Form 990

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047 2001

Open to Public

Dep:	artment o	of the Treasu enue Service	ıry			The ora	anization m	be av hav	nefit tr	ust or p	rivate four	ndation)	tate repo	rtıng requiremen	ts			pen to Inspe	Public ction
		2001 cale		ar, or						1/01			6/30						
В	Check if	applicable	Please	, ,	Name of	organi	zation								D	Empl	loyer II	D nun	nber
	Addres	ss change	use IRS label or	ı												<u> 59-</u>	<u>-336</u>	952	6
	Name	change	print or		Brev	ard	Alzh	ein	ner	s Fo	undat:	ion,	Inc		Е	Telep	ohone	numb	er
	Initial i	return	type		Number	and str	eet (or P C) box	f mail is	not delive	ered to street	address)		Room/suite		<u> 321</u>	L <u>-</u> 25	3 - 4	430
	Final r	return	See		4676	No	rth W	ick	ham	Roa	d				F	Accou	unting r	metho	d Cash
	Amen	ded return	Specifid Instruc-		City or to	own, sta	ate or cou	ntry, a	and ZIF	² + 4					X	Accrua	al 🗌	Othe	er (specify)
L	Applic pendir	ation	tions.		<u>Melb</u>	our	ne			FI	<u>3293</u>	5-71	03						
		J		Sect	ion 501(c	:)(3) org	janization:	s and	4947(a)	(1) none.	xempt char	itabl é H and	d I are no	ot applicable to se	ection 5	527 org	janizatio	ons .	_
				trust	ts must a	ttach a	completed	d Sch	edule A	(Form 9	90 or 990-E	Z). H(a)	Is this	a group return foi	affiliat	es?		∐ Y4	es_X No
<u>G</u>	Web si	te ▶ ww	<u>w.br</u>	<u>eva</u>	<u>rdal</u>	<u>zhe</u>	ımers	01	<u>.a</u>			_ Н(ь)	∥ Yes	enter no of affi	liates				∭_N/A
J	_	zation type									_	H(c)	Are all	affiliates include	d?	X	N/A	∐ Y	es 📙 No
	(check	only one)					nsert no)					`-	(If "No	* att a list See ii	nstr)				
K	Check I		_	_		-	receipts		_			H(d)	is this	a separate return	filed b	y an		_	X N/A
		0 The orga								_				zation covered by	a grou	ıp rulın	ıg?	Y	es No
		d a Form 9		_			uld file a r	return	withou	it financi	al data	<u> </u>		4-digit GEN	<u> </u>				
-		states requ										_		_	_		on is n		
		receipts Ac							1-4 4-		73,69			sch Sch B (Fo					
	art I									ssets c	or Funa i	Balanc	es (56	ee Specific	ınsırı	uctio T	ins or	ı paç	e 16)
	1	Contribute		. •	is, and s	imilar a	amounts r	eceiv	ea			الما		022 47	٦				
	a	Direct pub										1a		923,47	_	-			
	b	Indirect pu		•	o (orașt	~ \						1b 1c	7	100,34 ,043,75					
	l d	Governme					7		c7 =	67 -	oncash \$	IC		<u>, 043, 15</u>	4 1	.	2	06	7,567
	2										om Part VII	hoo 03)			2	+			$\frac{7.387}{4.405}$
	3	Membersh					en mines it re	363 01	id Cont	iacia (iit	JIII F AIL VII	mie 33)			3	\dashv		40	970
	4	Interest or	•				investme	nte							4	+			970
	5	Dividends	_		•	-	mvesame	11163							5	+			0,880
	6a	Gross ren		.,	OIII 3000	ilics						6a			<u>-</u>				0,000
	Ь	Less rent		ises								6b			7				
	С	Net rental	-		s) (subtr	act line	e 6b from	line 6	a)			<u></u>			T 60	.			
R	7	Other inve					•		_,)					7				
e V	8a	Gross am					er			(A) Secu	ıntıes	I	(E	3) Other					
ė	1	than inver				ါပ္တု				7	1,225	8a							
u	b	Less cos	orome) og en)-20 11	esemp	enses			11	6,255	8b							
0	С	Gain or (le	oss) (atta	ach scl	hedule)	임				- 4	5,030	8c			_				
~	d	Net gain o	or (loss)	(SPEE)	ne line-8	ic col	mns (A) a	and (B	1))	See	Stmt	1			80	<u> </u>		<u>-4</u>	<u>5,030</u>
_,	9	Special ev	vents and	tra cii v	ities (att	ach sc	nedule)												
5	a	Gross rev	•		-		14	18,	<u>558</u>	of		1 1	e Wo	orksheet					
) 		contributio			•							9a		<u>95,46</u>					
曼	b	Less dire										9b		89,06	_				
	C	Net incom	-	-			-		9b fron	n line 9a)	11			90	\			<u>6,399</u>
	10a .	Gross sale		_		ums ar	nd allowar	nces				10a			- -				
\Box	Ь	Less cost	•									10b			┨				
Ž	C						itory (att	scn)	(subtra	ict line 1	0b from line	e 10a)			100	٠-			2 102
2 0 2 CANNE	11	Other reve	•				C 7 D-	0- 1	00	1 1 1 1					11	\neg			3,183
ે	12	Program s						9C, 1	oc, and	111)					13				8,374 5,722
νţ	14	Managem		•			• ••	CD							14				5,722 8,729
P	15	Fundraisir					wanti (~))							15	\neg			9,982
n	16	Payments	•												16	\neg			<u> </u>
5 0 5	17	Total exp))							17			. 64	4,433
	1	Excess or							e 12)						18				3,941
A N S	19	Net asset			•					s, column	n (A))				19		1		1,583
e e t t	20	Other cha					_				,		See	Stmt 2	20	$\overline{}$			1,572
			-				oor (comb		-	•	201				2.	-	2		

335

Form 990 (2001)

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

DAA

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

Note	Where required, attached schedules and amounts will column should be for end-of-year amounts only	thin the	description	(A) Beginning of year		(B) End of year
45	Cash-non-interest-bearing	-		122,478	45	152,539
46	Savings and temporary cash investments				46	102,000
47a	Accounts receivable	47a	135,678			
b	Less allowance for doubtful accounts	47b	32,000	97,709	47c	103,678
40-	Oladaaa saasiishib	40-	120 275			
48a	Pledges receivable Less allowance for doubtful accounts	48a 48b	128,275	218,763	40-	120 275
49	Grants receivable	[40D]		410,703	490	128,275
50	Receivables from officers, directors trustees and key	, emplo	VAAS		43	
) 33	(attach schedule)	Citipio	,,,,,,		50	
51a	Other notes and loans receivable (attach					
	schedule)	51a		•		
Ь	Less allowance for doubtful accounts	51b			51c	
52	Inventories for sale or use				52	
53	Prepaid expenses and deferred charges		_ [5,757	53	4,077
54	Investments-securities See Stmt	7	► Cost X FMV	682,906	54	1,045,411
55a	Investments-land buildings and					
	equipment basis	55a	1,643,363			
b	Less accumulated depreciation (attach				ı	
	schedule) See Stmt 8	55b	135,529	<u>872,000</u>		1,507,834
56	Investments-other (attach schedule)	ſ	<u> </u>	 	56	
57a	Land, buildings and equipment basis	57a				
b	Less accumulated depreciation (attach					
F.0	schedule)	57b		01 400	57c	20 122
58	Other assets (describe See Stmt 9	_)		81,488	58	39,133
59	Total assets (add lines 45 through 58) (must equal li	ne 74)		2,081,101	59	2,980,947
60	Accounts payable and accrued expenses		Ĺ	<u> 131,717</u>	60_	186,104
61	Grants payable				61	
62	Deferred revenue				62	·
63	Loans from officers, directors trustees, and key empt	loyees (attach			
	schedule)				63	
64a	Tax-exempt bond liabilities (attach schedule)	_	. , , ,	05 000	64a_	
_ b	Mortgages and other notes payable (attach schedule		ee Worksheet	25,000		45,000
65	Other liabilities (describe See Stmt]	<u>.u</u>)		502,801	65	515,891
66	Total liabilities (add lines 60 through 65)			659,518	66	746,995
Orga	nnizations that follow SFAS 117, check here 🕨 🛚	and co	omplete lines	-		
1	67 through 69 and lines 73 and 74					
F 67	Unrestricted			<u>576,846</u>		1,080,203
L 68	Temporanly restricted			<u>632,896</u>		541,908
d 69	Permanently restricted		<u> </u>	211,841	69	611,841
· i	enizations that do not follow SFAS 117, check here	▶□	and	ļ		
B al ₇₀	complete lines 70 through 74					
	Capital stock trust principal, or current funds				70	
a / 1	Paid-in or capital surplus, or land building, and equip		r		71	<u>-</u>
n 72	Retained earnings, endowment, accumulated income				72	
c 73 e	Total net assets or fund balances (add lines 67 thro	ougn 69	OK lines			
s	70 through 72, column (A) must equal line 19, column (B) must equ	و مما اد	11)	1,421,583	73	2,233,952
74	Total liabilities and net assets / fund balances (ad		· ' -	2,081,101		2,233,932

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.

DAA

	990 (2001) art IV-A	Brevard Alzhe: Reconciliation of Rev					_ 		Reconciliation	of Eve				Page 4
	, , , , , , , , , , , , , , , , , , ,	Financial Statements		-			"		inancial Stater			•		
		Return (See Specific			•				manciai Statei Return	Hellis	AAILLI	Expe	nses þ	161
 a	Total revenue	e, gains, and other support	Ϊ	1 00000113	, puge	<u>, 20.</u>	a	Total expenses			П			
		inancial statements	a	2	570	35	1	audited financia	•	•		٦	, 757	989
b	•	luded on line a but not on	Ë			1	ъ		ed on line a but not		<u> </u>		<i></i>	1 202
_	line 12, Form		l					on line 17 Form						
(1)	Net unrealize						1 (1)	Donated service						
` '	investments	•		,			` '	of facilities \$						
(2)	Donated serv		1				(2)	Pnor year adjus	tments					
` '	of facilities	\$,		,	`	reported on line						
(3)	Recovenes of	of prior	1			•		Form 990 \$	•			1	^	
` '	year grants	\$					(3)	Losses reported	on line 20					
(4)	Other (specif	(v)	1			,	` '	Form 990 \$						
.,	• •	See Stmt 11		Ī			(4)	Other (specify)				`		
		\$ 113,556					` '		See Stmt	: 13				
	Add amounts	s on lines (1) through (4)	lь		113	, 55	sl	s		556				
								Add amounts or	n lines (1) through (ь		113	, 556
С	Line a minus	line b	c	2,	456	, 80	2 6	Line a minus line	• • •	· ▶	С	1	,644	
d	Amounts inc	luded on line 12	Г				٦,	Amounts include	ed on line 17,				•	
	Form 990 bu	t not on line a		}				Form 990 but no	ot on line a					
(1)	Investment e	xpenses		1			(1)	Investment expe	enses					
	not included	on line 6b		}				not included on	line 6b,					
	Form 990	\$		ł.				Form 990 \$						
(2)	Other (specif	fy)	1	1			(2)	Other (specify)						
		See Stmt 12												
		\$ 11,572		ł				<u>s</u>						
	Add amounts	s on lines (1) and (2)	d	l	11	, 57	2	Add amounts or	n lines (1) and (2)	•	d			
е	Total revenue	e per line 12 Form 990					e	Total expenses	per line 17, Form 9	90				
	(line c plus li	 	е		468			(line c plus line		•	е		644	,433
Pa	ırt V Lı	st of Officers, Director	s, T	Frustees	, and	Key E	≛mplo	yees (List each	one even if not co	mpensa	ated se			
	Ins	structions on page 26)												
		(A) Name and address						itle and average urs per week	(C) Compensation	a imála	ontrib t ee bene	o efit -	(E) Exp	
		גלשוטטש טוום שיוופרו (רק	,				.10	alo pel meen	(If not paid, enter	nlane 2	dotorra	יים ויאנ	ccount an	u ouiei

Instructions on page 26)				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0)	(D) Contrib to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Floyd H Trogdon	President			
Melbourne, FL	varies	l o	0	0
Minton Cooper	Vice-Pres			
Melbourne Beach, FL	varies	0	0	0
Gre w Henry	Secretary		_	
Melbourne, FL	varies	0	0	0
Trina Downey	Treasurer			
Melbourne, FL	varies	lo	_ 0	0
Charlotte Millspaugh	Exec Dir-9mc			
Palm Bay, FL	40	44,990	0	0
Joseph Steckler	Exec Dir-3mc			
Satellite Beach, FL	40	6,510	0	0
Ruth Battle	Director			
Palm Bay, FL_	varies_	l ol	0	0
Laura K Betten	Director			
Melbourne, FL	varies	0	0	0
Beverly Barboza	Director			
<u>Satellite Beach, FL</u>	varies	o	0	0
See Statement 14				

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 Specific Instructions on page 27

▶ []	Yes	X	No	
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Form	990 (2001) Brevard Alzhelmer's Foundation, Inc. 59-3369526		P	age 5
<u>Pa</u>	rt VI Other Information (See Specific Instructions on page 27)		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of			
	each activity	76		_X_
77	Were any changes made in the organizing or governing documents but not reported to the IRS?	77		X
	If "Yes " attach a conformed copy of the changes			,
78a	Did the organization have unrelated business gross inc. of \$1,000 or more during the year covered by this return?	78a		<u>X</u>
	If "Yes," has it filed a tax return on Form 990-T for this year?	78b		<u>X</u>
79	Was there a liquidation, dissolution, termination or substantial contraction during the year? If "Yes " attach a	l		
	statement	79		<u>X</u>
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		<u>X</u>
þ	If "Yes" enter the name of the organization and check whether it is exempt OR nonexempt			
04-				
_				v
b	Did the organization file Form 1120-POL for this year? Did the organization receive donated services or the use of materials, equipment, or facilities at no charge	81b		<u>X</u>
82a	or at substantially less than fair rental value?	82a	Х	
h	If "Yes " you may indicate the value of these items here. Do not include this amount as revenue	0£a		
U	in Part I or as an expense in Part II (See instructions in Part III)			,
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	Х	
ь	Did the organization comply with the disclosure requirements relating to quid pro quo contributions? N/A	83b		
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
	If "Yes," did the organization include with every solicitation an express statement that such contributions			
	or gifts were not tax deductible? N/A	84b		
85	501(c)(4), (5) or (6) organizations a Were substantially all dues nondeductible by members? N/A	85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A	85b		
	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			
C	Dues, assessments, and similar amounts from members	1		
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			
9	Does the organization elect to pay the section $6033(e)$ tax on the amount in $85f$? N/A	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable			
	estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A	85h		
86	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12			
_ 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			
þ	Gross income from other sources (Do not net amounts due or paid to other			
	sources against amounts due or received from them) 876			
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		Х
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under	- 33		Δ_
000	section 4911 O , section 4912 O , section 4955			
ь	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		Х
С	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under			
	sections 4912, 4955, and 4958			0
đ	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 FL			
ь	Number of employees employed in the pay period that includes March 12, 2001 (See instructions)	7		
91	The books are in care of ▶ Brevard Alzheimers Founda Telephone no ▶ 321-	253	-44	30
	Located at ▶ 4676 N. Wickham Rd, Melbourne, FL ZIP+4 ▶ 32935			
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			

FOITH 990 (20)							Page 6
Part VII	Analysis of Income-Pro	oducing Activities	s (See Sp	ecific Instruction	s on pag	e 32)	
Note Enter	gross amounts unless otherwise		Unrelate	d business income	Excluded t	y sec 512 513 or 514	(E)
indicated		_	(A) Susiness code	(B) Amount	(C) Exclusion	(D) Amount	Related or
93 Progran	n service revenue	l B	Susiness code	Amount	code	Amount	exempt function income
a Pri	vate pay						224,129
			_				<u> </u>
	- <u>-</u>				1 1		
					1	——————————————————————————————————————	
<u> </u>					+		
f Madage	re/Medicaid payments						100 000
	• •	├-	— -				<u> 180,276</u>
	d contracts from government agen	icies			+ +		
	rship dues and assessments	<u> </u>			+		97 <u>0</u>
	on savings and temporary cash in	vestments					
	ds and interest from securities	ļ			14	20,880	· · · · · · · · · · · · · · · · · · ·
97 Net rent	al income or (loss) from real estate	·		<u>.</u>		<u>.</u>	,
a debt-fina	anced property	ļ			 		
b not debt	t-financed property	L			<u> </u>		
98 Net rent	al income or (loss) from personal p	property					
99 Other in	vestment income	L					
100 Gain or	(loss) from sales of assets other th	an inventory				_	-45,030
101 Net inco	ome or (loss) from special events	· · · · · · · · · · · · · · · · · · ·			1	6,399	
	rofit or (loss) from sales of inventor	~		•			
103 Other re		′	`		1 - 1	•	
	er Revenue				1		13,183
					1 1		<u> </u>
					 		
<u> </u>					† †		
to4 Subtotal	I (add columns (B), (D) and (E))	 -				27 270	272 520
		(F.)			<u>/</u>	27,279	<u>373,528</u>
	dd line 104 columns (B), (D), and		.			P	400,807
	5 plus line 1d, Part I, should equal	•					
Part VIII	Relationship of Activiti						
Line No	Explain how each activity for whi					ntly to the accomplish	ment
•	of the organization's exempt pur						
93a	Private payments	s for care a	and the	erapy for p	<u>people</u>	<u>who</u>	
	suffer from Alzh						
93f	Medicaid payment	s for provi	<u>iding c</u>	are and the	<u>ierapy</u>	for	
	<u>See Statement 15</u>						
Part IX	Information Regarding T	axable Subsidiar	ies and D	isregarded Enti	ties (See S	Specific Instructions o	n page 33)
Name add	(A) dress, and EIN of corporation,	(B) Percentage of		(C) ature of activities		(D) Fotal income	(E)
partner	ship, or disregarded entity	ownership interest	"	ature of activities		i otal income	End-of-year assets
N	I/A		%				
			%				
			%				
_			%				···.
Part X	Information Regarding T	ransfers Associa	ted with F	Personal Benefi	t Contrac	ts (See Specific Inst	nuctions on pg. 33 \
	he organization during the year receive			CISCHAI BCHCH	-	to toee openic man	The Garage
	the organization, dueng the year, p						
	es" to (b), file Form 8870 and For						
140(8 // /	F - 71 \	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	_				
	Under penalties of penury i declare the and belief it is true correct and copyr						
Please	and densit it budged and days	Diete Declaration Di Frepa					
Sign			/				
Here	Signature of officer	Carpenan	سر. سل				
-	JOSEPH L	STECKLER,	EXEC				
	Type or print name and title	<u>.</u>					
	Preparer's),	D				
Paid	signature MA	MM CPA					
Preparer's	Firm s name (or yours Jan	es, Key & D	inho,				
Jse Only		7 North Wic					
		bourne, FL	3293				

SCHEDULE A

(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

2001

Employer identification number

_		_			
	<u>d Alzheimer's Foundation,</u>	Inc		<u> 59-336952</u>	<u>6</u>
Part I	Compensation of the Five Highest Pair				tees
	(See page 1 of the instructions List each	ch one If there are no	ne, 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					
				-	
				1	
Fotal number o	f other employees paid over				
50,000	<u></u>		<u>L</u>		
Part II	Compensation of the Five Highest Paid (See page 2 of the instr. List each one (lone ")
	(a) Name and address of each independent contractor pair	d more than \$ 50 000	(b) Тур	e of service	(c) Compensation
None					
			-		
.					
	-				
Total number o	f others receiving over \$50,000 for			.,,,,,*	
professional se					
or Panerwort	Reduction Act Notice, see the Instructions for F	orm 990 and Form 990-E7	,	Schodule A (Form 99)	0- 000 E7\ 2004

che	edule A (Form 990 or 990-EZ) 2001 Brevard Alzheimer's Foundation, Inc 59-336	9526 _	Pa	age 2
Pa	art III Statements About Activities (See page 2 of the instructions)		Yes	No
2	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 S (Must equal amount on line 38 Part VI-A, or line i of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities 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	В,		Х
а	transactions) Sale, exchange, or leasing of property?	2a		Х
b	Lending of money or other extension of credit?	2b	<u> </u>	х
С	Furnishing of goods, services, or facilities?	2c		х
đ	Payment of compensation (or payment or reimbursement of exp if more than \$1 000)? See Part V, Form 99	0 <u>2d</u>		_X
е	Transfer of any part of its income or assets?	2e		х
r loa	Does the organization make grants for scholarships, fellowships, student loans, etc? (See Note below) Do you have a section 403(b) annuity plan for your employees? e Attach a statement to explain how the organization determines that individuals or organizations receiving grants cans from it in furtherance of its chantable programs "qualify" to receive payments eart IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions)		X
5 6 7 8 9	organization is not a private foundation because it is. (Please check only ONE applicable box.) A church, convention of churches, or association of churches. Section 170(b)(1)(A)(ii) A school. Section 170(b)(1)(A)(iii). (Also complete Part V.) A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii). A Federal, state or local government or governmental unit. Section 170(b)(1)(A)(v). A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's and state. An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170 (Also complete the Support Schedule in Part IV-A.) An organization that normally receives a substantial part of its support from a governmental unit or from the general put	70(b)(1)(A)(i∨)		
1b 2	An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and receipts from activities related to its chantable, etc., functions-subject to certain exceptions, and (2) no more than 33 1 its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses by the organization after June 30 1975 See section 509(a)(2) (Also complete the Support Schedule in Part IV-A)	/3% of es acquired		
J	An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organ 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) 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 i	numbei above	
	As exceptation arganized and appropriate to tast for public particle. Posture 500(a)(4), (See ages 6 of the instructions.)			_

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting Note You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting Calendar year (or fiscal year beginning in) (a) 2000 (b) 1999 (d) 1997 (e) Total (c) 1998 Gifts, grants and contributions received (Do not include unusual 1,353,578 1,019,941 1,010,201 grants See line 28) 1,678,350 16 Membership fees received 2,480 Gross receipts from admissions merchandise sold or services performed or furnishing of facilities in any activity that is related to 7,220 the organization's charitable etc. purpose 7,220 18 Gross inc from int dividends amounts received from pymt on securities loans (section 512(a)(5)), rents royalties & unrelated busin taxable inc (less sec 511 taxes) from businesses acquired <u>30,18</u>0 50,774 4,397 by the organization after June 30 1975 9,395 94,746 Net income from unrelated business activities not included in line 18 3,237 3,237 20 Tax revn levied for the organization's ben & either paid to it or expended on its behalf 21 The value of serv or fact furnished to the org by a governmental unit without charge Do not incluthe value of servior facigenerally furnished to the public without charge Other income. Attach a schedule. Do not include gain or (loss) from sale of cap assets 710,442 1,368,690 1,077,935 1.014.598 23 Total of lines 15 through 22 1,070,715 1.014.598 24 Line 23 minus line 17 710,442 1,368,690 5,164,445 25 17,104 13,687 10,779 10,146 Enter 1% of line 23 26 26a Organizations described on lines 10 or 11 a Enter 2% of amount in column (e), line 24 b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts 26b c Total support for section 509(a)(1) test. Enter line 24, column (e) 26c d Add Amounts from column (e) for lines 18 22 26d 26e e Public support (line 26c minus line 26d total) f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) 26f % 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 500,000 (2000)121,000 (1999)107,180 (1998)(1997)b For any amount included in line 17 that was received from each person (other than "disqualified persons") prepare a list for your records to show the name of, and amount received for each year that was more than the larger of (1) the amount on line 25 for the year or (2) \$5 000 (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year (2000)(1997)Add Amounts from column (e) for lines 5<u>,073,682</u> 27d 728,180 d Add Line 27a total and line 27b total 345,502 e Public support (line 27c total minus line 27d total) 27e Total support for section 509(a)(2) test. Enter amount on line 23, column (e) ▶ 27f | 5,171,665 g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) 27 q 0252% h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) <u>1.</u>8320% Unusual Grants For an organization described in line 10, 11, or 12 that received any unusual grants during 1997 through 2000,

prepare a list for your records to show for each year, the name of the contributor, the date and amount of the grant, and a brief

description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15

	dule A (Form 990 or 990-EZ) 2001 Brevard Alzheimer's Foundation, Inc59-33	69526	P	age 4
Pa	rt 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)		1	
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,	N/A	Yes	No
20	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			1
	brochures, catalogues, and other written communications with the public dealing with student admissions,			1
24	programs, and scholarships?	30	 	\vdash
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		1	ŀ
	that makes the policy known to all parts of the general community it serves?	31	-	├
	If "Yes" please describe if "No," please explain (If you need more space, attach a separate statement)	*		, ,
32	Does the organization maintain the following			
а	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		
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
	with student admissions programs, and scholarships?	32c		L_
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		<u> </u>
	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	i i		
a	Students rights or privileges?	33a	_	
b	Admissions policies?	3 <u>3</u> ь	_	
С	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
0	Educational policies?	33e		
f	Use of facilities?	33f		_
9	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		

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

P	art VI-A Lobbying Expend (To be completed		ng Public Charitie Jible organization t		_		•		
Che	_							ntrol" provisions app	olv
·		Lobbying Exper				(a) Affiliated group to		(b) To be complete for ALL electing	
	(The term "expendi	tures" means amounts	s paid or incurred)					organizations	
36	Total lobbying expenditures to influence	e public opinion (grass	sroots lobbying)		36				
37	Total lobbying expenditures to influence	e a legislative body (d	rect lobbying)		37				
38	Total lobbying expenditures (add lines	36 and 37)			38				
39	Other exempt purpose expenditures				39				
40	Total exempt purpose expenditures (ad	ld lines 38 and 39)		ļ	40	·····			
41	Lobbying nontaxable amount. Enter the	e amount from the follo	owng table-					,	
	If the amount on line 40 is-	The lobbying n	ontaxable amount is-	_					
	Not over \$500 000	20% of the amo		li li					
	Over \$500 000 but not over \$1,000,000		5% of the excess over		- 1	,	2.5		Ž
	Over \$1,000,000 but not over \$1,500,0		0% of the excess over	1.7	41		,.		
	Over \$1,500,000 but not over \$17,000	000 \$225,000 plus 5	% of the excess over \$	1,500,000	- 1				
	Over \$17 000,000	\$1,000,000				``		,	•
	Grassroots nontaxable amount (enter 2	•		ļ	42	-			
	Subtract line 42 from line 36 Enter -0-				43				
44	Subtract line 41 from line 38 Enter -0-	if line 41 is more than	line 38	J.	44				
	Caution If there is an amount on either								
			ging Period Unde						
			501(h) election do not h	-			ns belov	w	
	See the in	structions for lines 45	through 50 on page 11	of the instru	ctions	<u>) </u>			
		_	Lobbying Exp	enditures D	uring	4-Year Averaging	Perio	d	
	Calendar year (or	(a)	(b)	(c))	(d)		(e)	
	fiscal year beginning in)	2001	2000	199	9	1998		Total	
45	Lobbying nontaxable amount	·····							
46	Lobbying ceiling amount (150% of								
	line 45(a))		1			1			
	line 45(e))	 							
47	Total lobbying expenditures								
48	Total lobbying expenditures								
48 49	Total lobbying expenditures Grassroots nontaxable amount								
48 49	Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 48(e))								
48 49 50	Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures								
48 49 50	Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures art VI-B Lobbying Activity		Public Charities						
48 49 50	Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures art VI-B Lobbying Activity (For reporting onl	y by organization	Public Charities s that did not com			.) (See page 1	2 of th	ne instr)	 N/A
48 49 50 P	Grassroots nontaxable amount Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures eart VI-B Lobbying Activit (For reporting onling the year, did the organization attern	y by organization of to influence national	Public Charities s that did not com	on, including		.) (See page 1		ne instr)	 N/A
48 49 50 P	Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures art VI-B Lobbying Activity (For reporting onling the year, did the organization attemmpt to influence public opinion on a leg	y by organization of to influence national	Public Charities s that did not com	on, including					N/A
48 49 50 Po Dun atter	Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures art VI-B Lobbying Activity (For reporting onling the year, did the organization attemmpt to influence public opinion on a legical Volunteers	y by organization of to influence national islative matter or refer	Public Charities s that did not com it, state or local legislati rendum, through the usi	on, including e of	g any				N/A
48 49 50 Pun atter a	Grassroots nontaxable amount Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures art VI-B Lobbying Activity (For reporting onling the year, did the organization attemmpt to influence public opinion on a legical Volunteers Paid staff or management (include on	y by organization of to influence national islative matter or refer	Public Charities s that did not com it, state or local legislati rendum, through the usi	on, including e of	g any				N/A
48 49 50 Poun atter a b	Grassroots nontaxable amount Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures art VI-B Lobbying Activity (For reporting onling the year, did the organization attemmpt to influence public opinion on a leg Volunteers Paid staff or management (include of Media advertisements	y by organization pt to influence national islative matter or referompensation in expen-	Public Charities s that did not com it, state or local legislati rendum, through the usi	on, including e of	g any				N/A
48 49 50 Pun atter a	Grassroots nontaxable amount Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures eart VI-B Lobbying Activity (For reporting onling the year, did the organization attemment to influence public opinion on a legical Volunteers Paid staff or management (include of Media advertisements Mailings to members, legislators, or the service of the	y by organization of to influence national islative matter or referompensation in expension by public	Public Charities s that did not com it, state or local legislati rendum, through the usi	on, including e of	g any				N/A
48 49 50 Po Dun atter a b c d	Grassroots nontaxable amount Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures art VI-B Lobbying Activity (For reporting onling the year, did the organization attemment to influence public opinion on a legical Volunteers Paid staff or management (include of Media advertisements Mailings to members, legislators, or Publications or published or broadca	y by organization pt to influence national islative matter or refer ompensation in expen- the public st statements	Public Charities s that did not com it, state or local legislati rendum, through the usi	on, including e of	g any				N/A
50 P	Grassroots nontaxable amount Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures art VI-B Lobbying Activity (For reporting onling the year, did the organization attemment to influence public opinion on a legical Volunteers Paid staff or management (include of Media advertisements Mailings to members, legislators, or Publications or published or broadca Grants to other organizations	y by organization pt to influence national islative matter or refer ompensation in expens the public list statements bying purposes	Public Charities s that did not com it, state or local legislativendum, through the use sees reported on lines c	on, including e of through h)	g any				N/A
48 49 50 Po Dun atter a b c d	Grassroots nontaxable amount Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures art VI-B Lobbying Activity (For reporting onling the year, did the organization attemment to influence public opinion on a legical Volunteers Paid staff or management (include of Media advertisements Mailings to members, legislators, or Publications or published or broadca Grants to other organizations for lobbt Direct contact with legislators, their services.	y by organization pt to influence national islative matter or refer compensation in expension the public list statements lying purposes taffs, government office	Public Charities s that did not com il, state or local legislati rendum, through the use ses reported on lines c	on, including e of through h)	g any				N/A
50 P. Dun atter a b c d e f	Grassroots nontaxable amount Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures art VI-B Lobbying Activity (For reporting onling the year, did the organization attemment to influence public opinion on a legical Volunteers Paid staff or management (include of Media advertisements Mailings to members, legislators, or Publications or published or broadca Grants to other organizations for lobb Direct contact with legislators, their signalines, demonstrations, seminars, contact with legislators, seminary, contact with legislators, which with legislators, seminary, contact with legislators, which with legislato	y by organization pt to influence national islative matter or refer compensation in expens the public list statements bying purposes taffs, government office conventions, speeches	Public Charities s that did not com il, state or local legislati rendum, through the use ses reported on lines c	on, including e of through h)	g any				N/A
Dun atter a b c d e f 9	Grassroots nontaxable amount Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures art VI-B Lobbying Activity (For reporting onling the year, did the organization attemment to influence public opinion on a legical Volunteers Paid staff or management (include of Media advertisements Mailings to members, legislators, or Publications or published or broadca Grants to other organizations for lobbt Direct contact with legislators, their services.	y by organization pt to influence national islative matter or refer compensation in expens the public list statements bying purposes taffs, government office conventions, speeches is c through h)	Public Charities s that did not com it, state or local legislative rendum, through the use ses reported on lines c cals, or a legislative book tectures, or any other in	on, including e of through h) dy neans	g any	Yes			N/A

	n 990 or 990-EZ) 2001			Foundation, Inc59-336952		Pa	ge 6
Part VII	_	_		ns and Relationships With Nonchard	table		
F1 Dud the see			ee page 12 of the instruction		_		
			cuy engage in any or the following 3) organizations) or in section 527,	with any other organization described in section			
			noncharitable exempt organization	_	1	Yes	No
_		iizauon to a	ionunantable exempt organization	OI .	510(1)	165	X
	г assets				51a(ı)	 -	X
b Other trans					2(II)		
		te with a pop	chantable exempt organization		b(s)		X
	hases of assets from a		· =		b(i)	\dashv	X
• •	al of facilities equipmen		• •		b(III)		X
	at of facilities requipment abursement arrangemen		33663		b(iv)	-+	- <u>x</u>
	is or loan guarantees	16			b(v)		X
	<u> </u>	memhershin	or fundraising solicitations		b(vi)		X
		-	ther assets, or paid employees		c .		X
-	• •	•		mn (b) should always show the fair market value	<u> </u>		
			· ·	zation received less than fair market value in any			
=	=	=	olumn (d) the value of the goods, of	-			
(a)	(b)	, , , , , , , , , , , , , , , , , , , ,	(c)	(d)			
Line no	Amount involved	Name o	f nonchantable exempt organization	Description of transfers transactions and shar	па апапаел	nents	
N/A	_						
		_					
· 							
							
							
	_						
			-				
			_				
			- -				
					· · · · ·		
described	=	Code (other	d with or related to one or more to than section 501(c)(3)) or in section	· •	- [] Ye	s X	No
D II Tes, Co	(a)	<u>. </u>	(b)	(c)			
	Name of organization		Type of organization	Description of relationship			
N/A	Nume of organization		Type or organization				
· .	<u> </u>						
	 			 			
			İ				
						-	
		_					
				· -			
							
	 						
	· -,						

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Form 990	ı f	Spec	ial Events	Schedule		2001
Form 330	F	dar year 2001, or tax year beg	linning	7/01/01 , and ea	nding 6/30/02	2001
me						lentification Numbe
Brevard_	Alzheime	r's Foundation,	Inc		59-336	9526
		(A)	(B)	(C)	Others	Total
Pross recei	pts	54,216	74,461	41,506	73,841	244,02
ess contrib	outions	54,216	650	28,981	64,711	148,55
Gross reven	nue	0	73,811	12,525	9,130	95,46
ess direct	expenses	3,008	52,096	12,698	21,265	89,06
Net income	(loss)		21,715		-12,135	6,39
Description: A)		er's Walk				
B)	BBQ & Ca	ar Drawing				
C)	Art Auct	lon				
Others	Golf To	<u>irnament</u> re <u>Radio Hour</u>				

Form	Mortgages and Othe
990/990-PF	For calendar year 2001, or tax year beginning

and Other Notes Payable

7/01/01 , and ending

2001 6/30/02

Name

Employer Identification Number

B	<u>revard Alzheime</u>	<u>r's Foundat:</u>	<u>lon, Inc</u>		<u> 59-336952</u>	6	
_	000 Dave II	7 Ti CAL	233-6-				
F	orm 990, Part I	v, Line 64D	- Additio	onal Information			
Name of lender			Relationship to di	Relationship to disqualified person			
(1)	First Union Nat	tional Bank		N/A	<u> </u>		
(2)							
<u>(3)</u>							
<u>(4)</u>							
<u>(5)</u>							
<u>(6)</u>	 						
(7) (8)	<u> </u>			 			
(9)							
(10)							
					· · · · · · · · · · · · · · · · · · ·		
	Original amount borrowed	Date of loan	Maturity date	Repayment terms		Interest rate	
<u>(1)</u>	50,000	5/16/01		principal on dema	nd int/mo	5 750	
(2)							
<u>(3)</u>	_ -						
<u>(4)</u>					 <u>-</u>		
<u>(5)</u>		<u> </u>					
<u>(6)</u>				_			
(7) (8)		-					
(9)		 					
(10)							
· · · · · ·		*************************************					
	Otu-		•			······································	
	Security p	rovided by borrower		Purpose o	of loan		
(1)_		<u> </u>		operating funds			
(2) (3)		<u> </u>			-		
(4)		 -					
(5)	·-······						
(6)					<u> </u>	<u></u>	
<u>(7)</u>							
<u>(8)</u>		_			. <u></u>		
<u>(9)</u>							
(10)							
					 		
Consideration furnished by lender		Balance due at beginning of year	Balance due at end of year				
(1)	<u>none</u>			25,000		<u>45,000</u>	
(2) (3)			-		 		
(4)	 		 -		 		
(5)					-		
(6)		<u> </u>			1	<u> </u>	
(7)					 		
(8)							
(9)							
<u>(10)</u>							
To	tals	 		25,000	<u></u>	45,000	

1310 Brevard Alzheimer's Foundation, Inc 59-3369526 **Federa**

Federal Statements

2/14/2003 1 49 PM Page 1

FYE 6/30/2002

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

	Desc			How Rec'd	Whom Sold	
	Date Acquired	Date Sold	Sale Price	Cost & Expense	Deprec	Gaın/ -Loss
Alliance Premier	Growth CL A		Pt	rchase		
	Various	1/18/02 \$	-	\$ 107,715	\$	\$ -45,095
GNMA 2002-3 T			Pι	ırchase		
	12/19/01	Various	8,605	8,540		65
Total		\$	71,22	\$ 116,255	\$0	\$45,030

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

Description	Amount
Unrealized loss from investments	\$11,572
Total	\$11,572

Federal Statements

2/14/2003 1 49 PM Page 2

FYE 6/30/2002

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

	<u>E</u>	Total xpenses	 Program Service		Mgt & General	 Fund- Raising
	\$		\$	\$		\$
Expenses						
Food service		39,756	39,756			
Insurance		64,791	51,859		10,869	2,063
Miscellaneous expenses		32,317	8,773		23,544	
Stipend		102,137	 102,137	_		
Total	\$	239,001	\$ 202,525	\$_	34,413	\$ 2,063

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

Provide assistance to Alzheimer's patients, their families and care givers

Statement 5 - Form 990, Part III, Line a - Statement of Program Service Accomplishments

Adult Day Care

To provide care to persons with non-treatable memory loss and also to their families

To provide a break for both daycare givers and receivers

To provide a creative environment with theraputic activities for persons with Alzheimers

Statement 6 - Form 990, Part III, Line b - Statement of Program Service Accomplishments

In Home Respite
Volunteers provide relief to Alzheimers caregivers while
providing supervision and compassion to the Alzheimers
person, enabling them to maintain their independence,
dignity and quality of life

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FYE 6/30/2002

Statement 7 - Form 990, Part IV, Line 54 - Investments in Securities

Description	Beginning of Year	End ofYear	Basis of Valuation
US and State Government Government securities		41,809	Market
Corporate Stock Common stocks Money market funds	947 388,062	1,015 234,559	Market Market
Mutual funds Corporate Bonds	231,397	272,234	Market
Corporate bonds	62,500 682,906	495,794 1,045,411	Market

Statement 8 - Form 990, Part IV, Line 55 - Investments in Land, Buildings, and Equipment

Description		_			
	_	Beginning of Year	Accum Deprec	End of Year	Accum Deprec
Land					
Building	\$	250,000	\$	\$ 384,500	\$
Building improvements		662,825	69,600	662,825	91,596
Darraing improvements		4,395	149	4,395	743
Furniture fixtures & equip		43,259	29,521	43,769	37,040
Capital leased equipment		43,232	25,521	43,703	37,040
Leasehold improvements		3,500	875	4,329	1,833
-		4,359	2,278	4,359	3,731
Vehicles				7,455	586
Construction in progress				7,455	300
. 3	_	6,085		531,731	
Total	\$_	974,423	\$ 102,423	\$ 1,643,363	\$ 135,529

Statement 9 - Form 990, Part IV, Line 58 - Other Assets

Description	leginning of Year	End of Year		
Restricted cash	\$ 7,355	\$		
Land held for resale	10,000		10,000	
Unconditional promises to give	 64,133		29,13 <u>3</u>	
Total	\$ 81,488	\$	39,133	

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Statement 10 - Form 990, Part IV, Line 65 - Other Liabilities

Description		Beginning of Year	End of Year		
Refundable advances Obligation under capital lease	\$	500,000 2,801	\$	513,000 2,891	
Total	\$ <u></u>	502,801	\$ <u></u>	515,891	

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Statement 11 - Form 990, Part IV-A - Other Revenue Included in Financial Statements

Description	 Amount
Donated services Special events expenses	\$ 24,489 89,067
Total	\$ 113,556

Statement 12 - Form 990, Part IV-A - Other Revenue Included on Return

Description								_	<u> </u>	<u>mount</u>
Unrealized loss on	investments	(shown	on	Part	I	line 2	20)	\$_		11,572
Total								\$_		11,572

Statement 13 - Form 990, Part IV-B - Other Expenses Included in Financial Statements

Description	 <u>Amount</u>
Donated services Special events expenses	\$ 24,489 89,067
Total	\$ 113,556

Statement 14 - Form 990, Part V - List of Officers, Directors, Trustees, and Key Employees

Name					
	Tıtle	Average Hours	Compensation	Benefits	Expenses
Ann Downey		Indian Harbour	Beach, FL		
A J Hiers	Director	varies Melbourne, FL			
Dr Fred Leiser	Director	varıes Tıtusvılle, FL			
Dr Pat Manning	Director	varies Titusville, FL			
Al Martin	Director	varies Cocoa Beach, F	L		
Ruth McCartney	Director	varıes Indian Harbour	Beach, FL		
Rick Brown	Director	varies Melbourne, FL			
Edmund Peresluha	Director	varies Cocoa Beach, F	L		
Joan Pierre	Director	varies Palm Bay, FL			
Barbara Storey	Director	varies Melbourne, FL			
Rachael Terry	Director	varies Titusville, FL	1		
	Director	varies	•		

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Statement 15 - Form 990, Part VIII - Relationship of Activities

Line No	Description								
103	qualifying people who suffer from Alzheimer's disease. Other revenues related to providing care and assistance to persons with Alzheimers and their caregivers								

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Federal Asset Report Indirect Depreciation

		Date		Bus Sec	Sec	_	D. O. Hall	-	0
Asset	Description	In Service	Cost	<u>% 179</u>	<u>168(k)</u> _	Basis	Per Conv Meth	Рпог	Current
Other	Depreciation								
Other	Compag keyboard	6/01/94	125	5	0	125	5 MO S/L	125	0
2	HP Laser jet printer	2/01/97	800		ŏ	800		707	93
3	Compaq CPU	4/01/97	2,000	-	ŏ	2,000		1,700	300
4	Compag monitor	4/01/97	500		ŏ	500		425	75
5	Packard Bell computer	7/01/96	700		ŏ	700		700	0
6	Packard Bell monitor	7/01/96	200		ő	200		200	ŏ
7	Epson Action printer	7/01/96	100		Ŏ	100		100	0
8	GE VCR	5/01/97	200		Õ	200		167	33
9	Arcade carpet	2/24/98	2,49		Ü	2,497	5 MO S/L	1.664	499
10	IBM CPU	6/01/97	300		0	300		245	55
1.1	IBM CPU	6/01/97	300		0	300	5 MO S/L	245	55
12	IBM CPU	6/01/97	300	0	0	300		245	55
13	IBM CPU	6/01/97	300	0	0	300		245	55
14	IBM printer	6/01/97	100	0	0	100	5 MO S/L	82	18
15	Okidata printer	6/01/97	5(Ō	Ō	50		41	9
16	IBM keyboard	6/01/97	100		Ō	100		82	18
17	IBM keyboard	6/01/97	100	0	0	100	5 MO S/L	82	18
18	IBM keyboard	6/01/97	100	0	Ō	100	5 MO S/L	82	18
19	IBM PSt monitor	6/01/97	300		0	300		245	55
20	IBM PSI monitor	6/01/97	300		Ō	300		245	55
21	IBM PSI monitor	6/01/97	300		Ō	300		245	55
22	CTX Color monitor	1/01/97	300	0	Ō	300		270	30
23	Alr keyboard	1/01/97	150	0	Ō	150		135	15
24	DFI CPU	1/01/97	300		0	300	5 MO S/L	270	30
25	NEC Multisync 2A	1/01/97	200	Ó	0	200		180	20
26	ALR keyboard	1/01/97	150	0	0	150	5 MO S/L	135	15
27	Telephone (4)	1/01/97	200	0	0	200		180	20
28	DFI CPU	1/01/97	300	0	0	300	5 MO S/L	270	30
29	Hammond organ	4/01/97	2,000	0	0	2,000		1,214	286
30	IBM keyboard	4/01/97	150	0	0	150	5 MO S/L	128	23
31	IBM monitor	4/01/97	300	O	0	300		255	45
32	Zenith monitor	4/01/97	300	0	0	300	5 MO S/L	255	45
33	Hayes smart mode	11/01/97	375	5	0	375		275	75
34	Omega phone ADIX	6/01/97	5,000	0	0	5,000	5 MO S/L	4,083	917
	Toshiba TV	<i>7</i> /01/97	1,400		0	1,400	5 MO S/L	1,120	280
36	Bunn coffee maker	10/01/97	200		0	200		150	40
37	Sharp stereo	9/01/97	150		0	150	5 MO S/L	115	30
38	Clone CPU	7/01/97	1,000	0	0	1,000	5 MO S/L	800	200
39	GE VCR	4/01/97	150	-	0	150	5 MO S/L	128	23
40	GE telephone	4/01/97	100		0	100		85	15
41	IBM Slectric III	4/01/97	100	-	0	100		85	15
42	IBM CPU	4/01/97	300		0	300		255	45
43	Muratic Fax	4/01/97	400		0	400		243	57
	GE telephone	4/01/97	100		0	100		85	15
	GE telephone	4/01/97	100	-	0	100	5 MO S/L	85	15
47	Bose Stereo speakers	4/01/97	100		0	100		85	15
48	Vector research	4/01/97	300		0	300	5 MO S/L	255	45
50	Realistic turntable	4/01/97	100)	0	100	5 MO S/L	85	15

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Federal Asset Report Indirect Depreciation

Sound design sterce			Date		Bus S	Sec	Sec	_	_		_	
S2 Panasonic microwece 4401/97 200 0 200 5 MO S/L 170 30	Asset	Description	In Service	Cost	<u>%</u> 1	<u> 179</u>	168(k)	Basis	Per	Conv Meth	Prior	Current
S2 Panasonic microwave 401/97 200 0 200 5 MO S/L 170 30	51	Sound design stereo		125			0	125	5	MO S/L	106	19
Gateway computer and accessories		Panasonic microwave					0		5		170	30
55 Thusville copier 7/10/00 3 500 0 3,500 4 MO S/L 875 P75 66 Canon NP 4050 copier 10/002/00 2,495 0 2,495 5 MO S/L 374 499 57 Building 5/01/98 650,091 0 650,091 30 MO S/L 68 621 21,670 88 Building 7/01/98 12,734 0 12,734 30 MO S/L 980 327 59 Art Kraft sign 20/4/98 4,465 0 4,465 5 MO S/L 3,051 893 60 Dinnete-Palm Casuai 22/25/98 12,91 0 1,291 5 MO S/L 861 258 61 Chairs-Blackwell 10/13/98 2,253 0 2,253 7 MO S/L 885 322 62 American vertica 11/15/98 500 0 500 5 MO S/L 957 2800 63 Madden floor covering 20/4/98 1,400 0 1,400 5 MO S/L 957 2800 64 American vertica 20/4/98 1,400 0 1,400 5 MO S/L 957 2800 65 Arcade carpet 20/4/98 2,497 0 2,497 5 MO S/L 1,706 499 66 Madden floor covering 20/6/98 1,123 0 1,123 5 MO S/L 1,706 499 66 Madden floor covering 21/06/98 1,123 0 1,123 5 MO S/L 1,706 499 67 Madden floor covering 21/06/98 2,193 67 GCO carpet 5/12/98 504 0 504 7 MO S/L 293 36 68 Vinyl Sofa 11/14/00 678 0 504 7 MO S/L 203 136 69 Land - Melbourne 11/26/96 250,000 0 250,000 0 1,000 S/L 983 593 71 Tile 10/10/10/10/10/10/10/10/10/10/10/10/10/1		Whirlpool refrig					0		5			75
Section Canon NP 4050 copier 100/200 2,495 0 2,495 5 MO S/L 374 499							_		5			
Space												
See Building 701/98 12,734 0 12,734 39 MO S/L 980 327 39 MC Rraft sign 204/98 4,465 0 4,465 5 MO S/L 3051 893 60 Dinnette-Paim Casual 275/98 1,291 0 1,291 5 MO S/L 861 258 252 258		Canon NP 4050 copier		2,495			-	2,495			374	
Section Sec							_					
Dinnette-Paim Casual 2/25/98 1,291 0 1,291 5 MO S/L 861 258							_					
61 Chars-Blackwell 10/13/98 2,253 0 2,253 7 MO S/L 885 322 62 American vertica 11/5/98 500 0 500 5 MO S/L 350 100 63 Madden floor covering 2/04/98 1,400 0 1,400 5 MO S/L 957 280 64 American vertica 2/04/98 429 0 429 5 MO S/L 293 86 65 Areade carpet 2/04/98 2,497 0 2,497 5 MO S/L 1,706 499 66 Madden floor covering 2/06/98 1,123 0 1,123 5 MO S/L 767 225 67 GCO carpet 5/12/98 504 0 504 7 MO S/L 262 72 68 Vinyl Sofa 1/14/00 678 0 678 5 MO S/L 203 136 69 Land- Melbourne 11/26/96 250,000 0 250,000 0 - Land 0 0 70 Cabinet job 11/12/99 1,778 0 1,778 3 MO S/L 988 593 71 Tile 1/03/00 2,582 0 2,582 3 MO S/L 1,291 861 72 Granite monument 4/15/01 2,136 0 2,136 15 MO S/L 36 142 73 Water garden 4/15/01 2,136 0 2,136 15 MO S/L 36 142 74 Refrigerator, Sears 4/18/02 510 0 510 5 MO S/L 0 177 75 Dell computer 12/17/01 329 0 829 5 MO S/L 0 177 75 Dell computer 12/17/01 329 0 829 5 MO S/L 0 177 77 Topota Corolla-1989 1/10/02 2,665 0 2,665 5 MO S/L 0 267 78 Honda Civic-1991 3/01/02 4,690 0 4,790 5 MO S/L 0 267 78 Honda Civic-1991 3/01/02 4,690 0 4,790 5 MO S/L 0 267 78 Honda Civic-1991 3/01/02 4,690 0 4,790 5 MO S/L 0 267 78 Honda Civic-1991 3/01/02 4,690 0 4,790 5 MO S/L 0 267 78 Honda Civic-1991 3/01/02 4,695 0 1,643,365 0 1,643,365 102,427 33,108 **Total ACRS and Other Depreciation** **Total ACRS and Other Depreciation** **Ital ACRS and Other Depreciation**	_	Art Kraft sign					**					
American vertica							-		-			
Adden floor covering 204/98 1,400 0 1,400 5 MO S/L 957 280				2,253								
64 American vertica				1 400					_			
65 Arcade carpet							-		-			
Madden floor covering 2706/98 1,123 0 1,123 5 MO S/L 767 225 7 1,123 1							_		_			
67 GCO carpet 5/12/98 504 0 504 7 MO S/L 262 72 68 Vinyl Sofa 1/14/00 678 0 678 5 MO S/L 203 136 69 Land - Melbourne 11/26/96 250,000 0 250,000 0 - Land 0 0 70 Cabinet job 11/12/99 1,778 0 1,778 3 MO S/L 988 593 71 Tile 1/03/00 2,582 0 2,582 3 MO S/L 1,291 861 72 Granite monument 4/15/01 2,136 0 2,136 15 MO S/L 1,291 861 73 Water garden 4/15/01 2,259 0 2,259 5 MO S/L 113 452 74 Refrigerator, Sears 4/18/02 510 0 510 5 MO S/L 0 17 75 Dell computer 12/17/01 829 0 829 5 MO S/L 0 17 77 Toyota Corolla-1989 1/10/02 2,665 0 2,665 5 MO S/L 0 267 78 Honda Civic-1991 3/01/02 4,790 0 4,790 5 MO S/L 0 319 79 Land-Micco Center 7/01/01 134,500 0 134,500 0 - Land 0 0 Total Other Depreciation 1,643,365 0 1,643,365 102,427 33,108 Grand Totals 1,643,365 0 1,643,365 102,427 33,108 Less: Dispositions 0 0 1,643,365 102,427 33,108 Net Grand Totals 1,643,365 0 1,643,365 102,427 33,108									-			
68 Vinyl Sofa 69 Land - Melbourne 68 Vinyl Sofa 69 Land - Melbourne 69 Land - Melbourne 60 Cabinet job 60 Land - Melbourne 61 1/26/96 61 Land - Melbourne 61 1/26/96 62 250,000 60 250,000 60 Land 60 0 60 0 678 5 MO S/L 698 593 60 Land 0 0 60 0 60 0 60 0 60 0 60 0 60 0 60 0									_			
Cand - Melbourne												
70 Cabinet job	_								_			
71 Tile				230,000				230,000	-			
72 Granite monument												
Water garden							-					
Refrigerator, Sears 4/18/02 510 0 510 5 MO S/L 0 17				2,150			-					
Total Other Depreciation 1,643,365 0 1,643,365 102,427 33,108 1,643,365 1,				510				510				
76 CIP-Micco Center	75								-		_	
Total ACRS and Other Depreciation 1,643,365 0 1,643,365 102,427 33,108	76	CIP-Micco Center					_		-		-	
Total Other Depreciation 1,643,365 0 1,643,365 102,427 33,108	77	Toyota Corolla-1989	1/10/02				Õ		Š		ŏ	
79 Land-Micco Center Total Other Depreciation Total Other Depreciation 1,643,365 102,427 33,108 Total ACRS and Other Depreciation 1,643,365 102,427 33,108 Grand Totals Less: Dispositions Net Grand Totals 1,643,365 1,643,365 1,643,365 0 1,643,365 0 1,643,365 102,427 33,108 102,427 33,108 102,427 33,108 102,427 33,108	78	Honda Civic-1991	3/01/02						-		-	
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Grand Totals 1,643,365 0 1,643,365 102,427 33,108 Less: Dispositions 0 0 0 0 0 0 Net Grand Totals 1,643,365 0 1,643,365 102,427 33,108 102,427 33,1		Total ACRS and Other Depreciation		1,643,365			0	1,643,365			102,427	33,108
Less Dispositions 0 0 0 0 0 0 Net Grand Totals 1,643,365 0 1,643,365 102,427 33,108		•	=			=				=		
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102,427		Net Grand Totals		1,643,365		_	0	1,643,365		-	102,427	
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