

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 private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2019, and ending 12-31-2019
B Check if applicable:
C Name of organization: COMMUNITY SERVICES COUNCIL OF BREVARD COUNTY INC
D Employer identification number: 59-1110325
E Telephone number: (321) 639-8770
F Name and address of principal officer: JOSH JENSEN, 3600 W KING STREET, COCOA, FL 32926
G Gross receipts \$ 5,203,257
H(a) Is this a group return for subordinates?
H(b) Are all subordinates included?
H(c) Group exemption number
I Tax-exempt status: 501(c)(3)
J Website: WWW.AGINGMATTERSBREVARD.COM
K Form of organization: Corporation
L Year of formation: 1965
M State of legal domicile: FL

Part I Summary

Table with 3 main sections: Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances. Includes rows for mission statement, voting members, revenue breakdown, and expenses.

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.

Signature of officer: JOSH JENSEN PRESIDENT / CEO
Date: 2020-11-02
Print/Type preparer's name: BERMAN HOPKINS WRIGHT LAHAM CPAS & ASSOC
Date: 2020-10-19
Firm's address: 8035 SPYGLASS HILL RD, MELBOURNE, FL 32940

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission:

IN SERVICE TO THE AGING CITIZENS OF BREVARD COUNTY, SUPPORTING INDEPENDENCE, HEALTH, SAFETY, AND QUALITY OF LIFE.

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 [X] 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 [X] 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 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 \$ 2,403,910 including grants of \$) (Revenue \$)
See Additional Data

4b (Code:) (Expenses \$ 1,991,486 including grants of \$) (Revenue \$)
See Additional Data

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)
See Additional Data

(Code:) (Expenses \$ including grants of \$) (Revenue \$)

OTHER PROGRAM SERVICES THE KITCHEN PREPARED AND DELIVERED 237,505 MEALS TO MEALS ON WHEELS RECIPIENTS AND SENIORS AT LUNCH SITES; AN ADDITIONAL 133,064 MEALS TO ADULT DAY CENTERS, CHILD CARE CENTERS, AND CHARTER SCHOOLS. IN PARTNERSHIP WITH UNITED WAY OF BREVARD AND LOCAL CORPORATIONS, 507 MEALS WERE DELIVERED ON FOUR (4) SATURDAYS BY CORPORATE EMPLOYEES. THE KITCHEN SERVED 7,465 MEALS TO LOW-INCOME CHILDREN ATTENDING SUMMER LUNCH PROGRAMS. THE KITCHEN CATERED 131 FUNCTIONS, SERVING 9,040 MEALS. THE SENIORS ASSISTANCE PROGRAM SUPPORTS AT RISKS SENIORS IN THE EARLY STAGES OF DIFFICULTY. 3,955 SENIORS ASSISTANCE PROGRAM MAN HOURS AND 466.50 PRIVATE PAY MAN HOURS. 4,421.50 TOTAL MAN HOURS. COMPLETED 1,373 SENIORS ASSISTANCE PROGRAM WORK ORDERS AND 238 PRIVATE PAY WORK ORDERS. 1,611 TOTAL WORK ORDERS. 1,219 NEW CLIENTS FOR SENIOR ASSISTANCE PROGRAM AND 226 NEW CLIENTS FOR PRIVATE PAY. 1,445 NEW CLIENTS JOB TYPES, ALL FUNDING CODES: 255 RAMPS OF ALL SIZES BUILT 66 BED RAILS 35 CHAIR PLATFORMS 1,400 GRAB BARS 371 HOMES CHECKED FOR SMOKE DETECTORS THE SENIOR TRANSERVE PROGRAM VOLUNTEERS PROVIDED 2,673 ONE WAY TRIPS USING THEIR OWN VEHICLES AND FUEL TO TRANSPORT 114 UNDUPLICATED, NON-DRIVING SENIOR AND VETERAN CLIENTS. FORTY-ONE (41) SENIOR TRANSERVE VOLUNTEER DRIVERS TRAVELED 23,420 MILES DONATING 1,768 HOURS OF SERVICE. TWENTY-FOUR (24) VETS DRIVING VETS VOLUNTEER DRIVERS TRAVELED 21,993 MILES DONATING 1,215 HOURS OF SERVICE. TRANSPORTATION INCLUDED VISITS TO 455 DESTINATIONS TO INCLUDE: MEDICAL APPOINTMENTS, THE VA CLINIC, HOSPITALS, PHARMACIES, GROCERY STORES, AND BEAUTY/BARBER SHOPS. THE SUNFLOWER HOUSE IS A SENIOR AND A CAREGIVER RESOURCE CENTER OFFERING INFORMATION, REFERRALS, TRAINING, SUPPORT, AND SOCIAL ACTIVITIES LOCATED AT THE MERRIT SQUARE MALL. SEVEN HUNDRED AND SIXTY-EIGHT (768) INDIVIDUALS RECEIVED INFORMATION ABOUT COMMUNITY RESOURCES FOR CAREGIVERS AND SENIORS. NINETY-ONE (91) EDUCATIONAL WORKSHOPS WERE PRESENTED AT HEALTH FAIRS, SENIOR CENTERS, HOSPITALS, COMMUNITY EVENTS, REHAB FACILITIES, NURSING HOMES, RETIREMENT COMMUNITIES, CHAMBER EVENTS, AND CIVIC ORGANIZATIONS. THIRTEEN (13) VOLUNTEERS DONATED 1,200 HOURS OF SERVICE ANSWERING PHONE CALLS AND PROVIDING INFORMATION AND REFERRALS TO VISITING SENIORS AND CAREGIVERS. SIXTY (60) SENIORS PARTICIPATED IN 101 HOURS OF EXERCISE CLASSES. CAREGIVER LIFE TRANSITIONS PROVIDED 13 HOURS OF SOCIALIZATION TO 6 PARTICIPANTS. SENIORS THAT PARTICIPATED IN THE CAREGIVER SUPPORT PROGRAM RECEIVED 68 HOURS OF TRAINING AND SUPPORT. THE MEDICAL EQUIPMENT BANK DONATED 704 WHEELCHAIRS/ TRANSPORT CHAIRS, WALKERS, CANES, BEDSIDE COMMDES, AND SHOWER CHAIRS/ TRANSFER BENCHES TO SENIORS IN NEED. THE RETIRED AND SENIOR VOLUNTEER PROGRAM (RSVP) IDENTIFIES NEEDS IN THE COMMUNITY AND ENGAGES SENIORS 55 AND OLDER INTO VOLUNTEER SERVICE. THE PROGRAM HELPS MATCH INDIVIDUALS WITH HIGH IMPACT VOLUNTEER OPPORTUNITIES AT LOCAL NON-PROFIT OR GOVERNMENT ORGANIZATIONS. FIVE HUNDRED AND SIXTY-ONE (561) VOLUNTEERS AGED 55 AND OLDER PROVIDED 57,059 HOURS OF SERVICE VALUES AT 1,408,787. RSVP VOLUNTEERS WERE RECRUITED TO HELP SUPPORT 14 NOT-FOR-PROFIT AND GOVERNMENTAL AGENCIES. BONE BUILDERS EXERCISE CLASSES HELP PREVENT OSTEOPOROSIS BY IMPROVING BONE AND MUSCLE STRENGTH WHILE ALSO WORKING TO BETTER BALANCE. CLASSES ARE HELD TWO TO THREE TIMES A WEEK AT NINE (9) LOCATIONS THROUGHOUT BREVARD COUNTY WITH 623 SENIOR PARTICIPANTS. FIVE HUNDRED AND SIXTY-ONE PERCENT (561) OF VOLUNTEERS WERE PLACED IN PROGRAMS THAT ARE FOCUSED ON HEALTH FUTURES, EDUCATION, VETERAN AND MILITARY FAMILIES, ECONOMIC OPPORTUNITY, AND CAPACITY BUILDING.

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 4,395,396

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		No
5	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? If "Yes," complete Schedule C, Part III		No
6	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? If "Yes," complete Schedule D, Part I		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	Yes	
11	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.		
11a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	Yes	
11b	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? If "Yes," complete Schedule D, Part VII		No
11c	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? If "Yes," complete Schedule D, Part VIII		No
11d	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? If "Yes," complete Schedule D, Part IX		No
11e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		No
11f	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)? If "Yes," complete Schedule D, Part X	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	Yes	
12b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
14b	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? If "Yes," complete Schedule F, Parts I and IV		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		No
17	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? If "Yes," complete Schedule G, Part I (see instructions)		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No
20b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		No

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, and tax-exempt status.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V []

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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 or note to any line in this Part VI



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (14), 1b (14), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 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-A 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 during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records:
NIRMA ACOSTA 3600 W KING ST 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 or note to any line 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. 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.

See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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) JOSH JENSEN PRESIDENT /	40.38			X			120,000	0	6,646	
(2) NIRMA ACOSTA CFO	38.33			X			120,000	0	5,637	
(3) JOHN AGEE TREASURER	0.13	X					0	0	0	
(4) MARY ANN ALDERMAN BOARD MEMBER	0.80	X					0	0	0	
(5) GITA BHALANI BOARD MEMBER	0.15	X					0	0	0	
(6) RYAN BRANDT VICE CHAIRPE	1.50	X		X			0	0	0	
(7) MICHAEL CADORE BOARD MEMBER	0.05	X					0	0	0	
(8) DR PAM CAVANAUGH BOARD MEMBER	0.03	X					0	0	0	
(9) MARGARET HASENBECK BOARD MEMBER	0.09	X					0	0	0	
(10) DR TIM HOLLINGSWORTH BOARD MEMBER	0.43	X					0	0	0	
(11) FRANK HUSTON BOARD MEMBER	0.04	X					0	0	0	
(12) BEVERLY JONES BOARD MEMBER	0.11	X					0	0	0	
(13) THOMAS J KASICA BOARD MEMBER	0.14	X					0	0	0	
(14) MARY GRACE MURPHY SECRETARY	0.90	X					0	0	0	
(15) JOE ROBINSON BOARD MEMBER	0.09	X					0	0	0	
(16) VIALAKSHI SRINIVASAN BOARD MEMBER	0.04	X					0	0	0	
(17) BOB STOVER CHAIRPERSON	2.46	X		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 (list any hours for related organizations below dotted line)	(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) LOUIS WILSON BOARD MEMBER	0.14	X						0	0	0
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								240,000		12,283

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 ▶ **2**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4 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
5 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 ▶

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

Table with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 1a Federated campaigns, 1b Membership dues, 1c Fundraising events, 1d Related organizations, 1e Government grants, 1f All other contributions, 1g Noncash contributions, and 1h Total.

Table for Program Service Revenue with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 2a VENDOR CONTRACTS, 2b, 2c, 2d, 2e, 2f All other program service revenue, and 2g Total.

Table for Other Revenue with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 3 Investment income, 4 Income from investment of tax-exempt bond proceeds, 5 Royalties, 6a-6c Rental income, 7a-7c Net gain or loss, 8a-8b Net income from fundraising events, 9a-9b Net income from gaming activities, 10a-10b Net income from sales of inventory, 11a-11d OTHER REVENUES, and 12 Total revenue.

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).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	240,000	240,000		
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,072,865	1,480,131	592,734	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits	261,501	203,433	58,068	
10 Payroll taxes	251,229	188,906	62,323	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	179,404	35,672	143,732	
12 Advertising and promotion	6,960	3,765	3,195	
13 Office expenses	142,235	136,445	5,790	
14 Information technology				
15 Royalties				
16 Occupancy	159,915	153,415	6,500	
17 Travel	121,189	111,442	9,747	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	14,108		14,108	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	41,952		41,952	
23 Insurance	64,919	52,251	12,668	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a SUBCONTRACTOR SERVICES	997,253	997,253		
b FOOD	571,621	571,213	408	
c PROGRAM SUPPLIES	115,630	93,336	22,294	
d REPAIRS AND MAINTENANCE	49,544	46,835	2,709	
e All other expenses	103,104	81,299	21,805	
25 Total functional expenses. Add lines 1 through 24e	5,393,429	4,395,396	998,033	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part IX

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	984	1	617
	2 Savings and temporary cash investments	170,924	2	204,392
	3 Pledges and grants receivable, net	443,874	3	429,466
	4 Accounts receivable, net	94,503	4	78,008
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	40,585	8	39,873
	9 Prepaid expenses and deferred charges	36,564	9	24,357
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	2,817,170		
	b Less: accumulated depreciation	1,682,684		
	11 Investments—publicly traded securities	980,713	11	910,371
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	11,664	15	12,902
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,993,655	16	2,834,472	
Liabilities	17 Accounts payable and accrued expenses	234,732	17	390,705
	18 Grants payable		18	
	19 Deferred revenue	131,792	19	174,618
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	358,234	23	296,812
	24 Unsecured notes and loans payable to unrelated third parties		24	
25 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		25		
26 Total liabilities. Add lines 17 through 25	724,758	26	862,135	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	2,049,790	27	1,588,229
	28 Net assets with donor restrictions	219,107	28	384,108
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	2,268,897	32	1,972,337	
33 Total liabilities and net assets/fund balances	2,993,655	33	2,834,472	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,990,562
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,393,429
3	Revenue less expenses. Subtract line 2 from line 1	3	-402,867
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,268,897
5	Net unrealized gains (losses) on investments	5	176,787
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-70,480
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,972,337

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 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.
- 3a** 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?
- 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	No
2a		No
2b	Yes	
2c	Yes	
3a	Yes	
3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 59-1110325

Name: COMMUNITY SERVICES COUNCIL OF
BREVARD COUNTY INC

Form 990 (2019)

Form 990, Part III, Line 4a:

HOME AND COMMUNITY BASED SERVICES TWO HUNDRED AND EIGHT (208) CLIENTS ACCESSED 1,419,844.08 OF IN-HOME AND COMMUNITY BASED SUPPORT SERVICES. AFTER A COMPREHENSIVE IN-HOME ASSESSMENT, CLIENTS RECEIVED A CUSTOMIZED CARE PLAN. SERVICES PROVIDED INCLUDED: EIGHT HUNDRED AND TWENTY-SEVEN (827) HOURS OF COMPANION SUPPORT TWENTY-THREE THOUSAND SEVEN HUNDRED AND EIGHTY-THREE (23,783) HOURS OF IN-FACILITY RESPITE AND 14,909 HOURS OF IN-HOME RESPITE EIGHTEEN THOUSAND THREE HUNDRED AND THIRTY-FIVE (18,335) HOURS OF LIGHT HOUSEKEEPING ASSISTANCE CONSUMABLE MEDICAL SUPPLIES SUCH AS NUTRITIONAL SUPPLEMENTS, BED PADS, AND ADULT UNDERGARMENTS TOTALING 65,776 TWO THOUSAND FOUR HUNDRED AND FIFTY-EIGHT (2,458) HOURS OF CASE MANAGEMENT AND SCREENING AND ASSESSMENTS WERE PROVIDED TO CAREGIVERS AND THEIR LOVED ONE. SIX THOUSAND FOUR HUNDRED AND ONE (6,401) HOURS OF ASSISTANCE WITH ACTIVITIES OF DAILY LIVING INCLUDING PERSONAL HYGIENE WITH THIS HELP, 97% OF THE CLIENTS SERVED WERE ABLE TO REMAIN AT HOME, THUS AVOIDING NURSING HOME PLACEMENT. HOME & COMMUNITY BASED CARE INCLUDES HOMEMAKING, PERSONAL CARE, COMPANIONSHIP, RESPITE, ADULT DAY CARE, PEST CONTROL, AND EMERGENCY ALERT SYSTEM. CONSUMABLE SUPPLIES INCLUDES INCONTINENCE SUPPLIES, MEDICAL EQUIPMENT, NUTRITIONAL SUPPLEMENTS, OINTMENTS, AND GLOVES.

Form 990, Part III, Line 4b:

BREVARD SENIOR NUTRITION PROGRAM MEALS ON WHEELS VOLUNTEERS DELIVER NUTRITIONALLY BALANCED MEALS, PROVIDE SOCIAL CONTACT, AND A SAFETY CHECK TO HOMEBOUND SENIORS FIVE-DAYS A WEEK IN THEIR HOME. HOT, NUTRITIOUS MEALS WERE SERVED TO 2,110 SENIORS RECEIVING MEALS ON WHEELS OR ATTENDING A NEIGHBORHOOD SENIORS AT LUNCH MEAL SITE. MEALS ON WHEELS VOLUNTEERS DELIVERED 167,347 MEALS TO 1,354 HOMEBOUND SENIORS. FIVE HUNDRED AND SIXTY-SEVEN (567) MEALS ON WHEELS VOLUNTEERS DONATED 59,964 HOURS OF SERVICE AND TRAVELED 381,450 MILES. AT TWELVE NEIGHBORHOOD DINING SITES, 756 SENIORS AT LUNCH PARTICIPANTS WERE SERVED 70,158 MEALS. A TOTAL OF 162 SENIORS AT LUNCH VOLUNTEERS DONATED 12,380 HOURS OF SERVICE.

Form 990, Part III, Line 4c:

THE HOME CARE PROGRAM EMPLOYS CERTIFIED NURSING ASSISTANTS, HOME HEALTH AIDES, AND HOMEMAKERS TO PROVIDE HOUSEKEEPING AND MEAL PREPARATION, SHOPPING ASSISTANCE, COMPANIONSHIP, RESPITE AND NON-MEDICAL PERSONAL CARE IN THE HOME OF THE CLIENT. A REGISTERED NURSE WORKS WITH THE CLIENT AND CAREGIVER TO DEVELOP AN INDIVIDUALIZED PLAN OF CARE AND OVERSEES DIRECT CLIENT CARE. THE AGING MATTERS IN BREVARD HOME CARE PROGRAM IS LICENSED THROUGH THE FLORIDA AGENCY FOR HEALTHCARE ADMINISTRATION, LICENSE 299994290, AND IS ACCREDITED BY THE COMMUNITY HEALTH ACCREDITATION PARTNER (CHAP). HOME CARE SERVED 95 UNDUPLICATED CLIENTS FOR A TOTAL OF 14,860.25 HOURS OF THE FOLLOWING SERVICES: EIGHTY (80) SENIORS RECEIVED 6,133 HOURS OF ASSISTANCE WITH SHOPPING, LIGHT HOUSEKEEPING, AND MEAL PREPARATION. FORTY-ONE (41) SENIORS RECEIVED 5,826 HOURS OF ASSISTANCE WITH THEIR PERSONAL CARE. SIX (6) CAREGIVERS WERE PROVIDED 1,455.50 HOURS OF RESPITE RELIEF. SIXTEEN (16) SENIORS RECEIVED 1,445.25 HOURS OF COMPANIONSHIP TO PREVENT SOCIAL ISOLATION AND LONELINESS.

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support
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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

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 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	4,053,865	4,166,190	3,832,679	4,238,639	4,027,921	20,319,294
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 Total. Add lines 1 through 3	4,053,865	4,166,190	3,832,679	4,238,639	4,027,921	20,319,294
5 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) . . .						
6 Public support. Subtract line 5 from line 4.						20,319,294

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4. . .	4,053,865	4,166,190	3,832,679	4,238,639	4,027,921	20,319,294
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .	70,557	32,002		1,773	1,549	105,881
9 Net income from unrelated business activities, whether or not the business is regularly carried on. . .			19,889	3,219	3,520	26,628
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .	40,821	29,058	139,662	84,270	106,741	400,552
11 Total support. Add lines 7 through 10						20,852,355
12 Gross receipts from related activities, etc. (see instructions)					12	3,200,325

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	97.440 %
15 Public support percentage for 2018 Schedule A, Part II, line 14	15	97.540 %

16a 33 1/3% support test—2019. 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—2018. If the organization did not check a 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—2019. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2018. 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 VI 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 Section 509(a)(2)

(Complete only if you checked the box on line 10 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	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						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
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.						
c	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6.						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c	Add lines 10a and 10b.						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here.**

Section C. Computation of Public Support Percentage

15	Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. 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—2018. 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 Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
	10a		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
	10b		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2	Activities Test. Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
PART II, LINE 10	OTHER INCOME 400,552

SCHEDULE D (Form 990) Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047 2019 Open to Public Inspection

Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

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" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor information.

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

Form for Part II Conservation Easements. Includes checkboxes for types of easements, a table for held at the end of the year (2a-2d), and questions about monitoring and expenses.

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

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting and amounts for art and historical treasures.

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

- 3** Using the organization's acquisition, 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 XIII.
- 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" on 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 XIII and complete the following table:
- c** Beginning balance
 - d** Additions during the year
 - e** Distributions during the year
 - f** Ending balance

	Amount
1c	
1d	
1e	
1f	

- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	101,257	101,257	101,257	101,070	100,909
b Contributions					
c Net investment earnings, gains, and losses	11,427			187	161
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	112,684	101,257	101,257	101,257	101,070

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶ 100.000 %
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%.

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

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
3a(i)		No
3a(ii)		No
3b		

- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. 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
1a Land	59,113			59,113
b Buildings	635,449		413,684	221,765
c Leasehold improvements	1,367,421		558,186	809,235
d Equipment	567,527		523,154	44,373
e Other	187,660		187,660	
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				1,134,486

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments—Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

Part IX Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	5,528,906
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	176,787	
b	Donated services and use of facilities	2b	326,524	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	35,033	
e	Add lines 2a through 2d			2e 538,344
3	Subtract line 2e from line 1			3 4,990,562
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b			4c
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)			5 4,990,562

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	5,754,986
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	326,524	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	35,033	
e	Add lines 2a through 2d			2e 361,557
3	Subtract line 2e from line 1			3 5,393,429
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b			4c
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)			5 5,393,429

Part XIII Supplemental Information

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, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 59-1110325
Name: COMMUNITY SERVICES COUNCIL OF
BREVARD COUNTY INC

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 3, PART X	THE ORGANIZATION IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE AS DESCRIBED IN SECTION 501(C)(3) AND IS CLASSIFIED AS OTHER THAN A PRIVATE FOUNDATION. CONTRIBUTIONS TO THE ORGANIZATION ARE QUALIFIED AS DEDUCTIONS FOR CHARITABLE CONTRIBUTIONS. THE ORGANIZATION ACCOUNTS FOR INCOME TAXES IN ACCORDANCE WITH FINANCIAL ACCOUNTING STANDARDS BOARD ACCOUNTING STANDARDS CODIFICATION ("FASB ASC") 740, INCOME TAXES, WHICH CLARIFIES THE ACCOUNTING AND DISCLOSURE REQUIREMENTS FOR UNCERTAINTY IN TAX POSITIONS. IT REQUIRES A TWO-STEP APPROACH TO EVALUATE TAX POSITIONS AND DETERMINE IF THEY SHOULD BE RECOGNIZED IN THE FINANCIAL STATEMENTS. THE TWO-STEP APPROACH INVOLVES RECOGNIZING ANY TAX POSITIONS TO DETERMINE IF THEY ARE RECOGNIZABLE IN THE FINANCIAL STATEMENTS. MANAGEMENT REGULARLY REVIEWS AND ANALYZES ALL TAX POSITIONS AND HAS DETERMINED THAT NO UNCERTAIN TAX POSITIONS REQUIRING RECOGNITION HAVE OCCURRED. THE ORGANIZATION IS SUBJECT TO AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS. THE ORGANIZATION BELIEVES IT IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS FOR PERIODS PRIOR TO 2016.

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XI, LINE 2D	FUNDRAISING EXPENSES 35,033

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XII, LINE 2D	FUNDRAISING EXPENSES 35,033

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2019

Open to Public Inspection

Complete if the organization answered "Yes" on 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.

Go to www.irs.gov/Form990 for instructions and the latest information.

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 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

- a Mail solicitations
b Internet and email 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 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (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. Includes a Total row at the bottom.

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

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a)Event #1	(b) Event #2	(c)Other events	(d) Total events
		PASSPORT TO WIN (event type)	(event type)	(total number)	(add col. (a) through col. (c))
1	Gross receipts	113,989			113,989
2	Less: Contributions				
3	Gross income (line 1 minus line 2)	113,989			113,989
Direct Expenses	4 Cash prizes	1,020			1,020
	5 Noncash prizes	11,285			11,285
	6 Rent/facility costs	9,598			9,598
	7 Food and beverages	9,989			9,989
	8 Entertainment	739			739
	9 Other direct expenses	2,402			2,402
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶			
11	Net income summary. Subtract line 10 from line 3, column (d) ▶				78,956

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

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
		1	Gross revenue		
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6	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
7	Direct expense summary. Add lines 2 through 5 in column (d) ▶				
8	Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct 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 conduct 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 conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |

14 Enter 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 of the third party:

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 Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

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

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2019

Open to Public Inspection

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

Department of the Treasury

Name of the organization

COMMUNITY SERVICES COUNCIL OF BREVARD COUNTY INC

Employer identification number

59-1110325

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	HOME AND COMMUNITY BASED SERVICES TWO HUNDRED AND EIGHT (208) CLIENTS ACCESSED 1,419,844.08 OF IN-HOME AND COMMUNITY BASED SUPPORT SERVICES. AFTER A COMPREHENSIVE IN-HOME ASSESSMENT, CLIENTS RECEIVED A CUSTOMIZED CARE PLAN. SERVICES PROVIDED INCLUDED: EIGHT HUNDRED AND TWENTY-SEVEN (827) HOURS OF COMPANION SUPPORT TWENTY-THREE THOUSAND SEVEN HUNDRED AND EIGHTY-THREE (23,783) HOURS OF IN-FACILITY RESPITE AND 14,909 HOURS OF IN-HOME RESPITE EIGHTEEN THOUSAND THREE HUNDRED AND THIRTY-FIVE (18,335) HOURS OF LIGHT HOUSEKEEPING ASSISTANCE CONSUMABLE MEDICAL SUPPLIES SUCH AS NUTRITIONAL SUPPLEMENTS, BED PADS, AND ADULT UNDERGARMENTS TOTALING 65,776 TWO THOUSAND FOUR HUNDRED AND FIFTY-EIGHT (2,458) HOURS OF CASE MANAGEMENT AND SCREENING AND ASSESSMENTS WERE PROVIDED TO CAREGIVERS AND THEIR LOVED ONE. SIX THOUSAND FOUR HUNDRED AND ONE (6,401) HOURS OF ASSISTANCE WITH ACTIVITIES OF DAILY LIVING INCLUDING PERSONAL HYGIENE WITH THIS HELP, 97% OF THE CLIENTS SERVED WERE ABLE TO REMAIN AT HOME, THUS AVOIDING NURSING HOME PLACEMENT. HOME & COMMUNITY BASED CARE INCLUDES HOMEMAKING, PERSONAL CARE, COMPANIONSHIP, RESPITE, ADULT DAY CARE, PEST CONTROL, AND EMERGENCY ALERT SYSTEM. CONSUMABLE SUPPLIES INCLUDES INCONTINENCE SUPPLIES, MEDICAL EQUIPMENT, NUTRITIONAL SUPPLEMENTS, OINTMENTS, AND GLOVES.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4B	BREVARD SENIOR NUTRITION PROGRAM MEALS ON WHEELS VOLUNTEERS DELIVER NUTRITIONALLY BALANCED MEALS, PROVIDE SOCIAL CONTACT, AND A SAFETY CHECK TO HOMEBOUND SENIORS FIVE-DAYS A WEEK IN THEIR HOME. HOT, NUTRITIOUS MEALS WERE SERVED TO 2,110 SENIORS RECEIVING MEALS ON WHEELS OR ATTENDING A NEIGHBORHOOD SENIORS AT LUNCH MEAL SITE. MEALS ON WHEELS VOLUNTEERS DELIVERED 167,347 MEALS TO 1,354 HOMEBOUND SENIORS. FIVE HUNDRED AND SIXTY-SEVEN (567) MEALS ON WHEELS VOLUNTEERS DONATED 59,964 HOURS OF SERVICE AND TRAVELED 381,450 MILES. AT TWELVE NEIGHBORHOOD DINING SITES, 756 SENIORS AT LUNCH PARTICIPANTS WERE SERVED 70,158 MEALS. A TOTAL OF 162 SENIORS AT LUNCH VOLUNTEERS DONATED 12,380 HOURS OF SERVICE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4C	<p>THE HOME CARE PROGRAM EMPLOYS CERTIFIED NURSING ASSISTANTS, HOME HEALTH AIDES, AND HOMEMAKERS TO PROVIDE HOUSEKEEPING AND MEAL PREPARATION, SHOPPING ASSISTANCE, COMPANIONSHIP, RESPITE AND NON-MEDICAL PERSONAL CARE IN THE HOME OF THE CLIENT. A REGISTERED NURSE WORKS WITH THE CLIENT AND CAREGIVER TO DEVELOP AN INDIVIDUALIZED PLAN OF CARE AND OVERSEES DIRECT CLIENT CARE. THE AGING MATTERS IN BREVARD HOME CARE PROGRAM IS LICENSED THROUGH THE FLORIDA AGENCY FOR HEALTHCARE ADMINISTRATION, LICENSE 299994290, AND IS ACCREDITED BY THE COMMUNITY HEALTH ACCREDITATION PARTNER (CHAP). HOME CARE SERVED 95 UNDUPLICATED CLIENTS FOR A TOTAL OF 14,860.25 HOURS OF THE FOLLOWING SERVICES: EIGHTY (80) SENIORS RECEIVED 6,133 HOURS OF ASSISTANCE WITH SHOPPING, LIGHT HOUSEKEEPING, AND MEAL PREPARATION. FORTY-ONE (41) SENIORS RECEIVED 5,826 HOURS OF ASSISTANCE WITH THEIR PERSONAL CARE. SIX (6) CAREGIVERS WERE PROVIDED 1,455.50 HOURS OF RESPITE RELIEF. SIXTEEN (16) SENIORS RECEIVED 1,445.25 HOURS OF COMPANIONSHIP TO PREVENT SOCIAL ISOLATION AND LONELINESS.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PAGE 2, PART III, LINE 4D</p>	<p>OTHER PROGRAM SERVICES THE KITCHEN PREPARED AND DELIVERED 237,505 MEALS TO MEALS ON WHEELS RECIPIENTS AND SENIORS AT LUNCH SITES; AN ADDITIONAL 133,064 MEALS TO ADULT DAY CENTERS, CHILD CARE CENTERS, AND CHARTER SCHOOLS. IN PARTNERSHIP WITH UNITED WAY OF BREVARD AND LOCAL CORPORATIONS, 507 MEALS WERE DELIVERED ON FOUR (4) SATURDAYS BY CORPORATE EMPLOYEES. THE KITCHEN SERVED 7,465 MEALS TO LOW-INCOME CHILDREN ATTENDING SUMMER LUNCH PROGRAMS. THE KITCHEN CATERED 131 FUNCTIONS, SERVING 9,040 MEALS. THE SENIORS ASSISTANCE PROGRAM SUPPORTS AT RISK SENIORS IN THE EARLY STAGES OF DIFFICULTY. 3,955 SENIORS ASSISTANCE PROGRAM MAN HOURS AND 466.50 PRIVATE PAY MAN HOURS. 4,421.50 TOTAL MAN HOURS. COMPLETED 1,373 SENIORS ASSISTANCE PROGRAM WORK ORDERS AND 238 PRIVATE PAY WORK ORDERS. 1,611 TOTAL WORK ORDERS. 1,219 NEW CLIENTS FOR SENIOR ASSISTANCE PROGRAM AND 226 NEW CLIENTS FOR PRIVATE PAY. 1,445 NEW CLIENTS JOB TYPES, ALL FUNDING CODES: 255 RAMPS OF ALL SIZES BUILT 66 BED RAILS 35 CHAIR PLATFORMS 1,400 GRAB BARS 371 HOMES CHECKED FOR SMOKE DETECTORS THE SENIOR TRANSFER PROGRAM VOLUNTEERS PROVIDED 2,673 ONE WAY TRIPS USING THEIR OWN VEHICLES AND FUEL TO TRANSPORT 114 UNDUPLICATED, NON-DRIVING SENIOR AND VETERAN CLIENTS. FORTY-ONE (41) SENIOR TRANSFER VOLUNTEER DRIVERS TRAVELED 23,420 MILES DONATING 1,768 HOURS OF SERVICE. TWENTY-FOUR (24) VETS DRIVING VETS VOLUNTEER DRIVERS TRAVELED 21,993 MILES DONATING 1,215 HOURS OF SERVICE. TRANSPORTATION INCLUDED VISITS TO 455 DESTINATIONS TO INCLUDE: MEDICAL APPOINTMENTS, THE VA CLINIC, HOSPITALS, PHARMACIES, GROCERY STORES, AND BEAUTY/BARBER SHOPS. THE SUNFLOWER HOUSE IS A SENIOR AND A CAREGIVER RESOURCE CENTER OFFERING INFORMATION, REFERRALS, TRAINING, SUPPORT, AND SOCIAL ACTIVITIES LOCATED AT THE MERRIT SQUARE MALL. SEVEN HUNDRED AND SIXTY-EIGHT (768) INDIVIDUALS RECEIVED INFORMATION ABOUT COMMUNITY RESOURCES FOR CAREGIVERS AND SENIORS. NINETY-ONE (91) EDUCATIONAL WORKSHOPS WERE PRESENTED AT HEALTH FAIRS, SENIOR CENTERS, HOSPITALS, COMMUNITY EVENTS, REHAB FACILITIES, NURSING HOMES, RETIREMENT COMMUNITIES, CHAMBER EVENTS, AND CIVIC ORGANIZATIONS. THIRTEEN (13) VOLUNTEERS DONATED 1,200 HOURS OF SERVICE ANSWERING PHONE CALLS AND PROVIDING INFORMATION AND REFERRALS TO VISITING SENIORS AND CAREGIVERS. SIXTY (60) SENIORS PARTICIPATED IN 101 HOURS OF EXERCISE CLASSES. CAREGIVER LIFE TRANSITIONS PROVIDED 13 HOURS OF SOCIALIZATION TO 6 PARTICIPANTS. SENIORS THAT PARTICIPATED IN THE CAREGIVER SUPPORT PROGRAM RECEIVED 68 HOURS OF TRAINING AND SUPPORT. THE MEDICAL EQUIPMENT BANK DONATED 704 WHEELCHAIRS/ TRANSPORT CHAIRS, WALKERS, CANES, BEDSIDE COMMODES, AND SHOWER CHAIRS/ TRANSFER BENCHES TO SENIORS IN NEED. THE RETIRED AND SENIOR VOLUNTEER PROGRAM (RSVP) IDENTIFIES NEEDS IN THE COMMUNITY AND ENGAGES SENIORS 55 AND OLDER INTO VOLUNTEER SERVICE. THE PROGRAM HELPS MATCH INDIVIDUALS WITH HIGH IMPACT VOLUNTEER OPPORTUNITIES AT LOCAL NON-PROFIT OR GOVERNMENT ORGANIZATIONS. FIVE HUNDRED AND SIXTY-ONE (561) VOLUNTEERS AGED 55 AND</p>

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Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4D	OLDER PROVIDED 57,059 HOURS OF SERVICE VALUES AT 1,408,787. RSVP VOLUNTEERS WERE RECRUITED TO HELP SUPPORT 14 NOT-FOR-PROFIT AND GOVERNMENTAL AGENCIES. BONE BUILDERS EXERCISE CLASSES HELP PREVENT OSTEOPOROSIS BY IMPROVING BONE AND MUSCLE STRENGTH WHILE ALSO WORKING TO BETTER BALANCE. CLASSES ARE HELD TWO TO THREE TIMES A WEEK AT NINE (9) LOCATIONS THROUGHOUT BREVARD COUNTY WITH 623 SENIOR PARTICIPANTS. FIVE HUNDRED AND SIXTY-ONE PERCENT (561) OF VOLUNTEERS WERE PLACED IN PROGRAMS THAT ARE FOCUSED ON HEALTH FUTURES, EDUCATION, VETERAN AND MILITARY FAMILIES, ECONOMIC OPPORTUNITY, AND CAPACITY BUILDING.

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Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	THE DRAFT 990 IS PROVIDED TO THE EXECUTIVE COMMITTEE FOR REVIEW BEFORE FILING.

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Return Reference	Explanation
FORM 990, PAGE 6, PART VI, 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.

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Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15A	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 YEARS 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.

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Return Reference	Explanation
FORM 990, PAGE 6, PART VI, 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 OFFICERS OFFICE. THE ANNUAL AUDIT IS AVAILABLE FOR REVIEW AT THE CHIEF FINANCIAL OFFICERS OFFICE DURING WEEKDAY WORK HOURS. A COPY OF THE AUDIT IS MAILED TO ALL GRANTORS AND IS SENT WITH ALL FOUNDATION REQUESTS.