

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

2004

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2004 calendar year, or tax year beginning , and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> 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.		D Employer identification no. 59-2981409
		Number and street (or P O box if mail is not delivered to street address) Room/suite P.O. Box 2201		E Telephone number 321-639-0166
		City or town, state or country, and ZIP + 4 Cocoa FL 32923-2201		F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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.

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 **1,193,581**

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)

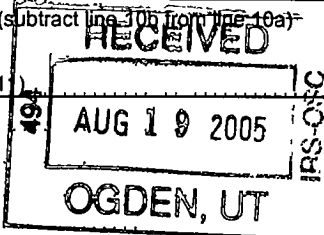
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Group Exemption Number **▶**

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

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

1 Contributions, gifts, grants, and similar amounts received:			
a Direct public support	1a	28,497	
b Indirect public support	1b	42,244	
c Government contributions (grants)	1c	778,409	
d Total (add lines 1a through 1c) (cash \$ <u>849,150</u> noncash \$ _____)	1d		849,150
2 Program service revenue including government fees and contracts (from Part VII, line 93)	2		264,771
3 Membership dues and assessments	3		
4 Interest on savings and temporary cash investments	4		
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		
8d			
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			
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 (attach schedule) (subtract line 10b from line 10a)	10c		
11 Other revenue (from Part VII, line 103)	11		79,660
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		1,193,581
E 13 Program services (from line 44, column (B))	13		919,790
14 Management and general (from line 44, column (C))	14		164,816
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		1,084,606
A 18 Excess or (deficit) for the year (subtract line 17 from line 12)	18		108,975
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		822,543
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		931,518



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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 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 \$ _____)				
23	Specific assistance to individuals Stmt 1	2,033	2,033		
24	Benefits paid to or for members				
25	Compensation of officers, directors, etc.	74,989	67,490	7,499	
26	Other salaries and wages	226,417	194,733	31,684	
27	Pension plan contributions				
28	Other employee benefits	52,690	45,840	6,850	
29	Payroll taxes	27,975	24,338	3,637	
30	Professional fundraising fees				
31	Accounting fees				
32	Legal fees				
33	Supplies				
34	Telephone	28,328	13,031	15,297	
35	Postage and shipping	1,336	668	668	
36	Occupancy	256,099	244,100	11,999	
37	Equipment rental and maintenance	78,723	78,723		
38	Printing and publications				
39	Travel	188	149	39	
40	Conferences, conventions, and meetings	3,945		3,945	
41	Interest	22,483	16,188	6,295	
42	Depreciation, depletion, etc. (attach schedule)	38,220	36,309	1,911	
43	Other expenses not covered above (itemize): a				
	b See Statement 2	271,180	196,188	74,992	
	c				
	d				
	e				
44	Total functional expenses (add lines 22 - 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	1,084,606	919,790	164,816	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 3	(Grants and allocations \$ _____)	919,790
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)		919,790

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) Beginning of year		(B) End of year
45	Cash-non-interest-bearing	32,279	45	41,329
46	Savings and temporary cash investments	1,063	46	1,071
47a	Accounts receivable	61,068		
b	Less: allowance for doubtful accounts		47c	61,068
48a	Pledges receivable	14,583		
b	Less: allowance for doubtful accounts		48c	14,583
49	Grants receivable	28,749	49	87,764
50	Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
51a	Other notes and loans receivable (attach schedule)			
b	Less: allowance for doubtful accounts		51c	
52	Inventories for sale or use		52	
53	Prepaid expenses and deferred charges	16,287	53	14,424
54	Investments-securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
55a	Investments-land, buildings, and equipment: basis			
b	Less: accumulated depreciation (attach schedule)		55c	
56	Investments-other (attach schedule)		56	
57a	Land, buildings, and equipment: basis	1,271,639		
b	Less: accumulated depreciation (attach schedule) See Statement 4			
57b		137,083	57c	1,134,556
58	Other assets (describe <input type="checkbox"/> See Statement 5)	3,398	58	3,298
59	Total assets (add lines 45 through 58) (must equal line 74)	1,197,510	59	1,358,093
60	Accounts payable and accrued expenses	20,412	60	48,649
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	353,505	64b	375,036
65	Other liabilities (describe <input type="checkbox"/> See Statement 6)	1,050	65	2,890
66	Total liabilities (add lines 60 through 65)	374,967	66	426,575
Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
67	Unrestricted	812,717	67	916,935
68	Temporarily restricted	9,826	68	14,583
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)	822,543	73	931,518
74	Total liabilities and net assets / fund balances (add lines 66 and 73)	1,197,510	74	1,358,093

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 27 of the instructions.)		Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return	
a	Total revenue, gains, and other support per audited financial statements ▶	a	1,193,581
b	Amounts included on line a but not on line 12, Form 990:	b	
	(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	1,193,581
d	Amounts included on line 12, Form 990 but not on line a:	d	
	(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	1,193,581
a	Total expenses and losses per audited financial statements ▶	a	1,084,606
b	Amounts included on line a but not on line 17, Form 990:	b	
	(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	1,084,606
d	Amounts included on line 17, Form 990 but not on line a:	d	
	(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	1,084,606

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see page 27 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
Ron Caprilla 8474 Syllvan Dri West Melbo FL 32904	President 2	0	0	0
Don Weinberg 445 Limerick Dri Merritt Is FL 32953	Vice-President 2	0	0	0
Marilyn Hooper 166 June Drive Cocoa Beach FL 32931	Secretary 2	0	0	0
Don Lear 1024 Park Drive Indian Har FL 32937	Treasurer 2	0	0	0
Pat Delone 205 Palmetto Ave Merritt Is FL 32953	Director 2	0	0	0
John Venice 513 Seacrest Ave Merritt Is FL 32952	Director 2	0	0	0
Julie Carrell P.O. Box 3720043 Satellite FL 32937	Director 2	0	0	0
B.J. Owens 803 N. Fiske Blvd. Cocoa FL 32922	Director 2	0	0	0
Virginia Ferguson P.O. Box 2201 Cocoa FL 32926	Exec Director 40	39,966	1,318	0
Kenneth Stallsmith 2221 Pineapple A Melbourne FL 32935	CFO 40	35,023	1,194	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? If "Yes," attach schedule-see page 28 of the instructions

▶ Yes No

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		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 income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?		X
b	If "Yes," enter the name of the organization <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	
b	Did the organization file Form 1120-POL for this year?	81b	X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	85b	N/A
c	Dues, assessments, and similar amounts from members	85c	
d	Section 162(e) lobbying and political expenditures	85d	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	86a	
b	Gross receipts, included on line 12, for public use of club facilities	86b	
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <input type="checkbox"/> 0 ; section 4912 <input type="checkbox"/> 0 ; section 4955 <input type="checkbox"/> 0		
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter. Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		0
90a	List the states with which a copy of this return is filed <input type="checkbox"/> FL		
b	Number of employees employed in the pay period that includes March 12, 2004 (See instructions.)	90b	9
91	The books are in care of <input type="checkbox"/> Coalition for the Hungry Located at <input type="checkbox"/> Cocoa, FL	Telephone no <input type="checkbox"/> 321-639-0166 ZIP + 4 <input type="checkbox"/> 32922	
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> 92		

Part VII Analysis of Income-Producing Activities (See page 33 of the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by sec 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a Rental income					264,771
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					
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	13,358	
c Insurance Recoveries			1	66,302	
d					
e					
104 Subtotal (add columns (B), (D), and (E))			0	79,660	264,771
105 Total (add line 104, columns (B), (D), and (E))					344,431

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

Virginia Ferguson
Signature of officer

Virginia Ferguson
Type or print name and title

Paid Preparer's Use Only

Preparer's signature *Jack Jones CPA*

Firm's name (or yours if self-employed), address, and ZIP + 4
James, Key & Dinho
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**

OMB No 1545-0047

2004

Supplementary Information-(See separate instructions.)

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 empl ben plans & deferred comp	(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) 2004

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
b	Do you have a section 403(b) annuity plan for your employees?		X
4a	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		X

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

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

- 5** A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i)
- 6** A school. Section 170(b)(1)(A)(ii) (Also complete Part V.)
- 7** A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8** A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9** A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(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) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	1,046,423	888,245	595,894	417,177	2,947,739
16 Membership fees received				100	100
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	238,101	137,587	73,034	77,872	526,594
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	48	423	479	1,639	2,589
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					0
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets. Stmt 7		152	323	11	486
23 Total of lines 15 through 22	1,284,572	1,026,407	669,730	496,799	3,477,508
24 Line 23 minus line 17	1,046,471	888,820	596,696	418,927	2,950,914
25 Enter 1% of line 23	12,846	10,264	6,697	4,968	

26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24	▶	26a	59,018
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts		▶	26b	18,845
c Total support for section 509(a)(1) test: Enter line 24, column (e)		▶	26c	2,950,914
d Add: Amounts from column (e) for lines:	18 <u>2,589</u> 19 _____			
	22 <u>486</u> 26b <u>18,845</u>	▶	26d	21,920
e Public support (line 26c minus line 26d total)		▶	26e	2,928,994
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))		▶	26f	99.2572%

27 Organizations described on line 12:

a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A

(2003)	(2002)	(2001)	(2000)
--------	--------	--------	--------

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year. N/A

(2003)	(2002)	(2001)	(2000)
--------	--------	--------	--------

c Add: Amounts from column (e) for lines:	15 _____ 16 _____			
	17 _____ 20 _____ 21 _____	▶	27c	
d Add: Line 27a total _____ and line 27b total _____		▶	27d	
e Public support (line 27c total minus line 27d total)		▶	27e	
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)		▶	27f	
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))		▶	27g	%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))		▶	27h	%

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

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

	N/A	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain. (If you need more space, attach a separate statement.)	31		
32 Does the organization maintain the following:			
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
33 Does the organization discriminate by race in any way with respect to:			
a Students' rights or privileges?	33a		
b Admissions policies?	33b		
c Employment of faculty or administrative staff?	33c		
d Scholarships or other financial assistance?	33d		
e Educational policies?	33e		
f Use of facilities?	33f		
g Athletic programs?	33g		
h Other extracurricular activities?	33h		
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
34a Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b		
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		

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

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

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

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred.)

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

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

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.)

See the instructions for lines 45 through 50 on page 11 of the instructions)

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

Part VI-B Lobbying Activity by Nonelecting Public Charities

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

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

- 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

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 11 of the instructions.)

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

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

- (i) Cash
(ii) Other assets

b Other transactions:

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

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

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

Table with 3 columns: Question, Yes, No. Rows include 51a(i), a(ii), b(i), b(ii), b(iii), b(iv), b(v), b(vi), and c. 'No' column contains 'X' for all rows.

Table with 4 columns: (a) Line no, (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. Row 1 contains 'N/A'.

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

Yes No (X) No

b If "Yes," complete the following schedule:

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. Row 1 contains 'N/A'.

Forms
990 / 990-PF**Mortgages and Other Notes Payable****2004**

For calendar year 2004, 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) Florida Community Loan Fund	None

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1) 64,000	1/21/01	12/18/16	\$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	12/17/07	\$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	8/18/08	\$401 Monthly P & I	6.000
(7) 35,000	12/04/03	12/17/07	\$295 Monthly P & I	6.000
(8) 18,000	10/30/03	11/05/06	\$152 Mo P&I + balloon pymt	6.000
(9) 2,000	4/01/03	7/01/04	%50 monthly (non-interest)	
(10) 20,000	8/14/04	12/17/07	\$169 MO P&I +ballon paymen	6.000

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	
(10) Real Estate	Purchase Property

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1) None	59,091	56,081
(2) None	3,333	
(3) None	173,019	164,956
(4) None	10,651	7,966
(5) None	5,916	
(6)	47,007	44,962
(7)	35,000	33,643
(8)	17,938	17,171
(9)	1,550	
(10)		19,793
Totals	353,505	344,572

Forms
990 / 990-PF**Mortgages and Other Notes Payable****2004**

For calendar year 2004, 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) Minolta Copiers	none
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

	Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1)	40,000	6/22/04		int monthly; prin on deman	6.500
(2)	14,148	8/30/04	8/25/09	p&i \$332 monthly	14.490
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Security provided by borrower	Purpose of loan
(1) none	operating funds
(2) copy machine	finance copy machine
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1) none		17,000
(2)		13,464
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Totals		30,464

Form **8824**

Department of the Treasury
Internal Revenue Service

Like-Kind Exchanges

(and section 1043 conflict-of-interest sales)

OMB No 1545-1190

2004

Attachment
Sequence No **109**

▶ Attach to your tax return.

Name(s) shown on tax return

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

Identifying number

59-2981409

Part I Information on the Like-Kind Exchange

Note: If the property described on line 1 or line 2 is real or personal property located outside the United States, indicate the country

- | | | |
|---|--|---|
| 1 | Description of like-kind property given up ▶ | Minolta Digital Copier |
| 2 | Description of like-kind property received ▶ | Received in trade for asset # 62 |
| 3 | Date like-kind property given up was originally acquired (month, day, year) | 3 4/19/02 |
| 4 | Date you actually transferred your property to other party (month, day, year) | 4 8/30/04 |
| 5 | Date like-kind property you received was identified by written notice to another party (see instructions for 45-day written notice requirement) (month, day, year) | 5 8/30/04 |
| 6 | Date you actually received the like-kind property from other party (month, day, year) (see instructions) | 6 8/30/04 |
| 7 | Was the exchange of the property given up or received made with a related party, either directly or indirectly (such as through an intermediary) (see instructions)? If "Yes," complete Part II. If "No," go to Part III | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

Part II Related Party Exchange Information

- | | | | |
|---|---|---------------------|--|
| 8 | Name of related party | Relationship to you | Related party's identifying number |
| Address (no., street, and apt., room, or suite no., city or town, state, and ZIP code) | | | |
| 9 | During this tax year (and before the date that is 2 years after the last transfer of property that was part of the exchange), did the related party directly or indirectly (such as through an intermediary) sell or dispose of any part of the like-kind property received from you in the exchange? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10 | During this tax year (and before the date that is 2 years after the last transfer of property that was part of the exchange), did you sell or dispose of any part of the like-kind property you received? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If both lines 9 and 10 are "No" and this is the year of the exchange, go to Part III. If both lines 9 and 10 are "No" and this is not the year of the exchange, stop here. If either line 9 or line 10 is "Yes," complete Part III and report on this year's tax return the deferred gain or (loss) from line 24 unless one of the exceptions on line 11 applies. | | | |
| 11 | If one of the exceptions below applies to the disposition, check the applicable box: | | |
| a | <input type="checkbox"/> The disposition was after the death of either of the related parties | | |
| b | <input type="checkbox"/> The disposition was an involuntary conversion, and the threat of conversion occurred after the exchange. | | |
| c | <input type="checkbox"/> You can establish to the satisfaction of the IRS that neither the exchange nor the disposition had tax avoidance as its principal purpose. If this box is checked, attach an explanation (see instructions). | | |

Part III Realized Gain or (Loss), Recognized Gain, and Basis of Like-Kind Property Received

Caution: If you transferred and received (a) more than one group of like-kind properties or (b) cash or other (not like-kind) property, see Reporting of multi-asset exchanges in the instructions.

Note: Complete lines 12 through 14 only if you gave up property that was not like-kind. Otherwise, go to line 15.

- | | | | |
|----|---|----|--------|
| 12 | Fair market value (FMV) of other property given up | 12 | |
| 13 | Adjusted basis of other property given up | 13 | |
| 14 | Gain or (loss) recognized on other property given up. Subtract line 13 from line 12. Report the gain or (loss) in the same manner as if the exchange had been a sale | 14 | |
| 15 | Cash received, FMV of other property received, plus net liabilities assumed by other party, reduced (but not below zero) by any exchange expenses you incurred (see instructions) | 15 | |
| 16 | FMV of like-kind property you received | 16 | |
| 17 | Add lines 15 and 16 | 17 | |
| 18 | Adjusted basis of like-kind property you gave up, net amounts paid to other party, plus any exchange expenses not used on line 15 (see instructions) | 18 | 9,800 |
| 19 | Realized gain or (loss). Subtract line 18 from line 17 | 19 | -9,800 |
| 20 | Enter the smaller of line 15 or line 19, but not less than zero | 20 | 0 |
| 21 | Ordinary income under recapture rules. Enter here and on Form 4797, line 16 (see instructions) | 21 | |
| 22 | Subtract line 21 from line 20. If zero or less, enter -0-. If more than zero, enter here and on Schedule D or Form 4797, unless the installment method applies (see instructions) | 22 | 0 |
| 23 | Recognized gain. Add lines 21 and 22 | 23 | |
| 24 | Deferred gain or (loss). Subtract line 23 from line 19. If a related party exchange, see instructions | 24 | -9,800 |
| 25 | Basis of like-kind property received. Subtract line 15 from the sum of lines 18 and 23 | 25 | 9,800 |

For Paperwork Reduction Act Notice, see page 4.

Depreciation and Amortization

OMB No 1545-0172

Form **4562**

(Including Information on Listed Property)

2004

Department of the Treasury
Internal Revenue Service

▶ See separate instructions. ▶ Attach to your tax return.

Attachment
Sequence No **67**

Name(s) shown on return Coalition for the Hungry & Homeless of Brevard Co., Inc.	Identifying number 59-2981409
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Business or activity to which this form relates
Indirect Depreciation

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount. See page 2 of the instructions for a higher limit for certain businesses	1	102,000
2 Total cost of section 179 property placed in service (see page 3 of the instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	410,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see page 3 of the instructions	5	

(a) Description of property	(b) Cost (business use only)	(c) Elected cost
6		
7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7		8
9 Tentative deduction. Enter the smaller of line 5 or line 8		9
10 Carryover of disallowed deduction from line 13 of your 2003 Form 4562		10
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)		11
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11		12
13 Carryover of disallowed deduction to 2005 Add lines 9 and 10, less line 12	▶ 13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

14 Special depreciation allowance for qualified prop (other than listed prop) placed in service during the tax year (see pg 3 of the instructions)	14	
15 Property subject to section 168(f)(1) election (see page 4 of the instructions)	15	
16 Other depreciation (including ACRS) (see page 4 of the instructions)	16	24,673

Part III MACRS Depreciation (Do not include listed property.) (See page 5 of the instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2004	17	7,791
18 If you are electing under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B-Assets Placed in Service During 2004 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C-Assets Placed in Service During 2004 Tax Year Using the Alternative Depreciation System

20a Class life					S/L
b 12-year			12 yrs.		S/L
c 40-year			40 yrs	MM	S/L

Part IV Summary (see page 8 of the instructions)

21 Listed property. Enter amount from line 28	21	5,756
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations-see instr	22	38,220
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2004)

Coalition for the Hungry & Homeless 59-2981409

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

Section A-Depreciation and Other Information (Caution: See page 9 of the instructions for limits for passenger automobiles)

24a Do you have evidence to support the business/investment use claimed?				Yes	No	24b If "Yes," is the evidence written?				Yes	No	
(a) Type of prop (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)		(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost			
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see page 8 of the instructions)											25	
26 Property used more than 50% in a qualified business use (see page 8 of the instructions).												
Dodge	Ram Van											
	12/07/01	100.00%	28,780	28,780		5.0	S/L-	5,756				
		%										
27 Property used 50% or less in a qualified business use (see page 8 of the instructions):												
		%					S/L-					
		%					S/L-					
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1								28	5,756			
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1											29	

Section B-Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a)		(b)		(c)		(d)		(e)		(f)	
	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	Vehicle 5	Vehicle 6	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	Vehicle 5	Vehicle 6
30 Total business/investment miles driven during the year (do not include commuting miles-See page 2 of the instructions)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C-Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see page 10 of the instructions).

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See page 10 of the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See page 10 of the instructions.)		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year	
42 Amortization of costs that begins during your 2004 tax year (see page 11 of the instructions):						
43 Amortization of costs that began before your 2004 tax year					43	0
44 Total. Add amounts in column (f). See page 12 of the instructions for where to report					44	

Federal Statements

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

<u>Desc</u>	<u>How Rec'd</u>	<u>Whom Sold</u>	<u>Date Acquired</u>	<u>Date Sold</u>	<u>Sale Price</u>	<u>Cost & Expense</u>	<u>Deprec</u>	<u>Gain/ -Loss</u>
Compaq 700 with monitor	Purchase		5/25/00	2/01/04	\$	\$ 1,439	\$ 1,439	\$
Compaq 700 with monitor	Purchase		5/25/00	2/01/04		1,439	1,439	
Closing cost for new loan due 07/20/03	Purchase		7/02/98	1/01/04		1,802	1,802	
Total					\$ 0	\$ 4,680	\$ 4,680	\$ 0

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

Description	Amount
Direct aid	\$ 2,033
Total	<u>\$ 2,033</u>

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

Description	Total Expenses	Program Service	Mgt & General	Fund-Raising
	\$	\$	\$	\$
Expenses				
Insurance	15,055	9,033	6,022	
Miscellaneous	8,171	245	7,926	
Professional fees	10,200	5,100	5,100	
Support services	124,490	124,490		
Utilities	47,468	43,671	3,797	
Office Expense	27,298	13,649	13,649	
Taxes and Licenses	10,424		10,424	
Bad Debt Expense	28,074		28,074	
Total	<u>\$ 271,180</u>	<u>\$ 196,188</u>	<u>\$ 74,992</u>	<u>\$ 0</u>

Statement 3 - 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 829 individuals, 263 housed

Federal Statements

Statement 4 - 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	\$ 26,710	\$	\$ 29,604	\$
Furniture & equipment	11,915		14,737	
Buildings	826,763		882,701	
Leashold improvements	7,839		7,839	
Vehicle - van	28,780		28,780	
Accum deprec-van		11,135		16,892
Accum deprec-furn & fix		6,219		1,009
Accum deprec-bldgs		80,014		110,431
Accum deprec-leasehold improvement		7,838		7,838
				913
Land	295,003		307,978	
Total	<u>\$ 1,197,010</u>	<u>\$ 105,206</u>	<u>\$ 1,271,639</u>	<u>\$ 137,083</u>

Statement 5 - Form 990, Part IV, Line 58 - Other Assets

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
Deposits	\$ 3,398	\$ 3,298
Other assets - closing costs	1,802	
Accum amortization - other assets	-1,802	
Total	<u>\$ 3,398</u>	<u>\$ 3,298</u>

Statement 6 - Form 990, Part IV, Line 65 - Other Liabilities

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
Security deposits	\$ 1,050	\$ 2,890
Total	<u>\$ 1,050</u>	<u>\$ 2,890</u>

Federal Statements

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

<u>Description</u>	<u>2003</u>	<u>2002</u>	<u>2001</u>	<u>2000</u>
Miscellaneous	\$ <u> </u>	\$ <u> 152</u>	\$ <u> 323</u>	\$ <u> 11</u>
Total	\$ <u> 0</u>	\$ <u> 152</u>	\$ <u> 323</u>	\$ <u> 11</u>

59-2981409

Federal Asset Report

FYE: 12/31/2004

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Sec 168(k)	Basis for Depr	PerConv Meth	Prior	Current
Prior MACRS:										
18	Compaq 700 with monitor	5/25/00	1,439				1,439	3 HY S/L	1,439	0
	Sold/Scrapped: 2/01/04									
19	Compaq 700 with monitor	5/25/00	1,439				1,439	3 HY S/L	1,439	0
	Sold/Scrapped: 2/01/04									
20	All-In-One Copier/Fax/Printer	5/25/00	700				700	3 HY S/L	700	0
22	Building-1526 Paradise Lane	10/20/95	29,246				29,246	27 MMS/L	8,730	1,063
23	Building -1895 Garner Ave	4/26/96	46,836				46,836	27 MMS/L	13,128	1,703
24	Bldg renovations - Paradise Lane	8/23/96	78,538				78,538	27 MMS/L	21,062	2,856
25	Building-Fee & Columbus	2/14/97	59,648				59,648	27 MMS/L	14,912	2,169
40	Replace roof shingles - 505 Abbey	10/05/99	2,225				2,225	3 HY S/L	2,225	0
43	Tile replacement at Garner	3/29/99	1,464				1,464	3 HY S/L	1,464	0
45	Replace roof - 513 Abbey Lane	7/29/99	4,150				4,150	3 HY S/L	4,150	0
			<u>225,685</u>				<u>225,685</u>		<u>69,249</u>	<u>7,791</u>
Other Depreciation:										
21	Fedders A/C Window Unit	6/08/00	337				337	5 MO S/L	242	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
48	Closing cost for new loan due 07/20/03	7/02/98	1,802				1,802	5 MO S/L	1,802	0
	Sold/Scrapped 1/01/04									
52	306 Herring	7/25/02	55,000				55,000	27 MO S/L	3,000	2,000
53	1690 Ashwood	2/25/02	65,000				65,000	27 MO S/L	4,728	2,363
54	227 Seminole	9/25/02	70,000				70,000	27 MO S/L	5,090	2,546
55	423 Rockpit Rd.	11/19/02	55,000				55,000	27 MO S/L	3,000	2,000
56	627,629 Titus	11/22/02	78,000				78,000	27 MO S/L	4,254	2,837
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	2,400	1,067
	Traded. 8/30/04									
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	1,568	9,409
65	Land at Pine Grove	10/30/03	21,919				21,919	0 -- Land	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	242	728
70	Bldg improv 306 Herring	3/31/03	10,754				10,754	27 MO S/L	299	398
71	Land, Tropic & Robbins	9/23/03	55,000				55,000	0 -- Land	0	0
76	Abby Lane Rehab	10/25/04	55,938				55,938	27 MO S/L	0	345
78	Land, Tropic	8/18/04	12,976				12,976	0 -- Land	0	0
80	Minolta Copier D1350	8/30/04	3,900				3,900	5 MO S/L	0	260
81	Minolta Copier D1550	8/30/04	9,800				9,800	5 MO S/L	0	653
	Total Other Depreciation		<u>1,000,251</u>				<u>1,000,251</u>		<u>26,625</u>	<u>24,673</u>
	Total ACRS and Other Depreciation		<u>1,000,251</u>				<u>1,000,251</u>		<u>26,625</u>	<u>24,673</u>
Listed Property:										
49	Dodge Ram Van	12/07/01	28,780	L			28,780	5 MO S/L	11,136	5,756
			<u>28,780</u>				<u>28,780</u>		<u>11,136</u>	<u>5,756</u>
	Grand Totals		<u>1,254,716</u>				<u>1,254,716</u>		<u>107,010</u>	<u>38,220</u>
	Less: Dispositions		<u>12,680</u>				<u>12,680</u>		<u>7,080</u>	<u>1,067</u>
	Net Grand Totals		<u>1,242,036</u>				<u>1,242,036</u>		<u>99,930</u>	<u>37,153</u>