

HURRICANES  
FRANCES AND JEANNE

OMB No 1545-0047

Form **990**

**Return of Organization Exempt From Income Tax**

**2003**

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

benefit trust or private foundation)

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 2003 calendar year, or tax year beginning** , **and ending**

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

Number and street (or P O box if mail is not delivered to street address) Room/suite  
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:**  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 Website:** www.winhousing.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 number 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

**I Group Exemption Number**

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

**L Gross receipts** Add lines 6b, 8b, 9b, and 10b to line 12 **1,287,872**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions.)**

Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received				
	<b>a</b> Direct public support	<b>1a</b>	120,004		
	<b>b</b> Indirect public support	<b>1b</b>	27,510		
	<b>c</b> Government contributions (grants)	<b>1c</b>	898,909		
	<b>d Total</b> (add lines 1a through 1c) (cash \$ 976,423 noncash \$ 70,000 )	<b>1d</b>		1,046,423	
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>		238,101	
	<b>3</b> Membership dues and assessments	<b>3</b>			
	<b>4</b> Interest on savings and temporary cash investments	<b>4</b>		48	
	<b>5</b> Dividends and interest from securities	<b>5</b>			
	<b>6a</b> Gross rents	<b>6a</b>			
	<b>b</b> Less rental expenses	<b>6b</b>			
	<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>			
<b>7</b> Other investment income (describe )	<b>7</b>				
<b>8a</b> Gross amount from sales of assets other than inventory	(A) Securities	<b>8a</b>	3,300		
	(B) Other	<b>8b</b>	7,823		
	<b>c</b> Gain or (loss) (attach schedule)	<b>8c</b>	-4,523		
	<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8d</b>	See Stmt 1	-4,523	
<b>9</b> Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>					
<b>a</b> Gross revenue (not including \$ of contributions reported on line 1a)	<b>9a</b>				
	<b>b</b> Less direct expenses other than fundraising expenses	<b>9b</b>			
<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)	<b>9c</b>				
<b>10a</b> Gross sales of inventory less returns and allowances	<b>10a</b>				
	<b>b</b> Less cost of goods sold	<b>10b</b>			
<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	<b>10c</b>				
<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>				
<b>12 Total Revenue</b> (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>		1,280,049		
Expenses	<b>13</b> Program services (from line 44, column (B))	<b>13</b>	843,552		
	<b>14</b> Management and general (from line 44, column (C))	<b>14</b>	79,056		
	<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>			
	<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>			
	<b>17 Total expenses</b> (add lines 16 and 44, column (A))	<b>17</b>		922,608	
Assets	<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>	357,441		
	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>	465,102		
	<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>			
	<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>		822,543	

20

**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 22 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 \$ _____ )	22				
23	Specific assistance to individuals Stmt 2	23	1,193	1,193		
24	Benefits paid to or for members	24				
25	Compensation of officers, directors, etc	25	72,404	64,701	7,703	
26	Other salaries and wages	26	184,602	166,795	17,807	
27	Pension plan contributions	27	4,568	3,163	1,405	
28	Other employee benefits	28	24,526	23,147	1,379	
29	Payroll taxes	29	35,637	32,227	3,410	
30	Professional fundraising fees	30				
31	Accounting fees	31				
32	Legal fees	32				
33	Supplies	33	12,683	7,592	5,091	
34	Telephone	34	18,287	11,820	6,467	
35	Postage and shipping	35	1,386	693	693	
36	Occupancy	36	261,433	245,332	16,101	
37	Equipment rental and maintenance	37	44,504	43,426	1,078	
38	Printing and publications	38	1,558	779	779	
39	Travel	39	3,723	2,916	807	
40	Conferences, conventions, and meetings	40	3,136		3,136	
41	Interest	41	17,064	15,631	1,433	
42	Depreciation, depletion, etc (attach schedule)	42	31,915	30,545	1,370	
43	Other expenses not covered above (itemize) a	43a				
	b See Statement 3	43b	203,989	193,592	10,397	
	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	922,608	843,552	79,056	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 25 of the instructions.)

What is the organization's primary exempt purpose?

► Coordinate services to hungry & homeless people

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 See Statement 4

(Grants and allocations \$ \_\_\_\_\_ ) 843,552

b

(Grants and allocations \$ \_\_\_\_\_ )

c

(Grants and allocations \$ \_\_\_\_\_ )

d

(Grants and allocations \$ \_\_\_\_\_ )

e Other program services (attach schedule)

(Grants and allocations \$ \_\_\_\_\_ )

f **Total of Program Service Expenses** (should equal line 44, column (B), Program services)

► 843,552

**Part IV Balance Sheets** (See page 25 of the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.		(A)		(B)	
		Beginning of year		End of year	
45	Cash-non-interest-bearing	28,652	45	32,279	
46	Savings and temporary cash investments	11,019	46	1,063	
47a	Accounts receivable	14,105			
47b	Less: allowance for doubtful accounts		47c	14,105	
48a	Pledges receivable	9,825			
48b	Less: allowance for doubtful accounts		48c	9,825	
49	Grants receivable		49	28,749	
50	Receivables from officers, directors, trustees, and key employees (attach schedule)		50		
51a	Other notes and loans receivable (attach schedule)				
51b	Less: allowance for doubtful accounts		51c		
52	Inventories for sale or use		52		
53	Prepaid expenses and deferred charges	15,634	53	16,287	
54	Investments-securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54		
55a	Investments-land, buildings, and equipment basis				
55b	Less: accumulated depreciation (attach schedule)		55c		
56	Investments-other (attach schedule)		56		
57a	Land, buildings, and equipment: basis	1,197,010			
57b	Less: accumulated depreciation (attach schedule) See Stmt 5	105,206	57c	1,091,804	
58	Other assets (describe <input type="checkbox"/> See Stmt 6 )		58	3,398	
59	<b>Total assets</b> (add lines 45 through 58) (must equal line 74)	758,458	59	1,197,510	
60	Accounts payable and accrued expenses	18,846	60	20,412	
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		
64b	b Mortgages and other notes payable (attach schedule) See Worksheet	268,578	64b	353,505	
65	Other liabilities (describe <input type="checkbox"/> See Stmt 7 )	5,932	65	1,050	
66	<b>Total liabilities</b> (add lines 60 through 65)	293,356	66	374,967	
<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	441,847	67	812,717	
68	Temporarily restricted	23,255	68	9,826	
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)	465,102	73	822,543	
74	<b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)	758,458	74	1,197,510	

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 28 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	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 income of \$1,000 or more during the year covered by this return?	78a	X
78b	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
81a	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 and indirect political expenditures See line 81 instructions	81a	
81b	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
82b	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
83b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
84b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85a	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a	N/A
85b	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
85c	Dues, assessments, and similar amounts from members	85c	
85d	Section 162(e) lobbying and political expenditures	85d	
85e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
85f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	
85g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
85h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86a	501(c)(7) orgs Enter: a Initiation fees and capital contributions included on line 12	86a	
86b	Gross receipts, included on line 12, for public use of club facilities	86b	
87a	501(c)(12) orgs Enter: a Gross income from members or shareholders	87a	
87b	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>		
89b	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
89c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0
89d	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	Number of employees employed in the pay period that includes March 12, 2003 (See instructions.)	90b	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	92	<input type="checkbox"/>

**Part VII Analysis of Income-Producing Activities** (See page 33 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	
<b>Note:</b> Enter gross amounts unless otherwise indicated					
93 Program service revenue:					
a Rental income					238,101
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	48	
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					-4,523
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b Miscellaneous			1		
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		48	233,578
105 Total (add line 104, columns (B), (D), and (E))					233,626

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

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

Line No.	Explain how each activity for which income is reported in column (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 34 of the instructions.)

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

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

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

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

Please Sign Here

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

*Virginia S. "Ginger" Ferrell*  
 Signature of officer  
 VIRGINIA S. "GINGER" FERRELL  
 Type or print name and title

Paid Preparer's Use Only

Preparer's signature: *Mark Jones CPA*  
 Firm's name (or yours if self-employed): Jones, 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

**2003**

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
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**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 instructions. List each one (whether individuals or firms). If there are none, enter "None.")**

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

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

Schedule A (Form 990 or 990-EZ) 2003

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

		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)  Organizations that made an election under section 501(h) by filing Form 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 expenses if more than \$1,000)? See Part V, Form 990		X
e	Transfer of any part of its income or assets?		X
3a	Do you make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)		X
3b	Do you have a section 403(b) annuity plan for your employees?		X
4	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X

**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) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	888,245	595,894	417,177	424,667	2,325,983
<b>16</b> Membership fees received			100		100
<b>17</b> 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	137,587	73,034	77,872	48,246	336,739
<b>18</b> Gross income from interest, dividends, amounts received from payment on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	423	479	1,639		2,541
<b>19</b> Net income from unrelated business activities not included in line 18					0
<b>20</b> Tax revenues levied for the organization's benefits and either paid to it or expended on its behalf					0
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					0
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets. Stmt 11	152	323	11	113	599
<b>23</b> Total of lines 15 through 22	1,026,407	669,730	496,799	473,026	2,665,962
<b>24</b> Line 23 minus line 17	888,820	596,696	418,927	424,780	2,329,223
<b>25</b> Enter 1% of line 23	10,264	6,697	4,968	4,730	
<b>26 Organizations described on lines 10 or 11:</b>					
<b>a</b> Enter 2% of amount in column (e), line 24					<b>26a</b> 46,584
<b>b</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 1999 through 2002 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					<b>26b</b> 47,129
<b>c</b> Total support for section 509(a)(1) test. Enter line 24, column (e)					<b>26c</b> 2,329,223
<b>d</b> Add Amounts from column (e) for lines:	18	19			
22	2,541	599	47,129		
<b>e</b> Public support (line 26c minus line 26d total)					<b>26d</b> 50,269
<b>f</b> Public support percentage (line 26e (numerator) divided by line 26c (denominator))					<b>26e</b> 2,278,954
					<b>26f</b> 97.8418%
<b>27 Organizations described on line 12:</b>					
<b>a</b> 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:	(2002)	(2001)	(2000)	(1999)	N/A
<b>b</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:	(2002)	(2001)	(2000)	(1999)	N/A
<b>c</b> Add Amounts from column (e) for lines:	15	16			
17	20	21			
<b>d</b> Add Line 27a total and line 27b total					<b>27c</b>
<b>e</b> Public support (line 27c total minus line 27d total)					<b>27d</b>
<b>f</b> Total support for section 509(a)(2) test. Enter amount on line 23, column (e)					<b>27e</b>
<b>g</b> Public support percentage (line 27e (numerator) divided by line 27f (denominator))					<b>27f</b>
<b>h</b> Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					<b>27g</b> %
					<b>27h</b> %
<b>28 Unusual Grants:</b> For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, 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?	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 )

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

**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) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
<b>45</b> Lobbying nontaxable amount					
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots nontaxable amount					
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					
<b>50</b> 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 instructions.) N/A

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

- 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

Forms  
990 / 990-PF

2003

For calendar year 2003, 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) Florida Community Loan Fund	None
(7) Florida Community Loan Fund	None
(8) Florida Community Loan Fund	None
(9) Central Brevard Sharing Center	None
(10)	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1) 64,000	1/21/01	11/18/16	\$585 Monthly P & I	7.250
(2) 10,000	12/07/01	11/04/04	\$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	7/25/07	\$269 Monthly P & I	5.750
(5) 8,000	4/19/02	3/19/07	\$205 Monthly P & I	19.170
(6) 47,500	8/18/03	9/18/18	\$401 Monthly P & I	6.000
(7) 35,000	12/04/03	1/04/19	\$295 Monthly P & I	6.000
(8) 18,000	10/30/03	11/01/06	\$152 Mo P&I + balloon pymt	6.000
(9) 2,000	4/01/03	7/01/07	\$50 Monthly (non-interest)	
(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) Real estate	Purchase property
(7) Real estate	Purchase property
(8) Real estate	Purchase property
(9) Real estate	Supplies
(10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1) None	61,610	59,091
(2) None	6,667	3,333
(3) None	180,000	173,019
(4) None	13,187	10,651
(5) None	7,114	5,916
(6)		47,007
(7)		35,000
(8)		17,938
(9)		1,550
(10)		
Totals	268,578	353,505

**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
Office furniture								
	Purchase		8/02/99	12/31/03	\$	\$ 200	\$ 114	\$ -86
Rewiring WP 125A panel at Fee Ave								
	Purchase		11/09/99	12/31/03		455	46	-409
Parts for Abbly Lane #506,514,522								
	Purchase		12/16/98	12/31/03		676	676	
Labor for Abbly Lane #506,514,522								
	Purchase		12/16/98	12/31/03		6,750	6,750	
Air conditioning for Abbly Lane #506,514,522								
	Purchase		10/20/98	12/31/03		1,800	1,800	
Air cond for Abbey #514D, 521A, 522C								
	Purchase		3/08/99	12/31/03		2,505	2,505	
Meeting room a/c								
	Purchase		3/08/99	12/31/03		885	885	
Air cond for Abbey #514A, 514B								
	Purchase		8/05/99	12/31/03		1,720	1,720	
Air cond for Abbey #506A, 522B								
	Purchase		9/23/99	12/31/03		1,670	1,670	
Air cond for Fee & Columbus								
	Purchase		8/08/99	12/31/03		600	600	
Deadbolts installed 521 Abbey								
	Purchase		3/04/99	12/31/03		471	471	
Air cond for Columbus B								
	Purchase		6/24/99	12/31/03		350	350	
Replace roof - 514 Abbey Lane								
	Purchase		7/30/99	12/31/03		4,050	4,050	
Rewiring for washer/dryer Abbey lane								
	Purchase		3/04/99	12/31/03		791	791	
A/C Columbus								
	Purchase		9/01/99	12/31/03		415	415	
1997 Ford E-350								
	Purchase		5/21/02	12/31/03	3,300	10,125	3,038	-3,787
Furniture & fixtures								
	Purchase		1/01/94	12/31/03		1,209	1,209	
Computer equipment								
	Purchase		1/01/94	12/31/03		1,929	1,929	

**Federal Statements**

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

Desc	How Rec'd	Whom Sold	Date Acquired	Date Sold	Sale Price	Cost & Expense	Deprec	Gain/-Loss
Carpet-Paradise	Purchase		9/19/96	12/31/03	\$	\$ 1,051	\$ 1,051	\$
Cold night shelter & ofc equip	Purchase		2/03/97	12/31/03		222	190	-32
Computer-Pentium	Purchase		5/27/97	12/31/03		1,162	996	-166
Phones	Purchase		6/15/97	12/31/03		170	145	-25
Stove-709A Columbus	Purchase		3/31/97	12/31/03		122	104	-18
Wild Cat Software	Purchase		8/31/97	12/31/03		513	513	
Computer	Purchase		8/31/97	12/31/03		895	895	
Computer memory	Purchase		8/31/97	12/31/03		190	190	
Computer repair	Purchase		11/18/97	12/31/03		364	364	
Stove-Paradise	Purchase		3/31/98	12/31/03		100	100	
Refridgerator-Paraddise	Purchase		7/17/98	12/31/03		250	250	
Refridgerator-Garner Ave	Purchase		3/07/99	12/31/03		370	370	
Computer system	Purchase		6/03/99	12/31/03		1,350	1,350	
<b>Total</b>					<u>\$ 3,300</u>	<u>\$ 43,360</u>	<u>\$ 35,537</u>	<u>\$ -4,523</u>

**Federal Statements****Statement 2 - Form 990, Part II, Line 23 - Specific Assistance to Individuals**

Description	Amount
Direct aid	\$ 1,193
Total	\$ 1,193

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

Description	Total Expenses	Program Service	Mgt & General	Fund-Raising
	\$	\$	\$	\$
Expenses				
Amortization	181		181	
Insurance	21,074	20,715	359	
Miscellaneous	2,381		2,381	
Professional fees	9,300	4,650	4,650	
Support services	137,211	137,211		
Utilities	33,842	31,016	2,826	
Total	\$ 203,989	\$ 193,592	\$ 10,397	\$ 0

**Statement 4 - Form 990, Part III, Line a - Statement of Program Service Accomplishments**

Provide transitional housing and supportive services to hungry and homeless persons in Brevard County, Florida  
 Number benefited: support services provided to 1698 individuals, 277 housed



**Federal Statements****Statement 5 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment**

Description	Beginning of Year	Accum Deprec	End of Year	Accum Deprec
Construction in progress	\$	\$	\$ 26,710	\$
Furniture & equipment	22,466		11,915	
Buildings	537,289		826,763	
Leashold improvements	30,522		7,839	
Vehicle - van	38,905		28,780	
Accum deprec-van		6,393		11,135
Accum deprec-furn & fix		13,547		6,219
Accum deprec-bldgs		58,399		80,014
Accum deprec-leasehold improvement		30,522		7,838
Land	144,226		295,003	
Total	\$ 773,408	\$ 108,861	\$ 1,197,010	\$ 105,206

**Statement 6 - Form 990, Part IV, Line 58 - Other Assets**

Description	Beginning of Year	End of Year
Deposits	\$ 3,298	\$ 3,398
Other assets - closing costs	1,802	1,802
Accum amortization - other assets	-1,621	-1,802
Total	\$ 3,479	\$ 3,398

**Statement 7 - Form 990, Part IV, Line 65 - Other Liabilities**

Description	Beginning of Year	End of Year
Security deposits	\$ 5,932	\$ 1,050
Total	\$ 5,932	\$ 1,050

**Federal Statements****Statement 8 - Form 990, Part IV-A - Other Revenue Included on Financial Statements**

<u>Description</u>	<u>Amount</u>
Loss on sale of assets	\$ 4,523
Total	\$ 4,523

**Statement 9 - Form 990, Part IV-B - Other Expenses Included on Financial Statements**

<u>Description</u>	<u>Amount</u>
Loss on sale of assets	\$ 4,523
Total	\$ 4,523

## Federal Statements

### Statement 10 - Form 990, Part V - List of Officers, Directors, Trustees, and Key Employees

Name			Title	Average Hrs	City, State, Zip	
Comp	Benefits	Expenses	Address			
Doug Weinburg	0	0	0	President var	Merritt Island FL 32953	
Ron Caprilla	0	0	0	445 Limerick Drive Vice-Preside var	West Melbourne FL 32904	
Marilyn Hooper	0	0	0	8474 Syllvan Drive Secretary var	Cocoa Beach FL 32931	
Don Lear	0	0	0	166 June Drive Treasurer var	Indian Harbour Beach FL 32937	
Alison Welborn	0	0	0	1024 Park Drive #4 Director var	Merritt Island FL 32953	
John Venice	0	0	0	280 Alabama Avenue Director var	Merritt Island FL 32952	
Lawrence Feldheim	0	0	0	513 Seacrest Avenue Director var	Rockledge FL 32955	
Betty Kingry Northington	0	0	0	1025 Rockledge Drive Director var	Satellite Beach FL 32937	
Sue Panzarello	0	0	0	429 Skylark Blvd Director var	Cocoa FL 32926	
Virginia Ferguson	38,221	735	0	3600 London Blvd. Exec Directo 40	Cocoa FL 32926	
Kenneth Stallsmith	34,183	669	0	CFO 40 2221 Pineapple Ave	Melbourne FL 32935	

**Federal Statements****Statement 11 - Schedule A, Part IV-A, Line 22 - Other Income**

<u>Description</u>	<u>2002</u>	<u>2001</u>	<u>2000</u>	<u>1999</u>
Miscellaneous	\$ <u>152</u>	\$ <u>323</u>	\$ <u>11</u>	\$ <u>113</u>
Total	\$ <u><u>152</u></u>	\$ <u><u>323</u></u>	\$ <u><u>11</u></u>	\$ <u><u>113</u></u>

## Federal Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Sec 168(k)	Basis for Depr	PerConv	Meth	Prior	Current
<b>Prior MACRS:</b>											
1	Furniture & fixtures Sold/Scrapped: 12/31/03	1/01/94	1,209				1,209	7	HY S/L	1,209	0
2	Computer equipment Sold/Scrapped: 12/31/03	1/01/94	1,929				1,929	5	HY S/L	1,929	0
3	Carpet-Paradise Sold/Scrapped: 12/31/03	9/19/96	1,051				1,051	7	HY 200DB	1,004	47
4	Cold night shelter & ofc equip Sold/Scrapped: 12/31/03	2/03/97	222				222	7	HY S/L	174	16
5	Computer-Pentium Sold/Scrapped: 12/31/03	5/27/97	1,162				1,162	7	HY S/L	913	83
6	Phones Sold/Scrapped: 12/31/03	6/15/97	170				170	7	HY S/L	133	12
7	Stove-709A Columbus Sold/Scrapped: 12/31/03	3/31/97	122				122	7	HY S/L	96	8
9	Wild Cat Software Sold/Scrapped: 12/31/03	8/31/97	513				513	5	HY S/L	513	0
10	Computer Sold/Scrapped: 12/31/03	8/31/97	895				895	5	HY S/L	895	0
11	Computer memory Sold/Scrapped: 12/31/03	8/31/97	190				190	5	HY S/L	190	0
12	Computer repair Sold/Scrapped: 12/31/03	11/18/97	364				364	5	HY S/L	364	0
15	Refridgerator-Garner Ave Sold/Scrapped: 12/31/03	3/07/99	370				370	3	HY S/L	370	0
16	Computer system Sold/Scrapped: 12/31/03	6/03/99	1,350				1,350	3	HY S/L	1,350	0
17	Office furniture Sold/Scrapped: 12/31/03	8/02/99	200				200	7	HY S/L	100	14
18	Compaq 700 with monitor	5/25/00	1,439				1,439	3	HY S/L	1,199	240
19	Compaq 700 with monitor	5/25/00	1,439				1,439	3	HY S/L	1,199	240
20	All-In-One Copier/Fax/Printer	5/25/00	700				700	3	HY S/L	583	117
22	Building-1526 Paradise Lane	10/20/95	29,246				29,246	27	MM S/L	7,666	1,064
23	Building -1895 Garner Ave.	4/26/96	46,836				46,836	27	MM S/L	11,425	1,703
24	Bldg renovations - Paradise Lane	8/23/96	78,538				78,538	27	MM S/L	18,206	2,856
25	Building-Fee & Columbus	2/14/97	59,648				59,648	27	MM S/L	12,743	2,169
26	Rewiring WP 125A panel at Fee Ave Sold/Scrapped: 12/31/03	11/09/99	455				455	27	MM S/L	36	10
33	Air cond for Abbey #514D, 521A, 522C Sold/Scrapped: 12/31/03	3/08/99	2,505				2,505	3	HY S/L	2,505	0
34	Meeting room a/c Sold/Scrapped: 12/31/03	3/08/99	885				885	3	HY S/L	885	0
35	Air cond for Abbey #514A, 514B Sold/Scrapped: 12/31/03	8/05/99	1,720				1,720	3	HY S/L	1,720	0
36	Air cond for Abbey #506A, 522B Sold/Scrapped: 12/31/03	9/23/99	1,670				1,670	3	HY S/L	1,670	0
37	Air cond for Fee & Columbus Sold/Scrapped: 12/31/03	8/08/99	600				600	3	HY S/L	600	0
38	Deadbolts installed 521 Abbey Sold/Scrapped: 12/31/03	3/04/99	471				471	3	HY S/L	471	0
39	Air cond for Columbus B Sold/Scrapped: 12/31/03	6/24/99	350				350	3	HY S/L	350	0
40	Replace roof shingles - 505 Abbey	10/05/99	2,225				2,225	3	HY S/L	2,225	0
41	Replace roof - 514 Abbey Lane Sold/Scrapped: 12/31/03	7/30/99	4,050				4,050	3	HY S/L	4,050	0
42	Rewiring for washer/dryer Abbey lane Sold/Scrapped: 12/31/03	3/04/99	791				791	3	HY S/L	791	0
43	Tile replacement at Garner	3/29/99	1,464				1,464	3	HY S/L	1,464	0
44	A/C Columbus Sold/Scrapped: 12/31/03	9/01/99	415				415	3	HY S/L	415	0
45	Replace roof - 513 Abbey Lane	7/29/99	4,150				4,150	3	HY S/L	4,150	0
			<u>249,344</u>				<u>249,344</u>			<u>83,593</u>	<u>8,579</u>
<b>Other Depreciation:</b>											
13	Stove-Paradise Sold/Scrapped: 12/31/03	3/31/98	100				100	5	MO S/L	95	5
14	Refridgerator-Paraddise Sold/Scrapped: 12/31/03	7/17/98	250				250	5	MO S/L	221	29

59-2981409

# Federal Asset Report

FYE: 12/31/2003

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Sec 168(k)	Basis for Depr	PerConv Meth	Prior	Current	
21	Fedders A/C Window Unit	6/08/00	337				337	5 MO S/L	174	68	
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 Abby Lane #506,514,522	12/16/98	676				676	3 MO S/L	676	0	
	Sold/Scrapped: 12/31/03										
31	Labor for Abby Lane #506,514,522	12/16/98	6,750				6,750	3 MO S/L	6,750	0	
	Sold/Scrapped: 12/31/03										
32	Air conditioning for Abby Lane #506,514,522	10/20/98	1,800				1,800	3 MO S/L	1,800	0	
	Sold/Scrapped: 12/31/03										
48	Closing cost for new loan due 07/20/03	7/02/98	1,802				1,802	5 MO S/L	1,621	181	
50	1997 Ford E-350	5/21/02	10,125				10,125	5 MO S/L	1,013	2,025	
	Sold/Scrapped: 12/31/03										
52	306 Herring	7/25/02	55,000				55,000	27 MO S/L	1,000	2,000	
53	1690 Ashwood	2/25/02	65,000				65,000	27 MO S/L	2,364	2,364	
54	227 Seminole	9/25/02	70,000				70,000	27 MO S/L	2,545	2,545	
55	423 Rockpit Rd	11/19/02	55,000				55,000	27 MO S/L	1,000	2,000	
56	627,629 Titus	11/22/02	78,000				78,000	27 MO S/L	1,418	2,836	
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	800	1,600	
63	Land 506,514,522 Abbey Ln	11/14/03	50,000				50,000	0 -- Land	0	0	
64	506, 514, 522 Abbey Lane	11/14/03	258,741				258,741	27 MO S/L	0	1,568	
65	Land at Pine Grove	10/30/03	21,919				21,919	0 -- Land	0	0	
66	Win/Vet Village	9/23/03	26,710				26,710	0 -- Memo	0	0	
67	.9 acres on Jackson & Ruth	7/01/03	15,500				15,500	0 -- Land	0	0	
68	Land, 3903 Goode	8/18/03	8,358				8,358	0 -- Land	0	0	
69	3803 Goode	8/18/03	20,000				20,000	27 MO S/L	0	242	
70	Bldg improv 306 Herring	3/31/03	10,754				10,754	27 MO S/L	0	299	
71	Land, Tropic & Robbins	9/23/03	55,000				55,000	0 -- Land	0	0	
	<b>Total Other Depreciation</b>		<u>964,048</u>				<u>964,048</u>		<u>21,477</u>	<u>17,762</u>	
	<b>Total ACRS and Other Depreciation</b>		<u>964,048</u>				<u>964,048</u>		<u>21,477</u>	<u>17,762</u>	

**Listed Property:**

49	Dodge Ram Van	12/07/01	28,780	L			28,780	5 MO S/L	5,380	5,756
			<u>28,780</u>				<u>28,780</u>		<u>5,380</u>	<u>5,756</u>

<b>Grand Totals</b>			1,242,172				1,242,172		110,450	32,097
<b>Less: Dispositions</b>			<u>43,360</u>				<u>43,360</u>		<u>33,288</u>	<u>2,249</u>
<b>Net Grand Totals</b>			<u>1,198,812</u>				<u>1,198,812</u>		<u>77,162</u>	<u>29,848</u>

OTHER ASSETS 1,802  
1,197,010

AMORTIZATION 1,621 181  
75,541 29,677  
ROUNDING 1,027  
105,206

Form **8868**

# Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

(December 2000)

Department of the Treasury

Internal Revenue Service

▶ File a separate application for each return

● If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box

● If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

**Note: Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

## Form 8868

### Part I Automatic 3-Month Extension of Time- Only submit original (no copies needed)

**Note: Form 990-T corporations** requesting an automatic 6-month extension-check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Type or print File by the due date for filing your return See instructions	Name of Exempt Organization Coalition for the Hungry & Homeless of Brevard Co., Inc.	Employer identification number 59-2981409
	Number, street, and room or suite no If a P O box, see instructions P.O. Box 2201	
	City, town or post office, state, and ZIP code For a foreign address, see instructions Cocoa FL 32923-2201	

### Check type of return to be filed (file a separate application for each return)

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

● If the organization does not have an office or place of business in the United States, check this box

● If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is

for the **whole** group, check this box  If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-month, for **990-T corporation**) extension of time until 8/16/04 to file the exempt organization return for the organization named above The extension is for the organization's return for  calendar year 2003 or  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

2 If this tax year is for less than 12 months, check reason  Initial return  Final return  Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions \$ \_\_\_\_\_

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit \$ \_\_\_\_\_

c **Balance Due.** Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions \$ \_\_\_\_\_

### Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ▶ Mark James Title ▶ CPA

Date ▶ 5/11/04

For Paperwork Reduction Act Notice, see Instruction

Form **8868** (12-2000)

If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box

Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

Part II Additional (not automatic) 3-Month Extension of Time-Must File Original and One Copy.

Table with 3 columns: Type or print, Name of Exempt Organization, Employer identification number. Includes details for Coalition for the Hungry & Homeless of Brevard Co., Inc.

Check type of return to be filed (File a separate application for each return):

Form 990, Form 990-EZ, Form 990-T, Form 1041-A, Form 5227, Form 8870, Form 990-BL, Form 990-PF, Form 990-T (trust other than above), Form 4720, Form 6069

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

If the organization does not have an office or place of business in the United States, check this box

If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ... If this is for the whole group, check this box ... If it is for part of the group, check this box ... and attach a list with the names and EINs of all members the extension is for.

I request an additional 3-month extension of time until 11/15/04.

For calendar year 2003, or other tax year beginning and ending

If this tax year is for less than 12 months, check reason. Initial return, Final return, Change in accounting period

State in detail why you need the extension: Additional time is requested to gather information to prepare a complete and accurate return.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$

c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature: [Handwritten Signature] Title: CPA Date: 8/10/04

Notice to Applicant-To Be Completed by the IRS

- We have approved this application. Please attach this form to the organization's return
We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return Please attach this form to the organization's return
We have not approved this application After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period
We cannot consider this application because it was filed after the due date of the return for which an extension was requested
Other

EXTENSION APPROVED

AUG 31 2004

Director By Date FIELD DIRECTOR, MISSION PROCESSING, OGDEN

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Table with 2 columns: Type or print, Name, Number and street, City or town, province or state, and country (including postal or ZIP code). Includes details for Janes, Key & Dinho, PA.