

Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

2011

Open to Public Inspection

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

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

- B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending

C Name of organization: COMMUNITY SERVICES COUNCIL OF BREVARD COUNTY INC. Doing Business As: AGING MATTERS IN BREVARD. Address: 3600 W KING STREET 1, COCOA, FL 32926

D Employer identification number: 59-1110325. E Telephone number: (321) 639-4868. G Gross receipts \$ 5,131,947

F Name and address of principal officer: CYNTHIA FLACHMEIER, 3600 W KING STREET 1, COCOA, FL 32926

H(a) Is this a group return for affiliates? No. H(b) Are all affiliates included? No. H(c) Group exemption number

I Tax-exempt status: 501(c)(3)

J Website: AGINGMATTERSBREVARD.ORG

K Form of organization: Corporation. L Year of formation: 1965. M State of legal domicile: FL

Part I Summary

Table with 4 main sections: 1. Activities & Governance (mission statement, 2-6), 2. Revenue (8-12), 3. Expenses (13-19), 4. Net Assets or Fund Balances (20-22). Includes financial data for Prior Year and Current Year.

Part II Signature Block

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 information furnished by filer.

Sign Here: Signature of officer CYNTHIA FLACHMEIER CEO. Preparer's Use Only: Preparer's signature DEBORAH A GOODE CPA, Firm's name CARR RIGGS & INGRAM LLC, address 215 BAYTREE DRIVE, MELBOURNE, FL 329402195.

May the IRS discuss this return with the preparer shown above? (see instructions)

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III  Yes  No

**1** Briefly describe the organization's mission  
 AGING MATTERS IN BREVARD, A NON-PROFIT ORGANIZATION, DEVELOPS SOLUTIONS TO COMMUNITY PROBLEMS, PROMOTES AND MAINTAINS INDEPENDENCE, AND MAXIMIZES THE QUALITY OF LIFE FOR THE CITIZENS OF BREVARD COUNTY, PARTICULARLY THE ELDERLY AND DISABLED ADULT

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
 If "Yes," describe these new services on Schedule O

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
 If "Yes," describe these changes on Schedule O

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

**4a** (Code ) (Expenses \$ 1,101,217 including grants of \$ ) (Revenue \$ )  
 COMMUNITY CARE PROGRAMS HELPED 572 CLIENTS ACCESS MORE THAN \$2.5 MILLION IN IN-HOME AND COMMUNITY BASED SUPPORT SERVICES AFTER A COMPREHENSIVE IN-HOME ASSESSMENT, EACH CLIENT RECEIVED A CUSTOMIZED CARE PLAN TO ADDRESS THEIR INDIVIDUAL NEEDS. SOME OF THE SERVICES PROVIDED INCLUDE THE FOLLOWING: 2,717 HOURS OF COMPANION SUPPORT, 75,679 HOURS OF IN-FACILITY RESPITE AND 17,674 HOURS OF IN-HOME RESPITE, 30,840 HOURS OF LIGHT HOUSEKEEPING ASSISTANCE, 23,754 HOURS OF ASSISTANCE WITH DAILY LIVING ACTIVITIES INCLUDING PERSONAL HYGIENE, 169,536 IN CONSUMABLE MEDICAL SUPPLIES SUCH AS NUTRITIONAL SUPPLEMENTS, BED PADS AND ADULT UNDERGARMENTS. WITH THIS HELP, 97% OF THE CLIENTS SERVED WERE ABLE TO REMAIN AT HOME, THUS AVOIDING NURSING HOME PLACEMENT.

**4b** (Code ) (Expenses \$ 1,182,289 including grants of \$ ) (Revenue \$ )  
 MEALS ON WHEELS DELIVERS A NUTRITIONALLY-BALANCED MEAL, SOCIAL CONTACT, AND A SAFETY CHECK TO SENIOR CITIZENS FIVE DAYS A WEEK IN THE SENIOR'S HOME. HOT NUTRITIOUS MEALS WERE SERVED TO 2,919 DUPLICATED SENIORS RECEIVING MEALS ON WHEELS OR ATTENDING ONE OF 14 NEIGHBORHOOD SENIORS AT LUNCH MEAL SITES. MEALS ON WHEELS VOLUNTEERS DELIVERED 226,720 MEALS TO HOMEBOUND SENIORS SEVEN HUNDRED (700) MEALS ON WHEELS VOLUNTEERS DONATED 55,840 HOURS OF SERVICE AND TRAVELED 431,095 MILES DURING THE NATIONAL MAYORS FOR MEALS DAY 16 MAYORS, OR THEIR REPRESENTATIVE, DELIVERED MEALS IN THEIR CITIES. THIS FIFTH ANNUAL EVENT TARGETS VOLUNTEER RECRUITMENT AND FOOD AVAILABILITY TO SENIORS "SO NO SENIOR GOES HUNGRY."

**4c** (Code ) (Expenses \$ 664,124 including grants of \$ ) (Revenue \$ )  
 SENIORS AT LUNCH PROVIDES NUTRITIONALLY-BALANCED MEALS AND SOCIAL CONTACT IN A CONGREGATE SETTING TO SENIOR CITIZENS IN BREVARD COUNTY. 96,426 MEALS WERE SERVED TO 3,064 SENIORS AT 14 NEIGHBORHOOD DINING SITES IN BREVARD COUNTY. TWO-HUNDRED AND FIFTY (250) SENIORS AT LUNCH VOLUNTEERS DONATED 18,460 HOURS OF SERVICE.

(Code ) (Expenses \$ 1,457,675 including grants of \$ ) (Revenue \$ 981,075 )  
 THE COMMUNITY HOME SERVICES PROGRAM IS A HOMEMAKER COMPANION SERVICE LICENSED BY THE FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION PROVIDING NON-MEDICAL IN-HOME SUPPORT SERVICES. ONE HUNDRED AND FORTY-SIX (146) SENIORS RECEIVED 12,921 HOURS OF ASSISTANCE WITH LIGHT HOUSEKEEPING, SHOPPING AND MEAL PREPARATION. ONE HUNDRED AND SIX (106) SENIORS RECEIVED 11,827 HOURS OF ASSISTANCE WITH THEIR PERSONAL CARE AND GROOMING. THE BREVARD COMMUNITY KITCHEN PREPARES FRESHLY COOKED MEALS FOR THE FRAILEST OF BREVARD'S CITIZENS, ITS ELDERLY AND AT-RISK CHILDREN. THE KITCHEN PREPARED AND DELIVERED 465,234 MEALS FOR MEALS ON WHEELS RECIPIENTS, SENIORS AT LUNCH ATTENDEES, ADULT DAY CARE CENTER ATTENDEES, CHILDREN ATTENDING CHILDCARE PROGRAMS AND SCHOOLS. THE SATURDAY MEALS ON WHEELS PROJECT IS A PARTNERSHIP WITH UNITED WAY OF BREVARD AND LOCAL CORPORATIONS. CORPORATE EMPLOYEES DELIVERED 1,820 MEALS ON 18 SATURDAYS. MEAL RECIPIENTS WOULD OTHERWISE NOT RECEIVE WEEKEND NOURISHMENT. THE KITCHEN SERVED 18,565 MEALS TO LOW-INCOME CHILDREN ATTENDING BREVARD COUNTY DEPARTMENT OF PARKS AND RECREATION SUMMER LUNCH PROGRAM. THE KITCHEN CATERED 65 VARIOUS FUNCTIONS AND PROVIDED 5,529 MEALS. THE SENIORS ASSISTANCE PROGRAM SUPPORTS AT-RISK SENIORS IN THE EARLY STAGES OF DIFFICULTY. THE HOME IMPROVEMENT TEAM WORKED 7,794 HOURS INSTALLING GRAB BARS, BUILDING ACCESS RAMPS, AND COMPLETING MINOR HOME REPAIRS HELPING 1,501 SENIORS LIVE SAFELY IN THEIR OWN HOMES. ONE HUNDRED AND NINETY-TWO SENIORS RECEIVED 27,760 TRIPS TO IMPORTANT APPOINTMENTS OR TO SENIORS AT LUNCH SITES. SCREENING AND ASSESSMENT SERVICES HELPED 132 CLIENTS AND THEIR FAMILIES OBTAIN 5,170 HOURS OF HELP WITH LIGHT HOUSEKEEPING AND RESPITE RELIEF. BREVARD COUNTY LEGAL AID HELPED 214 SENIORS WITH CIVIL MATTERS SUCH AS PROTECTION AGAINST FORECLOSURE, GUIDANCE WITH LANDLORD-TENANT ISSUES, PROTECTION FROM CONSUMER FRAUD, AND ASSISTANCE WITH ADVANCED DIRECTIVES. THE SENIOR TRANSFER PROGRAM IS A TRANSPORTATION SERVICE FOR AMBULATORY HOMEBOUND ELDERLY WHO ARE UNABLE TO DRIVE AN AUTOMOBILE. SEVENTY-SEVEN (77) DEDICATED VOLUNTEERS TRAVELED 64,956 MILES USING THEIR OWN TIME, VEHICLES AND FUEL TO TRANSPORT 239 UNDUPLICATED, NON-DRIVING SENIORS. TRANSPORTATION INCLUDES VISITS TO MEDICAL APPOINTMENTS, REHABILITATION FACILITIES, HOSPITALS, PHARMACIES, GROCERY STORES, BEAUTY AND BARBER SHOPS AND OTHER IMPORTANT APPOINTMENTS AS REQUESTED. TWELVE (12) SENIOR DRIVERS WERE GIVEN FREE CARFIT EVALUATIONS TO ENSURE SAFE DRIVING PRACTICES. THE SUNFLOWER HOUSE IS A CAREGIVER RESOURCE CENTER LOCATED IN MERRITT SQUARE MALL. THE CENTER PROVIDES INFORMATION, EDUCATION, AND SUPPORT TO SENIORS, THE DISABLED, AND PEOPLE FROM THE COMMUNITY WHO ARE CARING FOR AN ELDERLY LOVED ONE. THE SUNFLOWER HOUSE IS ALSO A SOCIALIZATION AND RECREATION CENTER FOR SENIORS, ESPECIALLY THOSE CARING FOR, OR WHO HAVE CARED FOR, LOVED ONES IN A CAREGIVER CAPACITY. TWENTY (20) VOLUNTEERS PROVIDED 4,623 HOURS OF SERVICE ANSWERING PHONE CALLS, INDIVIDUALLY TALKING TO SENIORS AND THEIR CAREGIVERS, AND PROVIDING INFORMATION AND REFERRALS. ONE HUNDRED AND ELEVEN (111) HOURS OF EXERCISE CLASSES WERE CONDUCTED WITH AN ATTENDANCE OF 112 DUPLICATED INDIVIDUALS. HOLIDAY PARTIES AND WEEKLY MOVIES WERE ENJOYED BY 131 UNDUPLICATED SENIORS AND CAREGIVERS. CAREGIVER SUPPORT AT THE SUNFLOWER HOUSE MEDICAL EQUIPMENT BANK LOANED SENIORS AND THEIR CAREGIVERS 207 PIECES OF DONATED MEDICAL EQUIPMENT. THE EQUIPMENT IS COMPRISED OF WHEELCHAIRS, WALKERS, CANES, BEDSIDE COMMUNES AND SHOWER CHAIRS. SEVEN HUNDRED AND THIRTY-FOUR (734) INDIVIDUALS RECEIVED INFORMATION ABOUT LOCAL SERVICES AVAILABLE FOR SENIORS AND CAREGIVERS. THE CAREGIVER SUPPORT PROGRAM LOCATED AT THE SUNFLOWER HOUSE HELPED 73 CAREGIVERS WHO ARE ACTIVELY CARING FOR 67 ELDERLY LOVED ONES. CAREGIVERS AND THEIR FAMILIES RECEIVED 2,760 HOURS OF IN-HOME RESPITE CARE AND 7,609 HOURS OF ADULT DAYCARE. THE CLIENT SERVICES COORDINATOR PROVIDED 726 HOURS OF CARE MANAGEMENT TO CAREGIVERS. EDUCATION ABOUT AVAILABLE CAREGIVER SERVICES WAS DISTRIBUTED AT 92 HEALTH FAIRS, AND AT INFORMATIONAL PRESENTATIONS TO COMMUNITY ORGANIZATIONS AND/OR CLUBS. THE RETIRED AND SENIOR VOLUNTEER PROGRAM (RSVP) IDENTIFIES NEEDS IN THE COMMUNITY AND ENGAGES SENIORS FIFTY-FIVE AND OLDER INTO VOLUNTEER SERVICE. SENIORS CHOOSE FROM A VARIETY OF COMMUNITY SERVICE OPPORTUNITIES TO SHARE THEIR EXPERIENCE, ABILITIES AND SKILLS. NINE HUNDRED AND SEVENTY-FOUR VOLUNTEERS (974) AGED 55 AND OLDER PROVIDED 130,844 HOURS OF SERVICE VALUED AT \$2,533,840. VOLUNTEERS WERE RECRUITED TO HELP SUPPORT 88 NOT-FOR-PROFIT AND GOVERNMENTAL AGENCIES. VOLUNTEER STATIONS OR PLACEMENT SITES INCLUDE SHARING CENTERS, POLICE DEPARTMENTS, HOSPITALS, HOSPICES, PARKS, MUSEUMS, VETERAN'S PROGRAMS AND SCHOOLS. FIFTY PERCENT (50%) OF VOLUNTEERS ARE PLACED IN PROGRAMS TARGETING CRITICAL COMMUNITY NEEDS.

**4d** Other program services (Describe in Schedule O )  
 (Expenses \$ 1,457,675 including grants of \$ ) (Revenue \$ 981,075 )

**4e** Total program service expenses \$ 4,405,305

**Part IV Checklist of Required Schedules**

		Yes	No
<b>1</b>	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i>	Yes	
<b>2</b>	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?		No
<b>3</b>	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		No
<b>4</b>	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>		No
<b>5</b>	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>		No
<b>6</b>	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i>		No
<b>7</b>	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>		No
<b>8</b>	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>		No
<b>9</b>	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i>		No
<b>10</b>	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>	Yes	
<b>11</b>	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
<b>a</b>	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>	Yes	
<b>b</b>	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		No
<b>c</b>	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		No
<b>d</b>	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		No
<b>e</b>	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		No
<b>f</b>	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i>	Yes	
<b>12a</b>	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	Yes	
<b>b</b>	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i>		No
<b>13</b>	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		No
<b>14a</b>	Did the organization maintain an office, employees, or agents outside of the United States?		No
<b>b</b>	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Part I.</i>		No
<b>15</b>	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? <i>If "Yes," complete Schedule F, Part II and IV.</i>		No
<b>16</b>	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S? <i>If "Yes," complete Schedule F, Part III and IV.</i>		No
<b>17</b>	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i>		No
<b>18</b>	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>	Yes	
<b>19</b>	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		No
<b>20a</b>	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>		No
<b>b</b>	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements.		
<b>20b</b>			

**Part IV Checklist of Required Schedules** (continued)

<b>21</b>	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>	<b>21</b>	No
<b>22</b>	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i>	<b>22</b>	No
<b>23</b>	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J . . . . .</i>	<b>23</b>	No
<b>24a</b>	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25 . . . . .</i>	<b>24a</b>	No
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>	
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>	
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>	
<b>25a</b>	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I . . . . .</i>	<b>25a</b>	No
<b>b</b>	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I . . . . .</i>	<b>25b</b>	No
<b>26</b>	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II . . . . .</i>	<b>26</b>	No
<b>27</b>	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III . . . . .</i>	<b>27</b>	No
<b>28</b>	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
<b>a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>	<b>28a</b>	No
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>	<b>28b</b>	No
<b>c</b>	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>	<b>28c</b>	No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>	<b>29</b>	No
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>	<b>30</b>	No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>	<b>31</b>	No
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . . . .</i>	<b>32</b>	No
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I . . . . .</i>	<b>33</b>	No
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 . . . . .</i>	<b>34</b>	No
<b>35a</b>	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	<b>35a</b>	No
<b>b</b>	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>	<b>35b</b>	No
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>	<b>36</b>	No
<b>37</b>	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI . . . . .</i>	<b>37</b>	No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	<b>38</b>	Yes

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Table with columns for question number, question text, and Yes/No columns. Includes sub-questions 1a-1c, 2a-2b, 3a-3b, 4a-4b, 5a-5c, 6a-6b, 7a-7h, 8, 9a-9b, 10a-10b, 11a-11b, 12a-12b, 13a-13c, 14a-14b.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI . . . . .

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (18), 1b (18), 2 (No), 3 (No), 4 (Yes), 5 (No), 6 (No), 7a (No), 7b (No), 8a (Yes), 8b (Yes), 9 (No).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a (No), 10b, 11a (Yes), 11b, 12a (Yes), 12b (Yes), 12c (Yes), 13 (Yes), 14 (Yes), 15a (Yes), 15b (Yes), 16a (No), 16b.

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed FL
18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization.
MICHELE DILLMAN
3600 W KING ST SUITE 1
COCOA, FL 32926
(321) 806-3701

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response to any question in this Part VII

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid

• List all of the organization's **current** key employees, if any See instructions for definition of "key employee "

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

• List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) STEVEN ALLENDER BOARD MEMBER	30	X						0	0	0
(2) TONY HURT CHAIRMAN	70	X						0	0	0
(3) PAM CAVANAUGH BOARD MEMBER	70	X						0	0	0
(4) ROBIN WAGONER BOARD MEMBER	10	X						0	0	0
(5) JOE ROBINSON BOARD MEMBER	30	X						0	0	0
(6) BEVERLY JONES BOARD MEMBER	30	X						0	0	0
(7) MICHAEL ORR BOARD MEMBER	0 00	X						0	0	0
(8) KEVIN HOUSTON TREASURER	80	X						0	0	0
(9) DR ETHEL NEWMAN BOARD MEMBER	40	X						0	0	0
(10) CARL R LARRABEE JR BOARD MEMBER	50	X						0	0	0
(11) ARTY PAGAN BOARD MEMBER	40	X						0	0	0
(12) BOB MERRILEES BOARD MEMBER	10	X						0	0	0
(13) THOMAS J KASICA VICE CHAIRMAN	40	X						0	0	0
(14) MICHAEL A CADORE BOARD MEMBER	40	X						0	0	0
(15) MARY GRACE MURPHY BOARD MEMBER	90	X						0	0	0
(16) RYAN BRANDT BOARD MEMBER	0 00	X						0	0	0
(17) PATTI LAY BOARD MEMBER	10	X						0	0	0

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) CINDY FLACHMEIER PRESIDENT/CEO/SECRETARY	37.50			X				84,870	0	14,324
(19) MICHELE DILLMAN CFO	37.50			X				69,008	0	8,593
<b>1b Sub-Total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								153,878	0	22,917

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		No
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b>	Federated campaigns . . . . . <b>1a</b>	460,784				
	<b>b</b>	Membership dues . . . . . <b>1b</b>					
	<b>c</b>	Fundraising events . . . . . <b>1c</b>	10,860				
	<b>d</b>	Related organizations . . . . . <b>1d</b>					
	<b>e</b>	Government grants (contributions) <b>1e</b>	3,182,736				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above <b>1f</b>	443,986				
	<b>g</b>	Noncash contributions included in lines 1a-1f \$ _____					
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . . ▶		4,098,366			
<b>Program Service Revenue</b>			Business Code				
	<b>2a</b>	MEDICAID	621990	643,976	643,976		
	<b>b</b>	VENDOR CONTRACTS	621990	337,099	337,099		
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b>	All other program service revenue					
<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . . ▶		981,075				
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest and other similar amounts) . . . . . ▶		18,106		18,106	
	<b>4</b>	Income from investment of tax-exempt bond proceeds . . . ▶					
	<b>5</b>	Royalties . . . . . ▶					
	<b>6a</b>	(i) Real		(ii) Personal			
		<b>b</b>	Gross rents				
		<b>c</b>	Less rental expenses				
		<b>d</b>	Rental income or (loss)				
	<b>d</b>	<b>Net rental income or (loss)</b> . . . . . ▶					
	<b>7a</b>	(i) Securities		(ii) Other			
		<b>b</b>	Gross amount from sales of assets other than inventory				
		<b>c</b>	Less cost or other basis and sales expenses				
		<b>d</b>	Gain or (loss)				
	<b>d</b>	<b>Net gain or (loss)</b> . . . . . ▶					
	<b>8a</b>	Gross income from fundraising events (not including \$ <u>10,860</u> of contributions reported on line 1c) See Part IV, line 18 . . . . . <b>a</b>	30,587				
	<b>b</b>	Less direct expenses . . . . . <b>b</b>	10,443				
<b>c</b>	<b>Net income or (loss) from fundraising events</b> . . . ▶		20,144		20,144		
<b>9a</b>	Gross income from gaming activities See Part IV, line 19 . . . . . <b>a</b>						
<b>b</b>	Less direct expenses . . . . . <b>b</b>						
<b>c</b>	<b>Net income or (loss) from gaming activities</b> . . . ▶						
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . . <b>a</b>						
<b>b</b>	Less cost of goods sold . . . . . <b>b</b>						
<b>c</b>	<b>Net income or (loss) from sales of inventory</b> . . . ▶						
Miscellaneous Revenue		Business Code					
<b>11a</b>	GROSS KITCHEN REVENUE	722320	429,003		429,003		
<b>b</b>	MISCELLANEOUS	900099	15,469		15,469		
<b>c</b>	LESS KITCHEN EXPENSES	722320	-440,659		-440,659		
<b>d</b>	All other revenue . . . . .						
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . . ▶		3,813				
<b>12</b>	<b>Total revenue.</b> See Instructions . . . . . ▶		5,121,504	981,075	3,813	38,250	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

Check if Schedule O contains a response to any question in this Part IX

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>		<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b>	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
<b>2</b>	Grants and other assistance to individuals in the United States See Part IV, line 22				
<b>3</b>	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
<b>4</b>	Benefits paid to or for members				
<b>5</b>	Compensation of current officers, directors, trustees, and key employees . . . . .	176,803	146,596	27,914	2,293
<b>6</b>	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b>	Other salaries and wages	1,802,374	1,485,223	290,378	26,773
<b>8</b>	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	82,118	68,034	14,084	
<b>9</b>	Other employee benefits . . . . .	80,888	71,586	9,302	
<b>10</b>	Payroll taxes . . . . .	196,251	165,611	28,480	2,160
<b>11</b>	Fees for services (non-employees)				
<b>a</b>	Management . . . . .				
<b>b</b>	Legal . . . . .				
<b>c</b>	Accounting . . . . .	33,155	30,214	2,941	
<b>d</b>	Lobbying . . . . .				
<b>e</b>	Professional fundraising See Part IV, line 17 . . . . .				
<b>f</b>	Investment management fees . . . . .				
<b>g</b>	Other . . . . .	58,380	55,109	3,044	227
<b>12</b>	Advertising and promotion . . . . .	18,215	249	14,366	3,600
<b>13</b>	Office expenses . . . . .	92,696	70,199	18,712	3,785
<b>14</b>	Information technology . . . . .				
<b>15</b>	Royalties . . . . .				
<b>16</b>	Occupancy . . . . .	11,936	6,651	5,235	50
<b>17</b>	Travel . . . . .	68,962	60,021	8,836	105
<b>18</b>	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b>	Conferences, conventions, and meetings . . . . .				
<b>20</b>	Interest . . . . .	32,042		32,042	
<b>21</b>	Payments to affiliates . . . . .				
<b>22</b>	Depreciation, depletion, and amortization . . . . .	40,480		40,480	
<b>23</b>	Insurance . . . . .	32,253	29,316	2,937	
<b>24</b>	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O )				
<b>a</b>	SUBCONTRACTED SERVICES	1,100,893	1,100,788	105	
<b>b</b>	FOOD	970,482	970,482		
<b>c</b>	PROGRAM SUPPLIES	115,699	115,209	490	
<b>d</b>	REPAIRS & MAINTENANCE	21,768	16,538	5,230	
<b>e</b>					
<b>f</b>	All other expenses	20,360	13,479	6,815	66
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24f	4,955,755	4,405,305	511,391	39,059
<b>26</b>	<b>Joint costs.</b> Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	582	<b>1</b>	640
	<b>2</b> Savings and temporary cash investments . . . . .	1,207,040	<b>2</b>	1,127,271
	<b>3</b> Pledges and grants receivable, net . . . . .	129,989	<b>3</b>	364,187
	<b>4</b> Accounts receivable, net . . . . .	87,387	<b>4</b>	125,882
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .	38,300	<b>8</b>	33,551
	<b>9</b> Prepaid expenses and deferred charges . . . . .	37,335	<b>9</b>	19,677
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	2,496,495		
	<b>b</b> Less accumulated depreciation . . . . .	1,126,567	<b>10c</b>	1,369,928
	<b>11</b> Investments—publicly traded securities . . . . .	405,654	<b>11</b>	420,949
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets See Part IV, line 11 . . . . .	132,925	<b>15</b>	127,250
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	3,464,752	<b>16</b>	3,589,335	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	310,253	<b>17</b>	312,591
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	7,959	<b>19</b>	5,880
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	766,026	<b>23</b>	722,183
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D . . . . .		<b>25</b>	
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	1,084,238	<b>26</b>	1,040,654
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	2,132,980	<b>27</b>	2,044,566
	<b>28</b> Temporarily restricted net assets . . . . .	147,015	<b>28</b>	403,594
	<b>29</b> Permanently restricted net assets . . . . .	100,519	<b>29</b>	100,521
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	2,380,514	<b>33</b>	2,548,681	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	3,464,752	<b>34</b>	3,589,335	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	5,121,504
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	4,955,755
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	165,749
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	2,380,514
<b>5</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>5</b>	2,418
<b>6</b>	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	<b>6</b>	2,548,681

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
<b>b</b>	Were the organization's financial statements audited by an independent accountant?	Yes	
<b>c</b>	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
<b>d</b>	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

**SCHEDULE A**  
(Form 990 or 990EZ)

**Public Charity Status and Public Support**

**2011**

**Open to Public Inspection**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Department of the Treasury  
Internal Revenue Service

Name of the organization  
COMMUNITY SERVICES COUNCIL OF  
BREVARD COUNTY INC

Employer identification number

59-1110325

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box )

- 1  A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
  
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 8  A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9  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 exempt 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).** (Complete Part III )
- 10  An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h  
 a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f  If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  
 (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?  
 (ii) a family member of a person described in (i) above?  
 (iii) a 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

	Yes	No
<b>11g(i)</b>		
<b>11g(ii)</b>		
<b>11g(iii)</b>		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

**Part II Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	3,804,490	3,927,846	4,135,167	4,072,226	4,118,510	20,058,239
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	3,804,490	3,927,846	4,135,167	4,072,226	4,118,510	20,058,239
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6 Public Support.</b> Subtract line 5 from line 4						20,058,239

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>7</b> Amounts from line 4	3,804,490	3,927,846	4,135,167	4,072,226	4,118,510	20,058,239
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	30,435	14,277	8,610	6,704	18,106	78,132
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on	-25,965	-16,136	136,446	93,189	-11,656	175,878
<b>10</b> Other income (Explain in Part IV.) Do not include gain or loss from the sale of capital assets	9,004	23,798	16,318	19,480	15,469	84,069
<b>11 Total support</b> (Add lines 7 through 10)						20,396,318
<b>12</b> Gross receipts from related activities, etc. (See instructions.)					<b>12</b>	4,568,151

**13 First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** **Section C. Computation of Public Support Percentage**

<b>14</b> Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	<b>14</b>	98.340%
<b>15</b> Public Support Percentage for 2010 Schedule A, Part II, line 14	<b>15</b>	98.420%

**16a 33 1/3% support test—2011.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization **b 33 1/3% support test—2010.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization **17a 10%-facts-and-circumstances test—2011.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization **b 10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization **18 Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

**Part III Support Schedule for Organizations Described in IRC 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public Support</b> (Subtract line 7c from line 6 )						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support</b> (Add lines 9, 10c, 11 and 12.)						
<b>14 First Five Years</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b> <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2010 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2011</b> (line 10c column (f) divided by line 13 column (f))	<b>17</b>	
<b>18</b> Investment income percentage from <b>2010</b> Schedule A, Part III, line 17	<b>18</b>	

- 19a 33 1/3% support tests—2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

**Part IV** **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

<b>Facts And Circumstances Test</b>
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<b>Explanation</b>
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## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 59-1110325

**Name:** COMMUNITY SERVICES COUNCIL OF  
BREVARD COUNTY INC

### Form 990, Special Condition Description:

#### Special Condition Description

### Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

#### 4d. Other program services

(Code ) (Expenses \$ 1,457,675 including grants of \$ ) (Revenue \$ 981,075 )

THE COMMUNITY HOME SERVICES PROGRAM IS A HOMEMAKER COMPANION SERVICE LICENSED BY THE FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION PROVIDING NON-MEDICAL IN-HOME SUPPORT SERVICES ONE HUNDRED AND FORTY-SIX (146) SENIORS RECEIVED 12,921 HOURS OF ASSISTANCE WITH LIGHT HOUSEKEEPING, SHOPPING AND MEAL PREPARATION ONE HUNDRED AND SIX (106) SENIORS RECEIVED 11,827 HOURS OF ASSISTANCE WITH THEIR PERSONAL CARE AND GROOMING THE BREVARD COMMUNITY KITCHEN PREPARES FRESHLY COOKED MEALS FOR THE FRAILEST OF BREVARDS CITIZENS, ITS ELDERS AND AT-RISK CHILDREN THE KITCHEN PREPARED AND DELIVERED 465,234 MEALS FOR MEALS ON WHEELS RECIPIENTS, SENIORS AT LUNCH ATTENDEES, ADULT DAY CARE CENTER ATTENDEES, CHILDREN ATTENDING CHILDCARE PROGRAMS AND SCHOOLS THE SATURDAY MEALS ON WHEELS PROJECT IS A PARTNERSHIP WITH UNITED WAY OF BREVARD AND LOCAL CORPORATIONS CORPORATE EMPLOYEES DELIVERED 1,820 MEALS ON 18 SATURDAYS MEAL RECIPIENTS WOULD OTHERWISE NOT RECEIVE WEEKEND NOURISHMENT THE KITCHEN SERVED 18,565 MEALS TO LOW-INCOME CHILDREN ATTENDING BREVARD COUNTY DEPARTMENT OF PARKS AND RECREATION SUMMER LUNCH PROGRAM THE KITCHEN CATERED 65 VARIOUS FUNCTIONS AND PROVIDED 5,529 MEALS THE SENIORS ASSISTANCE PROGRAM SUPPORTS AT RISKS SENIORS IN THE EARLY STAGES OF DIFFICULTY THE HOME IMPROVEMENT TEAM WORKED 7,794 HOURS INSTALLING GRAB BARS, BUILDING ACCESS RAMPS, AND COMPLETING MINOR HOME REPAIRS HELPING 1,501 SENIORS LIVE SAFELY IN THEIR OWN HOMES ONE HUNDRED AND NINETY-TWO SENIORS RECEIVED 27,760 TRIPS TO IMPORTANT APPOINTMENTS OR TO SENIORS AT LUNCH SITES SCREENING AND ASSESSMENT SERVICES HELPED 132 CLIENTS AND THEIR FAMILIES OBTAIN 5,170 HOURS OF HELP WITH LIGHT HOUSEKEEPING AND RESPITE RELIEF BREVARD COUNTY LEGAL AID HELPED 214 SENIORS WITH CIVIL MATTERS SUCH AS PROTECTION AGAINST FORECLOSURE, GUIDANCE WITH LANDLORD-TENANT ISSUES, PROTECTION FROM CONSUMER FRAUD, AND ASSISTANCE WITH ADVANCED DIRECTIVES THE SENIOR TRANSERVE PROGRAM IS A TRANSPORTATION SERVICE FOR AMBULATORY HOMEBOUND ELDERS WHO ARE UNABLE TO DRIVE AN AUTOMOBILE SEVENTY-SEVEN (77) DEDICATED VOLUNTEERS TRAVELED 64,956 MILES USING THEIR OWN TIME, VEHICLES AND FUEL TO TRANSPORT 239 UNDUPLICATED, NON-DRIVING SENIORS TRANSPORTATION INCLUDES VISITS TO MEDICAL APPOINTMENTS, REHABILITATION FACILITIES, HOSPITALS, PHARMACIES, GROCERY STORES, BEAUTY AND BARBER SHOPS AND OTHER IMPORTANT APPOINTMENTS AS REQUESTED TWELVE (12) SENIOR DRIVERS WERE GIVEN FREE CARFIT EVALUATIONS TO ENSURE SAFE DRIVING PRACTICES THE SUNFLOWER HOUSE IS A CAREGIVER RESOURCE CENTER LOCATED IN MERRITT SQUARE MALL THE CENTER PROVIDES INFORMATION, EDUCATION, AND SUPPORT TO SENIORS, THE DISABLED, AND PEOPLE FROM THE COMMUNITY WHO ARE CARING FOR AN ELDER LOVED ONE THE SUNFLOWER HOUSE IS ALSO A SOCIALIZATION AND RECREATION CENTER FOR SENIORS, ESPECIALLY THOSE CARING FOR, OR WHO HAVE CARED FOR, LOVED ONES IN A CAREGIVER CAPACITY TWENTY (20) VOLUNTEERS PROVIDED 4,623 HOURS OF SERVICE ANSWERING PHONE CALLS, INDIVIDUALLY TALKING TO SENIORS AND THEIR CAREGIVERS, AND PROVIDING INFORMATION AND REFERRALS ONE HUNDRED AND ELEVEN (111) HOURS OF EXERCISE CLASSES WERE CONDUCTED WITH AN ATTENDANCE OF 112 DUPLICATED INDIVIDUALS HOLIDAY PARTIES AND WEEKLY MOVIES WERE ENJOYED BY 131 UNDUPLICATED SENIORS AND CAREGIVERS CAREGIVER SUPPORT AT THE SUNFLOWER HOUSE A MEDICAL EQUIPMENT BANK LOANED SENIORS AND THEIR CAREGIVERS 207 PIECES OF DONATED MEDICAL EQUIPMENT THE EQUIPMENT IS COMPRISED OF WHEELCHAIRS, WALKERS, CANES, BEDSIDE COMMODOES AND SHOWER CHAIRS SEVEN HUNDRED AND THIRTY-FOUR (734) INDIVIDUALS RECEIVED INFORMATION ABOUT LOCAL SERVICES AVAILABLE FOR SENIORS AND CAREGIVERS THE CAREGIVER SUPPORT PROGRAM LOCATED AT THE SUNFLOWER HOUSE HELPED 73 CAREGIVERS WHO ARE ACTIVELY CARING FOR 67 ELDERLY LOVED ONES CAREGIVERS AND THEIR FAMILILS RECEIVED 2,760 HOURS OF IN-HOME RESPITE CARE AND 7,609 HOURS OF ADULT DAYCARE THE CLIENT SERVICES COORDINATOR PROVIDED 726 HOURS OF CARE MANAGEMENT TO CAREGIVERS EDUCATION ABOUT AVAILABLE CAREGIVER SERVICES WAS DISTRIBUTED AT 92 HEALTH FAIRS, AND AT INFORMATIONAL PRESENTATIONS TO COMMUNITY ORGANIZATIONS AND/OR CLUBS THE RETIRED AND SENIOR VOLUNTEER PROGRAM (RSVP) IDENTIFIES NEEDS IN THE COMMUNITY AND ENGAGES SENIORS FIFTY-FIVE AND OLDER INTO VOLUNTEER SERVICE SENIORS CHOOSE FROM A VARIETY OF COMMUNITY SERVICE OPPORTUNITIES TO SHARE THEIR EXPERIENCE, ABILITIES AND SKILLS NINE HUNDRED AND SEVENTY-FOUR VOLUNTEERS (974) AGED 55 AND OLDER PROVIDED 130,844 HOURS OF SERVICE VALUED AT \$2,533,840 VOLUNTEERS WERE RECRUITED TO HELP SUPPORT 88 NOT-FOR-PROFIT AND GOVERNMENTAL AGENCIES VOLUNTEER STATIONS OR PLACEMENT SITES INCLUDE SHARING CENTERS, POLICE DEPARTMENTS, HOSPITALS, HOSPICES, PARKS, MUSEUMS, VETERAN'S PROGRAMS AND SCHOOLS FIFTY PERCENT (50%) OF VOLUNTEERS ARE PLACED IN PROGRAMS TARGETING CRITICAL COMMUNITY NEEDS

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2011

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization COMMUNITY SERVICES COUNCIL OF BREVARD COUNTY INC

Employer identification number 59-1110325

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

Table with 2 columns: Description, Held at the End of the Year. Rows 2a-2d: Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure included in (a), Number of conservation easements included in (c) acquired after 8/17/06.

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1; (ii) Assets included in Form 990, Part X
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1; b Assets included in Form 990, Part X

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** *(continued)*

**3** Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a**  Public exhibition
- b**  Scholarly research
- c**  Preservation for future generations
- d**  Loan or exchange programs
- e**  Other

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

**5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

**b** If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
<b>1c</b> Beginning balance	
<b>1d</b> Additions during the year	
<b>1e</b> Distributions during the year	
<b>1f</b> Ending balance	

**2a** Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

**b** If "Yes," explain the arrangement in Part XIV

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
<b>1a</b> Beginning of year balance . . . . .	100,519	100,515	100,484	100,413	
<b>b</b> Contributions . . . . .					
<b>c</b> Investment earnings or losses . . . . .	2	4	31	71	
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .	100,521	100,519	100,515	100,484	

**2** Provide the estimated percentage of the year end balance held as

- a** Board designated or quasi-endowment ▶
- b** Permanent endowment ▶
- c** Term endowment ▶

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
<b>(i)</b> unrelated organizations . . . . .	<b>3a(i)</b>	No
<b>(ii)</b> related organizations . . . . .	<b>3a(ii)</b>	No

**b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? **3b**

**4** Describe in Part XIV the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .	31,113			31,113
<b>b</b> Buildings . . . . .	653,006		280,156	372,850
<b>c</b> Leasehold improvements . . . . .	1,184,337		291,023	893,314
<b>d</b> Equipment . . . . .	474,454		422,187	52,267
<b>e</b> Other . . . . .	153,585		133,201	20,384
<b>Total.</b> Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				1,369,928



**Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements**

<b>1</b>	Total revenue (Form 990, Part VIII, column (A), line 12)	<b>1</b>	5,121,504
<b>2</b>	Total expenses (Form 990, Part IX, column (A), line 25)	<b>2</b>	4,955,755
<b>3</b>	Excess or (deficit) for the year Subtract line 2 from line 1	<b>3</b>	165,749
<b>4</b>	Net unrealized gains (losses) on investments	<b>4</b>	2,418
<b>5</b>	Donated services and use of facilities	<b>5</b>	
<b>6</b>	Investment expenses	<b>6</b>	
<b>7</b>	Prior period adjustments	<b>7</b>	
<b>8</b>	Other (Describe in Part XIV)	<b>8</b>	
<b>9</b>	Total adjustments (net) Add lines 4 - 8	<b>9</b>	2,418
<b>10</b>	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	<b>10</b>	168,167

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	5,402,499
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains on investments . . . . .	<b>2a</b>	2,418
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	268,134
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV) . . . . .	<b>2d</b>	10,443
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	280,995
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	5,121,504
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIV) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	0
<b>5</b>	Total Revenue Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 12 ) . . . . .	<b>5</b>	5,121,504

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	5,234,332
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	268,134
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV) . . . . .	<b>2d</b>	10,443
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	278,577
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	4,955,755
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIV) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	0
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 18 ) . . . . .	<b>5</b>	4,955,755

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
		THE COUNCIL IS EXEMPT FROM FEDERAL AND STATE INCOME TAX UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE THEREFORE, ONLY INCOME FROM BUSINESS UNRELATED TO THE COUNCIL'S CHARITABLE PURPOSE IS SUBJECT TO FEDERAL OR STATE INCOME TAX EFFECTIVE JANUARY 1, 2009, THE COUNCIL IMPLEMENTED THE ACCOUNTING GUIDANCE FOR UNCERTAINTY IN INCOME TAXES USING THE PROVISIONS OF FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ASC 740, INCOME TAXES USING THAT GUIDANCE, TAX POSITIONS INITIALLY NEED TO BE RECOGNIZED IN THE FINANCIAL STATEMENTS WHEN IT IS MORE-LIKELY-THAN-NOT THE POSITION WILL BE SUSTAINED UPON EXAMINATION BY THE TAX AUTHORITIES AS OF DECEMBER 31, 2011, THE COUNCIL HAD NO UNCERTAIN TAX POSITIONS THAT QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS ADDITIONALLY, THE COUNCIL HAD NO INTEREST AND PENALTIES RELATED TO INCOME TAXES WITH FEW EXCEPTIONS, THE COUNCIL IS NO LONGER SUBJECT TO U S FEDERAL, STATE, AND LOCAL INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2008

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ. See separate instructions.

Name of the organization COMMUNITY SERVICES COUNCIL OF BREVARD COUNTY INC

Employer identification number 59-1110325

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
b Internet and e-mail solicitations
c Phone solicitations
d In-person solicitations
e Solicitation of non-government grants
f Solicitation of government grants
g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions? (Yes/No), (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col (i), (vi) Amount paid to (or retained by) organization.

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		<u>PASSPORT TO WINES</u> (event type)	<u>CHRISTMAS APPEAL</u> (event type)	(total number)	(Add col (a) through col (c))
<b>Revenue</b>	<b>1</b> Gross receipts . . . . .	33,266	5,215		38,481
	<b>2</b> Less Charitable contributions . . . . .	10,860	0		10,860
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	22,406	5,215		27,621
<b>Direct Expenses</b>	<b>4</b> Cash prizes . . . . .	0	0		
	<b>5</b> Non-cash prizes . . . . .	0	0		
	<b>6</b> Rent/facility costs . . . . .	0	0		
	<b>7</b> Food and beverages . . . . .				
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .	10,443	0		10,443
<b>10</b> Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶				( 10,443 )	
<b>11</b> Net income summary Combine lines 3 and 10 in column (d) . . . . . ▶				17,178	

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
<b>Revenue</b>	<b>1</b> Gross revenue . . . . .				
<b>Direct Expenses</b>	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Non-cash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes ..... <input type="checkbox"/> No	<input type="checkbox"/> Yes ..... <input type="checkbox"/> No	<input type="checkbox"/> Yes ..... <input type="checkbox"/> No	
<b>7</b> Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶				( )	
<b>8</b> Net gaming income summary Combine lines 1 and 7 in column (d) . . . . . ▶					

**9** Enter the state(s) in which the organization operates gaming activities \_\_\_\_\_

**a** Is the organization licensed to operate gaming activities in each of these states? . . . . .  Yes  No

**b** If "No," Explain \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . .  Yes  No

**b** If "Yes," Explain \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- 11** Does the organization operate gaming activities with nonmembers?  Yes  No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

**13** Indicate the percentage of gaming activity operated in

<b>a</b> The organization's facility	<b>13a</b>
<b>b</b> An outside facility	<b>13b</b>

**14** Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ .....

Address ▶ .....

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

**b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_

**c** If "Yes," enter name and address

Name ▶ .....

Address ▶ .....

**16** Gaming manager information

Name ▶ .....

Gaming manager compensation ▶ \$ .....

Description of services provided ▶ .....

- Director/officer       Employee       Independent contractor

- 17** Mandatory distributions
- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV** Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
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**Schedule J**  
(Form 990)

**Compensation Information**

OMB No 1545-0047

**2011**

**Open to Public Inspection**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
COMMUNITY SERVICES COUNCIL OF  
BREVARD COUNTY INC

**Employer identification number**

59-1110325

**Part I Questions Regarding Compensation**

	Yes	No								
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input checked="" type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input checked="" type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input checked="" type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)									
<p><b>b</b> If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain</p>	Yes									
<p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?</p>	Yes									
<p><b>3</b> Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p><b>4</b> During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization</p>										
<p><b>a</b> Receive a severance payment or change-of-control payment?</p>		No								
<p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>		No								
<p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p>		No								
<p><b>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</b></p>										
<p><b>5</b> For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</p>										
<p><b>a</b> The organization?</p>		No								
<p><b>b</b> Any related organization? If "Yes," to line 5a or 5b, describe in Part III</p>		No								
<p><b>6</b> For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</p>										
<p><b>a</b> The organization?</p>		No								
<p><b>b</b> Any related organization? If "Yes," to line 6a or 6b, describe in Part III</p>		No								
<p><b>7</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>		No								
<p><b>8</b> Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>		No								
<p><b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>										



**Part III Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
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**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

**Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.**

**▶ Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

**2011**

**Open to Public Inspection**

Name of the organization  
COMMUNITY SERVICES COUNCIL OF  
BREVARD COUNTY INC

**Employer identification number**

59-1110325

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 4	THE ORGANIZATION REGISTERED WITH THE FLORIDA DEPARTMENT OF STATE TO DO BUSINESS UNDER A FICTITIOUS NAME (DBA) OF AGING MATTERS IN BREVARD THIS NAME CHANGE WAS REFLECTED IN THE ORGANIZATION'S BY-LAWS
	FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 IS PREPARED BY A CPA FIRM AND A DRAFT IS PROVIDED TO THE TREASURER FOR THE CFO AND CEO TO REVIEW AND IS THEN SUBMITTED TO THE BOARD OF DIRECTORS FOR FINAL APPROVAL
	FORM 990, PART VI, SECTION B, LINE 12C	THE CEO, CFO, AND HR DIRECTOR MONITOR AND ENFORCE THE COMPLIANCE OF THE CONFLICT ON INTEREST POLICY BY THE USE OF A BID PROCESS FOR PURCHASES, EDUCATION AND AWARENESS OF THE BOARD MEMBERS, AND ANNUAL EVALUATIONS OF STAFF
	FORM 990, PART VI, SECTION B, LINE 15	THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS THE PREVIOUS YEARS AGREED UPON GOALS AND OBJECTIVES AFTER THE COMMITTEE MEETS THEY DETERMINE THE COMPENSATION AND MEET WITH THE CEO TO DEVELOP NEW GOALS AND OBJECTIVES AND TO DISCUSS COMPENSATION A WRITTEN EVALUATION IS COMPLETED WITH GOALS AND OBJECTIVES FOR THE UPCOMING YEAR AND A REVIEW OF THE PREVIOUS YEAR'S GOALS AND OBJECTIVES THE CEO MEETS WITH THE KEY EMPLOYEE AND WITH THE HUMAN RESOURCES DIRECTOR IF NECESSARY THE EMPLOYEE RECEIVES A COPY OF THE EVALUATION AND THE ORIGINAL IS PLACED IN THE HUMAN RESOURCE DEPT FILES THIS IS A YEARLY EVALUATION WITH DISCUSSION ON COMPENSATION
	FORM 990, PART VI, SECTION C, LINE 19	THE CONFLICT OF INTEREST POLICY AND DOCUMENTATION IS AVAILABLE FOR REVIEW BY ALL CONTRACTING ENTITIES OR OTHERS WHO MAY HAVE AN INTEREST AT THE CHIEF FINANCIAL OFFICER'S OFFICE THE ANNUAL AUDIT IS AVAILABLE FOR REVIEW AT THE CHIEF FINANCIAL OFFICER'S OFFICE DURING WEEKDAY WORK HOURS A COPY OF THE AUDIT IS MAILED TO ALL GRANTORS AND IS SENT WITH ALL FOUNDATION REQUESTS
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 2,418
	FORM 990 PART XII, LINE 2C	NO CHANGE IN THE PROCESS FROM PRIOR YEAR