

Return of Organization Exempt From Income Tax

2002

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

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

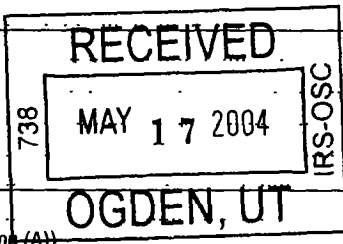
A For the 2002 calendar year, or tax year period beginning OCT 1, 2002 and ending SEP 30, 2003

B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending. C Name of organization: Extension Attached. BREVARD CULTURAL ALLIANCE. D Employer identification number: 51-0179099. E Telephone number: (321)690-6817. F Accounting method: X Cash, Accrual.

G Web site: WWW.ARTSBREVARD.ORG. J Organization type: X 501(c) (3). K Check here: if the organization's gross receipts are normally not more than \$25,000. L Gross receipts: 564,305. M Check: X if the organization is not required to attach Sch B.

Part 1 Revenue, Expenses, and Changes in Net Assets or Fund Balances

Table with 21 rows detailing Revenue (lines 1-12) and Expenses (lines 13-17), and Net Assets (lines 18-21). Includes sub-tables for Gross Rents (6a-6c), Gross Sales of Inventory (10a-10c), and Special Events (9a-9c). Total revenue: 512,153. Total expenses: 467,398. Net assets at end of year: 214,424.



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Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. Page 2

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule)					
cash \$ _____ noncash \$ _____	22				
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25 Compensation of officers, directors, etc	25	37,268.	7,454.	29,814.	0.
26 Other salaries and wages	26	158,880.	51,297.	107,583.	
27 Pension plan contributions	27				
28 Other employee benefits	28				
29 Payroll taxes	29	18,426.	18,426.		
30 Professional fundraising fees	30				
31 Accounting fees	31				
32 Legal fees	32				
33 Supplies	33	13,763.	6,849.	6,914.	
34 Telephone	34	796.	796.		
35 Postage and shipping	35	9,144.	8,230.	914.	
36 Occupancy	36				
37 Equipment rental and maintenance	37	4,439.	3,551.	888.	
38 Printing and publications	38	1,006.		1,006.	
39 Travel	39	11,331.	7,703.	3,628.	
40 Conferences, conventions, and meetings	40				
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42	2,583.	2,583.		
43 Other expenses not covered above (itemize):					
a _____	43a				
b _____	43b				
c _____	43c				
d _____	43d				
e SEE STATEMENT 2	43e	209,762.	137,674.	72,088.	
44 <small>Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15</small>	44	467,398.	244,563.	222,835.	0.

Joint Costs. Check if you are following SOP 98-2.
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____,
 (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? CULTURAL DEVELOPEMENT	Program Service Expenses <small>(Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others)</small>
a CULTURAL EXECUTIVES COMMITTEE, ARTS EDUCATION, ARTS FESTIVALS THEATRE PROGRAMS, ART SHOWS, REGRANTING AND OTHER MISC EVENTS _____ _____ (Grants and allocations \$ _____)	244,563.
b _____ _____ (Grants and allocations \$ _____)	
c _____ _____ (Grants and allocations \$ _____)	
d _____ _____ (Grants and allocations \$ _____)	
e Other program services (attach schedule) (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	244,563.

Part IV Balance Sheets

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	61,284.	45	184,745.
	46 Savings and temporary cash investments	100,000.	46	
	47 a Accounts receivable		47a	
	b Less: allowance for doubtful accounts		47b	47c
	48 a Pledges receivable		48a	
	b Less: allowance for doubtful accounts		48b	48c
	49 Grants receivable	5,444.	49	25,835.
	50 Receivables from officers, directors, trustees, and key employees		50	
	51 a Other notes and loans receivable		51a	
	b Less: allowance for doubtful accounts		51b	51c
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	
	54 Investments - securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54	
	55 a Investments - land, buildings, and equipment: basis	36,531.	55a	
	b Less accumulated depreciation	30,964.	55b	7,451. 55c 5,567.
56 Investments - other		56		
57 a Land, buildings, and equipment: basis		57a		
b Less accumulated depreciation		57b	57c	
58 Other assets (describe)		58		
59 Total assets (add lines 45 through 58) (must equal line 74)	174,179.	59	216,147.	
Liabilities	60 Accounts payable and accrued expenses	4,510.	60	1,723.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable		64b	
65 Other liabilities (describe)		65		
66 Total liabilities (add lines 60 through 65)	4,510.	66	1,723.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	169,669.	67	214,424.
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	169,669.	73	214,424.
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)	174,179.	74	216,147.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return

Table with 5 rows (a-e) and 2 columns. Row a: Total revenue, gains, and other support per audited financial statements. Row e: Total revenue per line 12, Form 990 (line c plus line d). Includes sub-rows for adjustments (1) and (2).

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

Table with 5 rows (a-e) and 2 columns. Row a: Total expenses and losses per audited financial statements. Row e: Total expenses per line 17, Form 990 (line c plus line d). Includes sub-rows for adjustments (1) and (2).

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated)

Table with 5 columns: (A) Name and address, (B) Title and average hours per week devoted to position, (C) Compensation (If not paid, enter -0-), (D) Contributions to employee benefit plans & deferred compensation, (E) Expense account and other allowances. Row 1 contains 'SEE STATEMENT 3' and compensation values 37,268., 0., and 0..

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? If "Yes," attach schedule [] Yes [X] No Form 990 (2002)

Part VI Other Information		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.		X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?		X
b	If "Yes," enter the name of the organization <input type="checkbox"/> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81 a	Enter direct or indirect political expenditures See line 81 instructions 81a 0.		
b	Did the organization file Form 1120-POL for this year?		X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III) 82b N/A		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? N/A		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year		
c	Dues, assessments, and similar amounts from members 85c N/A		
d	Section 162(e) lobbying and political expenditures 85d N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A		
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12 86a N/A		
b	Gross receipts, included on line 12, for public use of club facilities 86b N/A		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders 87a N/A		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b N/A		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
89 a	501(c)(3) organizations. Enter. Amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> 0., section 4912 <input type="checkbox"/> 0.; section 4955 <input type="checkbox"/> 0.		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="checkbox"/> 0.		
d	Enter Amount of tax on line 89c, above, reimbursed by the organization <input type="checkbox"/> 0.		
90 a	List the states with which a copy of this return is filed <input type="checkbox"/> FLORIDA		
b	Number of employees employed in the pay period that includes March 12, 2002 90b 7		
91	The books are in care of <input type="checkbox"/> KAY BURK Telephone no. <input type="checkbox"/> 321-690-6817		
	Located at <input type="checkbox"/> 2725 JUDGE FRAN JAMIESON WAY, VIERA, FL ZIP +4 <input type="checkbox"/> 32940		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 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 <input type="checkbox"/> 92 N/A		

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

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a CULTURAL DEVELOPEMENT					66,634.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					13,315.
95 Interest on savings and temporary cash investments			14	4,629.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					84,134.
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		4,629.	164,083.
105 Total (add line 104, columns (B), (D), and (E))					168,712.

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

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

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93, 94 & 101	INCOME RECEIVED THROUGH MEDIA, ARTSLINE, EXHIBITS, POSTERS AND MEMBERSHIPS, WHICH ENCOURAGES, ASSISTS AND PROMOTES AWARENESS, DEVELOPEMENT, PARTICIPATION AND QUALITY IN THE ARTS.

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

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

Part X Information Regarding Transfers Associated

- (a) Did the organization, during the year, receive any funds, directly or indirectly,
 - (b) Did the organization, during the year, pay premiums, directly or indirectly, on
- Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

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

Please Sign Here: *Ray E. Burk* Signature of officer, Date: 05-

Paid Preparer's Use Only: Preparer's signature: *Katty Donobell*, Firm's name (or yours if self-employed), address, and ZIP + 4: AMERICAN EXPRESS TAX & 7351 OFFICE PARK PLACE MELBOURNE, FL 32940

223161 01-22-03

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

OMB No 1545-0047

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

2002

Department of the Treasury
Internal Revenue Service

Supplementary Information-(See separate instructions.)

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

Name of the organization **BREVARD CULTURAL ALLIANCE** Employer Identification number **51 0179099**

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions. List each one. If there are none, enter "None")

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

Total number of other employees paid over \$50,000 ▶	0			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms) If there are none, enter "None")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE -----		

Total number of others receiving over \$50,000 for professional services ▶	0	

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

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

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

- The organization is not a private foundation because it is (Please check only ONE applicable box.)
- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
 - 6 A school Section 170(b)(1)(A)(ii) (Also complete Part V.)
 - 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii)
 - 8 A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
 - 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ► _____
 - 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A.)
 - 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
 - 11b A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A.)
 - 12 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 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) (Also complete the **Support Schedule** in Part IV-A.)
 - 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3))

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

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

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

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.
 Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	171,358.	196,673.	183,435.	161,005.	712,471.
16 Membership fees received	12,705.	14,615.	15,965.	16,643.	59,928.
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	1,163.	5,957.	5,866.	656.	13,642.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	185,226.	217,245.	205,266.	178,304.	786,041.
24 Line 23 minus line 17	185,226.	217,245.	205,266.	178,304.	786,041.
25 Enter 1% of line 23	1,852.	2,172.	2,053.	1,783.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					15,721.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1998 through 2001 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the sum of all these excess amounts					0.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					786,041.
d Add: Amounts from column (e) for lines: 18 <u>13,642.</u> 19 _____					13,642.
22 _____ 26b _____					772,399.
e Public support (line 26c minus line 26d total)					98.2645%
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year. N/A					
(2001) _____ (2000) _____ (1999) _____ (1998) _____					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A					
(2001) _____ (2000) _____ (1999) _____ (1998) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____					N/A
17 _____ 20 _____ 21 _____					N/A
d Add: Line 27a total _____ and line 27b total _____					N/A
e Public support (line 27c total minus line 27d total)					N/A
f Total support for section 509(a)(2) test Enter amount on line 23, column (e) 27f N/A					
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					N/A %

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

NONE

Part V Private School Questionnaire (See page 7 of the instructions)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain. (If you need more space, attach a separate statement)		
32a	Does the organization maintain the following: a Records indicating the racial composition of the student body, faculty, and administrative staff?		
32b	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
32c	c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
32d	d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement)		
33a	Does the organization discriminate by race in any way with respect to: a Students' rights or privileges?		
33b	b Admissions policies?		
33c	c Employment of faculty or administrative staff?		
33d	d Scholarships or other financial assistance?		
33e	e Educational policies?		
33f	f Use of facilities?		
33g	g Athletic programs?		
33h	h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement)		
34a	Does the organization receive any financial aid or assistance from a governmental agency?		
34b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement		
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4.05 of Rev. Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions)

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

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

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

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

4-Year Averaging Period Under Section 501(h)

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

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A (e) Total
	(a) 2002	(b) 2001	(c) 2000	(d) 1999	
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h.)			0.

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

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

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

a Transfers from the reporting organization to a noncharitable exempt organization of:

- (i) Cash
(ii) Other assets
b Other transactions
(i) Sales or exchanges of assets with a noncharitable exempt organization
(ii) Purchases of assets from a noncharitable exempt organization
(iii) Rental of facilities, equipment, or other assets
(iv) Reimbursement arrangements
(v) Loans or loan guarantees
(vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

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

Table with 3 columns: Question, Yes, No. Rows include 51a(i), a(ii), b(i), b(ii), b(iii), b(iv), b(v), b(vi), and c.

N/A

Table with 4 columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements.

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

Yes No (with checked X)

b If "Yes," complete the following schedule: N/A

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship.

FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 1

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
ARTSCAR EVENT	52,735.		52,735.	19,445.	33,290.
ARTS ALIVE/ARTS EDUCATION	21,150.		21,150.	10,669.	10,481.
ART OF HARLEY	62,401.		62,401.	22,038.	40,363.
TO FM 990, PART I, LINE 9	136,286.		136,286.	52,152.	84,134.

FORM 990 OTHER EXPENSES STATEMENT 2

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
MARKETING	48,402.		48,402.	
OUTSIDE SERVICES	112,447.	112,447.		
BANK CHARGES	1,559.		1,559.	
MEMBERSHIP FEES, LICENSES, ETC.	2,260.		2,260.	
INSURANCE	9,544.		9,544.	
RENT-MEETINGS				
PROGRAM SITES	488.	488.		
TRAINING	1,370.	1,370.		
SUBSCRIPTIONS/DUES	344.		344.	
PROGRAM EXPENSES	20,323.	20,323.		
LICENSES, FEES	195.		195.	
MISCELLANEOUS/CONTIN				
ENCIES	918.		918.	
MINI GRANTS	8,866.		8,866.	
PUBLIC ART %				
DONATIONS	2,508.	2,508.		
VERY SPECIAL ARTS	362.	362.		
ARTIST BACKGROUND				
CHECKS	138.	138.		
SEMINAR/WORKSHOP				
PRODUCTION	38.	38.		
TOTAL TO FM 990, LN 43	209,762.	137,674.	72,088.	

FORM 990

PART V - LIST OF OFFICERS, DIRECTORS,
TRUSTEES AND KEY EMPLOYEES

STATEMENT 3

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
KAY ELLIOTT BURK 2725 JUDGE FRAN JAMIESON WAY VIERA, FL 32940	President/CEO EXECUTIVE DIRECTOR 40/WEEK	25,378.	0.	0.
KATHY THOMAS-BECK 7351 OFICE PARK PLACE MELBOURNE, FL 32940	FINANCIAL COUNSEL 3 YEARS	0.	0.	0.
MICHAEL COLEMAN P. O. BOX 419000, GANNETT PLAZA MELBOURNE, FL 32941-9000	DIRECTOR 2 YEARS	0.	0.	0.
PAULA MOLNAR 3 COUNTRY CLUB RD COCOA BEACH, FL 32931	DIRECTOR 6/MONTH	0.	0.	0.
DR. DARYL TURNER 3816 MURRELL ROAD ROCKLEDGE, FL 32955	DIRECTOR 6/MONTH	0.	0.	0.
JUDY SPENCER 712 FLORIDA AVE COCOA, FL 32922	DIRECTOR 6/MONTH	0.	0.	0.
JERRY SANSOM PO BOX 98 COCOA, FL 32923-098	DIRECTOR 6/MONTH	0.	0.	0.
CRAIG SUMAN 2101 WAVERLY PLACE #100 MELBOURNE, FL 32901-5446	DIRECTOR 2 YEARS	0.	0.	0.
ERNIE SUTTON 8240 DEVEREUX DR. #103 MELBOURNE, FL 32940	CHAIRMAN 6/MONTH	0.	0.	0.
SUSIE WASDIN 200 S SYKES CREEK PKWY A-710 MERRITT ISLAND, FL 32952	IMMEDIATE PAST CHAIR 9/MONTH	0.	0.	0.
AMELIA WILLIAMS 3948 RAMBLING ACRES DR. TITUSVILLE, FL 32796	DIRECTOR 6/MONTH	0.	0.	0.

DEBORAH ANDREE 3646 BLUEFIELD AVE MELBOURNE, FL 32934	DIRECTOR 6/MONTH	0.	0.	0.
LINDA BRANDT P. O. BOX 362418 MELBOURNE, FL 32936	DIRECTOR 6/MONTH	0.	0.	0.
MARSHA CANTRELL 2725 JUDGE FRAN JAMIESON WAY VIERA, FL 32940	LIAISON-PARKS & RECREATION EX-OFFICIO	0.	0.	0.
SUE CARLSON 2725 JUDGE FRAN JAMIESON WAY VIERA, FL 32940	LIAISON-COUNTY COMMISSION EX-OFFICIO	0.	0.	0.
LINDA DALE 280 N. TROPICAL TRAIL MERRITT ISLAND, FL 32953	TREASURER 23 YEARS	0.	0.	0.
KAREN DAVILA P.O. BOX 565002 ROCKLEDGE, FL 32956-5002	DIRECTOR 2 YEARS	0.	0.	0.
DR TONY DELMONTE 8550 ASTRONAUT BLVD-MC USK 330 CAPE CANAVERAL, FL 32920-4304	DIRECTOR 6/MONTH	0.	0.	0.
BILL ELLIS 6450 S. US HWY 1 ROCKLEDGE, FL 32955-5747	LIAISON-EDC 2 YEARS	0.	0.	0.
FRANCES M. GALEY 2725 JUDGE FRAN JAMIESON WAY VIERA, FL 32940	EXECUTIVE DIRECTOR/EX-OFFI 3 YEARS	11,890.	0.	0.
LINDA HAIT ROC-1, ROOM 1074 O & C BUILDING KENNEDY SPACE CENTER, FL 32899	DIRECTOR 6/MONTH	0.	0.	0.
STEVE HALL 4425 CROOKD MILE RD MERRITT ISLAND, FL 32952	DIRECTOR 6/MONTH	0.	0.	0.
SARA HAYES PO BOX 120189 WEST MELBOURNE, FL 32904	DIRECTOR 6/MONTH	0.	0.	0.
DR. VERA HYATT 1577 BREESE ST PALM BAY, FL 32905	DIRECTOR 6/MONTH	0.	0.	0.

STACY JOHNSON 301 JULIA ST TITUSVILLE, FL 32796	CULTURAL ARTS ADV.NE CHAIR EX-OFFICIO	0.	0.	0.
JEANNE KENASTON 5304 WINGTIP CT ROCKLEDGE, FL 32955	DIRECTOR 6/MONTH	0.	0.	0.
GARY KRUEGER 874 DIXON BLVD COCOA, FL 32922	DIRECTOR 6/MONTH	0.	0.	0.
DR. ROSEMARY LAYNE 6134 ANCHOR LANE ROCKLEDGE, FL 32955-5705	DIRECTOR 3 YEARS	0.	0.	0.
KENDALL MOORE 429 COBBLEWOOD DR ROCKLEDGE, FL 32955	SECRETARY 6/MONTH	0.	0.	0.
ROY PENCE 300 E NEW HAVEN AVE MELBOURNE, FL 32901	DIRECTOR 3 YEARS	0.	0.	0.
LAURILEE THOMPSON 1475 GARDEN ST TITUSVILLE, FL 32796	DIRECTOR 6/MONTH	0.	0.	0.
MASON WILLIAMS P. O. BOX 1870 MELBOURNE, FL 32902-1870	LEGAL COUNSEL 1 YEAR	0.	0.	0.
CRAIG YODER 520 CIDCO ROAD COCOA, FL 32926	DIRECTOR 6/MONTH	0.	0.	0.
DARYL BISHOP 340 N. HARBOR CITY BLVD MELBOURNE, FL 32935	DIRECTOR 6/MONTH	0.	0.	0.
NANCY CARTER 8226 N. WICKHAM RD VIERA, FL 32940	DIRECTOR 6/MONTH	0.	0.	0.
ROBERT JORDAN 1750 LAKESIDE DR TITUSVILLE, FL 32780	DIRECTOR 6/MONTH	0.	0.	0.
JOE MATHENY, EQUIRE P. O. BOX 6526 TITUSVILLE, FL 32782-6526	DIRECTOR 6/MONTH	0.	0.	0.

SUSAN F. PERERS
P. O. BOX 2048
MELBOURNE, FL 32901-2048

DIRECTOR
1 YEAR

0. 0. 0.

GEORGIA PHILLIPS
856 WESTPORT DR.
ROCKLEDGE, FL 32955

LIAISON, SPACE COAST LEAGUE
EX-OFFICIO

0. 0. 0.

TRACY ROGGE
MC:DNPS
KENNEDY SPACE CENTER, FL 32899

DIRECTOR
6/MONTH

0. 0. 0.

LEO ROSELIP
1030 S HWY US 1
ROCKLEDGE, FL 32955

DIRECTOR
6/MONTH

0. 0. 0.

MICA WISE
100 S SYKES CREEK PKWY
MERRITT ISLAND, FL 32952

DIRECTOR
6/MONTH

0. 0. 0.

TOTALS INCLUDED ON FORM 990, PART V

37,268. 0. 0.

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Note: Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)

Note: Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Type or print File by the due date for filing your return See instructions	Name of Exempt Organization BREVARD CULTURAL ALLIANCE	Employer identification number 51-0179099
	Number, street, and room or suite no. If a P.O. box, see instructions. 2725 JUDGE FRAN JAMIESON WAY	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. VIERA, FL 32940	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- If the organization does **not** have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the **whole** group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-month, for **990-T corporation**) extension of time until MAY 15, 2004 to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning OCT 1, 2002, and ending SEP 30, 2003

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ _____

c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ [Signature] Title ▶ ACCOUNTANT Date ▶ 1-15-04
 LHA For Paperwork Reduction Act Notice, see instruction Form 8868 (12-2000)

BREVARD CULTURAL ALLIANCE

EIN: 51-0179099

FYE: 09/30/03

ATTACHMENT TO FORM 990, PAGE 2, LINE 42

EQUIPMENT

ASSET	DATE ACQUIRED	COST	METHOD	PRIOR DEPR	CURRENT DEPR	ACCUM DEPR
COMPUTER	12/12/87	12,808.00	S/L - 5	12,808.00	0 00	12,808.00
PRINTER	10/03/89	514.10	S/L - 5	514.10	0.00	514.10
COMPUTER EQUIP	03/15/90	1,940.42	S/L - 5	1,940.42	0.00	1,940.42
COMPUTER EQUIP	03/20/91	3,264.62	S/L - 5	3,264.62	0.00	3,264.62
FALAA COMPUTER	02/15/94	1,905.88	S/L - 5	1,905.88	0.00	1,905.88
TV/VCR	02/15/94	392.18	S/L - 7	392.18	0.00	392.18
MAC COMPUTER	07/29/94	1,377.00	S/L - 5	1,377.00	0 00	1,377.00
MAC UPGRAGE	09/01/94	456.80	S/L - 5	456.80	0.00	456.80
MONITOR	12/15/97	295.68	S/L - 5	226.63	59.14	285.77
PRINTER	08/17/98	299.00	S/L - 5	189.36	59.80	249.16
COMPUTER	11/16/98	879.00	S/L - 5	468.80	175.80	644.60
COMPUTERS	10/22/01	2,004.00	S/L - 5	400.80	400.80	801.60
COMPUTER	11/01/01	2,426.21	S/L - 5	485.24	485.24	970.48
COMPUTER	11/15/2001	1,461.87	S/L - 5	292.37	292.37	584.74
COMPUTER	2/1/2002	1964.95	S/L - 5	392.99	392.99	785.98
COMPUTER	11/1/2002	699.00	S/L - 5	0	140.00	140.00
		<u>32,688.71</u>		<u>25,115.19</u>	<u>2,006.14</u>	<u>27,121.33</u>

FURNITURE & FIXTURES

FURNITURE	09/30/86	1,000.00	S/L - 5	1,000.00	0.00	1,000.00
DESK	12/01/91	200.00	S/L - 5	200.00	0.00	200.00
OFFICE FURNITURE	12/15/93	335.96	S/L - 7	335.96	0.00	335.96
OFFICE FURNITURE	07/01/96	2,306.00	S/L - 7	1,729.46	576.54	2,306.00
		<u>3,841.96</u>		<u>3,265.42</u>	<u>576.54</u>	<u>3,841.96</u>
		<u>36,530.67</u>		<u>28,380.61</u>	<u>2,582.68</u>	<u>30,963.29</u>