Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Open to Public

Department of the Treasury

| Internal Revenue Service The organization may have to use a copy of this return to satisfy state reporting requirements Inspection | | | | | | | | | |
|--|-----------------------|---|----------------------|--|-----------------------------|--------------------|---|--------------------|---------------------------------------|
| A | For th | ne 2002 c | alendar | year, or tax year beginning | | , 2002, an | nd ending | | , 20 |
| | | applicable | Please use IR\$ | enrestransaconcern | ed for the Co | mmunity | , | | er Identification number 927098 |
| | | s change | label or print or | Number and street (or PO box | if mail is not delivered to | street addre | ess) Room/suite | E Telepho | one number |
| _ | Name ci Initial re | | type See | P.O. Box 14583 | | | , | | 371-1768 |
| _ | Final ret | | Specific Instruc | City or town, state or country, a | nd ZIP + 4 | | | | g method: X Cash Accrual |
| | | ed return | tions | Gainesville, Fl. | 32604 | | · | | ner (specify) |
| _ | | on pending | • Se | ction 501(c)(3) organizations and | 1 4947(a)(1) nonexempt | charitable | | | to section 527 organizations |
| | | | | sts must attach a completed Sch | | | 1 | | for affiliates? Yes X No |
| G | Web sit | te 🕨 | | | | | 1 '' | | er of affiliates ▶ ded? ☐ Yes ☐ No |
| J | Organiz | zation type | (check d | only one) ➤ 🕌 501(c) (3) ◄ (| nsert no) 🔲 4947(a)(1) | or 🔲 527 | H(c) Are all af | | See instructions) |
| ĸ | Check ! | here ▶ 🗌 | if the | organization s gross receipts are n | ormally not more than \$ | 25 000 The | H(d) Isthisas | eparate return | n filed by an |
| | organiza | ation need r | not file a | return with the IRS but if the organ | ization received a Form 9 | 90 Package | organizati | | y a group ruling? Yes No |
| | - | iali, it shoul | | The state of the s | aus require a complete | return. | | digit GEN ▶ | he organization is not required |
| L | Gross | receipts / | Add line | es 6b, 8b, 9b, and 10b to line 1 | 2 ▶ | | | | orm 990, 990-EZ, or 990-PF) |
| Ρ | art I | Reven | ue, Ex | cpenses, and Changes II | n Net Assets or F | und Bala | | | |
| | 1 | Contribu | utions, | gifts, grants, and similar an | nounts received | | | | |
| | а | Direct p | ublic s | upport | | | 428.86 | | |
| | 1 | Indirect | - | | | 1b | | ///// | |
| | • | | | ontributions (grants) | | 1c | | | 85,428.86 |
| | I _ | | | 1a through 1c) (cash \$ | | - | | 1d 2 | |
| | 3 | Program service revenue including government fees and contracts (from Part VII, line 93) Membership dues and assessments | | | | | | | |
| . , | •4 | | - | rings and temporary cash in | vaetmente | | | 3 4 | |
| | 5 | | | interest from securities | vesuments | | | 5 | |
| IJ | 1 - | Gross re | | | | | | | |
| ₹ | ь | Less re | ntal ex | penses | • | 6b | | | |
| Ī, | C | | | me or (loss) (subtract line 6 | b from line 6a) | | | 6c | |
| ٩ | 7 | Other in | vestme | ent income (describe | (A) Considera | | (5) (4) | 7 | |
| FILMED ON HIN | 8a | | | from sales of assets other | (A) Securities | 8a | (B) Other | | |
| چّ | ١, | than inv | • | | | Oh. | | 7 ///// | |
| | | | | ner basis and sales expenses attach schedule) | | 8c ^1 | IVED | 1 | |
|) | | | | s) (combine line 8c, columns | (A) and (B)) | HEU | | %\ 8d | |
| ပ္ ပ | 9 | - | | and activities (attach sche | dula) | | 8 S003 g | Q | <u> </u> |
| ş | a | Gross re | venue | (not including \$ | | YAW | Y @ Yees | \@\\\\ | |
| | | | | eported on line 1a) | 10 | ya | 111 | | |
| | | | | penses other than fundrais | | | JEN, UI | | |
| | l | | | (loss) from special events (| | n liñe 9a)- 10a | | 9c | · · · · · · · · · · · · · · · · · · · |
| | 10a b | | | inventory, less returns and goods sold | anowances | 10a | | | |
| | 1 | | _ | loss) from sales of inventory (at | ا tach schedule\ (subtra | | from line 10s) | 10c | 1 |
| | 11 | | | (from Part VII, line 103) | taon oonoaaa, toabaa | | Troin inc rou, | 11 | _ |
| | 12 | Total re | venue | (add lines 1d, 2, 3, 4, 5, 6c, 7 | , 8d, 9c, 10c, and 1 | 1) | | 12 | 85,428,86 |
| DŽ | 13 | | | ces (from line 44, column (B | | | | 13 | 19.838.30 |
| Expenses | 14 | _ | | and general (from line 44, co | olumn (C)) | | | 14 | 58,196.65 |
| Š | 15 | Fundraising (from line 44, column (D)) | | | 15 | | | | |
| ш | 16 17 | : : | | | | | 16 17 | 79 02//05 | |
| | 18 | | | | | | | 18 | 78.034/95 |
| Net Assets | 19 | | | icit) for the year (subtract lir fund balances at beginning | | 3 column | (Δ\) | 19 | 7,393.91 11,457.98 |
| ¥ | 20 | | | in net assets or fund balar | | | (C)) | 20 | |
| ž | 21 | | | und balances at end of year (| | | | 21 | 18.851.89 |



| Par | | | | | equired for section 501(c) See page 21 of the instri | |
|--------------------------------|---|--|--|---|---|---|
| | Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I | | (A) Total | (B) Program services | (C) Management and general | (D) Fundraising |
| 22 | Grants and allocations (attach schedule) (cash \$ noncash \$ |) 22 | | | | |
| 23 | Specific assistance to individuals (attach schedul | le) 23 | 16,351.90 | 16,351.90 | | |
| 24 | Benefits paid to or for members (attach schedule | | 0 | | | |
| 25 | Compensation of officers, directors, etc | 25 | <u> </u> | | | |
| 26 | Other salanes, and wages | 26 | 43,856.00 | | 43,856.00 | |
| 27 | Pension plan contributions | 27 | 2,666.56 | | 2,666.56 | <u> </u> |
| 28 | Other employee benefits Medical | 28 | 3,517,74 | <u> </u> | 3,517,74 | - |
| 29 _ | Payroll taxes | 29 30 | 4,721.08 | | 4,721.08 | |
| 30 | Professional fundraising fees | 31 | 0 | | | |
| 31 | Accounting fees | 32 | 0 | | | |
| 32 | Legal fees | 33 | 429.38 | | 429.38 | |
| 33 | Supplies Telephone | 34 | 1.133.85 | | 1.133.85 | |
| 34 35 | Postage and shipping | 35 | 376.81 | | 376:81 | |
| 36 | Occupancy Utilities | 36 | 617.26 | | 617,26 | |
| 37 | Equipment rental and maintenance | 37 | 0 | | | |
| 38 | Printing and publications | 38 | 0 | | | |
| 39 | Travel | 39 | 3,873,78 | 3,486,40 | 387.38 | |
| 40 | Conferences, conventions, and meetings | 40 | 0 | | | |
| 41 | Interest | 41 | 0 | | | |
| 42 | Depreciation, depletion, etc (attach schedul | le) 42 | 0 | | | |
| 43 | Other expenses not covered above (itemize) a | 43a | · | | | |
| b | Liability Insurance | 43b | 354.34 | | 354.34 | |
| С | F1 Dept of State | 43c | 61.25 | <u> </u> | 61.25 | _ |
| d | Fl Dept Agr Con Affairs | 43d | 75.00 | | 75.00 | |
| е | | 43e | | | | |
| 44 | Total functional expenses (add lines 22 through 43) Organization completing columns (B)-(D), carry these totals to lines 13—1: | | 78,034.95 | 19,838.30 | 58,196.65 | <u> </u> |
| Are a If "Ye (iii) th Par What | and costs. Check ▶ ☐ if you are following stary joint costs from a combined educational camples," enter (i) the aggregate amount of these joint the amount allocated to Management and generated III Statement of Program Service Aut is the organization's primary exempt purporganizations must describe their exempt purpo | oaign and fu costs \$ al \$ Accompli ose? ▶ Ch | and (iv) the shments (See paristian Soci | e amount allocated e amount allocated page 24 of the in al Service | to Program services to Fundraising \$ nstructions) | Yes No S Program Service Expenses (Required for 501(c)(3) and |
| of cli organ | ients served, publications issued, etc. Discuss nizations and 4947(a)(1) nonexempt charitable tr | achievem rusts must a | ents that are not n also enter the amou | neasurable (Section int of grants and all | on 501(c)(3) and (4) ocations to others) | (4) orgs and 4947(a)(1) trusts but optional for others) |
| a | CCC meets a variety of needs w ramps; 63 home repairs; 109 ap with grab bars and other equip | pliance ment | | | | 16,351.90 |
| | Travel: A major factor in CCC served as well as transportati furniture pickup and delivery | work in short to 397 | s home visit pping 27; tra families; 1; and allocations | ansportation 3 moving 5 none | medical 31 | 3,486.40 |
| c | Used furniture and appliances distributed to 506 families fannual report | ree . \ | l at \$51,730. Volunteer howard and allocations | .00 used valurs 3017. se | e attached | |
| | | (Graints | and anocations | Ψ | | |
| d . | · · · · · · · · · · · · · · · · · · · | | | | | |
| | | , <u>,</u> | | | - | |
| - | | | and allocations | <u> </u> | | |
| _ | Other program services (attach schedule) | | and allocations | S Brogram convoca | <u> </u> | 19,838.30 |
| <u>T 1</u> | Total of Program Service Expenses (should | equal in | 5 44, COIUITIN (B), | Frogram Services | <u> </u> | Form 990 (2002) |

| Part IV | Balance Sheets | (See page 24 | of the instructions) |
|---------|----------------|--------------|----------------------|

| • | lote | Where required, attached schedules and amounts | within the description | (A) Beginning of year | - | (B) |
|---------------|------|--|--------------------------|---|--------|---------------------------------------|
| | | column should be for end-of-year amounts only | | Beginning of year 11,457.98 | 1 | End of year |
| | 45 | Cash—non-interest-bearing | | 11,457.98 | 45 | 18,851.89 |
| | 46 | Savings and temporary cash investments | - | | 46 | |
| | 4 | A | 147-1 | | | |
| | l | Accounts receivable | 47a 47b | | 47. | |
| | В | Less allowance for doubtful accounts | | | 47c | |
| | 400 | Diodos receivable | 48a | | | |
| | l | Pledges receivable Less allowance for doubtful accounts | 48b | | 48c | |
| | 49 | Grants receivable | | | 49 | |
| | 50 | Receivables from officers, directors, truste | as and hav ampleyees | · · · · · · · · · · · · · · · · · · | 1-" | |
| | | (attach schedule) | es, and key employees | | 50 | |
| | 51a | Other notes and loans receivable (attach | | | | |
| ts | | schedule) | 51a | | | |
| Assets | ь | Less allowance for doubtful accounts | 51b | | 51c | |
| ⋖ | 52 | Inventories for sale or use | | | 52 | |
| | 53 | Prepaid expenses and deferred charges | 1 | | 53 | |
| | 54 | Investments—securities (attach schedule) | ► ☐ Cost ☐ FMV | <u> </u> | 54 | _ |
| | 55a | Investments—land, buildings, and | 1 1 | | | |
| | | equipment basis | 55a | | | |
| | ь | Less accumulated depreciation (attach | 556 | | | |
| | | schedule) | 55b | | 55c | |
| | 56 | Investments—other (attach schedule) | 57a | | ////// | |
| | | Land, buildings, and equipment basis | | | | |
| | В | Less accumulated depreciation (attach schedule) | 57b | | 57c | |
| | 58 | Other assets (describe ▶ |) | | 58 | |
| | | | , | | | |
| | 59 | Total assets (add lines 45 through 58) (must | t equal line 74) | | 59 | · |
| | 60 | Accounts payable and accrued expenses | L | · · · · · · · · · · · · · · · · · · · | 60 | |
| - | 61 | Grants payable | _ } | | 61 | |
| Ø | 62 | Deferred revenue | ŀ | . | 62 | |
| Lrabilities | 63 | Loans from officers, directors, trustees, and | d key employees (attach | • | 63 | |
| q | 640 | schedule) | <u> </u> | | 64a | |
| Lea | | Tax-exempt bond liabilities (attach schedule) Mortgages and other notes payable (attach s | | | 64b | · <u></u> |
| | 65 | Other liabilities (describe | Scriedule) | · | 65 | · · · · · · · · · · · · · · · · · · · |
| | | | | | | _ |
| | 66 | Total liabilities (add lines 60 through 65) | | | 66 | • |
| | Orga | mizations that follow SFAS 117, check here ▶ | and complete lines | | | |
| တ္သ | | 67 through 69 and lines 73 and 74 | | 11 (57 (1) | | .0 051 000 |
| ĕ | | Unrestricted | | 11,457.98 | 67 | 18,851,89 |
| <u>a</u> | 68 | Temporarily restricted | j. | | 68 | |
| 8 | 69 | Permanently restricted | <u> </u> | | 69 | |
| Fund Balances | Orga | inizations that do not follow SFAS 117, check | here Land | | | |
| 뜋 | 70 | complete lines 70 through 74 Capital stock, trust principal, or current fund | _ | | 70 | |
| 2 | 71 | Paid-in or capital surplus, or land, building, a | | | 71 | |
| Se | 72 | Retained earnings, endowment, accumulated | | | 72 | |
| Net Assets or | 73 | Total net assets or fund balances (add line | | | | |
| 2 | | 70 through 72, | i | | | |
| | | column (A) must equal line 19, column (B) m | | 11,457.98 | 73 | 18,851.89 |
| | 74_ | Total liabilities and net assets / fund balance | es (add lines 66 and 73) | | 74 | |

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.

| Par | t IV-A | Financia | liation of Revenu I Statements with See page 26 of the | h Revenue | per | Part | F | econciliation o inancial Staten eturn | | | |
|--------|-----------------------|---------------------------------|---|--------------|------------|--------------|------------------------------|---|--|--------|--|
| a b | per audite Amounts | d financial : included or | and other support statements | a | | a b | audited fin Amounts i | enses and location and statement of the control of | s 🕨 | a | |
| (1) | Net unreal | lızed gaıns | \$ | | | (1) | Donated and use of | • | | | |
| (2) | Donated | services of facilities | \$ | | | (2) | Pnor year ac reported on | ijustments | | | |
| (3) | | s of prior | <u>\$</u> | | | (3) | Form 990 Losses rep | <u>\$</u> | | | |
| (4) | Other (sp | ecify) - | • | | | (4) | line 20, For Other (spe | | | | |
| | - Add amou | ints on lines | \$ s (1) through (4) ► | b | | | | \$ | 1. (4)5 | ь | |
| c d | Line a mil | nus line b included o | n line 12 | С | | c d | Line a min | nts on lines (1) thi ius line b ncluded on line i | • | c | |
| | | but not or | • | | | (1) | | but not on line a | • | | |
| ('') | | ed on line | \$ | | | \" | not include 6b, Form 99 | d on line | | | |
| (2) | Other (sp | ecify) | • | | | (2) | Other (spe | cify) | | | |
| e | | enue per la | es (1) and (2) ne 12, Form 990 | d | | e | | nts on lines (1) anses per line 17, sine di | | d | |
| Pai | t V Lis | | ers, Directors, Ti | rustees, ar | nd Key I | Emplo | | | not compens | ated, | see page 26 o |
| | _ | (A) Nam | e and address | | | | age hours per to position | (C) Compensation (if not paid, enter -0-) | (D) Contributions employee benefit pi deferred compens | ans& a | (E) Expense account and other allowances |
| | | y Arnet l Ter G | te 'ville, Fl. ' | 32605 | Pres | iden | ξ | U | C | | 0 |
| | 18 Nw 5 | | <u>Giville, Fl.</u> | 32605 | y r | resi | dent | 0 | 0 | | 0 |
| _61 | 5 SW 12 | | ewberry, Fl. | 62669 | Sec | reta | су | 0 | 0 | _ | 0 |
| | | rine Gr <mark>7 Dr.</mark> G | etto 'ville, Fl. | 32608 | Tre | asur | er_ | U | _0_ | | <u> </u> |
| | | <u> </u> | | | | | | | | | |
| - - | <u> </u> | · · · · <u> </u> | | | | | | | | _ | <u></u> _ |
| | | | | | | | | | | | |
| | | | | _ | | | | | | _ | |
| | | | | | | - | | | | | |
| 75 | organizatio | on and all re | or, trustee, or key er lated organizations, or edule—see page 2 | of which mor | e than \$1 | 0,000 w | | | | | Yes XX No |

| Par | t VI Other Information (See page 27 of the instructions) | | Yes | No | | |
|-------------|--|--------|--|--|--|--|
| 76 | Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity | 76 | | Ä | | |
| 77 | Were any changes made in the organizing or governing documents but not reported to the IRS? | 77 | | X | | |
| | If "Yes," attach a conformed copy of the changes | | | | | |
| 78a | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? | 78a | ļ | X_ | | |
| b | If "Yes," has it filed a tax return on Form 990-T for this year? | 78Ь | ļ | _ـــــــــــــــــــــــــــــــــــــ | | |
| 79 | Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement | 79 | , , , , , , , , , , , , , , , , , , , | y. | | |
| 80a | Is the organization related (other than by association with a statewide or nationwide organization) through common | | | | | |
| | membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? | 80a | , ,,,,,,,,, | A | | |
| b | If "Yes," enter the name of the organization ▶ | | | | | |
| | and check whether it is exempt or I nonexempt | | | | | |
| | Enter direct or indirect political expenditures See line 81 instructions | _///// | | | | |
| | Did the organization file Form 1120-POL for this year? | 81b | - | NA | | |
| 82 a | Did the organization receive donated services or the use of materials, equipment, or facilities at no charge | 82a | X | | | |
| | or at substantially less than fair rental value? | | | | | |
| O | 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). \$6,000.00 | | | | | |
| R3a | Did the organization comply with the public inspection requirements for returns and exemption applications? | 83a | | X | | |
| | Did the organization comply with the disclosure requirements relating to quid pro quo contributions? | 83b | | × | | |
| | Did the organization solicit any contributions or gifts that were not tax deductible? | 84a | | x | | |
| | b If "Yes," did the organization include with every solicitation an express statement that such contributions | | | | | |
| _ | or gifts were not tax deductible? | 84b | | na | | |
| 85 | 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members? | 85a | <u> </u> | na | | |
| b | Did the organization make only in-house lobbying expenditures of \$2,000 or less? | 85b | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | na | | |
| | 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 | | | | | |
| d | | -//// | | | | |
| e | Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices Responsible amount of lobbying and political expenditures (line 85d less 85e) 85f na | -///// | | | | |
| 1 | Taxable arroam of toppying and pointed experience (into obalicos obo) | 85g | | na | | |
| 9 | | Jug | } | | | |
| | 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 | | l | | | |
| | year? | 85h | | na | | |
| 86 | 501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12 | | | | | |
| b | Gross receipts, included on line 12, for public use of club facilities 86b na | | | | | |
| 87 | 501(c)(12) orgs Enter a Gross income from members or shareholders 87a na | | | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other | | | | | |
| | sources against amounts due or received from them) | | | | | |
| 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 | -00 | | х | | |
| | 301 7701-2 and 301 7701-3? If "Yes," complete Part IX | 88 | | | | |
| 89a | 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 ▶, section 4912 ▶, section 4955 ▶ | | | | | |
| ь | 501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction | | | ****** | | |
| | during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach | | | x | | |
| | a statement explaining each transaction | 89b | | _^ | | |
| С | Enter Amount of tax imposed on the organization managers or disqualified persons during the year under | • | | | | |
| - | sections 4912, 4955, and 4958 | | | | | |
| | Enter Amount of tax on line 89c, above, reimbursed by the organization | | _ | | | |
| | List the states with which a copy of this return is filed ▶ | | | | | |
| b | Number of employees employeed in the pay period that includes March 12, 2002 (See instructions) | 227 | 1 344 | | | |
| 91 | The books are in care of the 67 nm (2001) and E1 Telephone no. (2001) | 337- | 179 | 7 | | |
| 00 | Localed at P Zir + 4 P | | - | | | |
| 92 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year 92 | | • | - L | | |
| _ | The same and an ear exempt anterest received of decides during the tax year. | Form | . 990 | (2002) | | |

| Part | VII | Analysis of Income-Producing | Activities (See) | page 31 of the | instructions |) | |
|-------|----------|--|---------------------------------------|-------------------------|--|-----------------------|---------------------------------------|
| | | er gross amounts unless otherwise | | business income | | tion 512 513 or 514 | (E) |
| indic | | er gross amounts unless otherwise | (A) | (B) | (C) | (D) | Related or |
| 93 | | ram service revenue | Business code | | Exclusion code | | exempt function income |
| | riog | NA | | | | | |
| a | | | | | | | · · · · · · · · · · · · · · · · · · · |
| b | | ····· | | | - | - | |
| С | | | | - - | | | |
| þ | | | | | | | |
| е | | | | | | | |
| f | Med | icare/Medicaid payments | <u> </u> | - | | | |
| g | Fees | and contracts from government agenci | es | <u> </u> | <u> </u> | | |
| 94 | Merr | bership dues and assessments | | | 1 | | |
| 95 | | est on savings and temporary cash investmen | nts (| | | <u></u> | |
| 96 | | lends and interest from securities | | | } | | |
| 97 | | rental income or (loss) from real estate | | | | | |
| | | -financed property | | | | | |
| | | | | | | | |
| | | debt-financed property | h. | | ! | | |
| 98 | | ental income or (loss) from personal proper | 'y | · - | | | |
| 99 | | r investment income | | - | | | <u>_</u> |
| 100 | | or (loss) from sales of assets other than invento | ory | - | | | - |
| 101 | | income or (loss) from special events | | - | + | | |
| 102 | | is profit or (loss) from sales of inventory | | | | | |
| 103 | Othe | er revenue a | | | | <u> </u> | |
| b | | | _ - | | | | |
| С | | | | _ | | | <u> </u> |
| d | | | | | <u></u> | | |
| e | | | | | <u> </u> | | |
| 104 | Subt | otal (add columns (B), (D), and (E)) | | | | | |
| 105 | | I (add line 104, columns (B), (D), and (E | D) | · | _ | > | |
| Note | | 105 plus line 1d, Part I, should equal th | | 12, Part I | _ | | |
| Part | VIII | Relationship of Activities to the A | ccomplishment | of Exempt Purp | oses (See pa | ige 32 of the in: | structions) |
| Line | No | Explain how each activity for which incom | ne is reported in co | lumn (E) of Part VII | contributed in | portantly to the a | accomplishment |
| v | , | of the organization's exempt purposes (o | | | | ,, | |
| _ | | | | | | | |
| | | NA | · · | | | | |
| | | | | | | | |
| | | · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · · | <u> </u> | | | |
| Part | īV | Information Boggreing Tayable Sub | scidiation and Di | emanded Entiti | 00 /Soo page | 32 of the instru | etions) |
| Part | IA . | Information Regarding Taxable Sul | (B) | Sregarded Entiti | es (See page | (D) | 1-2 |
| | | e, address, and EIN of corporation, | Percentage of | Nature of a | ctivities | Total income | (E) End-of-year |
| | <u>_</u> | artnership, or disregarded entity | ownership interest | | | | assets |
| | | | <u></u> % | | | | <u> </u> |
| | | | % | | <u> </u> | | ļ <u>.</u> |
| | | | % | | | | |
| | | | % | <u> </u> | | <u> </u> | <u></u> |
| Part | X | Information Regarding Transfers Ass | ociated with Per- | sonal Benefit Cor | tracts (See p | age 33 of the ins | tructions) |
| (a) | Did th | e organization, during the year, receive any funds, | directly or indirectly. | to pay premiums on a | personal benefit | contract? | Yes X No |
| | | the organization, during the year, pay pr | | | | | Yes X No |
| | | "Yes" to (b), file Form 8870 and Form | | | • | | |
| | | Under penalties of penury, I declare that I have exa | mined this return, inclu | iding accompanying s | | tements, and to the t | est of my knowledge |
| | نا | and belief it is true correct, and complete. Declar | ation of preparer (other | r than officer) is base | d on all informati | on of which prepare | has any knowledge |
| | | | | | 1 | 9/25, Ner | / /3 |
| | | | | | -, , — | | |
| | | | <u> </u> | • | C | Date | _ |

SCHEDULE A (Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information—(See separate instructions.)

2002

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number 59 2927098 Christians Concerned for the Community 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") (d) Contributions to (e) Expense (a) Name and address of each employee paid more (b) Title and average hours (c) Compensation employee benefit plans & deferred compensation than \$50 000 account and other per week devoted to position allowances none Total number of other employees paid over \$50,000 Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None") (a) Name and address of each independent contractor paid more than \$50 000 (b) Type of service (c) Compensation ___ none Total number of others receiving over \$50,000 for professional services For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ. Cat No 11285F Schedule A (Form 990 or 990-EZ) 2002

| | _ | |
|---------------------|-----------------|--------------------------------|
| | | |
| | , P | age 2 |
| | Yes | No |
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| en | erai p | oublic |
| ha ss) or | n 33% es acc | gross 4% of quired ations (See |
| _ | | |

| che | dule / | A (Form 990 or 990-EZ) 2002 | | ¹ _F | age 2 |
|-------------|------------------|---|-----------------------|----------------|----------|
| Pa | rt II | Statements About Activities (See page 2 of the instructions) | | Yes | No |
| 1 | atte or | ring the year, has the organization attempted to influence national, state, or local legislation, including any empt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid incurred in connection with the lobbying activities \$\Bigsim \text{\frac{1}{2}} \frac | 1 | | × |
| | org | ganizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other ganizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of a lobbying activities. | | | |
| 2 | sub wit ow | ring the year, has the organization, either directly or indirectly, engaged in any of the following acts with any ostantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or h any taxable organization with which any such person is affiliated as an officer, director, trustee, majority ner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the insactions.) | | | |
| a | Sal | le, exchange, or leasing of property? | <u>2a</u> | <u> </u> | <u> </u> |
| ь | Ler | nding of money or other extension of credit? | 2b | | × |
| c | Fur | rnishing of goods, services, or facilities? | 2c | | × |
| d | Pa | yment of compensation (or payment or reimbursement of expenses if more than \$1,000)? | 2d | _ | × |
| е | Tra | inster of any part of its income or assets? | 2e | | X |
| | Do Att | es the organization make grants for scholarships, fellowships, student loans, etc? (See Note below) you have a section 403(b) annuity plan for your employees? tach a statement to explain how the organization determines that individuals or organizations receiving grants from it in furtherance of its charitable programs "qualify" to receive payments | 3 | | × |
| | ans N | | _ <i>VIIIIII</i>) | | |
| he | orga | inization is not a private foundation because it is (Please check only ONE applicable box) | | | |
| 5 6 7 | _ | A church, convention of churches, or association of churches Section 170(b)(1)(A)(i) A school Section 170(b)(1)(A)(ii) (Also complete Part V) A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii) | | | |
| 8 9 | | A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v) A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital state. ■ | pıtal's | name | , city, |
| 0 | | An organization operated for the benefit of a college or university owned or operated by a governmental unit Sec (Also complete the Support Schedule in Part IV-A) | tion 17 | 0(b)(1) | (A)(ıv) |
| 1a | ★ | An organization that normally receives a substantial part of its support from a governmental unit or from a Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A) | he gei | neral p | oublic |
| 1b 2 | | A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A) An organization that normally receives (1) more than 331/3% of its support from contributions, membersh receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no mounts support from gross investment income and unrelated business taxable income (less section 511 tax) from but by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part | ore tha | ın 33 ½ | 4% of |
| 3 | | An organization that is not controlled by any disqualified persons (other than foundation managers) and supplescribed 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)(3)) | | | |
| | | Provide the following information about the supported organizations (See page 5 of the instructions | | | |
| | | (a) Name(s) of supported organization(s) (b) Lin from | numl n abov | | |
| | | | | | |
| | | | | | |

| | : You may use the worksheet in the instructions ndar year (or fiscal year beginning in) | (a) 2001 | (b) 2000 | (c) 1999 | (d) 1998 | (e) Total |
|---------------|--|-------------------|---|---|---|--|
| 15 | Gifts, grants, and contributions received (Do | | | | ,_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 1 |
| | not include unusual grants. See line 28) | 74,450.38 | 80,946.89 | 77,552.29 | 75,444.9 | 00 308,394.46 |
| 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 chantable, etc., purpose | | | | | |
| 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 | | | | | |
| 19 | Net income from unrelated business activities not included in line 18 | | | | | |
| 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 | | | | | |
| 23 | Total of lines 15 through 22 | 74,450.38 | 80,946.89 | 77.554.29 | T | |
| 24 | Line 23 minus line 17 | 74,450.38 | 80,946.89 | 77,552.29 | 75,444. | 90 308, 394, 46 |
| 25 | Enter 1% of line 23 | 744.50 | 809.47 | 775.52 | 754. | 45 <i> </i> |
| 26 | Organizations described on lines 10 or 11. | a Enter 2% of | amount in colum | nn (e), line 24 | ▶ 2 | 26a 6.167.89 |
| b | Prepare a list for your records to show the nar governmental unit or publicly supported organizamount shown in line 26a Do not file this list w | zation) whose tot | al gifts for 1998 tl | hrough 2001 exce | eded the | 26b 54,009.57 |
| c | Total support for section 509(a)(1) test. Enter li | - | | | | 86c 308,394.46 |
| d | *** | | | | | |
| _ | • • | | 26b 54,009. | . 57 | ▶ 2 | 28d 54,009.57 |
| e f | Public support (line 26c minus line 26d total) Public support percentage (line 26e (numera | ator) divided by | | | : - | 26e 254,384.89 26f 83 % |
| 27 | Organizations described on line 12. a For person," prepare a list for your records to show Do not file this list with your return. Enter the | the name of, and | l total amounts re | ceived in each ye | | |
| | (2001) (2000) | | . (1999) | , | (1998) | |
| b | For any amount included in line 17 that was receishow the name of, and amount received for each (Include in the list organizations described in lines the difference between the amount received and amounts) for each year | year, that was mo | rson (other than "o ore than the larger well as individuals | disqualified person of (1) the amount Oo not file this li | s"), prepare a on line 25 for st with your re | the year or (2) \$5,000 sturn. After computing |
| | (2001) (2000) | | (1999) | | _ (1998) | |
| С | Add Amounts from column (e) for lines 15 | | 16 21 | | ▶ 14 | 27c |
| d | | and line 27b tota | | | | 27d |
| 0 | Public support (fine 27c total minus line 27d to | otal) | | | ▶ 2 | 27e |
| f | Total support for section 509(a)(2) test. Enter a | amount from line | 23, column (e) | ► 27f | | UUDUUUUUUUUUUUUU |
| 9 <u>h</u> | Public support percentage (line 27e (numera Investment income percentage (line 18, colu | | | | | 27g % 27h % |
| 28 | Unusual Grants For an organization describe prepare a list for your records to show, for eadescription of the nature of the grant Do not | ich year, the nan | ne of the contribi | utor, the date and | d amount of t | he grant, and a brief |

35

| | t V Private School Questionnaire (See page 7 of the instructions) | | | Page 4 |
|------|--|-----|---------------|--------------|
| | (To be completed ONLY by schools that checked the box on line 6 in Part IV) | | | |
| 29 | Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? | 29 | Yes | No |
| 30 | Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs and scholarships? | 30 | | |
| 31 | Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes" please describe, if "No," please explain (If you need more space, attach a separate statement) | 31 | | |
| | NA | | | |
| 32 | Does the organization maintain the following | | | |
| a | Records indicating the racial composition of the student body, faculty, and administrative staff? | 32a | | |
| b | Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? | 32b | | |
| С | Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? | 32c | | <u> </u> |
| d | Copies of all material used by the organization or on its behalf to solicit contributions? | 32d | | |
| | If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement) | | | |
| | | | | |
| 33 . | Does the organization discriminate by race in any way with respect to | | | |
| а | Students' rights or privileges? | 33a | | |
| b | Admissions policies? | 33b | ļ. <u>.</u> . | |
| С | *Employment of faculty or administrative staff? | 33c | | - |
| d | *Scholarships or other financial assistance? • | 33d | | |
| e | Educational policies? | 33e | | |
| f | Use of facilities? | 331 | - | |
| g | Athletic programs? | 33g | <u> </u> | |
| h | Other extracurricular activities? | 33h | | |
| | If you answered "Yes' to any of the above, please explain (If you need more space, attach a separate statement) | | | |
| 34a | Does the organization receive any financial aid or assistance from a governmental agency? | 34a | - | |
| b | Has the organization's right to such aid ever been revoked or suspended? | 34b | } | 1 |
| | If you answered "Yes" to either 34a or h. please explain using an attached statement | | | |

Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05

| | t VI-A Lobbying Expenditures by Ele (To be completed ONLY by an | eligible organi | zation that file | d Form 5768) | | rage J |
|----------|---|--|--------------------------------------|--|--|--------------------------------------|
| Che | ck > a | ited group Che | ck ▶ b 🔲 d | you checked "a" a | and "limited control" | provisions apply |
| | Limits on Lobbyii | - ' | | | (a) Affiliated group totals | (b) To be completed for ALL electing |
| | (The term "expenditures" mean | | | 1 | | organizations |
| 36 | Total lobbying expenditures to influence public | | | 36 | | |
| 37 | Total lobbying expenditures to influence a legis | • | t lobbying) | 37 | | |
| 38 | Total lobbying expenditures (add lines 36 and 3 | 37) | | 39 | <u> </u> | <u> </u> |
| 39 | Other exempt purpose expenditures | 00 100 | | 40 | | |
| 40 | Total exempt purpose expenditures (add lines | • | | 7//// | | |
| 41 | Lobbying nontaxable amount Enter the amount | | _ | | | |
| | | obying nontaxab | | · · · · ///// | | |
| | | the amount on li 00 plus 15% of the | | 0,000 | | |
| | | 00 plus 10% of the | | | | |
| | | 10 plus 5% of the | | 0,000 | | |
| | Over \$17,000,000 \$1,000, | • | CKOC33 01C1 W 1,00 | <i>V/////</i> | | |
| 42 | | | | | | |
| 43 | | | | | | |
| 44 | Subtract line 41 from line 38 Enter -0- if line 4 | | | 44 | | |
| | | | | | | |
| | Caution If there is an amount on either line 43 | or line 44, you n | nust file Form 47 | 20 | | |
| | (Some organizations that made a section See the instructions for | or lines 45 throug | do not have to o th 50 on page 11 | complete all of the of the instruction | ons) | |
| | | LOB | bying Expenditi | res During 4-16 | ear Averaging Pe | enoa |
| | Calendar year (or | (a) | (b) | (c) | (d) | (e) |
| | fiscal year beginning in) ▶ | 2002 | 2001 | 2000 | 1999 | Total |
| 45 | Lobbying nontaxable amount | | | | | |
| 46 | Lobbying ceiling amount (150% of line 45(e)) | | | | | |
| 47 | Total lobbying expenditures | | | | | |
| 48 | Grassroots nontaxable amount | | - | | | |
| | | | | | | |
| 49 | Grassroots ceiling amount (150% of line 48(e)) | | | | | |
| 50 Pa | Grassroots lobbying expenditures t VI-B Lobbying Activity by Nonelec | ting Public Cl | narities | | | <u> </u> |
| | (For reporting only by organiza | | | Part VI-A) (See | page 11 of th | e instructions) |
| Dur | ng the year, did the organization attempt to influ | | | | | |
| | mpt to influence public opinion on a legislative m | | _ | • | any Yes No | Amount |
| | Volunteers | | , - | | × | |
| ь | Paid staff or management (Include compensati | on in expenses re | eported on lines | c through h) | × | |
| C | Media advertisements | | | 3, | × | |
| d | Mailings to members, legislators, or the public | | | | X | |
| е | Publications, or published or broadcast statem | ents | | | X | |
| f | Grants to other organizations for lobbying purp | oses | | | × | |
| g | Direct contact with legislators, their staffs, gove | aramont officiale | or a logiclative h | ody | X | 1 |
| - | Direct contact man logiciators, their stand, gove | entinent uniciais, | or a registative t | iody | | |
| h | | , speeches, lectu | • | = | X | |

| Schedu | le A (Form_990 or 990-EZ | · | | | 1 | | age 6 |
|-----------------------------|--|-------------------------------------|--|---|------------------|---------|--------|
| Part | VII Informatio Exempt O | n Regarding Tra rganizations (Se | ansfers To and Transaction e page 12 of the instruction | ns and Relationships With | Noncharital | | |
| | Old the reporting orga | anization directly or | indirectly engage in any of the | following with any other organizon 527, relating to political organ | | d in si | ection |
| | · | | to a noncharitable exempt orga | | | Yes | No |
| • | (i) Cash | , a | to a manufacture of the stage | | 51a(i) | | х |
| | (ii) Other assets | | | | a(ii) | | х |
| ь (| b Other transactions | | | | | | х |
| | (i) Sales or exchanges of assets with a nonchantable exempt organization | | | | | | |
| | (ii) Purchases of assets from a nonchantable exempt organization | | | | | | X |
| | (iii) Rental of facilities, equipment, or other assets | | | | | | X |
| (| iv) Reimbursement a | arrangements | | | b(iv) | | _x_ |
| | (v) Loans or loan gu | arantees | | | b(v) | | X |
| (| vi) Performance of s | ervices or member | ship or fundraising solicitations | | b(vi) | ļ | x |
| c S | Sharing of facilities, ed | quipment, mailing li | sts, other assets, or paid emplo | pyees | _ <u>c</u> | | _x_ |
| t | goods, other assets, or ransaction or sharing a | services given by th | ne reporting organization. If the or n column (d) the value of the good | Column (b) should always show th ganization received less than fair rids, other assets, or services received | arket value in a | | the |
| (a) Line n | (b) o Amount involved | Name of none | (c) chantable exempt organization | (d) Description of transfers, transactions, and sharing arrangements | | | ents |
| | | | | | | | |
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| C | = | 01(c) of the Code (| other than section 501(c)(3)) or | ne or more tax-exempt organiza in section 527? | tions Yes | , P | No |
| (a) Name of organization | | (b) Type of organization | (c) Description of relationship | | | | |
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CHRISTIANS CONCERNED FOR THE COMMUNITY

P.O. Box 14582 • Gainesville, FL 32604 • (352) 371-1768

Schedule A (Form 990) 2002 Part III 4 b

The primary target group for assistence given are those who are living in proverty and express a real need as well as a desire to try and improve themselves but lack the options to do so. Most of the recipients are residents of Alachua County, Florida. The only requirement the recipient must meet to receive benefits from the organization is to have a genuine need and be willing to work with the staff and volunteers to try and increase the options to overcome their situation. There are NU restrictions as to race, sex, color or religious affiliation.

There are NO fees charged to the recipients for any services or assistence given to them. On a case by case basis there may be or not be a cost share assistence for materials needed for home improvements, wheelchair ramps or grab bars. No volunteer receives any compensation for their time or services.



CHRISTIANS CONCERNED FOR THE COMMUNITY

P.O. Box 14582 • Gainesville, FL 32604 • (352) 371-1768

| A'NUAL REPORT 2002 | |
|-------------------------------------|--------------|
| summer of Clients served | 1031 |
| Number of Client 'eeds det | 1331 |
| bumber of Times Volunteers Involved | 1172 |
| 'umbar of Volunteer Jours | 3017 |
| Miles Briven | 20,∌75 |
| Contributions | \$.85,428.86 |
| Variaty of Client \ecus \ict | |

| 7 <u>aria</u> | ty of Cl | ient 'ecus 'ict | |
|-------------------------|----------|------------------------|------|
| Firmiture | 377 | rensportation/Shorping | 27 |
| Mandicap Jerved | 220 | daby/Child Items | ןי |
| Lmotional Support | 124 | Yard Work | 14 |
| Appliances | 137 | .0V1119 | 1.3 |
| Mostchair Ramys | 79 | Clearing | 11 |
| Referrals | 77 | deaters/Fans | 10 |
| Food/Meals | 65 | 21umbing | 3 |
| iome Repairs | 53 | 'isc. | 11 |
| dudget/amart Shopper | 55 | 1/\P41 | 1221 |
| Transportation/ Medical | 31 | 10T/L | 1331 |

| -1-10-11001311 (101001 | | | |
|------------------------|------------|------------------------------|-----|
| Furri | ture/Appli | anceş _a 3v [Items | |
| Lunk Seds | <u> </u> | र्भा वेव्हर्ड | ?3 |
| 3aby Beds/Cribs | 15 | DANKE | 23 |
| King Gize Beds | 15 | Curpets | 23 |
| queen Jize Becs | 3 0 | Dining/Kitchen Tables | 27 |
| ງວນວ່le Beds | 39 | ነ ^ጻ ኖካሮፐ 5 | 27 |
| Twl~ Beds | 30 | Bicycles | 27 |
| TOTAL BODS | 3 J.G | TV'= | 26 |
| Handicab Items | 226 | 'incrowaver | 25 |
| Dinite Room Chaire | 125 | Stoves | 3.3 |
| Foins | 125 | 3oniderses | 16 |
| Drc-sers/Chasts | 7 7 | VAcuun Cleaners | 14 |
| In 1/Coffee Tables | 50 | Personal Care Iteus | 12 |
| Linens/3lankets | 5 ° | Intertainment Centers | 12 |
| Tiving Room Chairs | 61 | Buffet/China Cabinets | 4 |
| Lands | 57 | Computers | 3 |
| Boxes Dishes/Pota | 52 | Freezors | 1 |
| 3aby/Child Items | 5^ | Misc. Items | 10 |
| Dryers | 31 | | |

Value of furriture/appliances use: Poller value 351,730.33

