

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

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 _____, and ending _____

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

C Name of organization: **Coalition for the Hungry & Homeless of Brevard Co., Inc.**
 Number and street (or P O box if mail is not delivered to street address): **P.O. Box 2201**
 City or town state or country and ZIP + 4: **Cocoa FL 32923-2201**

D Employer ID number: **59-2981409**

E Telephone number: **321-631-2549**

F Accounting method: 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 no. of affiliates: _____

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

G Web site: **N/A**

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**

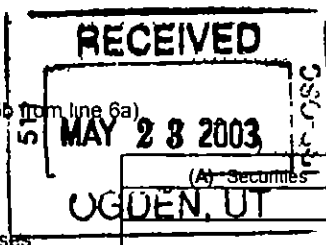
L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: **1,026,407**

I Enter 4-digit GEN: _____

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

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	175,052		
b	Indirect public support	1b	25,455		
c	Government contributions (grants)	1c	687,738		
d	Total (add lines 1a through 1c) (cash \$ 888,245 noncash \$ _____)			1d	888,245
2	Program service revenue including government fees and contracts (from Part VII, line 93)			2	137,587
3	Membership dues and assessments			3	
4	Interest on savings and temporary cash investments			4	423
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			
c	Gain or (loss) (attach schedule)	8b			
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8c			
9	Special events and activities (attach schedule)			8d	
a	Gross revenue (not including \$ _____ of 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	152
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			12	1,026,407
13	Program services (from line 44, column (B))			13	786,771
14	Management and general (from line 44, column (C))			14	105,126
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	891,897
18	Excess or (deficit) for the year (subtract line 17 from line 12)			18	134,510
19	Net assets or fund balances at beginning of year (from line 73, column (A))			19	330,592
20	Other changes in net assets or fund balances (attach explanation)			20	
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)			21	465,102



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Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (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 Stmt 1	13,350	13,350		
24	Benefits paid to or for members				
25	Compensation of officers, directors, etc	62,406	55,842	6,564	
26	Other salaries and wages	222,241	186,108	36,133	
27	Pension plan contributions				
28	Other employee benefits	33,564	28,529	5,035	
29	Payroll taxes	20,500	17,425	3,075	
30	Professional fundraising fees				
31	Accounting fees	9,725	4,863	4,862	
32	Legal fees				
33	Supplies	13,986	3,801	10,185	
34	Telephone	17,253	10,869	6,384	
35	Postage and shipping	1,386	693	693	
36	Occupancy	168,998	162,116	6,882	
37	Equipment rental and maintenance	50,683	50,176	507	
38	Printing and publications	1,558	779	779	
39	Travel	2,168	1,236	932	
40	Conferences, conventions, and meetings	966	483	483	
41	Interest	13,365	13,365		
42	Depreciation, depletion, etc (attach schedule)	28,958	26,098	2,860	
43	Other expenses not covered above (itemize) a				
b	See Statement 2	230,790	211,038	19,752	
c					
d					
e					
44	Total functional expenses (add lines 22 - 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	891,897	786,771	105,126	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?	Program Service Expenses (Required for 501(c)(3) & (4) orgs & 4947(a)(1) trusts, but optional for others.)
<p>Coordinate services to hungry & homeless people</p> <p>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.)</p> <p>a Provide transitional housing and supportive services to hungry and homeless persons in Brevard County, Florida Number benefited: 2266 individuals served, 216 housed (Grants and allocations \$ _____)</p>	786,771
<p>b _____ (Grants and allocations \$ _____)</p>	
<p>c _____ (Grants and allocations \$ _____)</p>	
<p>d _____ (Grants and allocations \$ _____)</p>	
<p>e Other program services (attach schedule) (Grants and allocations \$ _____)</p>	
<p>f Total of Program Service Expenses (should equal line 44, column (B), Program services)</p>	786,771

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
45	Cash - non-interest-bearing	27,014	45	28,652
46	Savings and temporary cash investments	70,596	46	11,019
47a	Accounts receivable	11,872		
b	Less allowance for doubtful accounts		47c	11,872
47b		2,385		
48a	Pledges receivable	23,255		
b	Less allowance for doubtful accounts		48c	23,255
48b		5,000		
49	Grants receivable	28,066	49	
50	Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
51a	Other notes and loans receivable (attach schedule)			
51a				
b	Less allowance for doubtful accounts		51c	
51b				
52	Inventories for sale or use		52	
53	Prepaid expenses and deferred charges		53	15,634
54	Investments-securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
55a	Investments-land, buildings, and equipment basis			
55a				
b	Less accumulated depreciation (attach schedule)		55c	
55b				
56	Investments-other (attach schedule)		56	
57a	Land, buildings, and equipment basis	773,408		
57a				
b	Less accumulated depreciation (attach schedule) See Stmt 3			
57b		108,861	57c	664,547
58	Other assets (describe See Stmt 4)	3,875	58	3,479
59	Total assets (add lines 45 through 58) (must equal line 74)	457,549	59	758,458
60	Accounts payable and accrued expenses	10,563	60	18,846
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) See Worksheet	112,500	64b	268,578
65	Other liabilities (describe See Stmt 5)	3,894	65	5,932
66	Total liabilities (add lines 60 through 65)	126,957	66	293,356
Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
67	Unrestricted	325,592	67	441,847
68	Temporarily restricted	5,000	68	23,255
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)	330,592	73	465,102
74	Total liabilities and net assets / fund balances (add lines 66 and 73)	457,549	74	758,458

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 page 26 of the instructions)

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

a	Total revenue gains, & other support per audited financial statements	a	1,026,407
b	Amounts included on line a but not on line 12, Form 990		
(1)	Net unrealized gains on investments \$		
(2)	Donated services and use of facilities \$		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify)		
	\$		
	Add amounts on lines (1) through (4)	b	
c	Line a minus line b	c	1,026,407
d	Amounts included on line 12, Form 990 but not on line a		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify)		
	\$		
	Add amounts on lines (1) and (2)	d	
e	Total revenue per line 12, Form 990 (line c plus line d)	e	1,026,407

a	Total expenses and losses per audited financial statements	a	891,897
b	Amounts included on line a but not on line 17, Form 990		
(1)	Donated services and use of facilities \$		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify)		
	\$		
	Add amounts on lines (1) through (4)	b	
c	Line a minus line b	c	891,897
d	Amounts included on line 17, Form 990 but not on line a		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify)		
	\$		
	Add amounts on lines (1) and (2)	d	
e	Total expenses per line 17, Form 990 (line c plus line d)	e	891,897

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated see page 26 of the instructions)

(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
Doug Weinburg Merritt Island, FL	President Various	0	0	0
Ron Caprilla West Melbourne, FL	V-President Various	0	0	0
Marilyn S. Hooper Cocoa Beach, FL	Secretary Various	0	0	0
Don Lear Indian Harbour Beach, FL	Treasurer Various	0	0	0
Sidney Bristor Melbourne, FL	Director Various	0	0	0
Nick Garvey Cocoa, FL	Director Various	0	0	0
Sue Panzarello Cocoa, FL	Director Various	0	0	0
Virginia Ferguson Cocoa, FL	Exec Directr 40	31,433	0	0
Kenneth Stallsmith Melbourne, FL	CFO 40	30,974	0	0

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 page 26 of the instructions

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		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
78b	b If "Yes," has it filed a tax return on Form 990-T for this year?		
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
81a	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		
81b	b Did the organization file Form 1120-POL for this year?		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?	X	
82b	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)		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b	b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
84b	b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
85a	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	N/A	
85b	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	
85c	c Dues, assessments, and similar amounts from members		
85d	d Section 162(e) lobbying and political expenditures		
85e	e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
85f	f Taxable amount of lobbying and political expenditures (line 85d less 85e)		
85g	g Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	N/A	
85h	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	
86a	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12		
86b	b Gross receipts, included on line 12, for public use of club facilities		
87a	501(c)(12) orgs Enter a Gross income from members or shareholders		
87b	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
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		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>		
89b	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		X
89c	c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0
89d	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 <input type="checkbox"/> FL		
90b	b Number of employees employed in the pay period that includes March 12 2002 (See instructions)		9
91	The books are in care of <input type="checkbox"/> Coalition for Hungry and Homeless Located at <input type="checkbox"/> Cocoa, FL Telephone no <input type="checkbox"/> 321-631-2549 ZIP + 4 <input type="checkbox"/> 32923		
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"/> 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 Rental income					137,587
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	423	
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 Miscellaneous			1	152	
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0		575	137,587
105 Total (add line 104 columns (B), (D), and (E))					138,162

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)
93a	Payments from persons in supportive services programs

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)

Please Sign Here

Under penalties of perjury I declare that I have examined this return including schedules and attachments 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.

Signature of officer: *[Signature]*
Type or print name and title: **KENNETH STALL**

Paid Preparer's Use Only

Preparer's signature: *[Signature]*
Firm's name (or yours if self-employed): **Janes, Key & Dinho**
address, and ZIP + 4: **2717 North Wickham Melbourne, FL 3293**

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

**Coalition for the Hungry & Homeless
of Brevard Co., Inc.**

Employer identification number

59-2981409

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)	595,894	417,177	424,667	275,553	1,713,291
16 Membership fees received		100		150	250
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	73,034	77,872	48,246	25,852	225,004
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	479	1,639		498	2,616
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 gen erally furnished to the public without charge					
22 Other income Attach a schedule Do not include gain or (loss) from sale of cap assets Stmt 6	323	11	113	593	1,040
23 Total of lines 15 through 22	669,730	496,799	473,026	302,646	1,942,201
24 Line 23 minus line 17	596,696	418,927	424,780	276,794	1,717,197
25 Enter 1% of line 23	6,697	4,968	4,730	3,026	

26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24	26a	34,344
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	21,968
c Total support for section 509(a)(1) test Enter line 24 column (e)		26c	1,717,197
d Add Amounts from column (e) for lines 18 2,616 19 21,968 22 1,040 26b 21,968		26d	25,624
e Public support (line 26c minus line 26d total)		26e	1,691,573
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))		26f	98.5078%

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			27c
e Public support (line 27c total minus line 27d total)			27d
f Total support for section 509(a)(2) test Enter amount on line 23, column (e)		27f	27e
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?			
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		

Mortgages and Other Notes PayableForm
990/990-PF**2002**

For calendar year 2002, or tax year beginning , and ending

Name

**Coalition for the Hungry & Homeless
of Brevard Co., Inc.**

Employer Identification Number

59-2981409**Form 990, Part IV, Line 64b - Additional Information**

Name of lender	Relationship to disqualified person
(1) Riverside National Bank	None
(2) Riverside National Bank	None
(3) Florida Community Loan Fund	None
(4) Riverside National Bank	None
(5) Riverside Leasing Company	None
(6)	
(7)	
(8)	
(9)	
(10)	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1) 64,000	1/21/01	12/18/06	\$585 Monthly P & I	7.250
(2) 10,000	12/07/01	12/04/04	\$309 Monthly P & I	6.990
(3) 38,500	12/17/01	1/17/18	\$325 Monthly P & I	6.000
(4) 14,000	7/25/02	1/25/18	\$269 Monthly P & I	5.750
(5) 8,000	4/19/02	3/19/07	\$205 Monthly P & I	19.170
(6)				
(7)				
(8)				
(9)				
(10)				

Security provided by borrower	Purpose of loan
(1) Mortgage on property	Refinance Duncan note
(2) 2002 Dodge Van	Finance van
(3) Real property	Purchase property/transit'l housing
(4) Real estate	Purchase property
(5) Minolta Digital Copier	Finance copier
(6)	
(7)	
(8)	
(9)	
(10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1) None	64,000	61,610
(2) None	10,000	6,667
(3) None	38,500	180,000
(4) None		13,187
(5) None		7,114
(6)		
(7)		
(8)		
(9)		
(10)		
Totals	112,500	268,578

Federal Statements**Statement 1 - Form 990, Part II, Line 23 - Specific Assistance to Individuals**

Description	Amount
Direct aid	\$ 13,350
Total	<u>\$ 13,350</u>

Statement 2 - Form 990, Part II, Line 43 - Other Functional Expenses

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
	\$	\$	\$	\$
Expenses				
Advertising	1,206		1,206	
Fundraising	3,618		3,618	
Insurance	11,700	8,127	3,573	
Miscellaneous	10,798		10,798	
Professional fees	517	258	259	
Support services	173,105	173,105		
Utilities	29,846	29,548	298	
Total	<u>\$ 230,790</u>	<u>\$ 211,038</u>	<u>\$ 19,752</u>	<u>\$ 0</u>

Federal Statements**Statement 3 - 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>
Construction in progress	\$ 79,140	\$	\$	\$
Furniture & equipment	14,011		22,466	
Buildings	214,723		537,289	
Leashold improvements	30,522		30,522	
Vehicle - van	28,780		38,905	
Accum deprec-van		480		6,393
Accum deprec-furn & fix		10,537		13,547
Accum deprec-bldgs		42,273		58,399
Accum deprec-leasehold improvement		26,973		30,522
Land	33,700		144,226	
Total	<u>\$ 400,876</u>	<u>\$ 80,263</u>	<u>\$ 773,408</u>	<u>\$ 108,861</u>

Statement 4 - Form 990, Part IV, Line 58 - Other Assets

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
Deposits	\$ 3,334	\$ 3,298
Other assets - closing costs	1,802	1,802
Accum amortization - other assets	-1,261	-1,621
Total	<u>\$ 3,875</u>	<u>\$ 3,479</u>

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

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
Security deposits	\$ 3,894	\$ 5,932
Total	<u>\$ 3,894</u>	<u>\$ 5,932</u>

Federal Statements

Statement 6 - Schedule A, Part IV-A, Line 22 - Other Income

<u>Description</u>	<u>2001</u>	<u>2000</u>	<u>1999</u>	<u>1998</u>
Miscellaneous	\$ <u>323</u>	\$ <u>11</u>	\$ <u>113</u>	\$ <u>593</u>
Total	\$ <u>323</u>	\$ <u>11</u>	\$ <u>113</u>	\$ <u>593</u>

59-2981409

Federal Asset Report

FYE 12/31/2002

Indirect Depreciation

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Sec 168(k)	Basis for Depr	PerConv	Meth	Prior	Current
Prior MACRS											
1	Furniture & fixtures	1/01/94	1,209				1,209	7	HY S/L	1,209	0
2	Computer equipment	1/01/94	1,929				1,929	5	HY S/L	1,929	0
3	Carpet-Paradise	9/19/96	1,051				1,051	7	HY 200DB	910	94
4	Cold night shelter & ofc equip	2/03/97	222				222	7	HY S/L	142	32
5	Computer-Pentium	5/27/97	1,162				1,162	7	HY S/L	747	166
6	Phones	6/15/97	170				170	7	HY S/L	109	24
7	Stove-709A Columbus	3/31/97	122				122	7	HY S/L	78	17
9	Wild Cat Software	8/31/97	513				513	5	HY S/L	462	51
10	Computer	8/31/97	895				895	5	HY S/L	806	90
11	Computer memory	8/31/97	190				190	5	HY S/L	171	19
12	Computer repair	11/18/97	364				364	5	HY S/L	327	36
15	Refridgerator-Garner Ave	3/07/99	370				370	3	HY S/L	308	62
16	Computer system	6/03/99	1,350				1,350	3	HY S/L	1,125	225
17	Office furniture	8/02/99	200				200	7	HY S/L	71	29
18	Compaq 700 with monitor	5/25/00	1,439				1,439	3	HY S/L	720	480
19	Compaq 700 with monitor	5/25/00	1,439				1,439	3	HY S/L	720	480
20	All-In-One Copier/Fax/Printer	5/25/00	700				700	3	HY S/L	350	233
22	Building-1526 Paradise Lane	10/20/95	29,246				29,246	27	MM S/L	6,603	1,064
23	Building -1895 Garner Ave	4/26/96	46,836				46,836	27	MM S/L	9,722	1,703
24	Bldg renovations - Paradise Lane	8/23/96	78,538				78,538	27	MM S/L	15,351	2,856
25	Building-Fee & Columbus	2/14/97	59,648				59,648	27	MM S/L	10,574	2,169
26	Rewiring WP 125A panel at Fee Ave	11/09/99	455				455	27	MM S/L	24	11
33	Air cond for Abbey #514D, 521A, 522C	3/08/99	2,505				2,505	3	HY S/L	2,088	418
34	Meeting room a/c	3/08/99	885				885	3	HY S/L	738	148
35	Air cond for Abbey #514A, 514B	8/05/99	1,720				1,720	3	HY S/L	1,433	287
36	Air cond for Abbey #506A, 522B	9/23/99	1,670				1,670	3	HY S/L	1,392	278
37	Air cond for Fee & Columbus	8/08/99	600				600	3	HY S/L	500	100
38	Deadbolts installed 521 Abbey	3/04/99	471				471	3	HY S/L	393	79
39	Air cond for Columbus B	6/24/99	350				350	3	HY S/L	292	58
40	Replace roof shingles - 505 Abbey	10/05/99	2,225				2,225	3	HY S/L	1,854	371
41	Replace roof - 514 Abbey Lane	7/30/99	4,050				4,050	3	HY S/L	3,375	675
42	Rewiring for washer/dryer Abbey lane	3/04/99	791				791	3	HY S/L	659	132
43	Tile replacement at Garner	3/29/99	1,464				1,464	3	HY S/L	1,220	244
44	A/C Columbus	9/01/99	415				415	3	HY S/L	346	69
45	Replace roof - 513 Abbey Lane	7/29/99	4,150				4,150	3	HY S/L	3,458	692
			<u>249,344</u>				<u>249,344</u>			<u>70,206</u>	<u>13,392</u>
Other Depreciation											
13	Stove-Paradise	3/31/98	100				100	5	MO S/L	75	20
14	Refridgerator-Paradise	7/17/98	250				250	5	MO S/L	171	50
21	Fedders A/C Window Unit	6/08/00	337				337	5	MO S/L	107	67
27	Land-1526 Paradise Lane	10/20/95	7,312				7,312	0	-- Memo	0	0
28	Land-1895 Garner Ave	4/26/96	11,477				11,477	0	-- Memo	0	0
29	Land-Fee & Columbus	2/14/97	14,912				14,912	0	-- Land	0	0
30	Parts for Abbly Lane #506,514,522	12/16/98	676				676	3	MO S/L	676	0
31	Labor for Abbly Lane #506,514,522	12/16/98	6,750				6,750	3	MO S/L	6,750	0
32	Air conditioning for Abbly Lane #506,514,522	10/20/98	1,800				1,800	3	MO S/L	1,800	0
48	Closing cost for new loan due 07/20/03	7/02/98	1,802				1,802	5	MO S/L	1,261	360
50	1997 Ford E-350	5/21/02	10,125				10,125	5	MO S/L	0	1,013
52	306 Herring	7/25/02	55,000				55,000	27	MO S/L	0	1,000
53	1690 Ashwood	2/25/02	65,000				65,000	27	MO S/L	0	2,364
54	227 Seminole	9/25/02	70,000				70,000	27	MO S/L	0	2,545
55	423 Rockpit Rd	11/19/02	55,000				55,000	27	MO S/L	0	1,000
56	627,629 Titus	11/22/02	78,000				78,000	27	MO S/L	0	1,418
57	306 Herring	7/25/02	18,496				18,496	0	-- Land	0	0
58	1690 Ashwood	2/25/02	21,265				21,265	0	-- Land	0	0
59	227 Seminole	9/25/02	23,729				23,729	0	-- Land	0	0
60	423 Rockpit Rd	11/19/02	20,643				20,643	0	-- Land	0	0
61	627,629 Titus	11/22/02	26,392				26,392	0	-- Land	0	0
62	Minolta Digital Copier	4/19/02	8,000				8,000	5	MO S/L	0	800
	Total Other Depreciation		<u>497,066</u>				<u>497,066</u>			<u>10,840</u>	<u>10,637</u>
	Total ACRS and Other Depreciation		<u>497,066</u>				<u>497,066</u>			<u>10,840</u>	<u>10,637</u>

59-2981409

Federal Asset Report

FYE 12/31/2002

Indirect Depreciation

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Sec 168(k)	Basis for Depr	PerConv Meth	Pnor	Current
Listed Property										
49	Dodge Ram Van	12/07/01	28,780	L			28,780	5 MO S/L	480	4,900
			<u>28,780</u>				<u>28,780</u>		<u>480</u>	<u>4,900</u>
	Grand Totals		775,190				775,190		81,526	28,929
	Less: Dispositions		0				0		0	0
	Net Grand Totals		<u>775,190</u>				<u>775,190</u>		<u>81,526</u>	<u>28,929</u>
	<i>ROUNDING</i>		<u>20</u>						<u>29</u>	<u>29</u>
			775210						81524	28958
	<i>OTHER ASSETS</i>		<u>1802</u>						<u>1261</u>	<u>360</u>
			<u>773408</u>						80263	28698
									<u>88598</u>	<u>28698</u>
									<u>108861</u>	