

2003

Open to Public
InspectionForm **990-EZ**

Short Form

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)

► For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year

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

Department of the Treasury
Internal Revenue Service

| | | | | | | | | | | | | | | |
|--|---|---|--|--|--|--|--|--|---|--|---|--|--|--|
| A For the 2003 calendar year, or tax year beginning January 1 , 2003, and ending December 31 , 20 03 | | | | | | | | | | | | | | |
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input checked="" type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | <table border="1"> <tr> <td rowspan="4">Please use IRS label or print or type See Specific Instructions</td> <td colspan="2">C Name of organization PMI Space Coast, Florida Chapter</td> <td>D Employer identification number 16 1623982</td> </tr> <tr> <td colspan="2">Number and street (or P O box, if mail is not delivered to street address) Room/suite PO Box 362</td> <td>E Telephone number (321) 634-5455</td> </tr> <tr> <td colspan="2">City or town, state or country, and ZIP + 4 Cape Canaveral, FL 32920-0362</td> <td>F Group Exemption Number 3735</td> </tr> <tr> <td colspan="3"></td> </tr> </table> | Please use IRS label or print or type See Specific Instructions | C Name of organization PMI Space Coast, Florida Chapter | | D Employer identification number 16 1623982 | Number and street (or P O box, if mail is not delivered to street address) Room/suite PO Box 362 | | E Telephone number (321) 634-5455 | City or town, state or country, and ZIP + 4 Cape Canaveral, FL 32920-0362 | | F Group Exemption Number 3735 | | | |
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| | | | | | | | | | | | | | | |

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

G Accounting method ☒ Cash ☐ Accrual
Other (specify) ►

I Website: ► **www.pmi.org**

H Check ► ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

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

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

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts. If \$100,000 or more, file Form 990 instead of Form 990-EZ. ► \$

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 37 of the instructions)

| | | | | |
|------------|--|--|----|--|
| Revenue | 1 | Contributions, gifts, grants, and similar amounts received | 1 | |
| | 2 | Program service revenue including government fees and contracts | 2 | |
| | 3 | Membership dues and assessments | 3 | |
| | 4 | Investment income | 4 | |
| | 5a | Gross amount from sale of assets other than inventory | 5a | |
| | b | Less cost or other basis and sales expenses | 5b | |
| | c | Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule) | 5c | |
| | 6 | Special events and activities (attach schedule) If any amount is from gaming, check here ► <input type="checkbox"/> | | |
| | a | Gross revenue (not including \$ _____ of contributions reported on line 1) | 6a | |
| | b | Less direct expenses other than fundraising expenses | 6b | |
| c | Net income or (loss) from special events and activities (line 6a less line 6b) | 6c | | |
| 7a | Gross sales of inventory, less returns and allowances | 7a | | |
| b | Less cost of goods sold | 7b | | |
| c | Gross profit or (loss) from sales of inventory (line 7a less line 7b) | 7c | | |
| 8 | Other revenue (describe ► _____) | 8 | | |
| 9 | Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) | 9 | | |
| Expenses | 10 | Grants and similar amounts paid (attach schedule) | 10 | |
| | 11 | Benefits paid to or for members | 11 | |
| | 12 | Salaries, other compensation, and employee benefits | 12 | |
| | 13 | Professional fees and other payments to independent contractors | 13 | |
| | 14 | Occupancy, rent, utilities, and maintenance | 14 | |
| | 15 | Printing, publications, postage, and shipping | 15 | |
| | 16 | Other expenses (describe ► _____) | 16 | |
| | 17 | Total expenses (add lines 10 through 16) | 17 | |
| Net Assets | 18 | Excess or (deficit) for the year (line 9 less line 17) | 18 | |
| | 19 | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) | 19 | |
| | 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 through 20) | 21 | |

Part II Balance Sheets—If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ

(See page 40 of the instructions)

| | (A) Beginning of year | (B) End of year |
|---|-----------------------|-----------------|
| 22 Cash, savings, and investments | 22 | |
| 23 Land and buildings | 23 | |
| 24 Other assets (describe ► _____) | 24 | |
| 25 Total assets | 25 | |
| 26 Total liabilities (describe ► _____) | 26 | |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 27 | |

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2003)

SCANNED APR 22 2004



