissions programs and scholarships?			
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe if "No" please explain (If you need more space attach a separate statement)			
32	Does the organization maintain the following			
a	Records indicating the racial composition of the student body, faculty and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures announcements, and other written communications to the public dealing with student admissions programs and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?  If you answered "No" to any of the above, please explain (If you need more space attach a separate statement)	32d		
33	Does the organization discriminate by race in any way with respect to			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?  If you answered "Yes" to any of the above please explain (If you need more space attach a separate statement)	33h		
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 )

		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
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-			
<b>If the amount on line 40 is-</b>			
Not over \$500,000			
Over \$500,000 but not over \$1,000,000			
Over \$1,000,000 but not over \$1,500,000			
Over \$1,500,000 but not over \$17,000,000			
Over \$17,000,000			
<b>The lobbying nontaxable amount is-</b>			
20% of the amount on line 40			
\$100,000 plus 15% of the excess over \$500,000			
\$175,000 plus 10% of the excess over \$1,000,000	41		
\$225,000 plus 5% of the excess over \$1,500,000			
\$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				
	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 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 12 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 )

Yes	No	Amount

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



**Mortgages and Other Notes Payable**

Form  
**990/990-PF**

**2001**

For calendar year 2001, or tax year beginning **10/01/01**, and ending **9/30/02**

Name  
**COASTAL HEALTH SYSTEMS OF BREVARD, INC.**

Employer Identification Number  
**59-2908075**

**FORM 990, PART IV, LINE 64B - ADDITIONAL INFORMATION**

Name of lender	Relationship to disqualified person
(1) <b>FIRST UNION NATIONAL BANK OF FLORIDA</b>	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1) <b>850,000</b>	<b>2/01/01</b>	<b>1/31/21</b>		<b>7.000</b>
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Security provided by borrower	Purpose of loan
(1) <b>BUILDING</b>	<b>CONSTRUCT NEW BUILDING</b>
(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)	<b>835,000</b>	<b>833,811</b>
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Totals</b>	<b>835,000</b>	<b>833,811</b>

**Federal Statements****Statement 1 - Form 990, Part II, Line 43 - Other Functional Expenses**

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
	\$	\$	\$	\$
EXPENSES				
ADVERTISING	8,540	27	8,513	
BAD DEBTS	272,167	272,167		
COLLECTIONS & OTHER	4,627	4,627		
CONTRACTUAL SERVICES	20,000	20,000		
DUES & EDUCATION	15,750	5,977	9,773	
GAS & OIL	154,086	151,711	2,375	
INSURANCE	473,131	404,003	69,128	
OFFICE, POSTAGE, LICENSES	42,026	26,674	15,352	
PROFESSIONAL FEES	73,317	14,671	58,646	
RECRUITMENT	12,853	12,571	282	
UNIFORMS & LAUNDRY	16,512	16,512		
TOTAL	<u>\$ 1,093,009</u>	<u>\$ 928,940</u>	<u>\$ 164,069</u>	<u>\$ 0</u>

**Federal Statements**

**Statement 2 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment**

<u>Description</u>	<u>Beginning of Year</u>	<u>Accum Deprec</u>	<u>End of Year</u>	<u>Accum Deprec</u>
VEHICLES				
	\$ 1,363,864	\$ 788,495	\$ 1,413,759	\$ 971,161
EQUIPMENT				
	515,269	337,291	586,389	414,327
LEASEHOLD IMPROVEMENTS				
AMBULANCE & EQUIPMENT				
	167,166	151,968	167,166	157,224
BUILDING				
	1,002,826	4,178	1,019,026	29,928
LAND				
	97,109		97,109	
TOTAL	<u>\$ 3,146,234</u>	<u>\$ 1,281,932</u>	<u>\$ 3,283,449</u>	<u>\$ 1,572,640</u>

**Statement 3 - Form 990, Part IV, Line 58 - Other Assets**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
DEPOSITS AND PREPAYMENTS	\$ 6,441	\$ 9,226
PREPAID INSURANCE	117,667	77,700
GOODWILL	20,391	20,391
ORGANIZATION COSTS	8,906	8,906
ACCUMULATED AMORTIZATION	-25,391	-27,344
TOTAL	<u>\$ 128,014</u>	<u>\$ 88,879</u>

**Federal Statements****Statement 4 - Form 990, Part V - List of Officers, Directors, Trustees, and Key Employees**

<u>Name</u>	<u>Title</u>	<u>Average Hours</u>	<u>Address</u>	<u>Compensation</u>	<u>Benefits</u>	<u>Expenses</u>
GEORGE LEWIS	DIRECTOR	1				
EARL SPENCER, JR	DIRECTOR	1				



**Federal Statements**

**Statement 5 - Form 990, Part VIII - Relationship of Activities**

<u>Line No</u>	<u>Description</u>
103	MISCELLANEOUS SOURCES OF REVENUE TO ENHANCE THE AMBULANCE AND TD PROGRAMS

**Statement 6 - Schedule A, Part III, Question 2d - Payment of Compensation**

SEE PART V, FORM 990

**Federal Statements**

**Statement 7 - Schedule A, Part IV-A, Line 22 - Other Income**

<u>Description</u>	<u>2000</u>	<u>1999</u>	<u>1998</u>	<u>1997</u>
TOTAL	\$ <u>39,037</u>	\$ <u>15,651</u>	\$ <u>52,122</u>	\$ <u>7,668</u>