

# Return of Organization Exempt From Income Tax

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

**FILED UNDER  
EXTENSION**

**Open to Public Inspection**

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

**A For the 2006 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

**D Employer identification number**  
59-1166430

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

**F Accounting method:**  Cash  Accrual  
 Other (specify) ▶

**Please use IRS label or print or type. See Specific Instructions.**

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

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

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 ▶
- 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

**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 is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return

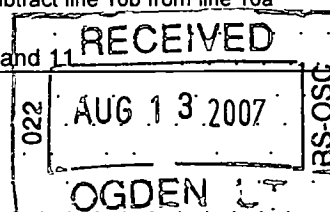
**I** Group Exemption Number ▶ N/A

**L** Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 926,796

**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 the instructions)**

<b>1</b>	Contributions, gifts, grants, and similar amounts received				
<b>a</b>	Contributions to donor advised funds	<b>1a</b>			
<b>b</b>	Direct public support (not included on line 1a)	<b>1b</b>			
<b>c</b>	Indirect public support (not included on line 1a)	<b>1c</b>			
<b>d</b>	Government contributions (grants) (not included on line 1a)	<b>1d</b>			
<b>e</b>	Total (add lines 1a through 1d) (cash \$ _____ noncash \$ _____)			<b>1e</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>	570,695
<b>4</b>	Interest on savings and temporary cash investments			<b>4</b>	1,235
<b>5</b>	Dividends and interest from securities			<b>5</b>	
<b>6a</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>8a</b>	Gross amount from sales of assets other than inventory	(A) Securities	(B) Other		
<b>b</b>	Less cost or other basis and sales expenses	<b>8a</b>	<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 1b)	<b>9a</b>	216,983		
<b>b</b>	Less: direct expenses other than fundraising expenses	<b>9b</b>	97,939		
<b>c</b>	Net income or (loss) from special events. Subtract line 9b from line 9a			<b>9c</b>	119,044
<b>10a</b>	Gross sales of inventory, less returns and allowances	<b>10a</b>			
<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>	
<b>11</b>	Other revenue (from Part VII, line 103)			<b>11</b>	137,883
<b>12</b>	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11			<b>12</b>	828,857
<b>13</b>	Program services (from line 44, column (B))			<b>13</b>	50,173
<b>14</b>	Management and general (from line 44, column (C))			<b>14</b>	774,593
<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</b>	Total expenses. Add lines 16 and 44, column (A)			<b>17</b>	824,766
<b>18</b>	Excess or (deficit) for the year. Subtract line 17 from line 12			<b>18</b>	4,091
<b>19</b>	Net assets or fund balances at beginning of year (from line 73, column (A))			<b>19</b>	469,008
<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>	473,099



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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 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 a	Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a			
22 b	Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b			
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25 a	Compensation of current officers, directors, key employees, etc. listed in Part V-A (attach schedule)	25a	91,853	91,853	
b	Compensation of former officers, directors, key employees, etc. listed in Part V-B (attach schedule)	25b			
c	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c			
26	Salaries and wages of employees not included on lines 25a, b, and c	26	333,582	333,582	
27	Pension plan contributions not included on lines 25a, b, and c	27	16,657	16,657	
28	Employee benefits not included on lines 25a - 27	28	33,075	33,075	
29	Payroll taxes	29	42,357	42,357	
30	Professional fundraising fees	30			
31	Accounting fees	31	5,000	5,000	
32	Legal fees	32			
33	Supplies	33	1,679	1,679	
34	Telephone	34	11,628	11,628	
35	Postage and shipping	35	1,593	1,593	
36	Occupancy	36	61,729	61,729	
37	Equipment rental and maintenance	37	25,045	25,045	
38	Printing and publications	38	12,259	12,259	
39	Travel	39	2,997	2,997	
40	Conferences, conventions, and meetings	40	8,197	8,197	
41	Interest	41	6,175	6,175	
42	Depreciation, depletion, etc (attach schedule)	42	23,309	23,309	
43	Other expenses not covered above (itemize)	43a	147,631	50,173	97,458
a	Schedule attached	43b			
b	-----	43c			
c	-----	43d			
d	-----	43e			
e	-----	43f			
f	-----	43g			
g	-----				
44	<b>Total functional expenses.</b> Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	824,766	50,173	774,593

**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 the instructions)

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.

What is the organization's primary exempt purpose? ► Chamber of commerce promotional activities	<b>Program Service Expenses</b> (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 \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	50,173
b _____ _____ _____ _____ _____ _____ (Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
c _____ _____ _____ _____ _____ _____ (Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
d _____ _____ _____ _____ _____ _____ (Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
e Other program services (attach schedule) (Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>f Total of Program Service Expenses (should equal line 44, column (B), Program services)</b>	<b>50,173</b>

**Part IV Balance Sheets** (See the instructions.)

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
<b>Assets</b>	<b>45</b> Cash—non-interest-bearing . . . . .	36,809	<b>45</b>	28,502
	<b>46</b> Savings and temporary cash investments . . . . .	118,308	<b>46</b>	129,542
	<b>47 a</b> Accounts receivable . . . . .	<b>47a</b>		
	<b>b</b> Less allowance for doubtful accounts . . . . .	<b>47b</b>		<b>47c</b>
	<b>48 a</b> Pledges receivable . . . . .	<b>48a</b>		
	<b>b</b> Less: allowance for doubtful accounts . . . . .	<b>48b</b>		<b>48c</b>
	<b>49</b> Grants receivable . . . . .			<b>49</b>
	<b>50 a</b> Receivables from current and former officers, directors, trustees, and key employees (attach schedule) . . . . .			<b>50a</b>
	<b>b</b> Receivables from other disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B) (attach schedule) . . . . .			<b>50b</b>
	<b>51 a</b> Other notes and loans receivable (attach schedule) . . . . .	<b>51a</b>		
	<b>b</b> Less: allowance for doubtful accounts . . . . .	<b>51b</b>		<b>51c</b>
	<b>52</b> Inventories for sale or use . . . . .			<b>52</b>
	<b>53</b> Prepaid expenses and deferred charges . . . . .	2,079	<b>53</b>	3,579
	<b>54 a</b> Investments—publicly-traded securities. <span style="float: right;"><input type="checkbox"/> Cost <input type="checkbox"/> FMV</span>			<b>54a</b>
	<b>b</b> Investments—other securities (attach schedule) <span style="float: right;"><input type="checkbox"/> Cost <input type="checkbox"/> FMV</span>			<b>54b</b>
	<b>55 a</b> Investments—land, buildings, and equipment: basis . . . . .	<b>55a</b>		
	<b>b</b> Less accumulated depreciation (attach schedule) . . . . .	<b>55b</b>		<b>55c</b>
	<b>56</b> Investments—other (attach schedule) . . . . .			<b>56</b>
	<b>57 a</b> Land, buildings, and equipment basis . . . . .	<b>57a</b>	737,819	
	<b>b</b> Less accumulated depreciation (attach schedule) . . . . .	<b>57b</b>	350,190	<b>57c</b>
<b>58</b> Other assets, including program-related investments (describe <span style="float: right;">▶</span> . . . . . )		397,827	<b>58</b>	
<b>59 Total assets</b> (must equal line 74). Add lines 45 through 58		555,023	<b>59</b>	549,252
<b>Liabilities</b>	<b>60</b> Accounts payable and accrued expenses . . . . .		<b>60</b>	
	<b>61</b> Grants payable . . . . .		<b>61</b>	
	<b>62</b> Deferred revenue . . . . .		<b>62</b>	
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .		<b>63</b>	
	<b>64 a</b> Tax-exempt bond liabilities (attach schedule) . . . . .		<b>64a</b>	
	<b>b</b> Mortgages and other notes payable (attach schedule) . . . . .	85,944	<b>64b</b>	74,651
	<b>65</b> Other liabilities (describe <span style="float: right;">▶</span> See attached statement . . . . . )	71	<b>65</b>	1,502
	<b>66 Total liabilities.</b> Add lines 60 through 65		86,015	<b>66</b>
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	<b>67</b> Unrestricted . . . . .	427,067	<b>67</b>	445,397
	<b>68</b> Temporarily restricted . . . . .	41,941	<b>68</b>	27,702
	<b>69</b> Permanently restricted . . . . .		<b>69</b>	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74			
	<b>70</b> Capital stock, trust principal, or current funds . . . . .		<b>70</b>	
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund . . . . .		<b>71</b>	
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>72</b>	
<b>73 Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)		469,008	<b>73</b>	473,099
<b>74 Total liabilities and net assets/fund balances.</b> Add lines 66 and 73.		555,023	<b>74</b>	549,252

**Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** (See the instructions)

<b>a</b>	Total revenue, gains, and other support per audited financial statements		<b>a</b>	926,796
<b>b</b>	Amounts included on line a but not on Part I, line 12:			
<b>1</b>	Net unrealized gains on investments	<b>b1</b>		
<b>2</b>	Donated services and use of facilities	<b>b2</b>		
<b>3</b>	Recoveries of prior year grants	<b>b3</b>		
<b>4</b>	Other (specify):			
	Direct fundraising expenses	<b>b4</b>	97,939	
	Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	97,939
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	828,857
<b>d</b>	Amounts included on Part I, line 12, but not on line a:			
<b>1</b>	Investment expenses not included on Part I, line 6b	<b>d1</b>		
<b>2</b>	Other (specify):	<b>d2</b>		
	Add lines <b>d1</b> and <b>d2</b>		<b>d</b>	
<b>e</b>	Total revenue (Part I, line 12). Add lines <b>c</b> and <b>d</b>		<b>e</b>	828,857

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

<b>a</b>	Total expenses and losses per audited financial statements		<b>a</b>	922,705
<b>b</b>	Amounts included on line a but not on Part I, line 17:			
<b>1</b>	Donated services and use of facilities	<b>b1</b>		
<b>2</b>	Prior year adjustments reported on Part I, line 20	<b>b2</b>		
<b>3</b>	Losses reported on Part I, line 20	<b>b3</b>		
<b>4</b>	Other (specify):			
	Direct fundraising expenses	<b>b4</b>	97,939	
	Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	97,939
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	824,766
<b>d</b>	Amounts included on Part I, line 17, but not on line a:			
<b>1</b>	Investment expenses not included on Part I, line 6b	<b>d1</b>		
<b>2</b>	Other (specify):	<b>d2</b>		
	Add lines <b>d1</b> and <b>d2</b>		<b>d</b>	
<b>e</b>	Total expenses (Part I, line 17). Add lines <b>c</b> and <b>d</b>		<b>e</b>	824,766

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See 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 plans	(E) Expense account and other allowances
Name <u>Shanon Meyer</u> Str <u>1005 E New Haven</u> City <u>Melbourne</u> ST <u>FL</u> ZIP <u>32901</u>	Title <u>President</u> Hr/WK <u>50</u>	<u>87,053</u>		<u>4,800</u>
Name <u>Detailed schedule</u> Str <u>Attached</u> City _____ ST _____ ZIP _____	Title <u>Various</u> Hr/WK _____			
Name <u>N/A</u> Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK _____			
Name <u>N/A</u> Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK _____			
Name <u>N/A</u> Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK _____			
Name <u>N/A</u> Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK _____			
Name <u>N/A</u> Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK _____			
Name <u>N/A</u> Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK _____			
Name <u>N/A</u> Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK _____			
Name <u>N/A</u> Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK _____			

<b>Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)</b>		Yes	No
<b>75 a</b>	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings		
<b>b</b>	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	<b>75b</b>	X
<b>c</b>	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization" If "Yes," attach a statement that includes the information described in the instructions	<b>75c</b>	X
<b>d</b>	Does the organization have a written conflict of interest policy?	<b>75d</b>	X

**Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions )**

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Name N/A Str City ST ZIP				
Name N/A Str City ST ZIP				
Name N/A Str City ST ZIP				
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Name N/A Str City ST ZIP				

<b>Part VI Other Information (See the instructions )</b>		Yes	No
<b>76</b>	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	<b>76</b>	X
<b>77</b>	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	<b>77</b>	X
<b>78 a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	<b>78a</b>	X
<b>b</b>	If "Yes," has it filed a tax return on Form 990-T for this year?	<b>78b</b>	N/A
<b>79</b>	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	<b>79</b>	X
<b>80 a</b>	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?	<b>80a</b>	X
<b>b</b>	If "Yes," enter the name of the organization Chamber Education Foundation, Inc. and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt	<b>81a</b>	
<b>81 a</b>	Enter direct and indirect political expenditures (See line 81 instructions )	<b>81a</b>	
<b>b</b>	Did the organization file Form 1120-POL for this year?	<b>81b</b>	X

**Part VI Other information (continued)**

		Yes	No
<b>82 a</b>	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>b</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.)		
<b>82b</b>			
<b>83 a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
<b>b</b>	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	X	
<b>84 a</b>	Did the organization solicit any contributions or gifts that were not tax deductible?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
<b>85</b>	<b>501(c)(4), (5), or (6) organizations</b> a Were substantially all dues nondeductible by members?		X
<b>b</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	X	
<b>c</b>	Dues, assessments, and similar amounts from members	<b>85c</b> N/A	
<b>d</b>	Section 162(e) lobbying and political expenditures	<b>85d</b> N/A	
<b>e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	<b>85e</b> N/A	
<b>f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e)	<b>85f</b> N/A	
<b>g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	<b>85g</b>	N/A
<b>h</b>	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?	<b>85h</b>	N/A
<b>86</b>	<b>501(c)(7) orgs</b> Enter. a Initiation fees and capital contributions included on line 12	<b>86a</b>	
<b>b</b>	Gross receipts, included on line 12, for public use of club facilities	<b>86b</b>	
<b>87</b>	<b>501(c)(12) orgs</b> Enter. a Gross income from members or shareholders	<b>87a</b>	
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them )	<b>87b</b>	
<b>88 a</b>	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	<b>88a</b>	X
<b>b</b>	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	<b>88b</b>	X
<b>89 a</b>	<b>501(c)(3) organizations</b> 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>b</b>	<b>501(c)(3) and 501(c)(4) orgs</b> 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	<b>89b</b>	
<b>c</b>	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="checkbox"/>		
<b>d</b>	Enter: Amount of tax on line 89c, above, reimbursed by the organization <input type="checkbox"/>		
<b>e</b>	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	<b>89e</b>	X
<b>f</b>	All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?	<b>89f</b>	X
<b>g</b>	For supporting organizations and sponsoring organizations maintaining donor advised funds Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	<b>89g</b>	N/A
<b>90 a</b>	List the states with which a copy of this return is filed <input type="checkbox"/> FL		
<b>b</b>	Number of employees employed in the pay period that includes March 12, 2006 (See instructions.)	<b>90b</b>	11
<b>91 a</b>	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 ST ZIP + 4 <input type="checkbox"/> 32901		
<b>b</b>	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <input type="checkbox"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	<b>91b</b>	X

**Part VI Other Information (continued)**

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c  Yes  No  
 If "Yes," enter the name of the foreign country: \_\_\_\_\_

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here  92 N/A  
 and enter the amount of tax-exempt interest received or accrued during the tax year: \_\_\_\_\_

**Part VII Analysis of Income-Producing Activities (See 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					570,695
95 Interest on savings and temporary cash investments					1,235
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					119,044
102 Gross profit or (loss) from sales of inventory					
103 Other revenue    a <u>Schedule attached</u>					137,883
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))					828,857
105 Total (add line 104, columns (B), (D), and (E))					828,857

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

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See 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 the instructions)**

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership	(C)	(D)	(E)
N/A				

**Part X Information Regarding Transfers Associated**

(a) Did the organization, during the year, receive any funds, directly or indirectly, from any individual who is a substantial contributor to the organization?  Yes  No

(b) Did the organization, during the year, pay premiums, directly or indirectly, for any life insurance policy on the life of any individual who is a substantial contributor to the organization?  Yes  No

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



**Part XI** Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

				Yes	No	
<b>106</b>	Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity					
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer		
a						
b						
c						
<b>Totals</b>						

				Yes	No	
<b>107</b>	Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity					
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer		
a						
b						
c						
<b>Totals</b>						

		Yes	No
<b>108</b>	Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?		

**Please Sign Here**

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 information of which preparer has any knowledge.

Signature of officer: Shannon L Meyer Date: 8/7/07

Type or print name and title: Shannon L Meyer, President/CEO

**Paid Preparer's Use Only**

Preparer's signature: Thomas J Kasica, CPA Date: 7/25/2007 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: Thomas J Kasica, CPA, PA EIN: 59-3376685

2210 Front Street, Suite 301, Melbourne, FL 32901-7505 Phone no: (321) 722-9870

Preparer's SSN or PTIN (See Gen. Inst. X): P00297946

**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	11				
2 Gross receipts	216,983				2 216,983
3 Less contributions					3
4 Gross revenue	216,983				4 216,983
5 Less direct expenses	97,939				5 97,939
6 Net income or (loss)	119,044				6 119,044

**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	408,062	408,062	210,083	226,403
8 Furniture & equipment	8	128,647	141,757	116,799	123,787
9	9				
10	10				
11	11				
12	12				
13	13				
14	14				
15	15				
16	16				
17 Total buildings and equipment	17	536,709	549,819	326,882	350,190
18 Buildings and equipment (less accumulated depreciation)	18			209,827	199,629
19 Total land, buildings and equipment	19			397,827	387,629

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

**Line 64b (990) - Mortgages and Other Notes Payable**

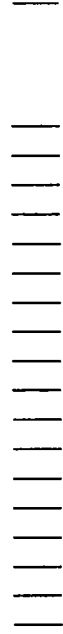
150,000

85,944

74,651

	Lender's name	Check if lender is a business		Security provided	Original amount	Balance due beginning of year	Balance due end of year	Date of note	Maturity date
1	Wachovia	<input checked="" type="checkbox"/>	<input type="checkbox"/>	First Mortgage on building	150,000	85,944	74,651	4/19/2002	4/19/2007
2		<input type="checkbox"/>	<input type="checkbox"/>						
3		<input type="checkbox"/>	<input type="checkbox"/>						
4		<input type="checkbox"/>	<input type="checkbox"/>						
5		<input type="checkbox"/>	<input type="checkbox"/>						
6		<input type="checkbox"/>	<input type="checkbox"/>						
7		<input type="checkbox"/>	<input type="checkbox"/>						
8		<input type="checkbox"/>	<input type="checkbox"/>						
9		<input type="checkbox"/>	<input type="checkbox"/>						
10		<input type="checkbox"/>	<input type="checkbox"/>						
11		<input type="checkbox"/>	<input type="checkbox"/>						
12		<input type="checkbox"/>	<input type="checkbox"/>						
13		<input type="checkbox"/>	<input type="checkbox"/>						
14		<input type="checkbox"/>	<input type="checkbox"/>						
15		<input type="checkbox"/>	<input type="checkbox"/>						
16		<input type="checkbox"/>	<input type="checkbox"/>						
17		<input type="checkbox"/>	<input type="checkbox"/>						
18		<input type="checkbox"/>	<input type="checkbox"/>						





**Line 65 (990) - Other Liabilities**

71

1,502

		Beginning	End
1	Sales Tax Payable	71	
2	Escrow account		1,300
3	Other current liabilities		202
4			
5			
6			
7			
8			
9			
10			

**Part IV-A, Line b(4) and Line d(2) (990) - Reconciliation of Rev per Audited Financial Stmts**

Line b(4) Other			
1	Direct fundraising expenses	1	97,939
2	.....	2	_____
3	.....	3	_____
4	.....	4	_____
5	.....	5	_____
6	Total Line b(4), Part IV-A	6	97,939
Line d(2) Other			
1	.....	1	_____
2	.....	2	_____
3	.....	3	_____
4	.....	4	_____
5	.....	5	_____
6	Total Line d(2), Part IV-A	6	_____

**Part IV-B, Line b(4) and Line d(2) (990) - Reconciliation of Exp per Audited Financial Stmts**

Line b(4) Other			
1	Direct fundraising expenses	1	97,939
2	.....	2	_____
3	.....	3	_____
4	.....	4	_____
5	.....	5	_____
6	Total Line b(4), Part IV-B	6	97,939
Line d(2) Other			
1	.....	1	_____
2	.....	2	_____
3	.....	3	_____
4	.....	4	_____
5	.....	5	_____
6	Total Line d(2), Part IV-B	6	_____

**Part VI, Line 80b (990) - Organization Relations**

Organization Name		Please Check "X"	
		Exempt	Non-Exempt
1	Chamber Education Foundation, Inc.	X	
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			



**Part VII, Line 103 (990) - Other Revenue**

		Unrelated business income		Excluded by section 512, 513, or 514		
Other Revenue Description		(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	(E) Related or exempt function income
a	Schedule attached					137,883
b						
c						
d						
e						
f						
g						
h						
i						
j						
k						
l						
m						
n						
o						
p						
q						
r						
s						
t						
u						
v						
w						
x						
y						
z						

**Line 10c (990) - Gross Profit from Sale of Inventory**

	Category	Gross Sales	Cost of Goods Sold	Net
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

**Line 90a (990) - States with Which a Copy of this Return is Filed**

---

<input type="checkbox"/>	Armed Forces the Americas	<input type="checkbox"/>	Louisiana	<input type="checkbox"/>	Palau
<input type="checkbox"/>	Armed Forces Europe	<input type="checkbox"/>	Massachusetts	<input type="checkbox"/>	Rhode Island
<input type="checkbox"/>	Alaska	<input type="checkbox"/>	Maryland	<input type="checkbox"/>	South Carolina
<input type="checkbox"/>	Alabama	<input type="checkbox"/>	Maine	<input type="checkbox"/>	South Dakota
<input type="checkbox"/>	Armed Forces Pacific	<input type="checkbox"/>	Marshall Islands	<input type="checkbox"/>	Tennessee
<input type="checkbox"/>	Arkansas	<input type="checkbox"/>	Michigan	<input type="checkbox"/>	Texas
<input type="checkbox"/>	American Samoa	<input type="checkbox"/>	Minnesota	<input type="checkbox"/>	Utah
<input type="checkbox"/>	Arizona	<input type="checkbox"/>	Missouri	<input type="checkbox"/>	Virginia
<input type="checkbox"/>	California	<input type="checkbox"/>	Commonwealth of the Northern Mariana Islands	<input type="checkbox"/>	U S. Virgin Islands
<input type="checkbox"/>	Colorado	<input type="checkbox"/>	Mississippi	<input type="checkbox"/>	Vermont
<input type="checkbox"/>	Connecticut	<input type="checkbox"/>	Montana	<input type="checkbox"/>	Washington
<input type="checkbox"/>	District of Columbia	<input type="checkbox"/>	North Carolina	<input type="checkbox"/>	Wisconsin
<input type="checkbox"/>	Delaware	<input type="checkbox"/>	North Dakota	<input type="checkbox"/>	West Virginia
<input checked="" type="checkbox"/>	Florida	<input type="checkbox"/>	Nebraska	<input type="checkbox"/>	Wyoming
<input type="checkbox"/>	Federated States of Micronesia	<input type="checkbox"/>	New Hampshire		
<input type="checkbox"/>	Georgia	<input type="checkbox"/>	New Jersey		
<input type="checkbox"/>	Guam	<input type="checkbox"/>	New Mexico		
<input type="checkbox"/>	Hawaii	<input type="checkbox"/>	Nevada		
<input type="checkbox"/>	Iowa	<input type="checkbox"/>	New York		
<input type="checkbox"/>	Idaho	<input type="checkbox"/>	Ohio		
<input type="checkbox"/>	Illinois	<input type="checkbox"/>	Oklahoma		
<input type="checkbox"/>	Indiana	<input type="checkbox"/>	Oregon		
<input type="checkbox"/>	Kansas	<input type="checkbox"/>	Pennsylvania		
<input type="checkbox"/>	Kentucky	<input type="checkbox"/>	Puerto Rico		

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Melbourne-Palm Bay Area Chamber of Commerce, Inc.  
 Supplement to Form 990  
 Year Ended December 31, 2006

**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	\$ 44,545	\$ 23,388	\$ 21,157
Power Lunches	11,080	6,577	4,503
Leads Clubs Meetings	2,425	128	2,297
Tabletop Expo & Alive @ Five	24,597	3,334	21,263
Installation Dinner	19,910	8,414	11,496
Annual Planning Retreat	5,610	7,699	(2,089)
Golf Tournament	34,710	9,260	25,450
BBC & Vistors Council Meetings	7,758	5,884	1,874
Business Achievement Award	43,927	25,987	17,940
Mega Market Place	6,621	2,107	4,514
BBC Showcase	15,800	5,161	10,639
Seminars			-
<b>Total</b>	<u>\$ 216,983</u>	<u>\$ 97,939</u>	<u>\$ 119,044</u>

Melbourne-Palm Bay Area Chamber of Commerce, Inc.  
 Supplement to Form 990  
 Year Ended December 31, 2006

**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>
Newsletter revenue		\$ -		\$ -	\$ 3,750
Membership sponsors					6,341
Website					3,900
Other Revenue					17,906
Education Sponsors					78,703
Government/Healthcare Sponsors					2,220
Economic Profile Sales					488
Plaque Sponsor					3,000
Filing Fees					720
Information Center					5,813
Relocation Packages					4,580
Membership directory					7,468
Mailing Label					2,994
Total		<u>\$ -</u>		<u>\$ -</u>	<u>\$ 137,883</u>

Melbourne-Palm Bay Area Chamber of Commerce, Inc.  
 Supplement to Form 990  
 Year Ended December 31, 2006

**Page 2, Line 43**

<u>Description:</u>	<u>Total</u>	<u>Program Service</u>	<u>Management &amp; General</u>	<u>Fundraising</u>
Advertising	\$ -			
Association dues	5,328		5,328	
Bank charges	5,436		5,436	
Commissions	62,781		62,781	
Committee expenses	50,173	50,173		
Employee & voluteer relations	975		975	
Finance committee expenses	2,098		2,098	
Membership development	20,728		20,728	
Membership directory	42		42	
Miscellaneous	-			
Subcriptions	70		70	
Taxes & licenses	-			
	<u>\$ 147,631</u>	<u>\$ 50,173</u>	<u>\$ 97,458</u>	<u>\$ -</u>

Melbourne/Palm Bay Area Chamber of Commerce, Inc  
 Property & Equipment Summary  
 31-Dec-06

		Balance	Additions	Deletions	Balance
Cost Basis		12/31/05	YE 12/31/06		12/31/06
1700-1	Land	188,000.00		-	188,000.00
1705-1	Building - FMV	342,000 00	-	-	342,000 00
	Building - Cost	66,061 77	-	-	66,061 77
	Total Building	408,061.77			408,061.77
1710-1	Furniture & Equipment				
	Computer equipment	41,667.65	11,865 06		53,532.71
	Furniture & equipment	86,979 46	1,245.51		88,224 97
		128,647.11	13,110.57		141,757.68
	Total Costs Basis	724,708.88	13,110.57	-	737,819.45

		Balance	Depreciation	Deletions	Balance
Accumulated Depreciation		12/31/05	YE 12/31/06		12/31/06
1706-1	Building - FMV	159,600 00	11,400 00	-	171,000 00
	Building - Cost	50,482 58	4,920 25	-	55,402 83
	Total Building	210,082.58	16,320.25		226,402.83
1711-1	Furniture & Equipment				
	Computer equipment	29,819 50	6,810 41		36,629 91
	Furniture & equipment	86,979 44	177 93		87,157 37
		116,798.94	6,988.34		123,787.28
	Total Accumulated Depreciation	326,881.52	23,308.59	-	350,190.11

Melbourne/Palm Bay Area Chamber of Commerce, Inc.  
 Depreciation Schedule  
 Period Ending. December 31, 2006

TYPE: Land, Building and  
 Building Improvements

Description	Date Acquired	Method	Life	Cost	Prior Depreciation	Current Depreiation	Accum Depreciation
Land @ appraised value	04-Jan-94	N/A	N/A	188,000 00	-		-
Building @ appraised value	04-Jan-94	SL	30	342,000 00	159,600 00	11,400 00	171,000.00
Deposit - House of Lights	31-Dec-97	SL	10	200 00	150 00	20.00	170.00
Deposit - House of Lights	01-Jul-98	SL	10	2,540 74	1,905.53	254 07	2,159.60
Floorcraft Capet/Install	01-Jul-98	SL	10	15,129 00	11,346 75	1,512 90	12,859.65
Int Paint/Wallpaper	01-Jul-98	SL	10	15,972 17	11,979.15	1,597 22	13,576 37
Exterior Signage	01-Jul-98	SL	7	8,439 03	8,439 03	-	8,439 03
Other Improvements	01-Jul-98	SL	7	10,788 89	10,788.89	-	10,788.89
5 ton A/C	20-Apr-99	SL	7	2,648 94	2,270 52	378.42	2,648 94
Plumbing retrofit	17-Apr-00	SL	10	7,465 00	2,986 00	746.50	3,732.50
5 ton A/C	06-Jul-04	SL	7	2,878.00	616.71	411 14	1,027 85
				408,061 77	210,082.58	16,320 25	226,402 83

Workpaper Ref: \_\_\_\_\_  
 Initials \_\_\_\_\_



Melbourne/Palm Bay Area Chamber of Commerce, Inc.  
 Depreciation Schedule

TYPE: Computer Equipment

31-Dec-06

Description	Date Acquired	Method	Life	Cost	Prior Depreciation	Current Depreiation	Accum. Depreciation
ACCPAC upgrade	03/16/99	SL	5	1,075.00	1,075.00	-	1,075.00
CC Solutions Software	07/15/99	SL	5	11,000.00	11,000.00	-	11,000.00
Software Upgrade/install	12/18/99	SL	5	13,453.33	13,453.33	-	13,453.33
HP LaserJet Printer	10/25/99	SL	5	422.94	422.94	-	422.94
Kyocera Network Printer	07/06/04	SL	5	1,460.68	584.28	292.14	876.42
Membership Partner Software	08/04/04	SL	5	4,600.00	1,840.00	920.00	2,760.00
Membership Partner Software - balance due	02/22/05	SL	4	3,009.29	752.32	752.32	1,504.64
(5) Dell FPV Monitors	04/06/05	SL	5	1,769.14	176.91	353.83	530.74
Dell Poweredge Server 2800	05/02/05	SL	5	3,585.98	385.59	717.20	1,102.79
Sm Business Software	05/04/05	SL	5	947.99	94.80	189.60	284.40
Dell 1704 Fpt Monitor	12/20/05	SL	5	343.30	34.33	68.67	103.00
Website & hosting software	03/07/06	SL	3	4,609.84	-	1,536.61	1,536.61
19" Viewsonic monitor	07/19/06	SL	5	214.99	-	43.00	43.00
Cell Phone	07/19/06	SL	3	370.99	-	123.66	123.66
Website software	11/21/06	SL	3	2,551.63	-	850.54	850.54
Phone	11/21/06	SL	3	185.50	-	61.83	61.83
Software	12/29/06	SL	3	859.38	-	286.46	286.46
FS-820 Printer	10/24/06	SL	5	461.10	-	92.22	92.22
Dell Demension & internet software - Viera office	09/01/06	SL	5	2,611.63	-	522.33	522.33
				53,532.71	29,819.50	6,810.41	36,629.91

Workpaper Ref: \_\_\_\_\_  
 Initials: \_\_\_\_\_

Melbourne/Palm Bay Area Chamber of Commerce, Inc  
 Depreciation Schedule  
 Period Ending: December 31, 2006

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
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
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

Workpaper Ref. \_\_\_\_\_  
 Initials \_\_\_\_\_

Melbourne/Palm Bay Area Chamber of Commerce, Inc  
 Depreciation Schedule  
 Period Ending: December 31, 2006

TYPE Furniture & Equipment

Description	Date Acquired	Method	Life	Cost	Prior Depreciation	Current Depreiation	Accum. Depreciation
Interior lighting retrofit	09-Dec-94	SL	5	2,013.56	2,013.56	-	2,013.56
Display - Siegal	13-Dec-94	SL	5	613.98	613.98	-	613.98
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	285.14	-	285.14
Computer Furniture	22-May-97	SL	7	226.58	226.58	-	226.58
Hub Furniture	24-Jun-97	SL	7	247.70	247.70	-	247.70
Computer Furniture	25-Jun-97	SL	7	244.69	244.69	-	244.69
Computer Furniture	21-Jun-97	SL	7	455.41	455.41	-	455.41
Stacking Dolly for chairs	18-Jul-97	SL	7	152.64	152.64	-	152.64
(18) Office chairs	26-Aug-97	SL	7	4,237.88	4,237.88	-	4,237.88
Coffee Maker Bunn	16-Apr-98	SL	3	378.66	378.66	-	378.66
(3) Desks; (8) chairs; Table	18-Apr-06	SL	7	619.23	-	88.46	88.46
(2) Rotating racks	25-Sep-06	SL	7	626.28	-	89.47	89.47
				88,224.97	86,979.46	177.93	87,157.39

Workpaper Ref. \_\_\_\_\_  
 Initials \_\_\_\_\_

## 2006 Board of Directors

### Officers

Chair:	John Hopkins, Berman Hopkins Wright & LaHam, LLP
Chair Elect/Vice-Chair Strategic Planning:	Kim Brown, Coastal Mechanical Services
Treasurer:	Dale Howlett, Community Bank of the South
Past Chair:	Jim Ridenour, Courtyard by Marriott
Vice Chair, Governmental Affairs & Legislation	Richard Hawkes, Richard Hawkes Consulting
Vice Chair, Business Development	Todd Mackler, Smith Barney, Inc.
Vice Chair, Education	Joel Boyd, Boyd & Marks, LLC
Vice Chair, Membership & Marketing	Travis Proctor, Artemis International Technologies
Vice Chair, Convention & Visitors Bureau	Mike Melhado, Island Pasta Company
Legal Counsel:	Cliff McClelland, McClelland, Jones & Lyons, LC
CPA:	Tom Kasica, Thomas J. Kasica, CPA, PA
President/CEO:	Shannon Meyer, Melbourne Palm Bay Area Chamber

### Terms Ending December 31, 2006

Geraldine Blanchard, Global Tours & Travel, Inc.

Cyndi Calhoun, Line One Communications

Vernon Harper, WMEL Radio

Richard Hawkes, Richard Hawkes Consulting (Vice Chair, Governmental Affairs & Legislative)

Stan Helm, CD-Seminars

Keith Hubbard, DRS Tactical Systems, Inc.

Jim Ridenour, Courtyard by Marriott (Past Chair)

1 year term of succession

Gil Russell, The Bank Brevard (ERC Chair)

1 year appointed term

Nancy de la Moriniere, Kwik Kopy Printing of Palm Bay (BBC Chair)

1 year appointed term

Mike Melhado, Island Pasta Company (CVB Chair)

1 year appointed term

### Terms Ending December 31, 2007

Joel Boyd, Joel E. Boyd & Associates P.A. (Vice Chair, Education)

Dr. Tom Fox, Florida Tech

Todd Mackler, Smith Barney, Inc. (Vice Chair, Business Development)

Travis Proctor, Artemis International (Vice Chair, Membership & Marketing)

Dr. Bert Purga, Brevard Community College

Bill Ellis, Health First

### Terms Ending December 31, 2008

Don Breckenridge, Hilton Melbourne Rialto Place

Albert Sanders, Ichiban Cleaners

Sonia Payne, Harbor Federal Savings

Barbara Wall, Prudential Sterling Properties

Holly Wesche-Conn, Wesche Jewelers

### Appointed Ex-Officio Positions (no term limit)

Richard Ennis, Melbourne International Airport

Laird Gann, Melbourne Main Street

Ed Kinberg, Chamber Education Foundation

Jack Ryals, National Realty (Chamber's Airport Authority Designee)

## Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

▶ 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).

**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)

Section 501(c)(3) corporations required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only

*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns*

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c)(3) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits*

<b>Type or print</b>	Name of Exempt Organization <b>Melbourne-Palm Bay Area Chamber of Commerce, Inc.</b>	Employer identification number <b>59-1166430</b>
File by the due date for filing your return See instructions	Number, street, and room or suite no. If a P O box, see instructions <b>1005 East Strawbridge Avenue</b>	
	City, town or post office, state, and ZIP code For a foreign address, see instructions <b>Melbourne, FL 32901</b>	

**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 |

- The books are in the care of ▶ See attached worksheet

Telephone No. ▶ (321) 724-5400

FAX No. ▶ (321) 725-2093

- 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) N/A 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 months for a section 501(c)(3) corporation required to file Form 990-T) extension of time until 8/15/2007, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year 2006 or  
 ▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

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

<b>3 a</b> 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>3a</b>	\$
<b>b</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	<b>3b</b>	\$
<b>c Balance Due.</b> 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.	<b>3c</b>	\$

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions