

Short Form

Form 990-EZ

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2014

Open to Public Inspection

Do not enter social security numbers on this form as it may be made public.

Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

A For the 2014 calendar year, or tax year beginning, 2014, and ending, 20

B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending. C Name of organization: Space Coast Rudder Busters. D Employer identification number: 26-4333859. E Telephone number: 321-848-3852. F Group Exemption Number: N/A.

G Accounting Method: [X] Cash [] Accrual [] Other (specify). H Check [X] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: . J Tax-exempt status (check only one) - [] 501(c)(3) [X] 501(c)(7) (insert no) [] 4947(a)(1) or [] 527.

K Form of organization: [X] Corporation [] Trust [] Association [] Other.

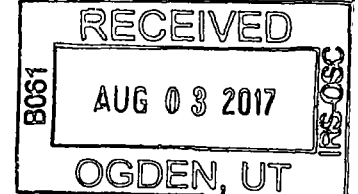
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ.

Total assets: \$ 3362

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I [X]

Table with 21 rows and 2 columns. Rows include: 1 Contributions, gifts, grants, and similar amounts received (450); 2 Program service revenue including government fees and contracts (2085); 3 Membership dues and assessments (527); 4 Investment income (0); 5a Gross amount from sale of assets other than inventory (0); 5b Less: cost or other basis and sales expenses (0); 5c Gain or (loss) from sale of assets other than inventory (0); 6 Gaming and fundraising events; 6a Gross income from gaming (0); 6b Gross income from fundraising events (0); 6c Less: direct expenses from gaming and fundraising events (0); 6d Net income or (loss) from gaming and fundraising events (0); 7a Gross sales of inventory, less returns and allowances (300); 7b Less: cost of goods sold (0); 7c Gross profit or (loss) from sales of inventory (300); 8 Other revenue (describe in Schedule O) (0); 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 (3362); 10 Grants and similar amounts paid (list in Schedule O) (0); 11 Benefits paid to or for members (0); 12 Salaries, other compensation, and employee benefits (0); 13 Professional fees and other payments to independent contractors (0); 14 Occupancy, rent, utilities, and maintenance (0); 15 Printing, publications, postage, and shipping (0); 16 Other expenses (describe in Schedule O) (6161); 17 Total expenses. Add lines 10 through 16 (6161); 18 Excess or (deficit) for the year (Subtract line 17 from line 9) (-2799); 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) (3231); 20 Other changes in net assets or fund balances (explain in Schedule O) (0); 21 Net assets or fund balances at end of year. Combine lines 18 through 20 (432).



SCANNED AUG 16 2017

RECEIVED DATE JUL 31 2017 Revenue

EXPENSES

Net Assets

P 132

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	3231	22	432
23 Land and buildings	0	23	0
24 Other assets (describe in Schedule O)	0	24	0
25 Total assets	3231	25	432
26 Total liabilities (describe in Schedule O)	0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	3231	27	432

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? See Schedule O

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28 Operated an RC Race Boat club made up primarily of Brevard County residents, to promote radio controlled model boat racing in the county and to represent the county at races in Florida and nation wide	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	5681
29	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O)	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)		32	5681

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Ray Kindred President	2	0	0	0
Jack St Clair Vice-President	2	0	0	0
John McLaren Secretary	2	0	0	0
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Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		<input checked="" type="checkbox"/>
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		<input checked="" type="checkbox"/>
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		<input checked="" type="checkbox"/>
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		<input checked="" type="checkbox"/>
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		<input checked="" type="checkbox"/>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <u>37a</u> 0		
b	Did the organization file Form 1120-POL for this year?		<input checked="" type="checkbox"/>
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		<input checked="" type="checkbox"/>
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A		
39	Section 501(c)(7) organizations. Enter.		
a	Initiation fees and capital contributions included on line 9 39a N/A		
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ 0, section 4912 ▶ 0, section 4955 ▶ 0		
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		<input checked="" type="checkbox"/>
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		<input checked="" type="checkbox"/>
41	List the states with which a copy of this return is filed ▶ N/A		
42a	The organization's books are in care of ▶ Ray Kindred Telephone no ▶ 321-848-3852 Located at ▶ 4485 Knoxville Ave, Cocoa, FL ZIP + 4 ▶ 32926		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ N/A		<input checked="" type="checkbox"/>
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
c	At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country ▶ N/A		<input checked="" type="checkbox"/>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ <u>43</u>		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		<input checked="" type="checkbox"/>
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		<input checked="" type="checkbox"/>
c	Did the organization receive any payments for indoor tanning services during the year?		<input checked="" type="checkbox"/>
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		<input checked="" type="checkbox"/>
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		<input checked="" type="checkbox"/>

	Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	✓

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47 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	47	✓
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	✓
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	✓
b If "Yes," was the related organization a section 527 organization?	49b	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None				

f Total number of other employees paid over \$100,000 ▶ 0

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each received more than \$100,000 of compensation from the organization ▶ 0

52 Did the organization complete Schedule A? **Note** All organizations that have completed Schedule A

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on a review of the data provided to the preparer by the taxpayer.

Sign Here	<p style="text-align:center;"><i>Ray Kindred</i> Signature of officer</p> <p style="text-align:center;">Ray Kindred, President Type or print name and title</p>
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Paid Preparer Use Only	<p>Print/Type preparer's name: Melanie M. Swift, MNM, CNC, CFRE</p> <p>Firm's name: BizCentral USA, Inc</p> <p>Firm's address: 2151 Consulate Drive #13, Orlando, FL</p>
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May the IRS discuss this return with the preparer shown above?

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

**Open to Public
Inspection**

Name of the organization	Employer identification number
Space Coast Rudder Busters	26-4333859

PART I, LINE 16

Website Cost- 132

Annual Club Fees with NAMBA- 10

Lake Site Insurance- 45

Corporation Annual Registration- 61

Licenses- 264

Clock Repair- 160

Boat Repairs- 201

Enclosed Trailer- 2500

CD Structure on Top of Club Trailer- 1628

Material Cost- 267

Racing Fees- 427

Trophies- 112

Buoys- 123

Equipment Rental- 169

Fuel- 24

Racer Refunds- 15

Miscellaneous- 23

PART III, PRIMARY EXEMPT PURPOSE

To foster and promote Radio Controlled (RC) Model Race Boats among racers of all ages. To maintain a lake capable of supporting the needs of RC Racers in the area by offering RC model boat functions such as testing, teaching, racing, and socializing among racers and casual observers of the hobby.