

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

**2004**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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** \_\_\_\_\_, **and ending** \_\_\_\_\_

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return  
 Amended return  
 Application pending

**C Name of organization**  
**Melbourne-Palm Bay Area Chamber of Commerce, Inc.**  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**1005 East Strawbridge Avenue**  
 City or town State or country ZIP + 4  
**Melbourne FL 32901**

**D Employer identification number**  
**59-1166430**

**E Telephone number**  
**(321) 724-5400**

**F Accounting method:**  Cash  Accrual  
 Other (specify) \_\_\_\_\_

**G Website:** **www.melpb-chamber.org**

**J Organization type (check only one)**  501(c) ( 6 ) ◀ (insert no.)  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.

**L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12** **785,218**

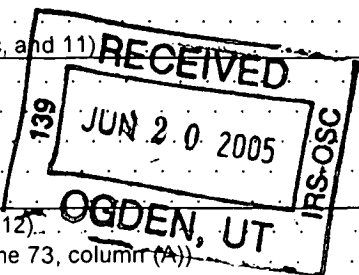
**H and I are not applicable to section 527 organizations.**  
**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** If "Yes," enter number of affiliates ▶ **N/A**  
**H(c)** Are all affiliates included?  Yes  No  
 (If "No," attach a list. See instructions.)  
**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No  
**I Group Exemption Number** ▶ **N/A**

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

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

<b>1</b> Contributions, gifts, grants, and similar amounts received:			
<b>a</b> Direct public support	<b>1a</b>		
<b>b</b> Indirect public support	<b>1b</b>		
<b>c</b> Government contributions (grants)	<b>1c</b>		
<b>d Total</b> (add lines 1a through 1c) (cash \$ _____ noncash \$ _____)	<b>1d</b>		
<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>		
<b>3</b> Membership dues and assessments	<b>3</b>		536,017
<b>4</b> Interest on savings and temporary cash investments	<b>4</b>		170
<b>5</b> Dividends and interest from securities	<b>5</b>		
<b>6 a</b> Gross rents	<b>6a</b>		
<b>b</b> Less: rental expenses	<b>6b</b>		
<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>		
<b>7</b> Other investment income (describe _____)	<b>7</b>		
<b>8 a</b> Gross amount from sales of assets other than inventory	(A) Securities <b>8a</b>	(B) Other	
<b>b</b> Less: cost or other basis and sales expenses	<b>8b</b>		
<b>c</b> Gain or (loss) (attach schedule)	<b>8c</b>		
<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8d</b>		
<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			
<b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1a)	<b>9a</b>	150,618	
<b>b</b> Less: direct expenses other than fundraising expenses	<b>9b</b>	75,552	
<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)	<b>9c</b>		75,066
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>	15,348	
<b>b</b> Less: cost of goods sold	<b>10b</b>		
<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	<b>10c</b>		15,348
<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>		83,065
<b>12 Total revenue</b> (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>		709,666
<b>13</b> Program services (from line 44, column (B))	<b>13</b>		50,333
<b>14</b> Management and general (from line 44, column (C))	<b>14</b>		645,029
<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>		
<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>		
<b>17 Total expenses</b> (add lines 16 and 44, column (A))	<b>17</b>		695,362
<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>		14,304
<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>		374,140
<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>		
<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>		388,444

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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. (See page 22 of the instructions.)

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	88,300	88,300	
26	Other salaries and wages	26	263,785	263,785	
27	Pension plan contributions	27	29,422	29,422	
28	Other employee benefits	28	33,392	33,392	
29	Payroll taxes	29	33,196	33,196	
30	Professional fundraising fees	30			
31	Accounting fees	31	5,000	5,000	
32	Legal fees	32			
33	Supplies	33	2,269	2,269	
34	Telephone	34	8,592	8,592	
35	Postage and shipping	35	1,801	1,801	
36	Occupancy	36	37,517	37,517	
37	Equipment rental and maintenance	37	16,269	16,269	
38	Printing and publications	38	-461	-461	
39	Travel	39	8,061	8,061	
40	Conferences, conventions, and meetings	40	2,045	2,045	
41	Interest	41	7,692	7,692	
42	Depreciation, depletion, etc. (attach schedule)	42	23,266	23,266	
43	Other expenses not covered above (itemize): a	43a			
	b Detailed schedule attached	43b	135,216	50,333	84,883
	c	43c			
	d	43d			
	e	43e			
	f	43f			
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	695,362	50,333	645,029

**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** (See page 25 of the instructions.)

What is the organization's primary exempt purpose? <input checked="" type="checkbox"/> Chamber of commerce promotional activities	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
a Promotion of business activities in south Brevard County; promotion of areas as a tourist destination.	
(Grants and allocations \$ _____)	50,333
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)	50,333

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

		(A)		(B)	
		Beginning of year		End of year	
<b>Note:</b> Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.					
<b>Assets</b>	45 Cash—non-interest-bearing . . . . .	9,547	45	19,543	
	46 Savings and temporary cash investments . . . . .	47,515	46	54,685	
	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 . . . . .		49		
	50 Receivables from officers, directors, trustees, and key employees (attach schedule) . . . . .		50		
	51 a 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 . . . . .	2,079	53	2,116	
	54 Investments—securities (attach schedule) . . . . .	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54		
	55 a Investments—land, buildings, and equipment: basis . . . . .	55a			
	b Less: accumulated depreciation (attach schedule) . . . . .	55b	55c		
56 Investments—other (attach schedule) . . . . .		56			
57 a Land, buildings, and equipment: basis . . . . .	57a	791,392			
b Less: accumulated depreciation (attach schedule) . . . . .	57b	382,871			
58 Other assets (describe . . . . . )		422,849	57c	408,521	
58			58		
59 <b>Total assets</b> (add lines 45 through 58) (must equal line 74) . . . . .		481,990	59	484,865	
<b>Liabilities</b>	60 Accounts payable and accrued expenses . . . . .	1,731	60		
	61 Grants payable . . . . .		61		
	62 Deferred revenue . . . . .		62		
	63 Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .		63		
	64 a Tax-exempt bond liabilities (attach schedule) . . . . .		64a		
	b Mortgages and other notes payable (attach schedule) . . . . .		106,119	64b	96,421
	65 Other liabilities (describe . . . . . )			65	
66 <b>Total liabilities</b> (add lines 60 through 65) . . . . .		107,850	66	96,421	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 67 through 69 and lines 73 and 74.</b>				
	67 Unrestricted . . . . .	374,140	67	368,278	
	68 Temporarily restricted . . . . .		68	20,166	
	69 Permanently restricted . . . . .		69		
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 70 through 74.</b>				
	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 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21) . . . . .		374,140	73	388,444	
74 <b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73) . . . . .		481,990	74	484,865	

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.)

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

a	Total revenue, gains, and other support per audited financial statements	a	709,666
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	709,666
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	709,666

a	Total expenses and losses per audited financial statements	a	695,362
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	695,362
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	695,362

**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
Name <u>Leona Bohlmann</u> Str <u>3155 Wiley Ave.</u> City <u>Indialantic</u> ST <u>FL</u> ZIP <u>32903</u>	Title <u>President</u> Hr/WK <u>60+</u>	88,300	2,649	4,800
Name <u>Detailed schedule</u> Str _____ City <u>Attached</u> ST ZIP _____	Title <u>Various</u> Hr/WK _____			
Name _____ Str _____ City _____ ST ZIP _____	Title _____ Hr/WK _____			
Name _____ Str _____ City _____ ST ZIP _____	Title _____ Hr/WK _____			
Name _____ Str _____ City _____ ST ZIP _____	Title _____ Hr/WK _____			
Name _____ Str _____ City _____ ST ZIP _____	Title _____ Hr/WK _____			
Name _____ Str _____ City _____ ST ZIP _____	Title _____ Hr/WK _____			
Name _____ Str _____ City _____ ST ZIP _____	Title _____ Hr/WK _____			
Name _____ Str _____ City _____ ST ZIP _____	Title _____ Hr/WK _____			
Name _____ Str _____ City _____ ST ZIP _____	Title _____ Hr/WK _____			

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		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 and indirect political expenditures. See line 81 instructions	81a	
b	Did the organization file Form 1120-POL for this year?	81b	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?	82a	
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	
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	X
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	<i>501(c)(4), (5), or (6) organizations.</i> a Were substantially all dues nondeductible by members?	85a	X
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	X
c	Dues, assessments, and similar amounts from members	85c	536,017
d	Section 162(e) lobbying and political expenditures	85d	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	X
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	X
86	<i>501(c)(7) orgs.</i> Enter: a Initiation fees and capital contributions included on line 12	86a	
b	Gross receipts, included on line 12, for public use of club facilities	86b	
87	<i>501(c)(12) orgs.</i> Enter: a Gross income from members or shareholders	87a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	
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	<i>501(c)(3) organizations.</i> Enter: Amount of tax imposed on the organization during the year under: section 4911 <input type="checkbox"/> ; section 4912 <input type="checkbox"/> ; section 4955 <input type="checkbox"/>		
b	<i>501(c)(3) and 501(c)(4) orgs.</i> 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	
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		
90 a	List the states with which a copy of this return is filed	FL	
b	Number of employees employed in the pay period that includes March 12, 2004 (See instructions.)	90b	
91	The books are in care of <input type="checkbox"/> Name Melody Buller Telephone no. <input type="checkbox"/> (321) 724-5400 Located at <input type="checkbox"/> 1005 E Strawbridge Ave. City <input type="checkbox"/> ST ZIP + 4 <input type="checkbox"/> 32901		
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	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:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments . . . . .					
g Fees and contracts from government agencies . . . . .					
94 Membership dues and assessments . . . . .					536,017
95 Interest on savings and temporary cash investments . . . . .					170
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 . . . . .					75,066
102 Gross profit or (loss) from sales of inventory . . . . .					15,348
103 Other revenue: a _____					
b Schedule attached					83,065
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E)) . . . . .					709,666
105 Total (add line 104, columns (B), (D), and (E)) . . . . .					709,666

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).
94	Financial basis for the operation of the Chamber
95	Investment of idle cash
101	Promotion of tourism and community through special events
102&3	Revenue to offset costs of specific programs of the Chamber

**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, including attachments, and all information provided, and I believe that it is true, correct, and complete. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

**Please Sign Here**

Signature of officer: Charles A. Galk  
Type or print name and title: CHARLES A. GALK, PRESIDENT

**Paid Preparer's Use Only**

Preparer's signature: [Signature]  
Firm's name (or yours if self-employed), address, and ZIP + 4: Thomas J Kasica, CPA, PA  
2210 Front St. Suite 301, Melbourne

**Line 9, (990) - Special events and activities**

	Event A	Event B	Event C	All others	Totals
1 Special event name	Schedule	-----	-----	-----	
	Attached	-----	-----	-----	
1a Number of special events	12	-----	-----	-----	
2 Gross receipts	150,618	-----	-----	-----	2 150,618
3 Less contributions	-----	-----	-----	-----	3 -----
4 Gross revenue	150,618	-----	-----	-----	4 150,618
5 Less direct expenses	75,552	-----	-----	-----	5 75,552
6 Net income or (loss)	75,066	-----	-----	-----	6 75,066

**Line 57 (990) - Land, buildings, and equipment**

Land (net of any amortization)		Land (net of any amortization)	
		Beginning	End
1 Land	1	188,000	188,000
2	2		
3	3		
4	4		
5	5		
6 Total land (net of any amortization)	6	188,000	188,000

Buildings and equipment		Buildings and equipment		Accumulated depreciation	
		Beginning	End	Beginning	End
7 Building	7	405,184	408,062	173,338	192,389
8 Furniture & equipment	8	208,879	195,330	205,876	190,482
9	9				
10	10				
11	11				
12	12				
13	13				
14	14				
15	15				
16	16				
17 Total buildings and equipment	17	614,063	603,392	379,214	382,871
18 Buildings and equipment (less accumulated depreciation)	18			234,849	220,521
19 Total land, buildings and equipment	19			422,849	408,521

Category or Item		Cost/Other Basis	Accumulated Depreciation	Book Value
1	1			
2	2			
3	3			
4	4			
5	5			
6	6			
7	7			
8	8			
9	9			
10	10			
11 Total	11			

**Line 64b (990) - Mortgages and other notes payable**

	Lender's name	Check if lender is a business	Original amount	Balance due beginning of year	Balance due end of year
1	Wachovia	<input checked="" type="checkbox"/>	150,000	106,119	96,421
2	Riverside National Bank	<input checked="" type="checkbox"/>	50,000		
19	Totals		200,000	106,119	96,421

	Security provided	Date of note	Maturity date	Repayment terms	Interest rate
1	First Mortgage on building	4/19/2002	4/19/2007	1,450/month	7.44%
2	Unsecured	12/16/2002	1/16/2005	At maturity	5.25%

	Purpose of loan	Description of consideration	FMV of consideration
1	Mortgage on building	Office building	700,000
2	Working capital	N/A	N/A



Melbourne-Palm Bay Area Chamber of Commerce, Inc.  
 Supplement to Form 990  
 Year Ended December 31, 2004

**Page 1, Line 9**

<u>Description:</u>	Revenue from <u>Event</u>	Expenses Related <u>to Event</u>	<u>Gain (Loss)</u>
Monthly Memebership Meetings	\$ 41,414	\$ 20,539	\$ 20,875
Power Lunches	10,814	5,569	5,245
Leads Clubs Meetings	2,605	14	2,591
Tabletop Expo	6,082	387	5,695
Installation Dinner	11,765	6,839	4,926
Annual Planning Retreat	6,050	5,228	822
Golf Tournament	22,465	7,569	14,896
BBC & Vistors Council Meetings	270		270
Business Achievement Award	17,185	13,991	3,194
Mega Market Place	8,460	4,480	3,980
BBC Showcase	17,185	7,418	9,767
Seminars	6,323	3,518	2,805
	-		-
	-		-
<b>Total</b>	<u>\$ 150,618</u>	<u>\$ 75,552</u>	<u>\$ 75,066</u>

Melbourne-Palm Bay Area Chamber of Commerce, Inc.  
 Supplement to Form 990  
 Year Ended December 31, 2004

Page 1, Line 11

<u>Type of Revenue</u>	<u>Business Code</u>	<u>Amount</u>	<u>Exclude Code</u>	<u>Amount</u>	<u>Exempt Income</u>
Media Auction		\$ -		\$ -	\$ 2,355
Business Card Caddy					\$ 615
EAP Revenue					7,958
Other Revenue					15,557
Education Sponsors					27,075
Economic Profile Sales					345
SATOP Support					200
Plaque Sponsor					2,500
Filing Fees					881
Co-Op Advertising					1,440
TDC Grant - Brevard County					15,974
Membership Directory					5,852
Mailing Label					2,313
Total		<u>\$ -</u>		<u>\$ -</u>	<u>\$ 83,065</u>

Melbourne-Palm Bay Area Chamber of Commerce, Inc.  
 Supplement to Form 990  
 Year Ended December 31, 2004

**Page 2, Line 43**

<u>Description:</u>	<u>Total</u>	<u>Program Service</u>	<u>Management &amp; General</u>	<u>Fundraising</u>
Advertising	\$ 8,096	\$ 8,096		\$ -
Association dues	7,095		7,095	
Bank charges	4,237		4,237	
Commissions	63,522		63,522	
Committee expenses	29,591	29,591		
EAP program	6,920		6,920	
Employee & volunteer relations	131		131	
Finance committee expenses	2,250		2,250	
Membership development	12,646	12,646		
Membership directory	452		452	
Subscriptions	276		276	
Taxes & licenses	-			
	<u>\$ 135,216</u>	<u>\$ 50,333</u>	<u>\$ 84,883</u>	<u>\$ -</u>

Melbourne/Palm Bay Area Chamber of Commerce, Inc.  
 Depreciation Schedule  
 Period Ending: December 31, 2004

TYPE: Land, Building and  
 Building Improvements

Description	Date Acquired	Method	Life	Cost	Prior Depreciation	Current Depreciation	Accum. Depreciation
Land @ appraised value	04-Jan-94	N/A	N/A	<u>188,000.00</u>			
Building @ appraised value	04-Jan-94	SL	30	342,000.00	136,800.00	11,400.00	148,200.00
Deposit - House of Lights	31-Dec-97	SL	10	200.00	110.00	20.00	130.00
Deposit - House of Lights	01-Jul-98	SL	10	2,540.74	1,397.39	254.07	1,651.46
Floorcraft Carpet/Install	01-Jul-98	SL	10	15,129.00	8,320.95	1,512.90	9,833.85
Int Paint/Wallpaper	01-Jul-98	SL	10	15,972.17	8,784.71	1,597.22	10,381.93
Exterior Signage	01-Jul-98	SL	7	8,439.03	6,630.69	1,205.58	7,836.27
Other Improvements	01-Jul-98	SL	7	10,788.89	8,476.98	1,541.27	10,018.25
5 ton A/C	20-Apr-99	SL	7	2,648.94	1,324.45	567.65	1,892.10
Plumbing retrofit	17-Apr-00	SL	10	7,465.00	1,493.00	746.50	2,239.50
5 ton A/C	06-Jul-04	SL	7	2,878.00	-	205.57	205.57
				<u>408,061.77</u>	<u>173,338.17</u>	<u>19,050.76</u>	<u>192,388.93</u>

Melbourne/Palm Bay Area Chamber of Commerce, Inc.  
 Depreciation Schedule  
 Period Ending: December 31, 2004

TYPE: Furniture & Equipment

Description	Date Acquired	Method	Life	Cost	Prior Depreciation	Current Depreiation	Accum. Depreciation
Equipment	1981	SL	10	9,956.00	9,956.00	-	9,956.00
Equipment	1982	SL	7	8,451.00	8,451.00	-	8,451.00
Equipment	1984	SL	7	13,827.00	13,827.00	-	13,827.00
Furniture	1985	SL	10	21,366.00	21,366.00	-	21,366.00
Equipment	1985	SL	7	5,968.00	5,968.00	-	5,968.00
Equipment	1986	SL	7	962.00	962.00	-	962.00
Typing stand	01-Sep-87	SL	7	99.00	99.00	-	99.00
Literature stand	01-Sep-87	SL	7	83.48	83.48	-	83.48
Indiana desk 30/60 walnt	01-Sep-87	SL	7	1,121.40	1,121.40	-	1,121.40
Stack chairs (25)	01-Nov-87	SL	7	1,692.16	1,692.16	-	1,692.16
Microwave oven	01-Jan-89	SL	5	240.62	240.62	-	240.62
Typewriter Swintec 4040 (2)	01-Mar-89	SL	5	1,437.99	1,437.99	-	1,437.99
Calculator	01-Mar-89	SL	5	375.00	375.00	-	375.00
Copier 3M/Harris	01-May-89	SL	7	15,115.60	15,115.60	-	15,115.60
Typewriter Canon SP400X	01-Mar-89	SL	7	1,190.38	1,190.38	-	1,190.38
Semi-tackable	01-Oct-89	SL	7	571.87	571.87	-	571.87
Silk plants	01-Feb-90	SL	5	140.77	140.77	-	140.77
Card rack	01-Apr-90	SL	7	206.70	206.70	-	206.70
Card rack	01-Jan-91	SL	7	206.70	206.70	-	206.70
Typewriter Canon AP11011	12-Oct-94	SL	5	401.74	401.74	-	401.74
Sprinkler sytem	14-Jul-94	SL	5	700.00	700.00	-	700.00

Melbourne/Palm Bay Area Chamber of Commerce, Inc.  
 Depreciation Schedule  
 Period Ending: December 31, 2004

TYPE: Furniture & Equipment

Description	Date Acquired	Method	Life	Cost	Prior Depreciation	Current Depreiation	Accum. Depreciation
Carpet Palm Bay office	22-Nov-94	SL	5	1,118.00	1,118.00	-	1,118.00
Interior lighting retrofit	09-Dec-94	SL	5	2,013.56	2,013.56	-	2,013.56
Cabinet - info center	13-Dec-94	SL	7	350.00	350.00	-	350.00
Display - Siegal	13-Dec-94	SL	5	613.98	613.98	-	613.98
Air conditioner unit 5 ton	01-Mar-95	SL	5	2,785.00	2,785.00	-	2,785.00
Card caddy 49 unit	01-Nov-95	SL	7	206.70	206.70	-	206.70
Sound system - mobile	30-Jan-96	SL	5	739.81	739.81	-	739.81
27" stereo TV (3)	09-Sep-96	SL	5	1,162.00	1,162.00	-	1,162.00
VCR 4 head	09-Sep-96	SL	5	211.98	211.98	-	211.98
TV wallmount	09-Sep-96	SL	5	190.78	190.78	-	190.78
2.8m Satellite dish & descrambler & mounting	08-Oct-96	SL	5	4,000.00	4,000.00	-	4,000.00
Easel & corkboard	11-Nov-96	SL	5	119.76	119.76	-	119.76
5 ton Roof A/C Unit	25-Feb-97	SL	5	2,735.00	2,735.00	-	2,735.00
Computer Workstation	21-May-97	SL	7	285.14	264.75	20.39	285.14
Computer Furniture	22-May-97	SL	7	226.58	210.40	16.18	226.58
Hub Furniture	24-Jun-97	SL	7	247.70	230.03	17.67	247.70
Computer Furniture	25-Jun-97	SL	7	244.69	227.24	17.45	244.69
Computer Furniture	21-Jun-97	SL	7	455.41	422.89	32.52	455.41
Stacking Dolly for chairs	18-Jul-97	SL	7	152.64	141.76	10.88	152.64
(18) Office chairs	26-Aug-97	SL	7	4,237.88	3,935.17	302.71	4,237.88
Coffee Maker Bunn	16-Apr-98	SL	3	378.66	378.66	-	378.66
Deleted equipment:	31-Dec-04			(19,609.22)			(19,609.22)

86,979.46	106,170.88	417.80	86,979.46
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Melbourne/Palm Bay Area Chamber of Commerce, Inc.  
 Depreciation Schedule  
 Period Ending: December 31, 2004

TYPE: Computer Equipment

Description	Date Acquired	Method	Life	Cost	Prior Depreciation	Current Depreiation	Accum. Depreciation
Computer & Novell software	02/01/89	SL	5	3,009.34	3,009.34	-	3,009.34
Panasonic printer	11/01/89	SL	5	253.34	253.34	-	253.34
Switch box & cable	03/01/90	SL	5	93.28	93.28	-	93.28
Epson printer FX1050	03/01/90	SL	5	470.95	470.95	-	470.95
Mouse	03/01/90	SL	5	496.68	496.68	-	496.68
Pagemaker	03/01/90	SL	5	479.00	479.00	-	479.00
AccPac Accounting Software	03/01/90	SL	5	6,340.10	6,340.10	-	6,340.10
Genicom laser printer	05/24/94	SL	5	2,966.94	2,966.94	-	2,966.94
Epson printer & cable	12/01/90	SL	5	265.00	265.00	-	265.00
CMS tape drive/software	06/01/95	SL	5	284.08	284.08	-	284.08
Fax board - 2 line	09/01/95	SL	5	986.94	986.94	-	986.94
14400 Modem	10/01/95	SL	5	297.94	297.94	-	297.94
Computer system - Internet	11/01/95	SL	5	1,902.21	1,902.21	-	1,902.21
HP Deskjet 600C & cable	01/10/96	SL	5	266.04	266.04	-	266.04
Multiverse d.voice 4 port board	01/19/96	SL	5	1,350.00	1,350.00	-	1,350.00
HP Deskjet & cable	10/09/96	SL	5	180.19	180.19	-	180.19
CCCS computer sys deposit	11/26/96	SL	5	17,459.96	17,459.96	-	17,459.96
Balance CCCE	01/31/97	SL	5	34,919.92	34,919.92	-	34,919.92
Addl Cabling network	01/15/97	SL	5	1,000.00	1,000.00	-	1,000.00
HP LaserJet 5/ NW card	01/15/97	SL	5	1,722.50	1,722.50	-	1,722.50
(2) Boca fax/modem cards	02/12/97	SL	5	170.00	170.00	-	170.00
HP Paperport scanner	02/12/97	SL	5	249.00	249.00	-	249.00
Trackball Microspeed	02/12/97	SL	5	48.00	48.00	-	48.00
Ext Sys Pocket Srvr	02/12/97	SL	5	229.00	229.00	-	229.00
Install Network in PB office	09/19/97	SL	5	251.10	251.10	-	251.10
Norton Anitvirus 10 User	01/20/98	SL	5	647.58	647.58	-	647.58
Total - page 1				76,339.09	76,339.09	-	76,339.09

Melbourne/Palm Bay Area Chamber of Commerce, Inc.  
 Depreciation Schedule  
 Period Ending: December 31, 2004

TYPE: Computer Equipment

Description	Date Acquired	Method	Life	Cost	Prior Depreciation	Current Depreiation	Accum. Depreciation
Balance forward				76,339.09	76,339.09	-	76,339.09
ACCPAC upgrade	03/16/99	SL	5	1,075.00	977.50	97.50	1,075.00
CC Solutions Software	0715/99	SL	5	11,000.00	9,900.00	1,100.00	11,000.00
Software Upgrade/install	12/18/99	SL	5	13,453.33	12,108.01	1,345.32	13,453.33
HP LaserJet Printer	10/25/99	SL	5	422.94	380.65	42.29	422.94
Kyocera Network Printer	07/06/04	SL	5	1,460.68	-	292.14	292.14
Membership Partner Software	08/04/04	SL	5	4,600.00	-	920.00	920.00
				<u>108,351.04</u>	<u>99,705.25</u>	<u>3,797.25</u>	<u>103,502.50</u>



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