

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 Page 2

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 \$ _____ noncash \$ _____	22			
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers directors, etc	25	76,079.	60,736.	15,343.
26	Other salaries and wages	26	1,718,738.	1,372,114.	346,624.
27	Pension plan contributions	27			
28	Other employee benefits	28	245,886.	206,293.	39,593.
29	Payroll taxes	29	204,643.	164,785.	39,858.
30	Professional fundraising fees	30			
31	Accounting fees	31			
32	Legal fees	32			
33	Supplies	33	58,342.	57,931.	411.
34	Telephone	34	30,377.	20,694.	9,683.
35	Postage and shipping	35			
36	Occupancy	36	88,042.	55,518.	32,524.
37	Equipment rental and maintenance	37	7,855.	1,968.	5,887.
38	Printing and publications	38	9,775.	9,775.	
39	Travel	39	146,956.	138,438.	8,518.
40	Conferences, conventions, and meetings	40			
41	Interest	41	15,522.		15,522.
42	Depreciation, depletion etc (attach schedule)	42	23,297.	7,234.	16,063.
43	Other expenses not covered above (itemize)				
a	_____	43a			
b	_____	43b			
c	_____	43c			
d	_____	43d			
e	SEE STATEMENT 1	43e	1,354,120.	1,275,382.	78,738.
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D) carry these totals to lines 13-15	44	3,979,632.	3,370,868.	608,764.

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

What is the organization's primary exempt purpose? **SEE STATEMENT 2**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
 (Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts, but optional for others.)

a	HOME-DELIVERED MEALS FOR SENIORS: DELIVERS A NUTRITIONALLY BALANCED MEAL AND SOCIAL CONTACT TO SENIOR CITIZENS FIVE DAYS A WEEK IN THE HOME. PERSONS BENEFITTED = 2111	(Grants and allocations \$ _____)	893,439.
b	COMMUNITY HOME SERVICES: PROVIDES HOMEMAKER, PERSONAL CARE AND RESPITE SERVICES TO LOW-INCOME SENIOR CITIZENS OVER THE AGE OF 60. PERSONS BENEFITTED = 208	(Grants and allocations \$ _____)	589,912.
c	SENIORS AT LUNCH: PROVIDES NUTRITIONALLY-BALANCED MEALS AND SOCIAL CONTACT IN A CONGREGATE SETTING TO SENIOR CITIZENS IN BREVARD COUNTY. PERSONS BENEFITTED = 978	(Grants and allocations \$ _____)	572,582.
d	COMMUNITY CARE FOR THE ELDERLY: PROVIDES CASE MANAGEMENT TO FRAIL ELDERLY SENIORS INCLUDING DEVELOPING A CARE PLAN, MONITORING AND REASSESSMENT ON AN ANNUAL BASIS. PERSONS BENEFITTED = 682	(Grants and allocations \$ _____)	444,007.
e	Other program services (attach schedule) STATEMENT 3	(Grants and allocations \$ _____)	870,928.
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)		3,370,868.

Part IV Balance Sheets

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
Assets	45 Cash - non-interest-bearing		45	
	46 Savings and temporary cash investments	732,825.	46	782,239.
	47 a Accounts receivable	47a 88,992.		
	b Less allowance for doubtful accounts	47b	47c	88,992.
	48 a Pledges receivable	48a		
	b Less allowance for doubtful accounts	48b	48c	
	49 Grants receivable	96,792.	49	175,763.
	50 Receivables from officers, directors, trustees and key employees		50	
	51 a Other notes and loans receivable	51a		
	b Less allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use	22,997.	52	30,261.
	53 Prepaid expenses and deferred charges	19,052.	53	14,536.
	54 Investments - securities STMT 4 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	44,544.	54	34,601.
	55 a Investments - land, buildings, and equipment basis	55a		
	b Less accumulated depreciation	55b	55c	
56 Investments - other		56		
57 a Land, buildings, and equipment basis	57a 2,248,053.			
b Less accumulated depreciation	57b 529,574.	805,434.	57c	1,718,479.
58 Other assets (describe ▶ SEE STATEMENT 5)		105,736.	58	130,433.
59 Total assets (add lines 45 through 58) (must equal line 74)		1,930,253.	59	2,975,304.
Liabilities	60 Accounts payable and accrued expenses	175,893.	60	481,175.
	61 Grants payable		61	
	62 Deferred revenue	13,684.	62	12,340.
	63 Loans from officers directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable STMT 6 STMT 7	240,401.	64b	846,380.
65 Other liabilities (describe ▶)		65		
66 Total liabilities (add lines 60 through 65)		429,978.	66	1,339,895.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	1,302,392.	67	1,465,283.
	68 Temporarily restricted	162,804.	68	120,034.
	69 Permanently restricted	35,079.	69	50,092.
	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)		1,500,275.	73	1,635,409.
74 Total liabilities and net assets / fund balances (add lines 66 and 73)		1,930,253.	74	2,975,304.

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.

COMMUNITY SERVICES COUNCIL OF BREVARD COUNTY, INC.

Form 990 (2002)

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Part VI Other Information

		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
78 a	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?	X	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		X
80 a	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 _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81 a	Enter direct or indirect political expenditures. See line 81 instructions		
b	Did the organization file Form 1120-POL for this year?		X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	X	
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.)		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
85	501(c)(4), (5), or (6) organizations		
a	Were substantially all dues nondeductible by members?	N/A	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	N/A	
c	Dues, assessments, and similar amounts from members	85c	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		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?		N/A
86	501(c)(7) organizations		
a	Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) organizations		
a	Gross income from members or shareholders	87a	N/A
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
89 a	501(c)(3) organizations		
b	501(c)(3) and 501(c)(4) organizations		
90 a	List the states with which a copy of this return is filed		NONE
b	Number of employees employed in the pay period that includes March 12, 2002	90b	124
91	The books are in care of		MICHELE DILLMAN, COMMUNITY SERVICES Telephone no
	Located at		1149 LAKE DRIVE COCOA FL ZIP + 4
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		N/A

Part VII Analysis of Income-Producing Activities (See page 31 of the instructions)

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
Note Enter gross amounts unless otherwise indicated					
93 Program service revenue					
a MEDICAID					844,552.
b VENDOR CONTRACTS					231,496.
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	1,921.	
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 GROSS KITCHEN REVENUE	722320	368,389.			
b KITCHEN EXPENSES	722320	<328,559.>			
c MISCELLANEOUS			01	14,387.	
d MANAGEMENT FEES	623000	12,000.			
e MANAGEMENT EXPENSE	623000	<8,192.>			
104 Subtotal (add columns (B), (D), and (E))		43,638.		16,308.	1,076,048.
105 Total (add line 104 columns (B), (D), and (E))					1,135,994.

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

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 32 of the instructions)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
▼	SEE STATEMENT 11

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 32 of the instructions)

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

Part X Information Regarding Transfers Associated with

(a) Did the organization, during the year receive any funds, directly or indirectly, to...
 (b) Did the organization during the year, pay premiums, directly or indirectly on a...
Note If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Please Sign Here

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

Signature of officer: *[Signature]* Date: 6/3

Preparer's signature: *Deborah A. Brudle*

Firm's name (or yours if self-employed) address and ZIP + 4: HOYMAN, DOBSON & CO., P. 215 BAYTREE DRIVE MELBOURNE, FL 32940-20

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

OMB No 1545-0047

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

2002

Department of the Treasury
Internal Revenue Service

Supplementary Information-(See separate instructions)
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization **COMMUNITY SERVICES COUNCIL OF BREVARD COUNTY, INC.** Employer identification number **59 1110325**

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions List each one If there are none, enter "None ")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000 ▶	0			

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 ▶	0	

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 1 of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes " must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities		X
2 During the year has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors trustees, directors officers creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)		
a Sale exchange or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V, FORM 990	X	
e Transfer of any part of its income or assets?		X
3 Does the organization make grants for scholarships fellowships, student loans, etc ? (See Note below)		X
4 Do you have a section 403(b) annuity plan for your employees?		X
Note Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments		

Part IV Reason for Non-Private Foundation Status (See pages 3 through 5 of the instructions)

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

- 5 A church convention of churches or association of churches Section 170(b)(1)(A)(i)
- 6 A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7 A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8 A Federal state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9 A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state **▶** _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 11b A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 12 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc , functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See page 5 of the instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 An organization organized and operated to test for public safety Section 509(a)(4) (See page 5 of the instructions)

COMMUNITY SERVICES COUNCIL OF BREVARD

Schedule A (Form 990 or 990-EZ) 2002 COUNTY, INC.

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Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting
Note You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	2,497,265.	2,667,917.	2,428,767.	2,854,947.	10,448,896.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	1,094,695.	729,690.	773,699.	692,189.	3,290,273.
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	23,488.	27,229.	11,836.	12,386.	74,939.
19 Net income from unrelated business activities not included in line 18	33,859.	72,803.	11,598.	8,702.	126,962.
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
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					
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets	2,240.	2,142.	SEE STATEMENT 12 13,768.	14,735.	32,885.
23 Total of lines 15 through 22	3,651,547.	3,499,781.	3,239,668.	3,582,959.	13,973,955.
24 Line 23 minus line 17	2,556,852.	2,770,091.	2,465,969.	2,890,770.	10,683,682.
25 Enter 1% of line 23	36,515.	34,998.	32,397.	35,830.	

26 Organizations described on lines 10 or 11 a Enter 2% of amount in column (e) line 24	▶ 26a	213,674.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1998 through 2001 exceeded the amount shown in line 26a Do not file this list with your return Enter the sum of all these excess amounts	▶ 26b	0.
c Total support for section 509(a)(1) test Enter line 24, column (e)	▶ 26c	10,683,682.
d Add Amounts from column (e) for lines 18 74,939. 19 126,962. 22 32,885. 26b	▶ 26d	234,786.
e Public support (line 26c minus line 26d total)	▶ 26e	10,448,896.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	▶ 26f	97.8024%

27 Organizations described on line 12 a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person" prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person" Do not file this list with your return Enter the sum of such amounts for each year N/A	(2001)	(2000)	(1999)	(1998)
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11 as well as individuals) Do not file this list with your return After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year N/A	(2001)	(2000)	(1999)	(1998)
c Add Amounts from column (e) for lines 15 17 16 20 21	15	17	16	20
d Add Line 27a total and line 27b total	▶ 27c	N/A	▶ 27d	N/A
e Public support (line 27c total minus line 27d total)	▶ 27e	N/A		
f Total support for section 509(a)(2) test Enter amount on line 23, column (e)	▶ 27f	N/A		
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	▶ 27g	N/A %		
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	▶ 27h	N/A %		

28 Unusual Grants For an organization described in line 10 11, or 12 that received any unusual grants during 1998 through 2001 prepare a list for your records to show, for each year the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not file this list with your return Do not include these grants in line 15

NONE

COMMUNITY SERVICES COUNCIL OF BREVARD

Part V Private School Questionnaire (See page 7 of the instructions)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

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

COMMUNITY SERVICES COUNCIL OF BREVARD

Schedule A (Form 990 or 990-EZ) 2002 COUNTY, INC.

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

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

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
	N/A	
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		
\$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				N/A (e) Total
	(a) 2002	(b) 2001	(c) 2000	(d) 1999	
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

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
		0.

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

FORM 990	OTHER EXPENSES			STATEMENT 1
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
ADVERTISING	11,744.	767.	10,977.	
BUSINESS PROMOTION	493.	50.	443.	
INSURANCE	28,526.	20,071.	8,455.	
DUES AND SUBSCRIPTIONS	10,848.	4,751.	6,097.	
FOOD	803,017.	803,017.		
MISCELLANEOUS	11,632.	2,112.	9,520.	
OFFICE SUPPLIES AND EXPENSE	33,749.	17,963.	15,786.	
PRINTING AND PHOTOGRAPHY	2,762.		2,762.	
RECOGNITION	17,583.	16,158.	1,425.	
REPAIRS AND MAINTENANCE	13,265.	8,345.	4,920.	
SUBCONTRACTED SERVICES	379,853.	379,853.		
PROFESSIONAL FEES	40,648.	22,295.	18,353.	
TOTAL TO FM 990, LN 43	1,354,120.	1,275,382.	78,738.	

FORM 990	STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE PART III	STATEMENT 2
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EXPLANATION

ORGANIZED TO COORDINATE COMMUNITY SERVICES IN BREVARD COUNTY FLORIDA.

FORM 990	OTHER PROGRAM SERVICES	STATEMENT 3
DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES
SENIORS ASSISTANCE PROGRAM		440,514.
CAREGIVER SUPPORT SERVICES		279,481.
RETIRED SENIOR & VOLUNTEER PROGRAM		114,611.
COMMUNITY CARE FOR DISABLED ADULTS		36,322.
TOTAL TO FORM 990, PART III, LINE E		870,928.

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 4

SECURITY DESCRIPTION	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	OTHER SECURITIES	TOTAL NON-GOV'T SECURITIES
MUTUAL FUND			34,601.		34,601.
TO 990, LN 54 COL B			34,601.		34,601.

FORM 990 OTHER ASSETS STATEMENT 5

DESCRIPTION	AMOUNT
UNCONDITIONAL PROMISES TO GIVE DEPOSITS	120,034. 10,399.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	130,433.

FORM 990 MORTGAGES PAYABLE STATEMENT 6

DESCRIPTION	BALANCE DUE
COMMUNITY EDUCATORS CREDIT UNION	819,673.
TOTAL INCLUDED ON FORM 990, PART IV, LINE 64B, COLUMN B	819,673.

FORM 990 OTHER NOTES AND LOANS PAYABLE STATEMENT 7

LENDER'S NAME TERMS OF REPAYMENT

COMMUNITY BANK OF THE SOUTH

DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE
06/03/02	06/03/06	30,018.	7.50%

SECURITY PROVIDED BY BORROWER PURPOSE OF LOAN
 VEHICLE REFINANCE VEHICLE LOAN

RELATIONSHIP OF LENDER

INDEPENDENT

DESCRIPTION OF CONSIDERATION	FMV OF CONSIDERATION	BALANCE DUE
CASH	0.	26,707.

TOTAL INCLUDED ON FORM 990, PART IV, LINE 64, COLUMN B 26,707.

FORM 990 OTHER EXPENSES NOT INCLUDED ON FORM 990 STATEMENT 8

DESCRIPTION	AMOUNT
UNRELATED BUSINESS EXPENSE	8,192.
TOTAL TO FORM 990, PART IV-B	8,192.

FORM 990 OTHER REVENUE INCLUDED ON FORM 990 STATEMENT 9

DESCRIPTION	AMOUNT
UNRELATED BUSINESS EXPENSE	<8,192.>
TOTAL TO FORM 990, PART IV-A	<8,192.>

FORM 990

PART V - LIST OF OFFICERS, DIRECTORS,
TRUSTEES AND KEY EMPLOYEES

STATEMENT 10

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
JERRY ALLENDER 545 ORA DELL AVE TITUSVILLE, FL 32780	BOARD MEMBER 0.17	0.	0.	0.
NOAH BUTT, JR. 117 RIVERSIDE DRIVE COCOA, FL 32922	BOARD MEMBER 0.17	0.	0.	0.
DAVID BROCK 1030 SOUTH US 1 ROCKLEDGE, FL 32955	BOARD MEMBER 0.17	0.	0.	0.
PERRY COLLINS 2010 OAK ST. MELBOURNE BEACH, FL 32901	BOARD MEMBER 0.17	0.	0.	0.
AL CAFARELLI 1031 FIELDSTONE DRIVE MELBOURNE, FL 32940	BOARD MEMBER 0.17	0.	0.	0.
FRED GAY 1825 HIGHWAY 520 COCOA, FL 32922	BOARD MEMBER 0.17	0.	0.	0.
PETER HADDAD 506 PALM AVE TITUSVILLE, FL 32780	BOARD MEMBER 0.17	0.	0.	0.
WILLIAM T HOSKINSON 1149 LAKE DRIVE COCOA, FL 32922	PRESIDENT/CEO 40/WEEK	76,079.	10,217.	4,800.
KERRY KENNEDY 1135 S. WASHINGTON AVE, SUITE B TITUSVILLE, FL 32780	CHAIRMAN 0.17	0.	0.	0.
MARY ALICE MAIN 1009 ORANGE WOOD BLVD. ROCKLEDGE, FL 32955	BOARD MEMBER 0.17	0.	0.	0.
WILLIAM MCCLUAN 2825 JUDGE JAMIESON WAY VIERA, FL 32940	BOARD MEMBER 0.17	0.	0.	0.

BOB MERRILEES 1735 S SHELTER TRAIL MERRITT ISLAND, FL 32952	BOARD MEMBER 0.17	0.	0.	0.
PATRICIA COURTNEY 420 NELSON DR. MERRITT ISLAND, FL 32953	BOARD MEMBER 0.17	0.	0.	0.
J. ALBERT DIGGS, JR P.O. BOX 5765 TITUSVILLE, FL 32783	BOARD MEMBER 0.17	0.	0.	0.
DR. FRED LEISER 766 BAYTREE DRIVE TITUSVILLE, FL 32780	BOARD MEMBER 0.17	0.	0.	0.
RANDY HARRIS 4180 SOUTH US 1 ROCKLEDGE, FL 32955	TREASURER 0.17	0.	0.	0.
ROBIN WAGONER 1430 DIXON BLVD COCOA, FL 32922	BOARD MEMBER 0.17	0.	0.	0.
KEVIN HOUSTON 1242 DIXON BLVD. COCOA, FL 32922	VICE CHAIRMAN 0.17	0.	0.	0.
JIM MATHUSA 1633 N. US 1 COCOA, FL 32922	BOARD MEMBER 0.17	0.	0.	0.
ROBERT LAY 1746 CEDAR ST ROCKLEDGE FL 32955	BOARD MEMBER 0.17	0.	0.	0.
JENIFER MARX 205 ORLANDO BLVD INDIALANTIC, FL 32903	BOARD MEMBER 0.17	0.	0.	0.
PAM CAVENAUGH 917 FOSTORIA MELBOURNE, FL 32940	BOARD MEMBER 0.17	0.	0.	0.
FRANK POUND 3537 INDIAN RIVER DRIVE COCOA, FL 32926	BOARD MEMBER 0.17	0.	0.	0.
JESSE OWENS 405 ATLANTIS ROAD, SUITE F PORT CANAVERAL, FL 32920	BOARD MEMBER 0.17	0.	0.	0.

THOMAS J. KAŠICA 1800 W. HIBISCUS DRIVE MELBOURNE, FL 32935	BOARD MEMBER 0.17	0.	0.	0.
ROBERT KEELING 1630 TIMACUAN DRIVE MELBOURNE, FL 32940	BOARD MEMBER 0.17	0.	0.	0.
MARIANNE SHEFFIELD 1388 INDIAN OAKS DRIVE ROCKLEDGE FL 32955	BOARD MEMBER 0.17	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V		<u>76,079.</u>	<u>10,217.</u>	<u>4,800.</u>

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO ACCOMPLISHMENT OF EXEMPT PURPOSES STATEMENT 11

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93A	MEDICAID FUNDS RECEIVED FOR HEALTH CARE PROVIDED AND VISITS TO CLIENTS BASED UPON UNITS OF SERVICE INSTEAD OF REIMBURSEMENT BY GRANT
93B	FEEs RECEIVED THROUGH CONTRACTS TO PROVIDE IN HOME SERVICES FOR SENIORS INCLUDING HOMEMAKING, PERSONAL CARE AND RESPITE CARE
103A	THE PROVISION OF MEALS TO THE NUTRITION PROGRAMS BELOW ACTUAL COST BY AN INTERNAL DEPARTMENT (REVENUE)
103B	THE PROVISION OF MEALS TO THE NUTRITION PROGRAMS BELOW ACTUAL COST BY AN INTERNAL DEPARTMENT (EXPENSES)
103D	FEEs FOR MANAGEMENT OF AN ASSISTED CARE LIVING FACILITY
103E	EXPENSES FOR MANAGEMENT OF AN ASSISTED CARE LIVING FACILITY

SCHEDULE A OTHER INCOME STATEMENT 12

DESCRIPTION	2001 AMOUNT	2000 AMOUNT	1999 AMOUNT	1998 AMOUNT
MISCELLANEOUS	2,240.	2,142.	13,768.	14,735.
TOTAL TO SCHEDULE A, LINE 22	<u>2,240.</u>	<u>2,142.</u>	<u>13,768.</u>	<u>14,735.</u>

Community Services Council
December 31, 2002

FIXED ASSETS

EIN # 59-1110325

	<u>CAPITAL COST</u>				<u>ACCUMULATED DEPRECIATION</u>				<u>NBV</u>
	<u>Beginning Balance</u>	<u>Additions</u>	<u>Disposals</u>	<u>Ending Balance</u>	<u>Beginning Balance</u>	<u>Deprec.</u>	<u>Disposals</u>	<u>Ending Balance</u>	
Small wares	32,485	-	-	32,485	-	-	-	-	32,485
Land	31,113	-	-	31,113	-	-	-	-	31,113
Land improvements	59,854	-	-	59,854	28,430	2,993	-	31,423	28,431
Buildings	629,196	885,318	-	1,514,514	94,591	10,280	-	104,871	1,409,643
Machinery and Equipment	634,422	105,739	(130,073)	610,088	458,616	51,875	(117,210)	393,281	216,807
TOTAL	1,387,070	991,057	(130,073)	2,248,054	581,637	65,148	(117,210)	529,575	1,718,479

<u>Sale of Fixed Assets</u>	<u>NBV</u>	<u>Proceeds</u>	<u>Gain on Sale</u>	<u>Misc Income Recorded</u>	<u>Misc Income Year Ended</u>
2000 Pontiac Montana	13,708	14,000	292	125	12/31/02

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box
- If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this form)

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

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

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

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

Type or print	Name of Exempt Organization COMMUNITY SERVICES COUNCIL OF BREVARD COUNTY, INC.	Employer identification number 59-1110325
File by the due date for filing your return See instructions	Number, street, and room or suite no. If a P O box, see instructions 1149 LAKE DRIVE	
	City, town or post office, state, and ZIP code For a foreign address, see instructions COCOA, FL 32922	

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

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

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover

I request an automatic 3 month (6 month for 990-T corporation) extension of time until AUGUST 15, 2003 to file the exempt organization return for the organization named above. The extension is for the organization's return for calendar year 2002 or tax year beginning _____, and ending _____

- 2 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period
- 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____
- b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ _____
- c Balance Due Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ N/A

Signature and Verification

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

Signature ► Kara E. Hall Title ► CPA Date ► 5/15/03

LHA For Paperwork Reduction Act Notice, see instruction Form 8868 (12-2000)