

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)

Department of the Treasury
Internal Revenue Service

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

A For the 2003 calendar year, or tax year beginning and ending

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

Please use IRS label or print or type. See Specific Instructions

C Name of organization
COMMUNITY SERVICES COUNCIL OF BREVARD COUNTY, INC.

D Employer identification number
59-1110325

Number and street (or P O box if mail is not delivered to street address) Room/suite
3600 WEST KING STREET #1

E Telephone number
(321) 639-4868

City or town, state or country, and ZIP + 4
COCOA, FL 32926

F Accounting method: Cash Accrual
 Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Website: ▶ **COMMUNITYSERVICESCOUNCIL.ORG**

J Organization type (check only one) ▶ 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527

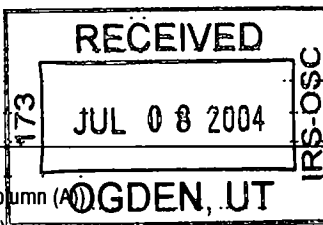
K Check here ▶ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **3,848,246.**

H and I are not applicable to section 527 organizations.
H(a) Is this a group return for affiliates? Yes No
H(b) If "Yes," enter number of affiliates ▶
H(c) Are all affiliates included? **N/A** Yes No (If "No," attach a list.)
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No
I Group Exemption Number ▶
M Check ▶ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1	Contributions, gifts, grants, and similar amounts received				
	a	Direct public support	1a	555,244.		
	b	Indirect public support	1b	260,883.		
	c	Government contributions (grants)	1c	2,155,739.		
	d	Total (add lines 1a through 1c) (cash \$ 2,971,866. noncash \$)	1d	2,971,866.		
	2	Program service revenue including government fees and contracts (from Part VII, line 93) ...	2	845,188.		
	3	Membership dues and assessments	3			
	4	Interest on savings and temporary cash investments	4	18,956.		
	5	Dividends and interest from securities	5			
	6a	Gross rents	6a			
	b	Less: rental expenses	6b			
	c	Net rental income or (loss) (subtract line 6b from line 6a)	6c			
7	Other investment income (describe ▶)	7				
8a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other		
		8a				
		8b				
		8c				
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8d				
9	Special events and activities (attach schedule). If any amount is from gaming, check here ▶ <input type="checkbox"/>					
a	Gross revenue (not including \$ of contributions reported on line 1a)	9a				
b	Less: direct expenses other than fundraising expenses	9b				
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c				
10a	Gross sales of inventory, less returns and allowances	10a				
		b	Less: cost of goods sold	10b		
		c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c		
11	Other revenue (from Part VII, line 103)	11	12,236.			
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	3,848,246.			
Expenses	13	Program services (from line 44, column (B))	13	3,357,175.		
	14	Management and general (from line 44, column (C))	14	607,501.		
	15	Fundraising (from line 44, column (D))	15	8,077.		
	16	Payments to affiliates (attach schedule)	16			
	17	Total expenses (add lines 16 and 44, column (A))	17	3,972,753.		
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	<124,507.>		
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	1,635,409.		
	20	Other changes in net assets or fund balances (attach explanation)	20	0.		
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	1,510,902.		



SCANNED JUL 16 2004 Revenue

10

**COMMUNITY SERVICES COUNCIL OF BREVARD
COUNTY, INC.**

59-1110325

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

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</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	79,683.	61,952.	17,731.	0.
26 Other salaries and wages	26	1,777,000.	1,375,822.	393,758.	7,420.
27 Pension plan contributions	27				
28 Other employee benefits	28	259,321.	219,278.	40,043.	
29 Payroll taxes	29	213,513.	178,012.	35,385.	116.
30 Professional fundraising fees	30				
31 Accounting fees	31				
32 Legal fees	32				
33 Supplies	33	76,598.	74,823.	1,775.	
34 Telephone	34	32,066.	28,558.	3,508.	
35 Postage and shipping	35				
36 Occupancy	36	88,763.	79,692.	9,071.	
37 Equipment rental and maintenance	37	16,227.	9,753.	6,474.	
38 Printing and publications ...	38				
39 Travel	39	145,577.	138,638.	6,939.	
40 Conferences, conventions, and meetings	40				
41 Interest	41	5,306.		5,306.	
42 Depreciation, depletion, etc. (attach schedule)	42	54,590.	8,790.	45,800.	
43 Other expenses not covered above (itemize):					
a _____	43a				
b _____	43b				
c _____	43c				
d _____	43d				
e SEE STATEMENT 1	43e	1,224,109.	1,181,857.	41,711.	541.
44 <small>Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15</small>	44	3,972,753.	3,357,175.	607,501.	8,077.

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 HOT, NUTRITIOUS MEAL AND SOCIAL CONTACT TO SENIOR CITIZENS FIVE DAYS A WEEK IN THE HOME. PERSONS BENEFITTED = 1,753 (Grants and allocations \$ _____)	853,232.
b COMMUNITY HOME SERVICES: PROVIDES HOMEMAKER, PERSONAL CARE AND RESPITE SERVICES TO LOW INCOME SENIORS. PERSONS BENEFITTED = 178 (Grants and allocations \$ _____)	581,331.
c SENIORS AT LUNCH: PROVIDES NUTRITIONALLY BALANCED MEALS AND SOCIAL CONTACT IN A CONGREGATE SETTING TO SENIOR CITIZENS THROUGHOUT BREVARD COUNTY. PERSONS BENEFITTED = 943 (Grants and allocations \$ _____)	569,533.
d SENIORS ASSISTANCE PROGRAM: PROVIDES INFORMATION/REFERRAL, HANDYMAN TYPE HOUSING IMPROVEMENT, SCREENING AND ASSESSMENT OF NEED FOR SHORT TERM HOMEMAKER AND RESPITE SERVICES. LEGAL PERSONS BENEFITTED: 2,596 (Grants and allocations \$ _____)	495,276.
e Other program services (attach schedule) STATEMENT 3 (Grants and allocations \$ _____)	857,803.
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	▶ 3,357,175.

**COMMUNITY SERVICES COUNCIL OF BREVARD
COUNTY, INC.**

Form 990 (2003)

59-1110325 Page 3

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	782,239.	46	711,542.
	47 a Accounts receivable	47a 115,967.		
	b Less: allowance for doubtful accounts	47b	47c	115,967.
	48 a Pledges receivable	48a		
	b Less: allowance for doubtful accounts	48b	48c	
	49 Grants receivable	175,763.	49	87,000.
	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	30,261.	52	28,120.
	53 Prepaid expenses and deferred charges	14,536.	53	18,738.
	54 Investments - securities STMT 4 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	34,601.	54	45,873.
	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 2,240,136.			
b Less: accumulated depreciation	57b 551,995.	57c	1,688,141.	
58 Other assets (describe <input type="checkbox"/> SEE STATEMENT 5)	130,433.	58	138,191.	
59 Total assets (add lines 45 through 58) (must equal line 74)	2,975,304.	59	2,833,572.	
Liabilities	60 Accounts payable and accrued expenses	481,175.	60	272,925.
	61 Grants payable		61	
	62 Deferred revenue	12,340.	62	55,014.
	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	846,380.	64b	994,731.
	65 Other liabilities (describe <input type="checkbox"/>)		65	
66 Total liabilities (add lines 60 through 65)	1,339,895.	66	1,322,670.	
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	1,465,283.	67	1,282,223.
	68 Temporarily restricted	120,034.	68	128,565.
	69 Permanently restricted	50,092.	69	100,114.
	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)	1,635,409.	73	1,510,902.
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)	2,975,304.	74	2,833,572.

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 (2003)

59-1110325 Page 5

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	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77	X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	X
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	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?	80a	X
b	If "Yes," enter the name of the organization <input type="checkbox"/> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81 a	Enter direct or indirect political expenditures See line 81 instructions 81a 0.		
b	Did the organization file Form 1120-POL for this year?	81b	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?	82a	X
b	If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III) 82b 486,524.		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 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 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	85g	
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	85h	
86	501(c)(7) organizations. Enter 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 Enter 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	88	X
89 a	501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> 0., section 4912 <input type="checkbox"/> 0., section 4955 <input type="checkbox"/> 0.		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="checkbox"/> 0.		
d	Enter Amount of tax on line 89c, above, reimbursed by the organization <input type="checkbox"/> 0.		
90 a	List the states with which a copy of this return is filed <input type="checkbox"/> NONE		
b	Number of employees employed in the pay period that includes March 12, 2003 90b 124		
91	The books are in care of <input type="checkbox"/> MICHELE DILLMAN, COMMUNITY SERVICES Telephone no <input type="checkbox"/> 321-639-4868		
	Located at <input type="checkbox"/> 3600 WEST KING STREET #1 COCOA FL ZIP + 4 <input type="checkbox"/> 32926		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> 92 <input type="checkbox"/> N/A		

**COMMUNITY SERVICES COUNCIL OF BREVARD
COUNTY, INC.**

Form 990 (2003)

59-1110325 Page 6

Part VII Analysis of Income-Producing Activities (See page 33 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					687,779.
b VENDOR CONTRACTS					157,409.
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	18,956.	
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	375,881.			
b KITCHEN EXPENSES	722320	<394,786.>			
c MISCELLANEOUS			01	31,141.	
d MANAGEMENT FEES	623000				
e MANAGEMENT EXPENSE	623000				
104 Subtotal (add columns (B), (D), and (E))		<18,905.>		50,097.	845,188.
105 Total (add line 104, columns (B), (D), and (E))					876,380.

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

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

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	SEE STATEMENT 9

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.)

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

Part X Information Regarding Transfers Associated with

(a) Did the organization, during the year, receive any funds, directly or indirectly, from any individual who is a disqualified person?
 (b) Did the organization, during the year, pay premiums, directly or indirectly, on any contract described in section 501(c)(17)?
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 him.

Signature of officer: *[Signature]* Date: _____

Preparer's signature: *[Signature]*

Firm's name (or yours if self-employed), address, and ZIP + 4:
**HOYMAN, DOBSON & CO., P
 215 BAYTREE DRIVE
 MELBOURNE, FL 32940-2**

323161 12-17-03

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

2003

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		

COMMUNITY SERVICES COUNCIL OF BREVARD

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 \blacktriangleright \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V, FORM 990	X	
e Transfer of any part of its income or assets?		X
3 a Do you make grants for scholarships, fellowships, student loans, etc? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)		X
b Do you have a section 403(b) annuity plan for your employees?		X
4 Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X

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

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

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

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

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

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

COMMUNITY SERVICES COUNCIL OF BREVARD

Schedule A (Form 990 or 990-EZ) 2003 COUNTY, INC.

59-1110325 Page 3

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

Calendar year (or fiscal year beginning in)	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	2,899,801.	2,497,265.	2,667,917.	2,428,767.	10,493,750.
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	1,088,585.	1,094,695.	729,690.	773,699.	3,686,669.
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	1,921.	23,488.	27,229.	11,836.	64,474.
19 Net income from unrelated business activities not included in line 18	43,638.	33,859.	72,803.	11,598.	161,898.
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	14,387.	2,240.	SEE STATEMENT 10 2,142.	13,768.	32,537.
23 Total of lines 15 through 22	4,048,332.	3,651,547.	3,499,781.	3,239,668.	14,439,328.
24 Line 23 minus line 17	2,959,747.	2,556,852.	2,770,091.	2,465,969.	10,752,659.
25 Enter 1% of line 23	40,483.	36,515.	34,998.	32,397.	

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24	26a	215,053.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1999 through 2002 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts	26b	0.
c Total support for section 509(a)(1) test: Enter line 24, column (e)	26c	10,752,659.
d Add: Amounts from column (e) for lines: 18 <u>64,474.</u> 19 <u>161,898.</u> 22 <u>32,537.</u> 26b _____	26d	258,909.
e Public support (line 26c minus line 26d total)	26e	10,493,750.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	26f	97.5921%

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	(2002)	(2001)	(2000)	(1999)
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	(2002)	(2001)	(2000)	(1999)
c Add. Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____	27c	N/A		
d Add: Line 27a total _____ and line 27b total _____	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 1999 through 2002, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15

NONE

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.)		

32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
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.)		

33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)		

34 a	Does the organization receive any financial aid or assistance from a governmental agency?		
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.		
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		

COMMUNITY SERVICES COUNCIL OF BREVARD

Schedule A (Form 990 or 990-EZ) 2003 COUNTY, INC.

59-1110325 Page 5

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 -		
	The lobbying nontaxable amount is -		
	Not over \$500,000	20% of the amount on line 40	}
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	
	Over \$17,000,000	\$1,000,000	
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
	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
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 12 of the instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
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.)			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	12,259.	570.	11,689.	
BUSINESS PROMOTION	703.		703.	
INSURANCE	34,642.	31,775.	2,867.	
DUES AND SUBSCRIPTIONS	3,936.	972.	2,964.	
FOOD	708,711.	708,711.	0.	
MISCELLANEOUS	5,420.	245.	4,634.	541.
OFFICE SUPPLIES AND EXPENSE	34,970.	29,289.	5,681.	
PRINTING AND PHOTOGRAPHY	18,542.	16,476.	2,066.	
RECOGNITION	19,167.	17,475.	1,692.	
REPAIRS AND MAINTENANCE	3,467.	1,807.	1,660.	
SUBCONTRACTED SERVICES	339,393.	339,393.	0.	
PROFESSIONAL FEES	42,899.	35,144.	7,755.	
TOTAL TO FM 990, LN 43	1,224,109.	1,181,857.	41,711.	541.

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

EXPLANATION

ORGANIZED TO COORDINATE COMMUNITY SERVICES IN BREVARD COUNTY FLORIDA.

FORM 990	OTHER PROGRAM SERVICES	STATEMENT 3
DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES
COMMUNITY CARE FOR THE ELDERLY		476,203.
CAREGIVER SUPPORT SERVICES		209,354.
RETIRED SENIOR & VOLUNTEER PROGRAM		129,469.
COMMUNITY CARE FOR DISABLED ADULTS		27,795.
SHARED COST PROGRAM		14,982.
TOTAL TO FORM 990, PART III, LINE E		857,803.

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			45,873.		45,873.
TO 990, LN 54 COL B			45,873.		45,873.

FORM 990 OTHER ASSETS STATEMENT 5

DESCRIPTION	AMOUNT
UNCONDITIONAL PROMISES TO GIVE DEPOSITS	128,565. 9,626.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	138,191.

FORM 990 MORTGAGES PAYABLE STATEMENT 6

DESCRIPTION	BALANCE DUE
COMMUNITY EDUCATORS CREDIT UNION	975,000.
TOTAL INCLUDED ON FORM 990, PART IV, LINE 64B, COLUMN B	975,000.

FORM 990

OTHER NOTES AND LOANS PAYABLE

STATEMENT 7

LENDER'S NAME

TERMS OF REPAYMENT

COMMUNITY BANK OF THE SOUTH

<u>DATE OF NOTE</u>	<u>MATURITY DATE</u>	<u>ORIGINAL LOAN AMOUNT</u>	<u>INTEREST RATE</u>
06/03/02	06/03/06	30,018.	7.00%

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.	19,731.
------	----	---------

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

19,731.

FORM 990

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

STATEMENT 8

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 P.O. BOX 2017 TITUSVILLE, FL 32781	BOARD MEMBER 0.17	0.	0.	0.
WILLIAM T HOSKINSON 3600 WEST KING STREET # 1 COCOA, FL 32926	PRESIDENT/CEO 40/WEEK	79,682.	9,920.	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 1301 WEST EAU GALLIE BLVD, SUITE 100 MELBOURNE, FLORIDA 32935	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 DRIVE 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. KASICA 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 1430 DIXON BLVD, #220 COCOA, FL 32922	BOARD MEMBER 0.17	0.	0.	0.
JOE ROBINSON 4475 SOUTH HOPKINS AVENUE TITUSVILLE, FL 32780	BOARD MEMBER 0.17	0.	0.	0.
CINDY ROBINS 1025 S BABCOCK STREET MELBOURNE BEACH, FL 32901	BOARD MEMBER 0.17	0.	0.	0.

TOTALS INCLUDED ON FORM 990, PART V	<u>79,682.</u>	<u>9,920.</u>	<u>4,800.</u>
-------------------------------------	----------------	---------------	---------------

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO STATEMENT 9
 ACCOMPLISHMENT OF EXEMPT PURPOSES

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 10

DESCRIPTION	2002 AMOUNT	2001 AMOUNT	2000 AMOUNT	1999 AMOUNT
MISCELLANEOUS	14,387.	2,240.	2,142.	13,768.
TOTAL TO SCHEDULE A, LINE 22	<u>14,387.</u>	<u>2,240.</u>	<u>2,142.</u>	<u>13,768.</u>

Community Services Council
December 31, 2003

FIXED ASSETS

EIN # 59-1110325

	CAPITAL COST				ACCUMULATED DEPRECIATION				NBV
	<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	31,423	2,993	-	34,416	25,438
Buildings	1,514,514	28,238	-	1,542,752	104,871	41,749	-	146,620	1,396,132
Machinery and Equipment	610,088	43,227	(79,383)	573,932	393,280	57,062	(79,383)	370,959	202,973
TOTAL	2,248,054	71,465	(79,383)	2,240,136	529,574	101,804	(79,383)	551,995	1,688,141

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ 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 **X**
- 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. 3600 WEST KING STREET #1	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. COCOA, FL 32926	

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

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

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

1 I request an automatic 3-month (6-month, for **990-T corporation**) extension of time until **AUGUST 16, 2004** to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year **2003** or
 ▶ tax year beginning _____, and ending _____

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

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

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

c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ **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 ▶ *Nina E. Hall* Title ▶ *CPA* Date ▶ *5/12/04*
 LHA For Paperwork Reduction Act Notice, see instruction Form **8868** (12-2000)