Form **990**

Department of the Treasury Internal Revenue Service

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)

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

OMB No 1545-0047

2002

Open to Public Inspection

A For the 2002 calendar year, or tax year beginning MARCH 1 , 2002, and ending FEBRUARY 28 , 20 03

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

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

C Name of organization: CENTRAL CARE MISSION OF ORLANDO, INC

Number and street (or P O box if mail is not delivered to street address) | Room/suite: 4027 LENOX BLVD

City or town state or country and ZIP + 4: ORLANDO, FL 32811

D Employer identification number 59 2800360

E Telephone number (407) 299-6146

F Accounting method ☐ Cash ☑ Accrual ☐ Other (specify) ▶

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

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) If "Yes " enter number of affiliates ▶

H(c) Are all affiliates included? ☐ Yes ☐ No (If "No," attach a list See instructions)

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☑ No

G Web site ▶

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

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

I Enter 4-digit GEN ▶

M Check ▶ ☐ if the organization is not required to attach Sch B (Form 990 990-EZ or 990 PF)

L Gross receipts Add lines 6b, 8b, 9b and 10b to line 12 ▶

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 17 of the instructions)

Revenue

1	Contributions gifts, grants, and similar amounts received				
a	Direct public support	1a	72,023		
b	Indirect public support	1b			
c	Government contributions (grants)	1c			
d	**Total** (add lines 1a through 1c) (cash $ 72,023 noncash $)			1d	72,023
2	Program service revenue including government fees and contracts (from Part VII, line 93)			2	104,844
3	Membership dues and assessments			3	
4	Interest on savings and temporary cash investments			4	21
5	Dividends and interest from securities			5	
6a	Gross rents	6a			
b	Less rental expenses	6b			
c	Net rental income or (loss) (subtract line 6b from line 6a)			6c	
7	Other investment income (describe ▶)			7	

		(A) Securities		(B) Other
8a	Gross amount from sales of assets other than inventory		8a	
b	Less cost or other basis and sales expenses		8b	
c	Gain or (loss) (attach schedule)		8c	

d	Net gain or (loss) (combine line 8c, columns (A) and (B))			8d	
9	Special events and activities (attach schedule)				
a	Gross revenue (not including $ of contributions reported on line 1a)	9a			
b	Less direct expenses other than fundraising expenses	9b			
c	Net income or (loss) from special events (subtract line 9b from line 9a)			9c	
10a	Gross sales of inventory, less returns and allowances	10a			
b	Less cost of goods sold	10b			
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)			10c	
11	Other revenue (from Part VII, line 103)			11	
12	**Total revenue** (add lines 1d, 2, 3 4, 5, 6c, 7, 8d 9c, 10c and 11)			12	176,888

Expenses

13	Program services (from line 44, column (B))	13	157,255
14	Management and general (from line 44, column (C))	14	12,391
15	Fundraising (from line 44, column (D))	15	169
16	Payments to affiliates (attach schedule)	16	
17	**Total expenses** (add lines 16 and 44, column (A))	17	169,815

Net Assets

18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	7,073
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	13,913
20	Other changes in net assets or fund balances (attach explanation)	20	
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	20,986

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Part II Statement of Functional Expenses All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See page 21 of the instructions)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash $ ______ noncash $ ______)	22				
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25 Compensation of officers, directors, etc	25	42,043	39,941	2,102	
26 Other salaries and wages	26	3,606	3,426	180	
27 Pension plan contributions	27				
28 Other employee benefits	28	73	73		
29 Payroll taxes	29	3,492	3,317	175	
30 Professional fundraising fees	30				
31 Accounting fees	31	4,120		4,120	
32 Legal fees	32				
33 Supplies	33	1,316	1,250	66	
34 Telephone	34	3,741	3,554	187	
35 Postage and shipping	35	566	538	28	
36 Occupancy	36	9,058	8,606	452	
37 Equipment rental and maintenance	37	5,391	5,121	270	
38 Printing and publications	38	169			169
39 Travel	39				
40 Conferences, conventions, and meetings	40	5,115	4,859	256	
41 Interest	41	32,519	30,893	1,626	
42 Depreciation, depletion, etc (attach schedule)	42	12,834	12,192	642	
43 Other expenses not covered above (itemize) a UTIL	43a	20,967	19,919	1,048	
b FOOD PROGRAM	43b	2,485	2,361	124	
c REPAIRS AND MAINTENANCE	43c	1,830	1,739	91	
d GOOD NEWS	43d	2,100	1,995	105	
e SEE SCHEDULE ATTACHED	43e	18,390	17,471	919	
44 Total functional expenses (add lines 22 through 43) *Organizations completing columns (B)-(D), carry these totals to lines 13—15*	44	169,815	157,255	12,391	169

Joint Costs Check ▶ ☑ if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ▶ ☐ Yes ☑ No

If "Yes," enter (i) the aggregate amount of these joint costs $______, (ii) the amount allocated to Program services $______, (iii) the amount allocated to Management and general $ ______, and (iv) the amount allocated to Fundraising $

Part III Statement of Program Service Accomplishments (See page 24 of the instructions)

What is the organization's primary exempt purpose? ▶ All organizations must describe their exempt purpose achievements in a clear and concise manner State the number of clients served, publications issued, etc Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others)	Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others)
a PROVIDE REHABILITATIVE SHELTER, COUNSELING, JOB SEARCH & DEVELOPMENT, TRANSPORTATION, AND MINISTRY SERVICES FOR MEN AGES 18 AND ABOVE (Grants and allocations $)	162,005
b (Grants and allocations $)	
c (Grants and allocations $)	
d (Grants and allocations $)	
e Other program services (attach schedule) (Grants and allocations $)	
f **Total of Program Service Expenses** (should equal line 44 column (B), Program services) ▶	162,005

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

Section	Note	Where required attached schedules and amounts within the description column should be for end-of-year amounts only		(A) Beginning of year		(B) End of year
Assets	45	Cash—non-interest-bearing		9,998	45	11,061
	46	Savings and temporary cash investments		1,884	46	55
	47a	Accounts receivable	47a			
	b	Less allowance for doubtful accounts	47b		47c	
	48a	Pledges receivable	48a 300			
	b	Less allowance for doubtful accounts	48b		48c	300
	49	Grants receivable			49	
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)			50	
	51a	Other notes and loans receivable (attach schedule)	51a			
	b	Less allowance for doubtful accounts	51b		51c	
	52	Inventories for sale or use			52	
	53	Prepaid expenses and deferred charges			53	
	54	Investments—securities (attach schedule) ▶ ☐ Cost ☐ FMV			54	
	55a	Investments—land, buildings, and equipment basis	55a			
	b	Less accumulated depreciation (attach schedule)	55b		55c	
	56	Investments—other (attach schedule)			56	
	57a	Land, buildings, and equipment basis	57a 449,211			
	b	Less accumulated depreciation (attach schedule)	57b 105,580	351,498	57c	343,631
	58	Other assets (describe ▶ LOAN COSTS)		95	58	
	59	**Total assets** (add lines 45 through 58) (must equal line 74)		363,475	59	355,047
Liabilities	60	Accounts payable and accrued expenses		878	60	1036
	61	Grants payable			61	
	62	Deferred revenue		1,500	62	
	63	Loans from officers, directors, trustees, and key employees (attach schedule)			63	
	64a	Tax-exempt bond liabilities (attach schedule)			64a	
	b	Mortgages and other notes payable (attach schedule)		347,184	64b	333,025
	65	Other liabilities (describe ▶)			65	
	66	**Total liabilities** (add lines 60 through 65)		349,562	66	334,061
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶** ☐ and complete lines 67 through 69 and lines 73 and 74				
	67	Unrestricted			67	
	68	Temporarily restricted			68	
	69	Permanently restricted			69	
		Organizations that do not follow SFAS 117, check here ▶ ☑ and complete lines 70 through 74				
	70	Capital stock, trust principal, or current funds			70	
	71	Paid-in or capital surplus, or land, building, and equipment fund			71	
	72	Retained earnings, endowment, accumulated income, or other funds			72	
	73	**Total net assets or fund balances** (add lines 67 through 69 **or** lines 70 through 72 column (A) **must** equal line 19 column (B) **must** equal line 21)		13,913	73	20,986
	74	**Total liabilities and net assets / fund balances** (add lines 66 and 73)		363,475	74	355,047

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

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See page 26 of the instructions)

a	Total revenue, gains, and other support per audited financial statements ▶	a	N/A
b	Amounts included on line a but not on line 12 Form 990		
(1)	Net unrealized gains on investments $		
(2)	Donated services and use of facilities $		
(3)	Recoveries of prior year grants $		
(4)	Other (specify) $		
	Add amounts on lines (1) through (4) ▶	b	
c	Line a minus line b ▶	c	
d	Amounts included on line 12, Form 990 but not on line a		
(1)	Investment expenses not included on line 6b Form 990 $		
(2)	Other (specify) $		
	Add amounts on lines (1) and (2) ▶	d	
e	Total revenue per line 12, Form 990 (line c plus line d) ▶	e	

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements ▶	a	N/A
b	Amounts included on line a but not on line 17, Form 990		
(1)	Donated services and use of facilities $		
(2)	Prior year adjustments reported on line 20, Form 990 $		
(3)	Losses reported on line 20, Form 990 $		
(4)	Other (specify) $		
	Add amounts on lines (1) through (4) ▶	b	
c	Line a minus line b ▶	c	
d	Amounts included on line 17, Form 990 but not on line a		
(1)	Investment expenses not included on line 6b, Form 990 $		
(2)	Other (specify) $		
	Add amounts on lines (1) and (2) ▶	d	
e	Total expenses per line 17, Form 990 (line c plus line d) ▶	e	

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see page 26 of the instructions)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
SEE SCHEDULE ATTACHED				

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than $100,000 from your organization and all related organizations, of which more than $10,000 was provided by the related organizations? ▶ ☐ Yes ☑ No
If "Yes," attach schedule—see page 26 of the instructions

Part 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		✓
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77		✓
78a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	78a		✓
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	78b		
79	Was there a liquidation dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		✓
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		✓
b	If "Yes," enter the name of the organization ▶ and check whether it is ☐ exempt or ☐ nonexempt			
81a	Enter direct or indirect political expenditures See line 81 instructions — 81a			
b	Did the organization file **Form 1120-POL** for this year?	81b		✓
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	✓	
b	If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III) — 82b			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	✓	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	✓	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		
85	*501(c)(4), (5), or (6) organizations* a Were substantially all dues nondeductible by members?	85a		
b	Did the organization make only in-house lobbying expenditures of $2,000 or less? If "Yes" was answered to either 85a or 85b, **do not** complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	85b		
c	Dues, assessments, and similar amounts from members — 85c			
d	Section 162(e) lobbying and political expenditures — 85d			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices — 85e			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) — 85f			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		
86	*501(c)(7) orgs* Enter a Initiation fees and capital contributions included on line 12 — 86a			
b	Gross receipts, included on line 12, for public use of club facilities — 86b			
87	*501(c)(12) orgs* Enter a Gross income from members or shareholders — 87a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) — 87b			
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Part IX	88		✓
89a	*501(c)(3) organizations* Enter Amount of tax imposed on the organization during the year under section 4911 ▶ ______, section 4912 ▶ ______, section 4955 ▶ ______			
b	*501(c)(3) and 501(c)(4) orgs* Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		✓

c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912 4955, and 4958 ▶ 0

d Enter Amount of tax on line 89c, above, reimbursed by the organization ▶ 0

90a List the states with which a copy of this return is filed ▶ NONE

b Number of employees employed in the pay period that includes March 12, 2002 (See instructions) 90b 3

91 The books are in care of ▶ LESENA JONES, TREASURER Telephone no ▶ (407) 582-3344

Located at ▶ 190 S ORANGE AVE, ORLANDO FL ZIP + 4 ▶ 32801

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

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

Note *Enter gross amounts unless otherwise indicated*	Unrelated business income (A) Business code	(B) Amount	Excluded by section 512, 513 or 514 (C) Exclusion code	(D) Amount	(E) Related or exempt function income
93 Program service revenue					
a DIRECT PUBLIC SUPPORT					72,023
b TEMPORARY HOUSING RELIEF					104,844
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					21
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))					176,888

105 Total (add line 104, columns (B), (D), and (E)) ▶ 176,888

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

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

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

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

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

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 33 of the instructions)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☑ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☑ No

Note *If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)*

Please Sign Here

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

Lesena Jones | 10-14-2003

Signature of officer | Date

[redacted]

Date 10-14-03 | Check if self employed ▶ ☐ | Preparer's SSN or PTIN (See Gen Inst W) P00294298

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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)

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

OMB No 1545-0047

2002

Name of the organization: CENTRAL CARE MISSION OF ORLANDO, INC

Employer identification number: 59 2800360

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

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

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 ▶		

Part III **Statements About Activities** (See page 2 of the instructions)

			Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ $ ______ **(Must equal amounts on line 38, Part VI-A or line i of Part VI-B)**	1		✓
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities			
2	During the year, has the organization, either directly or indirectly engaged in any of the following acts with any substantial contributors trustees, directors officers creators key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? *(If the answer to any question is "Yes," attach a detailed statement explaining the transactions)*			
a	Sale exchange, or leasing of property?	2a		✓
b	Lending of money or other extension of credit?	2b		✓
c	Furnishing of goods, services, or facilities?	2c	✓	
d	Payment of compensation (or payment or reimbursement of expenses if more than $1,000)?	2d	✓	
e	Transfer of any part of its income or assets?	2e		✓
3	Does the organization make grants for scholarships, fellowships, student loans etc ? (See **Note** below)	3		✓
4	Do you have a section 403(b) annuity plan for your employees?	4		✓

Note *Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments*

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

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

5 ☐ A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)

6 ☐ A school Section 170(b)(1)(A)(ii) (Also complete Part V)

7 ☐ A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)

8 ☐ A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)

9 ☐ A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) **Enter the hospital's name, city, and state** ▶

10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)

11a ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)

11b ☐ A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)

12 ☑ An organization that normally receives **(1) more than 33⅓%** of its support from contributions, membership fees and gross receipts from activities related to its charitable etc , functions—subject to certain exceptions, and **(2) no more than 33⅓%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A)

13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in **(1)** lines 5 through 12 above, or **(2)** section 501(c)(4), (5) or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

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

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

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

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) *Use cash method of accounting*

Note *You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting*

Calendar year (or fiscal year beginning in) ▶	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	84,897	134,946	138,986	129,080	487,909
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed or furnishing of facilities in any activity that is related to the organization s charitable, etc purpose					
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	36	247	340	712	1,335
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	84,933	135,193	139,326	129,792	489,244
24 Line 23 minus line 17	84,933	135,193	139,326	129,792	489,244
25 Enter 1% of line 23	849	1,352	1,393	1,298	

26 Organizations described on lines 10 or 11 **a** Enter 2% of amount in column (e), line 24 ▶ 26a

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1998 through 2001 exceeded the amount shown in line 26a **Do not file this list with your return** Enter the total of all these excess amounts ▶ 26b

c Total support for section 509(a)(1) test Enter line 24, column (e) ▶ 26c

d Add Amounts from column (e) for lines 18 ______ 19 ______ 22 ______ 26b ______ ▶ 26d

e Public support (line 26c minus line 26d total) ▶ 26e

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ▶ 26f %

27 Organizations described on line 12 **a** For amounts included in lines 15 16 and 17 that were received from a 'disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person " **Do not file this list with your return** Enter the sum of such amounts for each year

(2001) 0 (2000) 0 (1999) 0 (1998) 0

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year that was more than the **larger** of **(1)** the amount on line 25 for the year or **(2)** $5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals) **Do not file this list with your return** After computing the difference between the amount received and the larger amount described in **(1)** or **(2)**, enter the sum of these differences (the excess amounts) for each year

(2001) 0 (2000) 0 (1999) 0 (1998) 0

c Add Amounts from column (e) for lines 15 487,909 16 ______ 17 ______ 20 ______ 21 ______ ▶ 27c 487,909

d Add Line 27a total ______ and line 27b total ______ ▶ 27d

e Public support (line 27c total minus line 27d total) ▶ 27e 487,909

f Total support for section 509(a)(2) test Enter amount from line 23, column (e) ▶ 27f 489,244

g **Public support percentage (line 27e (numerator) divided by line 27f (denominator))** ▶ 27g 99 73 %

h **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))** ▶ 27h 00.27 %

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

Part V Private School Questionnaire (See page 7 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
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?	31		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
32	Does the organization maintain the following:			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	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:			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	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		
	If you answered "Yes" to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Part VI-A **Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions)
(To be completed **ONLY** by an eligible organization that filed Form 5768)

Check ▶ a ☐ if the organization belongs to an affiliated group Check ▶ b ☐ if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount Enter the amount from the following table—			
If the amount on line 40 is— / **The lobbying nontaxable amount is—**			
Not over $500,000 / 20% of the amount on line 40			
Over $500,000 but not over $1,000 000 / $100 000 plus 15% of the excess over $500,000			
Over $1,000,000 but not over $1 500,000 / $175 000 plus 10% of the excess over $1 000,000	41		
Over $1,500,000 but not over $17,000,000 / $225,000 plus 5% of the excess over $1,500,000			
Over $17,000,000 / $1,000,000			
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44		

Caution *If there is an amount on either line 43 or line 44 you must file Form 4720*

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below See the instructions for lines 45 through 50 on page 11 of the instructions)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ▶	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) 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 Grassroots lobbying expenditures					

Part VI-B **Lobbying Activity by Nonelecting Public Charities**
(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials or a legislative body			
h Rallies demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h)			

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

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 12 of the instructions)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

		Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of			
(i) Cash	51a(i)		✓
(ii) Other assets	a(ii)		✓
b Other transactions			
(i) Sales or exchanges of assets with a noncharitable exempt organization	b(i)		✓
(ii) Purchases of assets from a noncharitable exempt organization	b(ii)		✓
(iii) Rental of facilities equipment, or other assets	b(iii)		✓
(iv) Reimbursement arrangements	b(iv)		✓
(v) Loans or loan guarantees	b(v)		✓
(vi) Performance of services or membership or fundraising solicitations	b(vi)		✓
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c		✓

d If the answer to any of the above is "Yes ' complete the following schedule Column (b) should always show the fair market value of the goods other assets, or services given by the reporting organization If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets or services received

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers transactions and sharing arrangements

52a Is the organization directly or indirectly affiliated with or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ ☐ Yes ☑ No

b If "Yes " complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Central Care Mission of Orlando, Inc
D E P R E C I A T I O N   E X P E N S E
For Financial Book
Period Ending February 28, 2003

Select All   Sub-Total By Asset ID

Asset ID	Description	In Serv	Method	Life	Cost	Adjustments	Period Depr	YTD Depr	Accum Depr	Code
1	Building-4027 L	09/01/91	SLMM	20 0	58,200 00	0 00	242 50	2,910 00	33,707 50	
2	Building-4025 L	02/01/98	SLMM	27 0	30,453 25	0 00	93 99	1,127 90	5,733 49	
3	Building-933 Fl	02/01/98	SLMM	27 0	45,192 38	0 00	139 48	1,673 79	8,508 43	
4	Equipment	01/12/96	SLFM	7 0	1,412 09	0 00	0 00	0 00	1,412 09	f
5	Equipment	04/30/94	SLFM	5 0	1,100 00	0 00	0 00	0 00	1,100 00	
6	Equipment	10/31/94	SLFM	5 0	276 00	0 00	0 00	0 00	276 00	f
7	Equipment	03/31/95	SLFM	5 0	312 00	0 00	0 00	0 00	312 00	
8	Equipment	05/31/95	SLFM	5 0	1,280 00	0 00	0 00	0 00	1,280 00	f
9	Mower	02/01/98	SLFM	5 0	1,379 00	0 00	0 00	252 82	1,379 00	f
10	Land	09/01/91	NODPR	0 0	31,800 00	0 00	0 00	0 00	0 00	
11	Land-4025 Lenox	02/01/98	NODPR	0 0	15,000 00	0 00	0 00	0 00	0 00	
12	Land-933 Floren	02/01/98	NODPR	0 0	25,000 00	0 00	0 00	0 00	0 00	
13	Vehicle	09/01/93	SLFM	5 0	13,547 60	0 00	0 00	0 00	13,547 60	fl
14	Vehicle	07/31/93	SLFM	5 0	2,921 00	0 00	0 00	0 00	2,921 00	fl
15	Van #2	05/01/96	SLFM	5 0	20,000 00	0 00	0 00	0 00	20,000 00	l
16	Mower	03/01/98	SLFM	3 0	300 00	0 00	0 00	0 00	300 00	
17	Vehicle-Bronco	03/01/98	SLFM	5 0	675 00	0 00	11 25	135 00	675 00	fl
18	Building Improv	02/28/99	SLFM	27 5	8,502 29	0 00	25 76	309 17	1,262 44	
19	Remodel Bath &	02/29/00	SLMM	27 5	3,693 66	0 00	11 19	134 31	402 93	
21	Remodeling 2001	03/01/01	SLFM	27 5	4,715 81	0 00	14 29	171 48	342 96	
22	Duplex 1 4002/4	01/01/01	SLFM	27 5	40,000 00	0 00	121 21	1,454 55	3,151 52	
23	Duplex 2 4014/4	01/01/01	SLFM	27 5	40,000 00	0 00	121 21	1,454 55	3,151 52	
24	Duplex 3 4020/4	01/01/01	SLFM	27 5	40,000 00	0 00	121 21	1,454 55	3,151 52	
25	House 1 - 4032	01/01/01	SLFM	27 5	28,482 84	0 00	86 31	1,035 74	2,244 10	
26	House 2 - 4028	01/01/01	SLFM	27 5	12,352 12	0 00	0 00	0 00	486 60	d
27	Land-Duplex 1-4	01/01/01	NODPR	0 0	8,000 00	0 00	0 00	0 00	0 00	
28	Land-Duplex 2-4	01/01/01	NODPR	0 0	8,000 00	0 00	0 00	0 00	0 00	
29	Land-Duplex 3-4	01/01/01	NODPR	0 0	8,000 00	0 00	0 00	0 00	0 00	
30	Land-House 1-40	01/01/01	NODPR	0 0	6,000 00	0 00	0 00	0 00	0 00	
31	Land-House 2-40	01/01/01	NODPR	0 0	6,000 00	0 00	0 00	0 00	0 00	d
32	2 Vans-HSN	06/26/02	SLFM	5 0	3,490 00	0 00	58 17	523 50	523 50	
33	Van-HSN	07/09/02	SLFM	5 0	1,478 00	0 00	24 63	197 07	197 07	
Grand Totals					467,563 04	0 00	1,071 20	12,834 43	106,066 27	
Assets 32										
		Section 179				0 00				
		ITC Adjustment				0 00				
		Salvage Value				0 00				
Less Disposals					18,352 12				486 60	
Assets 2										
Book Value 343,631 25					449,210 92	0 00	1,071 20	12,834 43	105,579 67	

Adjustment Codes b = Bonus/Sec179, d = Disposed, f = Fully Depreciated, i = ITC Basis Adj , l = Listed, s = Salvage Value

CENTRAL CARE MISSION OF ORLANDO, INC
FORM 990, PART II, LINE 43E
59-2800360
MARCH 01, 2002 TO FEBRUARY 28, 2003

	(A) Total	(B) Program	(C) Management and general	(D) Fundraising
AMORTIZATION EXPENSE	95	90	5	-
AUTOMOBILE EXPENSES	8,430	8,009	421	-
BANK SERVICE CHARGES	185	176	9	-
COLLECTION & TREASURER	2,008	1,908	100	-
DUES & SUBSCRIPTIONS	50	48	2	-
GOLF TOURNAMENT	1,072	1,018	54	-
LICENSES & FEES	351	333	18	-
MISCELLANEOUS	183	174	9	-
MISSION POSSIBLE	4,085	3,881	204	-
PAGERS	134	127	7	-
RECOGNITION & AWARDS	1,097	1,042	55	-
WORK & WITNESS	700	665	35	-
FORM 990, PART II, LINE 43E	18,390	17,471	919	-

CENTRAL CARE MISSION OF ORLANDO, INC
FORM 990, PART IV
59-2800360
MARCH 01, 2002 TO FEBRUARY 28, 2003

LINE 57A AND 57B LAND, BUILDING, AND EQUIPMENT	2001	2002
FURNITURE AND FIXTURES	6,059	6,059
VEHICLES	37,144	42,112
BUILDING & IMPROVEMENTS	295,240	295,240
LAND	105,800	105,800
TOTAL	444,243	449,211
LESS ACCUMULATED DEPRECIATION	(92,745)	(105,580)
NET LAND, BUILDING, AND EQUIPMENT	351,498	343,631

LINE 64B MORTGAGES AND OTHER NOTES PAYABLE		
MORTGAGE NOTE PAYABLE-DATED JANUARY 29, 1998 PAYABLE IN 59 MONTHLY INSTALLMENTS OF $1,832 INCLUDING INTEREST AT 8 75%, MATURING MARCH 5, 2003 SECURED BY LAND AND BUILDING	153,893	143,681
MORTGAGE NOTE PAYABLE-DATED DECEMBER 31, 2000 PAYABLE IN 240 MONTHLY INSTALLMENTS OF $1,890 INCLUDING INTEREST AT 10%, MATURING DEC 31, 2020 SECURED BY LAND AND BUILDING	193,291	189,344
TOTAL MORTGAGES AND OTHER NOTES PAYAABLE	347,184	333,025

CENTRAL CARE MISSION OF ORLANDO, INC
FORM 990, PART V
59-2800360
MARCH 01, 2002 TO FEBRUARY 28, 2003

NAME AND ADDRESS	TITLE AND AVG HRS WORKED	COMPENSATION	CONT-EMPLOYEE BENEFIT PLANS	EXP ACCT AND ALLOWANCES
DENNIS CREARY 1425 PINECREST PL #B ORLANDO, FL 32803	BOARD MEMBER 2 HOURS	$ -	$ -	$ -
LAURA MARTIN 10507 HUNTRIDGE ROAD ORLANDO, FL 32825	BOARD MEMBER 2 HOURS	$ -	$ -	$ -
KIMBERLEE TOLLIE 424 ALLYSON PT WAY ORLANDO, FL 32825	BOARD MEMBER 2 HOURS	$ -	$ -	$ -
DONNA GUYSE 609 BRIERCLIFF DRIVE ORLANDO, FL 32801	BOARD MEMBER 2 HOURS	$ -	$ -	$ -
JUDY CUMMINS 3520 BOCAGE DR #711 ORLANDO, FL 32812	BOARD MEMBER 2 HOURS	$ -	$ -	$ -
SCOTT LOWRY 401 E JACKSON STREET ORLANDO, FL 32801	PASTOR 5 HOURS	$ -	$ -	$ -
SHEILA AUSTIN 3006 BILLINGSWORTH ORLANDO, FL 32806	BOARD MEMBER 2 HOURS	$ -	$ -	$ -
GARY POTTS 540 FOLKSTONE WAY ORLANDO, FL 32822	BOARD MEMBER 2 HOURS	$ -	$ -	$ -
WILLIAM LOWRY 2619 E COMPTON STREET ORLANDO, FL 32806	DIRECTOR 55 HOURS	$ 42,043 00	$ -	$ 2,080 00
LESENA JONES 10573 FAIRHAVEN WAY ORLANDO, FL 32825	TREASURER 5 HOURS	$ 500 00	$ -	$ -
JOAN TILLER 11036 WURDERMANNS DR ORLANDO, FL 32825	BOARD CHAIR 5 HOURS	$ -	$ -	$ -
ROBERT HUDSON 8048 CITRON COURT ORLANDO, FL 32819	VICE CHAIR 5 HOURS	$ -	$ -	$ -
CAROL BRENEMAN 815 GUTHRIE STREET WINTER PARK, FL 32792	SECRETARY 5 HOURS	$ -	$ -	$ -
CHAUNCEY HAYES 1648 FOXBORO DR ORLANDO, FL 32812	BOARD MEMBER 2 HOURS	$ -	$ -	$ -
HARRY ROMESBURG 2003 CAYUGA DR ORLANDO, FL 32839	BOARD MEMBER 2 HOURS	$ -	$ -	$ -
DON HASTINGS 1677 TORRINGTON CIR LONGWOOD, FL 32750	FINANCE COMM 2 HOURS	$ -	$ -	$ -
DARLA HANCOCK 6046 WESTGATE DR #201 ORLANDO, FL 32835	BOARD MEMBER 2 HOURS	$ -	$ -	$ -