

Return of Organization Exempt From Income Tax

2004

Open to Public Inspection

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)

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

A For the 2004 calendar year, or tax year beginning 10/01, 2004, and ending 09/30/2005

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

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

G Website: WWW.ARTSBREVARD.ORG

J Organization type (check only one) X 501(c) (3) 4947(a)(1) or 527

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

H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? Yes No X. H(b) If "Yes," enter number of affiliates. H(c) Are all affiliates included? Yes No. H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No X.

I Group Exemption Number. M Check if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF).

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 473,259.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions)

Table with 21 rows and 4 columns: Description, Sub-column, Total, and Net Assets. Includes rows for Contributions (1a-c), Program service revenue (2), Membership dues (3), Interest on savings (4), Dividends (5), Gross receipts (6a-c), Net rental income (7), Gross sales of inventory (10a-c), Total revenue (12), Total expenses (17), and Net assets (18-21).

RECEIVED FEB 27 2005 OGDEN, UT

1117 SCANNED MAR 15 2005 Net Assets Expenses

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See page 22 of the instructions.)

Table with 5 columns: Line number, (A) Total, (B) Program services, (C) Management and general, (D) Fundraising. Rows include Grants and allocations, Specific assistance, Compensation of officers, etc., and Total functional expenses.

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 [X] No
If "Yes," enter (i) the aggregate amount of these joint costs \$, (ii) the amount allocated to Program services \$, (iii) the amount allocated to Management and general \$, and (iv) the amount allocated to Fundraising \$

Part III Statement of Program Service Accomplishments (See page 25 of the instructions.)

Table with 2 columns: Description of program service, Program Service Expenses. Row 1: CULTURAL EXECUTIVES COMMITTEE, ARTS EDUCATION, ARTS FESTIVALS, THEATRE PROGRAMS, ART SHOWS, REGRANTING AND OTHER MISC. EVENTS. Total: 219,093.

Part IV Balance Sheets (See page 25 of the instructions.)

		(A) Beginning of year		(B) End of year
Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only				
Assets	45 Cash - non-interest-bearing	231,776.	45	105,629.
	46 Savings and temporary cash investments		46	118,201.
	47a Accounts receivable	47a		
	b Less allowance for doubtful accounts	47b	47c	
	48a Pledges receivable	48a		
	b Less allowance for doubtful accounts	48b	48c	
	49 Grants receivable	8,000.	49	NONE
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a Other notes and loans receivable (attach schedule)	51a		
	b Less allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	
	54 Investments - securities (attach schedule)	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV	54	
55a Investments - land, buildings, and equipment basis	55a			
b Less accumulated depreciation (attach schedule)	55b	55c		
56 Investments - other (attach schedule)		56		
57a Land, buildings, and equipment basis STMT 7	57a 13,277.			
b Less accumulated depreciation (attach schedule)	57b 11,427.	57c	1,850.	
58 Other assets (describe ▶)		58		
59 Total assets (add lines 45 through 58) (must equal line 74)	243,337.	59	225,680.	
Liabilities	60 Accounts payable and accrued expenses	4,134.	60	NONE
	61 Grants payable		61	-42,194.
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe ▶)		65	
66 Total liabilities (add lines 60 through 65)	4,134.	66	-42,194.	
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	239,203.	67	267,874.
	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)	239,203.	73	267,874.
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)	243,337.	74	225,680.

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

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See page 27 of the instructions.)

a Total revenue, gains, and other support per audited financial statements ▶ **a**

b Amounts included on line **a** but not on line 12, Form 990

(1) Net unrealized gains on investments \$ _____

(2) Donated services and use of facilities \$ _____

(3) Recoveries of prior year grants \$ _____

(4) Other (specify) _____ \$ _____

Add amounts on lines (1) through (4) ▶ **b**

c Line **a** minus line **b** ▶ **c**

d Amounts included on line 12, Form 990 but not on line **a**:

(1) Investment expenses not included on line 6b, Form 990 \$ _____

(2) Other (specify) _____ \$ _____

Add amounts on lines (1) and (2) ▶ **d**

e Total revenue per line 12, Form 990 (line **c** plus line **d**) ▶ **e**

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

a Total expenses and losses per audited financial statements ▶ **a**

b Amounts included on line **a** but not on line 17, Form 990

(1) Donated services and use of facilities \$ _____

(2) Prior year adjustments reported on line 20, Form 990 \$ _____

(3) Losses reported on line 20, Form 990 \$ _____

(4) Other (specify) _____ \$ _____

Add amounts on lines (1) through (4) ▶ **b**

c Line **a** minus line **b** ▶ **c**

d Amounts included on line 17, Form 990 but not on line **a**:

(1) Investment expenses not included on line 6b, Form 990 \$ _____

(2) Other (specify) _____ \$ _____

Add amounts on lines (1) and (2) ▶ **d**

e Total expenses per line 17, Form 990 (line **c** plus line **d**) ▶ **e**

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see page 27 of the instructions)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
SEE STATEMENT 8		42,566	-0-	-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? Yes No
If "Yes," attach schedule - see page 28 of the instructions

Part VI Other Information (See page 28 of the instructions.)

		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	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	77	X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	N/A
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	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?	80a	X
b	If "Yes," enter the name of the organization _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81 a	Enter direct and indirect political expenditures See line 81 instructions.	81a	
b	Did the organization file Form 1120-POL for this year?	81b	N/A
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?	82a	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?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	N/A
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	85b	N/A
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?	85g	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?	85h	N/A
86	501(c)(7) orgs 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) orgs 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	88	X
89 a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> N/A, section 4912 <input type="checkbox"/> N/A, section 4955 <input type="checkbox"/> N/A		
b	501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		N/A
d	Enter Amount of tax on line 89c, above, reimbursed by the organization		N/A
90 a	List the states with which a copy of this return is filed <input type="checkbox"/>		
b	Number of employees employed in the pay period that includes March 12, 2004 (See instructions)	90b	6
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, VIERRA, 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 33 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) Exclusion code	(D) Amount	
93 Program service revenue					201,580.
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments	611710	26,440.			
95 Interest on savings and temporary cash investments	611710	2,877.			
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	611710	81,514.			
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))		110,831.			201,580.
105 Total (add line 104, columns (B), (D), and (E))					312,411.

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 34 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	INCOME RECEIVED THROUGH MEDIA, ARTSLINE, EXHIBITS, POSTERS
94 &	AND MEMBERSHIPS, WHICH ENCOURAGES, ASSISTS AND PROMOTES
101	AWARENESS, DEVELOPMENT, PARTICIPATION AND QUALITY IN THE ART

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 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 with Personal Benefit Contracts (See page 34 of the instructions.)

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

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

Under penalties of perjury, I declare that I have examined this return and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has knowledge.

Please Sign Here

Signature of officer: *Kay E. Burk*

Type or print name and title: **KAY E. BURK PRESID**

Paid Preparer's Use Only

Preparer's signature: *Rudolf P. Thompson*

Firm's name (or yours if self-employed), address, and ZIP + 4: **RSM MCGLADREY INC. 7351 OFFICE PARK PL MELBOURNE, FL**

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

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

OMB No 1545-0047

2004

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

Employer identification number

BREVARD CULTURAL ALLIANCE

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 ▶ NONE				

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 ▶ NONE		

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2004

JSA

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)		X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)		
a	Sale, exchange, or leasing of property?	2a	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
3a	Do you make grants for scholarships, fellowships, student loans, etc? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments)	3a	X
b	Do you have a section 403(b) annuity plan for your employees?	3b	X
4a	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a	X
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b	X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 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.

Table with 6 columns: Calendar year (or fiscal year beginning in), (a) 2003, (b) 2002, (c) 2001, (d) 2000, (e) Total. Rows include: 15 Gifts, grants, and contributions received; 16 Membership fees received; 17 Gross receipts from admissions, merchandise sold or services performed; 18 Gross income from interest, dividends; 19 Net income from unrelated business activities; 20 Tax revenues levied; 21 Value of services or facilities furnished; 22 Other income; 23 Total of lines 15 through 22; 24 Line 23 minus line 17; 25 Enter 1% of line 23; 26 Organizations described on lines 10 or 11; 27 Organizations described on line 12.

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not file this list with your return. Do not include these grants in line 15

Part V Private School Questionnaire (See page 7 of the instructions.) **NOT APPLICABLE**
 (To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement) ----- ----- -----	31	
32 Does the organization maintain the following		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement) ----- -----		
33 Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges?	33a	
b Admissions policies?	33b	
c Employment of faculty or administrative staff?	33c	
d Scholarships or other financial assistance?	33d	
e Educational policies?	33e	
f Use of facilities?	33f	
g Athletic programs?	33g	
h Other extracurricular activities?	33h	
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement) ----- -----		
34 a Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement	34b	
35 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35	

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

(To be completed ONLY by an eligible organization that filed Form 5768) NOT APPLICABLE

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

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred)

Table with columns for line numbers (36-44), descriptions of lobbying expenditures, and columns for affiliated group totals and completion requirements.

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

Table titled 'Lobbying Expenditures During 4-Year Averaging Period' with columns for years 2004, 2003, 2002, 2001, and Total, and rows for various expenditure categories.

Part VI-B Lobbying Activity by Nonelecting Public Charities

NOT APPLICABLE

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

Table for reporting lobbying activity with columns for Yes, No, and Amount, and rows for various activity types (a-i).

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 11 of the instructions.)

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

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

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

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

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

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

FORM 990, PART I - SPECIAL FUNDRAISING EVENTS AND ACTIVITIES

DESCRIPTION	NET INCOME
BCA/HUBBS	904.
GALA-ART OF HARLEYS	41,005.
ART OF HARLEYS	39,605.
TOTALS	81,514.

FORM 990, PART II - GRANTS AND ALLOCATIONS PAID DURING THE YEAR

RECIPIENT NAME AND ADDRESS -----	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT -----	PURPOSE OF GRANT OR CONTRIBUTION -----	AMOUNT -----
<u>GRANTS PAID</u>			
NEA HURRICANE RELIEF REGRANTING		HURRICANE RELIEF	9,000
MINI GRANTS		PROMOTION OF THE ARTS	6,665
TOTAL CONTRIBUTIONS PAID			<u>15,665</u>

Description of Property															
DEPRECIATION															
Asset description	Date placed in service	Unadjusted Cost or basis	Bus %	179 exp reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Method	Conv	Life	ACRS class	MA CRS class	Current-year 179 expense	Current-year depreciation
COMPUTER	11/16/1998	879.	100.000			879.	879.	879.	SL		5 000				
COMPUTER	10/22/2001	2,004.	100 000			2,004.	1,202.	1,603.	SL		5 000				401.
COMPUTER	11/01/2001	2,426.	100.000			2,426.	1,456.	1,941.	SL		5 000				485.
COMPUTER	11/15/2001	1,462.	100.000			1,462.	877.	1,169.	SL		5.000				292.
COMPUTER	12/01/2002	1,965.	100 000			1,965.	1,179	1,572.	SL		5.000				393.
COMPUTER	11/01/2002	699	100.000			699.	280	420	SL		5.000				140
FURNITURE	09/30/1986	1,000.	100.000			1,000.	1,000.	1,000.	SL		5 000				
DESK	12/01/1991	200.	100.000			200.	200.	200.	SL		5 000				
OFFICE FURNITURE	12/15/1993	336.	100 000			336	336.	336.	SL		7.000				
OFFICE FURNITURE	07/01/1996	2,306	100 000			2,306.	2,306.	2,306	SL		7.000				
Less Retired Assets															
Subtotals		13,277.				13,277.	9,715	11,426.							1,711
Listed Property															
Less Retired Assets															
Subtotals															
TOTALS		13,277.				13,277.	9,715.	11,426.							1,711.
AMORTIZATION															
Asset description	Date placed in service	Cost or basis					Accumulated amortization	Ending Accumulated amortization	Code	Life					Current-year amortization
TOTALS															

*Assets Retired
JSA
4X9024 1 000

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION -----	TOTAL -----	PROGRAM SERVICES -----	MANAGEMENT AND GENERAL -----
MARKETING	30,382.		30,382.
OUTSIDE SERVICES	33,195.	33,195.	
BANK CHARGES	671.		671.
MEMBERSHIP FEES, LICENSES	2,917.		2,917.
INSURANCE	12,274.		12,274.
GEVITY PAYROLL ADMIN FEES	7,987.	3,434.	4,553.
TRAINING	610.	610.	
SUBSCRIPTIONS/DUES	227.		227.
PROGRAM EXPENSES	23,860.	23,860.	
MISCELLANEOUS	517.		517.
ARTIST BACKGROUND CHECKS	56.	56.	
CONGRESSIONAL ART COMPETITION	1,298.	1,298.	
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TOTALS	113,994.	62,453.	51,541.
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LAND, BUILDINGS, EQUIPMENT NOT HELD FOR INVESTMENT

ASSET DESCRIPTION	METHOD/ CLASS	FIXED ASSET DETAIL				ACCUMULATED DEPRECIATION DETAIL			
		BEGINNING BALANCE	ADDITIONS	DISPOSALS	ENDING BALANCE	BEGINNING BALANCE	ADDITIONS	DISPOSALS	ENDING BALANCE
COMPUTER	SL	879.			879.	879			879.
COMPUTER	SL	2,004.			2,004.	1,202.	401		1,603.
COMPUTER	SL	2,426.			2,426.	1,456	485.		1,941.
COMPUTER	SL	1,462.			1,462.	877.	292.		1,169.
COMPUTER	SL	1,965.			1,965.	1,179.	393.		1,572.
COMPUTER	SL	699.			699.	280.	140.		420.
FURNITURE	SL	1,000.			1,000.	1,000			1,000.
DESK	SL	200.			200.	200.			200.
OFFICE FURNITURE	SL	336.			336.	336			336.
OFFICE FURNITURE	SL	2,306.			2,306.	2,306.			2,306.
TOTALS		<u>13,277.</u>			<u>13,277.</u>	<u>9,715</u>			<u>11,426.</u>

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES
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NAME AND ADDRESS -----	TITLE AND TIME DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
LLOYD BEHRENDT 1085 HALL ROAD MALABAR, FL 32950-3208	DIRECTOR 6/MONTH			
CATHERINE ALEXANDER 532 HIDDEN HOLLOW DR. MERRITT ISLAND, FL 32952-4064	DIRECTOR 6/MONTH			
PAUL HANSON 633 SPRING LAKE DRIVE MELBOURNE, FL 32940	DIRECTOR 6/MONTH			
DAVID HERST 2179 ROCKLEDGE DRIVE ROCKLEDGE, FL 32955	DIRECTOR 6/MONTH			
LARRY HUGHES 7972 TIMBERLAKE DRIVE W. MELBOURNE, FL 32704	DIRECTOR 6			
JENNIFER KESHWAR 14409 SALINGER ROAD ORLANDO, FL 32828	DIRECTOR 6/MONTH			
DRAKE LUNDELL 403 HIGHWAY A1A #234 SATELLITE BEACH, FL 32937	DIRECTOR 6/MONTH			
PAT MILIKIN 600 BREVARD AVENUE	DIRECTOR 6/MONTH			

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
COCOA, FL 32922				
JULIA PARKER 550 W PINE ROAD MELBOURNE VILLAGE, FL 32904-2565	DIRECTOR 6/MONTH			
BURT PURGA 2580 PALM LAKE DRIVE MERRITT ISLAND, FL 32952	DIRECTOR 6/MONTH			
JUDY RICHMAN 209 N. ATLANTIC AVENUE #6 COCOA BEACH, FL 32931	DIRECTOR 6/MONTH			
JIM RIDENOUR 2101 W NEW HAVEN AVE MELBOURNE, FL 32904-3803	DIRECTOR 6/MONTH			
GREG ROBINSON 330 NEWPORT DRIVE INDIALANTIC, FL 32903	DIRECTOR 6/MONTH			
ARLAN ROPP 7455 DARIEN RD COCOA, FL 32927	DIRECTOR 6/MONTH			
PAULA SAVAGE-HARR 205 BALLYSHANNON B-502 MELBOURNE BEACH, FL 32951	DIRECTOR 6/MONTH			

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS -----	TITLE AND TIME DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
DELORES SPEARMAN 51 RIDGE CT ROCKLEDGE, FL 32955-2946	DIRECTOR 6/MONTH			
CRAIG SUMAN 2426 CRYSTAL OAKS LANE MELBOURNE, FL 32904	DIRECTOR 6/MONTH			
ERNEST M. SUTTON 775 GLENGARRY DRIVEE MELBOURNE, FL 32940	DIRECTOR 6/MONTH			
NICHOLAS TSAMOUTALES 3015 W. FLORIDA AVENUE MELBOURNE, FL 32904-7607	DIRECTOR 6/MONTH			
GREG WATSON PO BOX 419000 MELBOURNE, FL 32941-9000	DIRECTOR 6/MONTH			
DEBORAH ANDREE 3646 BLUEFIELD AVE MELBOURNE, FL 32934-8385	DIRECTOR 6/MONTH			
LINDA BRANDT 180 ALAMEDA DRIVE MERRITT ISLAND, FL 32952	DIRECTOR 6/MONTH			
KAY ELLIOTT BURK 1090 STARLING WAY VIERA, FL 32955-6346	PRESIDENT/CEO 40/WEEK	42,566.		

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS -----	TITLE AND TIME DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
MARSHA CANTRELL 895 JAMESTOWN DRIVE ROCKLEDGE, FL 32955	LIAISON			
SUE CARLSON 3422 KENT DRIVE MELBOURNE, FL 32935	DIRECTOR			
NANCY CARTER 200 SALMON DRIVE NE PALM BAY, FL 32907	TREASURER`			
MICHAEL COLEMAN 742 GLENGARRY DRIVE MELBOURNE, FL 32940	DIRECTOR 6/MONTH			
KAREN DAVILA 4350 VIEWCREST DRIVE MERRITT ISLANDDD, FL 32952	DIRECTOR			
BILL ELLIS 1823 GRAND CREEK DRIVE MELBOURNE, FL 32940	DIRECTOR			
SARA HAYES 507 LAKE VICTORIA CIRCLE MELBOURNE, FL 32940	DIRECTOR 6/MONTH			
GARY KRUEGER 5715 JOSEPH COURT MERRITT ISLAND, FL 32953	DIRECTOR 6/MONTH			

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS -----	TITLE AND TIME DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
JOE MATHENY 355 INDIAN RIVER AVE. TITUSVILLE, FL 32782	DIRECTOR 6/MONTH			
KENDALL MOORE 429 COBBLEWOOD DRIVE ROCKLEDGE, FL 32955	SECRETARY 6/MONTH			
SUSAN F. PERERS 5985 S. TROPICAL TRAIL MERRITT ISLAND, FL 32952	DIRECTOR			
GEORGIA PHILLIPS 856 WESTPORT DR ROCKLEDGE, FL 32955-3565	DIRECTOR			
JERRY SANSOM PO BOX 98 COCOA, FL 32923-0098	VICE-CHAIRMAN			
LAURILEE THOMPSON 3015 W. FLORIDA AVENUE MELBOURNE, FL 32904-7607	DIRECTOR 6/MONTH			
DARYL TURNER 2595 CANTERBURY CIRCLE VIERA, FL 32955	DIRECTOR 6/MONTH			
SUSIE WASDIN 29 RIVERSIDE DRIVE PH 602	DIRECTOR 6/MONTH			

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
COCOA, FL 32922-8211				
AMELIA WILLIAMS 3948 RAMBLING ACRES DR. TITUSVILLE, FL 32796-3644	DIRECTOR 6/MONTH			
MASON WILLIAMS 74 RIVER FALLS DRIVE COCOA BEACH, FL 32931	LEGAL COUNSEL			
MICA WISE 1208 WINDING MEADOWS ROAD ROCKLEDGE, FL 32955	DIRECTOR 6/MONTH			
CRAIG YODER 2131 INDIAN RIVER COCOA, FL 32926	DIRECTOR 6/MONTH			
	GRAND TOTALS	42,566.		

Description of Property

DEPRECIATION

Asset description	Date placed in service	Unadjusted Cost or basis	Bus %	179 exp reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Method	Conv	Life	ACRS class	MA CRS class	Current-year 179 expense	Current-year depreciation
COMPUTER	11/16/1998	879	100.000			879.	879	879.	SL		5.000				
COMPUTER	10/22/2001	2,004.	100.000			2,004.	1,202.	1,603.	SL		5.000				401.
COMPUTER	11/01/2001	2,426.	100.000			2,426	1,456.	1,941.	SL		5.000				485
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COMPUTER	12/01/2002	1,965.	100.000			1,965	1,179.	1,572.	SL		5.000				393.
COMPUTER	11/01/2002	699.	100.000			699.	280.	420.	SL		5.000				140.
FURNITURE	09/30/1986	1,000.	100.000			1,000.	1,000.	1,000.	SL		5.000				
DESK	12/01/1991	200.	100.000			200.	200	200.	SL		5.000				
OFFICE FURNITURE	12/15/1993	336.	100.000			336.	336.	336.	SL		7.000				
OFFICE FURNITURE	07/01/1996	2,306.	100.000			2,306	2,306.	2,306.	SL		7.000				
Less Retired Assets															
Subtotals		13,277.				13,277.	9,715	11,426.							1,711.

Listed Property

Asset description	Date placed in service	Cost or basis	Bus %	179 exp reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Method	Conv	Life	ACRS class	MA CRS class	Current-year 179 expense	Current-year depreciation
Less Retired Assets															
Subtotals															
TOTALS		13,277.				13,277.	9,715.	11,426.							1,711.

AMORTIZATION

Asset description	Date placed in service	Cost or basis	Accumulated amortization	Ending Accumulated amortization	Code	Life	Current-year amortization
TOTALS							

*Assets Retired
JSA
4X9024 1 000