Form **990** Department of the Treasury Internal Revenue Service

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)

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

OMB No 1545-0047 **2004** Open to Public Inspection

A For the 2004 calendar year, or tax year beginning OCT 1, 2004 **and ending** SEP 30, 2005

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

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

C Name of organization: WOODSMERE ESTATES, INC.

Number and street (or P O box if mail is not delivered to street address): 1694 CEDAR STREET | Room/suite

City or town, state or country, and ZIP + 4: ROCKLEDGE, FL 32995

D Employer identification number 59-2864284

E Telephone number 321.690.3464

F Accounting method [ ] Cash [X] Accrual [ ] Other (specify) ▶

● **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 [X] No

H(b) If "Yes," enter number of affiliates ▶

H(c) Are all affiliates included? N/A [ ] Yes [ ] No (If "No," attach a list)

H(d) Is this a separate return filed by an organization covered by a group ruling? [ ] Yes [X] No

I Group Exemption Number ▶

G **Website** ▶N/A

J **Organization type** (check only one) ▶ [X] 501(c) (3) ◀ (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**

M Check ▶ [X] 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 ▶ 595,701.

ENVELOPE POSTMARK DATE JAN 05 2006

SCANNED JAN 23 2006

RECEIVED JAN 10 2006 OGDEN, UT 339 IRS-OSC

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

Revenue	1 Contributions, gifts, grants, and similar amounts received				
	a Direct public support	1a	1,300.		
	b Indirect public support	1b	68,406.		
	c Government contributions (grants)	1c	424,427.		
	d **Total** (add lines 1a through 1c) (cash $ 494,133. noncash $)			1d	494,133.
	2 Program service revenue including government fees and contracts (from Part VII, line 93)			2	101,531.
	3 Membership dues and assessments			3	
	4 Interest on savings and temporary cash investments			4	37.
	5 Dividends and interest from securities			5	
	6a Gross rents	6a			
	b Less rental expenses	6b			
	c Net rental income or (loss) (subtract line 6b from line 6a)			6c	
	7 Other investment income (describe ▶)			7	
	8a Gross amount from sales of assets other than inventory — (A) Securities / (B) Other	8a			
	b Less cost or other basis and sales expenses	8b			
	c Gain or (loss) (attach schedule)	8c			
	d Net gain or (loss) (combine line 8c, columns (A) and (B))			8d	
	9 Special events and activities (attach schedule) If any amount is from **gaming**, check here ▶ [ ]				
	a Gross revenue (not including $ of contributions reported on line 1a)	9a			
	b Less direct expenses other than fundraising expenses	9b			
	c Net income or (loss) from special events (subtract line 9b from line 9a)			9c	
	10a Gross sales of inventory, less returns and allowances	10a			
	b Less cost of goods sold	10b			
	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)			10c	
	11 Other revenue (from Part VII, line 103)			11	
	12 **Total revenue** (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			12	595,701.
Expenses	13 Program services (from line 44, column (B))			13	444,249.
	14 Management and general (from line 44, column (C))			14	128,285.
	15 Fundraising (from line 44, column (D))			15	
	16 Payments to affiliates (attach schedule)			16	
	17 **Total expenses** (add lines 16 and 44, column (A))			17	572,534.
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)			18	23,167.
	19 Net assets or fund balances at beginning of year (from line 73, column (A))			19	124,242.
	20 Other changes in net assets or fund balances (attach explanation)			20	0.
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)			21	147,409.

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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

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	0.	0.	0.	0.
26 Other salaries and wages	26	265,091.	265,091.		
27 Pension plan contributions	27				
28 Other employee benefits	28	30,419.	30,419.		
29 Payroll taxes	29				
30 Professional fundraising fees	30				
31 Accounting fees	31	4,750.	4,750.		
32 Legal fees	32				
33 Supplies	33	8,935.	8,935.		
34 Telephone	34	1,935.	1,935.		
35 Postage and shipping	35	21.	21.		
36 Occupancy	36	48,245.	48,245.		
37 Equipment rental and maintenance	37	17,147.	17,147.		
38 Printing and publications	38	1,800.	1,800.		
39 Travel	39				
40 Conferences, conventions, and meetings	40	107.	107.		
41 Interest	41	37,820.	37,820.		
42 Depreciation, depletion, etc (attach schedule)	42	16,925.	16,925.		
43 Other expenses not covered above (itemize)					
a MANAGEMENT FEES	43a	128,285.		128,285.	
b MISCELLANEOUS	43b	798.	798.		
c INSURANCE	43c	6,258.	6,258.		
d DUES	43d	3,998.	3,998.		
e	43e				
44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	572,534.	444,249.	128,285.	0.

Joint Costs. Check ▶ ☐ if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in **(B)** Program services? ▶ ☐ Yes ☒ No

If "Yes," enter **(i)** the aggregate amount of these joint costs $ ________, **(ii)** the amount allocated to Program services $ ________, **(iii)** the amount allocated to Management and general $ ________, and **(iv)** the amount allocated to Fundraising $ ________

Part III **Statement of Program Service Accomplishments**

What is the organization's primary exempt purpose? ▶
HOUSING FOR DEVELOPMENTALLY DISABLED PERSONS.

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)

	Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others)
a SUBSIDIZED LOW INCOME HOUSING FOR DEVELOPMENTALLY DISABLED PERSONS. NUMBER BENEFITED: 15 UNITS. (Grants and allocations $)	177,699.
b RESIDENTIAL HABILITATION AND LONG TERM CARE FOR DEVELOPMENTALLY DISABLED PERSONS. NUMBER BENEFITED: 15 UNITS. (Grants and allocations $)	266,550.
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) ▶	444,249.

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Part IV Balance Sheets

	Note: *Where required, attached schedules and amounts within the description column should be for end-of-year amounts only*			(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing			477.	45	860.
	46 Savings and temporary cash investments			34,899.	46	37,791.
	47 a Accounts receivable	47a	62,631.			
	b Less allowance for doubtful accounts	47b		33,435.	47c	62,631.
	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				50	
	51 a Other notes and loans receivable	51a	335,627.			
	b Less allowance for doubtful accounts	51b		242,684.	51c	335,627.
	52 Inventories for sale or use				52	
	53 Prepaid expenses and deferred charges				53	
	54 Investments - securities ▶ ☐ Cost ☐ FMV				54	
	55 a Investments - land, buildings, and equipment basis	55a				
	b Less accumulated depreciation	55b			55c	
	56 Investments - other				56	
	57 a Land, buildings, and equipment basis	57a	576,490.			
	b Less accumulated depreciation	57b	274,143.	316,858.	57c	302,347.
	58 Other assets (describe ▶ DEPOSITS)			1,800.	58	1,800.
	59 **Total assets** (add lines 45 through 58) (must equal line 74)			630,153.	59	741,056.
Liabilities	60 Accounts payable and accrued expenses			94,606.	60	186,972.
	61 Grants payable				61	
	62 Deferred revenue				62	
	63 Loans from officers, directors, trustees, and key employees				63	
	64 a Tax-exempt bond liabilities				64a	
	b Mortgages and other notes payable			408,684.	64b	404,559.
	65 Other liabilities (describe ▶ TENANT SECURITY DEPOSIT)			2,621.	65	2,116.
	66 **Total liabilities** (add lines 60 through 65)			505,911.	66	593,647.
Net Assets or Fund Balances	**Organizations that follow SFAS 117, check here ▶** [X] and complete lines 67 through 69 and lines 73 and 74					
	67 Unrestricted			117,159.	67	140,326.
	68 Temporarily restricted			7,083.	68	7,083.
	69 Permanently restricted				69	
	Organizations that do not follow SFAS 117, check here ▶ ☐ 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)			124,242.	73	147,409.
	74 **Total liabilities and net assets / fund balances** (add lines 66 and 73)			630,153.	74	741,056.

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

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

a	Total revenue, gains, and other support per audited financial statements	a	110,054.
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	0.
c	Line a minus line b	c	110,054.
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) STMT 1 $ 485,647.		
	Add amounts on lines (1) and (2)	d	485,647.
e	Total revenue per line 12, Form 990 (line c plus line d)	e	595,701.

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

a	Total expenses and losses per audited financial statements	a	158,669.
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	0.
c	Line a minus line b	c	158,669.
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) STMT 2 $ 413,865.		
	Add amounts on lines (1) and (2)	d	413,865.
e	Total expenses per line 17, Form 990 (line c plus line d)	e	572,534.

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

(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 3		0.	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? If "Yes," attach schedule ☐ Yes ☒ No

Part VI Other Information

			Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	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? N/A	78b		
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 ▶ SEE STATEMENT 4 and check whether it is ☐ exempt or ☐ nonexempt			
81 a	Enter direct or indirect political expenditures See line 81 instructions — 81a: 0.			
b	Did the organization file Form 1120-POL for this year?	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	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			
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? N/A	84b		
85	*501(c)(4), (5), or (6) organizations.* **a** Were substantially all dues nondeductible by members? N/A	85a		
b	Did the organization make only in-house lobbying expenditures of $2,000 or less? N/A	85b		
	If "Yes" was answered to either 85a or 85b, **do not** complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year			
c	Dues, assessments, and similar amounts from members — 85c: N/A			
d	Section 162(e) lobbying and political expenditures — 85d: N/A			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices — 85e: N/A			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) — 85f: N/A			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A	85h		
86	*501(c)(7) organizations.* Enter **a** Initiation fees and capital contributions included on line 12 — 86a: N/A			
b	Gross receipts, included on line 12, for public use of club facilities — 86b: N/A			
87	*501(c)(12) organizations* Enter **a** Gross income from members or shareholders — 87a: N/A			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) — 87b: N/A			
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Part IX	88		X
89 a	*501(c)(3) organizations.* Enter Amount of tax imposed on the organization during the year under section 4911 ▶ 0. , section 4912 ▶ 0. , section 4955 ▶ 0.			
b	*501(c)(3) and 501(c)(4) organizations* Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		X

c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.

d Enter Amount of tax on line 89c, above, reimbursed by the organization ▶ 0.

90 a List the states with which a copy of this return is filed ▶ NONE

b Number of employees employed in the pay period that includes March 12, 2004 — 90b: 0

91 The books are in care of ▶ WOODSMERE ESTATES, INC. Telephone no ▶ 321.690.3464

Located at ▶ ROCKLEDGE, FL ZIP + 4 ▶ 32995

92 *Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of* **Form 1041**- Check here ▶ ☐ 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 (A) Business code	Unrelated business income (B) Amount	Excluded by section 512, 513, or 514 (C) Exclusion code	Excluded by section 512, 513, or 514 (D) Amount	(E) Related or exempt function income
93 Program service revenue					
a RESIDENT SUPPORT					101,531.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	37.	
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					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		37.	101,531.
105 Total (add line 104, columns (B), (D), and (E)) ▶					101,568.

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)
93A	PROVIDE HOUSING, CARE AND TRAINING FOR DEVELOPMENTALLY DISABLED PERSONS.

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 wi [redacted]

(a) Did the organization, during the year, receive any funds, directly or indirectly, to [redacted]

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a p [redacted]

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

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompa [redacted] correct, and complete. Declaration of preparer (other than officer) is based on all informa [redacted]

▶ Signature of officer 1/6/ [redacted] Date

Paid Preparer's Use Only

Preparer's signature ▶

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ CARTER & COMPANY, LLC
P.O. BOX 279
DESTIN, FL 32540

423161
01-13-05

 [redacted]

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

Supplementary Information-(See separate instructions.)

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

OMB No 1545-0047

2004

Name of the organization: WOODSMERE ESTATES, INC.

Employer identification number: 59 2864284

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

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

(a) Name and address of each employee paid more than $50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over $50,000 ▶	0			

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

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

(a) Name and address of each independent contractor paid more than $50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over $50,000 for professional services ▶ 0		

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

			Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ $ ____ $ ____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)	1		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
3 a	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	
4 a	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*

Calendar year (or fiscal year beginning in) ▶	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	499,345.	486,642.	469,219.	432,255.	1,887,461.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc , purpose	97,832.	98,112.	96,341.	89,672.	381,957.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	36.	67.	121.	194.	418.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	597,213.	584,821.	565,681.	522,121.	2,269,836.
24 Line 23 minus line 17	499,381.	486,709.	469,340.	432,449.	1,887,879.
25 Enter 1% of line 23	5,972.	5,848.	5,657.	5,221.	

26 **Organizations described on lines 10 or 11:** a Enter 2% of amount in column (e), line 24 ▶ 26a 37,758.

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a **Do not file this list with your return** Enter the total of all these excess amounts ▶ 26b 0.

c Total support for section 509(a)(1) test Enter line 24, column (e) ▶ 26c 1,887,879.

d Add Amounts from column (e) for lines 18 418. 19 ____ 22 ____ 26b ____ ▶ 26d 418.

e Public support (line 26c minus line 26d total) ▶ 26e 1,887,461.

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ▶ 26f 99.9779 %

27 **Organizations described on line 12.** a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person" **Do not file this list with your return.** Enter the sum of such amounts for each year N/A

(2003) (2002) (2001) (2000)

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the **larger** of **(1)** the amount on line 25 for the year or **(2)** $5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals) **Do not file this list with your return** After computing the difference between the amount received and the larger amount described in **(1)** or **(2)**, enter the sum of these differences (the excess amounts) for each year N/A

(2003) (2002) (2001) (2000)

c Add Amounts from column (e) for lines 15 ____ 16 ____ 17 ____ 20 ____ 21 ____ ▶ 27c N/A

d Add Line 27a total ____ and line 27b total ____ ▶ 27d N/A

e Public support (line 27c total minus line 27d total) ▶ 27e N/A

f Total support for section 509(a)(2) test Enter amount on line 23, column (e) ▶ 27f N/A

g **Public support percentage (line 27e (numerator) divided by line 27f (denominator))** ▶ 27g N/A %

h **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))** ▶ 27h N/A %

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

NONE

Part V **Private School Questionnaire** (See page 7 of the instructions) N/A
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	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?	31		
	If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)			
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?	34b		
	If you answered "Yes" to either 34a or b, please explain using an attached statement			
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35		

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
		N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount Enter the amount from the following table -	41		
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44		

If the amount on line 40 is -	The lobbying nontaxable amount is -
Not over $500,000	20% of the amount on line 40
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

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)

	Lobbying Expenditures During 4-Year Averaging Period				N/A
Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

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

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

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

Part VII **Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations** (See page 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	51a(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 N/A

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

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

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

(a) Name of organization	(b) Type of organization	(c) Description of relationship

FORM 990 OTHER REVENUE INCLUDED ON FORM 990 STATEMENT 1

DESCRIPTION	AMOUNT
REVENUE FROM PORTION OF ENTITY NOT INCLUDED IN AUDITED FINANCIAL STATEMENTS.	485,647.
TOTAL TO FORM 990, PART IV-A	485,647.

FORM 990 OTHER EXPENSES INCLUDED ON FORM 990 STATEMENT 2

DESCRIPTION	AMOUNT
EXPENSE FROM PORTION OF ENTITY NOT INCLUDED IN AUDITED FINANCIAL STATEMENTS.	413,865.
TOTAL TO FORM 990, PART IV-B	413,865.

FORM 990 PART V - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 3

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN-SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
CINDY DROPESKI 680 WEST EAU GALLIE BLVD. MELBOURNE, FL 32935	CHAIRMAN 0.	0.	0.	0.
JAMES C. LAIBL, JR. 3500 N. SYLVAN LANE MELBOURNE, FL 32935	BOARD OF DIRECTORS 0.	0.	0.	0.
JOSEPH COLOMBO 2351 WEST EAU GALLIE BLVD, STE 1 MELBOURNE, FL 32935	V. CHAIR BOARD OF DIRECTOR 0.	0.	0.	0.
MATTHEW N. BOUCHER, D.C. 3826 MURRELL ROAD ROCKLEDGE, FL 32955	BOARD OF DIRECTORS 0.	0.	0.	0.
BRENDA SABBAG, EDD 3470 N. HARBOR CITY BLVD MELBOURNE, FL 32935	BOARD OF DIRECTORS 0.	0.	0.	0.

J.R. PRINGLE 1240 GRAND CAYMAN DR. MERRITT ISLAND, FL 32952	TREASURER 0.	0.	0.	0.
JIM MYERS 750 N. ATLANTIC AVE SUITE 604 COCOA BEACH, FL 32931	BOARD OF DIRECTORS 0.	0.	0.	0.
ANDY HAMENT P.O. BOX 1870 MELBOURNE, FL 32902	V. CHAIR BOARD OF DIRECTOR 0.	0.	0.	0.
SUSAN COLLINS 152 WINWARD WAY INDIAN HARBOUR BEACH, FL 32937	SECRETARY 0.	0.	0.	0.
DAWN TITUS 281 LANSING ISLAND DR INDIAN HARBOUR BEACH, FL 32952	BOARD OF DIRECTORS 0.	0.	0.	0.
MR JOSEPH COLUMBO 2351 WEST EAU GALLIE BLVD, STE 1 MELBOURNE, FL 32935	V. CHAIR BOARD OF DIRECTOR 0	0.	0.	0.
LYNN HUDSON 1694 CEDAR STREET ROCKLEDGE, FL 32955	VICE-PRESIDENT 2	0.	0.	0.
DAVID COCKE 1694 CEDAR STREET ROCKLEDGE, FL 32955	PRESIDENT 6	0.	0.	0.
SUSAN SPINK 1694 CEDAR STREET ROCKLEDGE, FL 32955	HUMAN RESOURCES DIRECTOR 14	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V		0.	0.	0.

FORM 990 IDENTIFICATION OF RELATED ORGANIZATIONS STATEMENT 4
PART VI, LINE 80B

NAME OF ORGANIZATION	EXEMPT	NONEXEMPT
ARC-BREVARD, INC.; SPRINGWOOD ESTATES, INC.	X	

WOODSMERE ESTATES, INC
59-2864284
FORM 990, PART IV, LINE 64B

LENDER	HUD	
INTEREST RATE·	9 25%	
MATURITY DATE	4/30/2030	
BEGINNING BALANCE DUE		408,684
ENDING BALANCE DUE		404,559

TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE	408,684
TOTAL ENDING MORGAGES AND OTHER NOTES PAYABLE	404,559

Tax Group Summary 10/01/04 - 9/30/05

FYE: 9/30/2005

Group	Cost Beginning	Cost Acquisitions	Cost Disposals	Cost Ending	Depreciation Prior	Depreciation Additions	Depreciation Reductions	Depreciation Ending
BLDG EQUIP - PORT/	7,653 13	0 00	0 00	7,653 13	7,421 63	231 50	0 00	7,653 13
BUILDING & IMPROV	445,667 25	1,632 00	0 00	447,299 25	212,273 97	15,123 66	0 00	227,397 63
LAND	78,239 14	0 00	0 00	78 239 14	0 00	0 00	0 00	0 00
MAINTENANCE EQU	787 55	781 00	0 00	1,568 55	787 55	91 12	0 00	878 67
OFFICE FURNITURE	9,780 05	0 00	0 00	9,780 05	9 502 42	277 63	0 00	9,780 05
PROJECT FURNITURI	31,949 21	0 00	0 00	31,949 21	27,234 32	1,200 98	0 00	28,435 30
Grand Total	574,076 33	2,413 00	0 00	576,489 33	257,219 89	16,924 89	0 00	274 144 78

Tax Asset Detail 10/01/04 - 9/30/05

FYE: 9/30/2005

Asset	*	Property Description	Date In Service	Tax Cost	Sec 179 Exp Current = c	Tax Sec 168(k) Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period
Group: BLDG EQUIP - PORTABLE												
2		Ice Machine	5/01/92	825 00	0 00	0 00	825 00	0 00	825 00	0 00	S/L	5 0
3		Used Freezer	8/19/94	225 00	0 00	0 00	225 00	0 00	225 00	0 00	S/L	5 0
4		Icemaker	7/19/94	528 00	0 00	0 00	528 00	0 00	528 00	0 00	S/L	5 0
5		Gas Range	3/26/98	1,917 40	0 00	0 00	1,917 40	0 00	1.917 40	0 00	S/L	5 0
6		Washer & Dryer	4/01/90	732 73	0 00	0 00	732 73	0 00	732 73	0 00	S/L	5 0
7		Freezer	2/16/00	2,778 00	0 00	0 00	2,546 50	231 50	2 778 00	0 00	S/L	5 0
8		Palm Casual Deck	1/24/95	538 00	0 00	0 00	538 00	0 00	538 00	0 00	S/L	5 0
9		American Discount	8/17/95	109 00	0 00	0 00	109 00	0 00	109 00	0 00	S/L	5 0
		BLDG EQUIP - PORTABLE		7,653 13	0 00c	0 00	7,421 63	231 50	7,653 13	0 00		
Group: BUILDING & IMPROVEMENTS												
10		Buildings	5/22/90	377,557 67	0 00	0 00	180,388 64	12.585 26	192 973 90	184,583 77	S/L	30 0
11		Land Surveyor	11/07/90	350 00	0 00	0 00	162 40	11 67	174 07	175 93	S/L	30 0
12		Diprima Construction	11/21/90	2,078 00	0 00	0 00	958 23	69 27	1.027 50	1,050 50	S/L	30 0
13		Land Surveyor	1/01/91	125 00	0 00	0 00	57 34	4 17	61 51	63 49	S/L	30 0
14		Morelli Engineer	5/01/91	200 00	0 00	0 00	89 49	6 67	96 16	103 84	S/L	30 0
15		Filing Fees	5/01/91	26 50	0 00	0 00	11 81	0 88	12 69	13 81	S/L	30 0
16		Land Surveyor Fees	6/01/91	400 00	0 00	0 00	166 63	13 33	179 96	220 04	S/L	30 0
17		Title Fees	6/01/91	350 00	0 00	0 00	155 60	11 67	167 27	182 73	S/L	30 0
18		Diprima Construction	6/01/91	9,837 00	0 00	0 00	4,372 00	327 90	4 699 90	5,137 10	S/L	30 0
19		Robert Packard	8/01/91	185 00	0 00	0 00	185 00	0 00	185 00	0 00	S/L	30 0
20		Miorelle Eng	6/01/92	3,700 00	0 00	0 00	1,571 07	123 33	1 694 40	2,005 60	S/L	30 0
21		Pond and Retention	2/01/93	5,875 00	0 00	0 00	2,284 69	195 83	2.480 52	3.394 48	S/L	30 0
22		Architectural dr	9/01/94	2,312 80	0 00	0 00	666 31	66 08	732 39	1,580 41	S/L	35 0
23		Repairs to Sprinkler	9/01/94	402 75	0 00	0 00	270 74	26 85	297 59	105 16	S/L	15 0
24		New Porch	1/19/95	20,758 00	0 00	0 00	5,872 11	593 09	6.465 20	14,292 80	S/L	35 0
25		Gas line	1/29/98	1,300 00	0 00	0 00	577 80	86 67	664 47	635 53	S/L	15 0
26		Sprinkler System	9/09/90	4,750 00	0 00	0 00	4,750 00	0 00	4.750 00	0 00	S/L	5 0
27		Alarm System	3/11/92	520 00	0 00	0 00	520 00	0 00	520 00	0 00	S/L	5 0
28		Dishwasher	4/30/94	3,000 00	0 00	0 00	3.000 00	0 00	3 000 00	0 00	S/L	5 0
29		Executone phone	3/22/95	1,797 00	0 00	0 00	1,797 00	0 00	1.797 00	0 00	S/L	5 0
30		Fence for pond	9/19/95	1,657 00	0 00	0 00	1,657 00	0 00	1 657 00	0 00	S/L	5 0
31		Fencing	11/30/95	204 53	0 00	0 00	120 49	13 64	134 13	70 40	S/L	15 0
32		A/C Condenser	7/21/97	799 00	0 00	0 00	799 00	0 00	799 00	0 00	S/L	5 0
33		A/C Unit	8/31/00	1,249 00	0 00	0 00	1,020 02	228 98	1.249 00	0 00	S/L	5 0
34		Concrete House for Dumpster	4/24/01	1.833 00	0 00	0 00	178 93	52 37	231 30	1.601 70	S/L	35 0
51		Patio Slab	9/30/02	3 100 00	0 00	0 00	620 00	310 00	930 00	2.170 00	S/L	10 0
56		Condenser	8/25/04	1,300 00	0 00	0 00	21 67	260 00	281 67	1,018 33	S/L	5 0
59		Fire System	4/20/05	1,632 00	0 00c	0 00	0 00	136 00	136 00	1.496 00	S/L	5 0
		BUILDING & IMPROVEMENTS		447,299 25	0 00c	0 00	212,273 97	15.123 66	227 397 63	219.901 62		
Group: LAND												
1		Land	5/01/90	78.239 14	0 00	0 00	0 00	0 00	0 00	78.239 14	Land	0 0

Tax Asset Detail 10/01/04 - 9/30/05

Asset	*	Property Description	Date In Service	Tax Cost	Sec 179 Exp Current = c	Tax Sec 168(k) Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period
Group: LAND (continued)												
			LAND	78,239 14	0 00c	0 00	0 00	0 00	0 00	78,239 14		
Group: MAINTENANCE EQUIPMENT												
35		Dumpster	6/10/98	604 80	0 00	0 00	604 80	0 00	604 80	0 00	S/L	5 0
36		File Cabinet	5/01/90	182 75	0 00	0 00	182 75	0 00	182 75	0 00	S/L	5 0
58		Dumpster	3/01/05	781 00	0 00c	0 00	0 00	91 12	91 12	689 88	S/L	5 0
			MAINTENANCE EQUIPMENT	1,568 55	0 00c	0 00	787 55	91 12	878 67	689 88		
Group: OFFICE FURNITURE												
37		File Cabinet	6/01/90	106 60	0 00	0 00	106 60	0 00	106 60	0 00	S/L	5 0
38		AFW & Hardware	1/01/96	2,220 00	0 00	0 00	2,220 00	0 00	2,220 00	0 00	S/L	5 0
39		Phones	6/29/90	1,290 00	0 00	0 00	1,290 00	0 00	1,290 00	0 00	S/L	5 0
40		1/2 John's Office	6/01/92	1,258 50	0 00	0 00	1,258 50	0 00	1,258 50	0 00	S/L	5 0
41		Copy Machine	5/18/96	2,822 83	0 00	0 00	2,822 83	0 00	2,822 83	0 00	S/L	5 0
42		Copier	5/22/00	2,082 12	0 00	0 00	1,804 49	277 63	2,082 12	0 00	S/L	5 0
			OFFICE FURNITURE	9,780 05	0 00c	0 00	9,502 42	277 63	9,780 05	0 00		
Group: PROJECT FURNITURE												
43		TV	4/27/90	398 88	0 00	0 00	398 88	0 00	398 88	0 00	S/L	5 0
44		Furniture	5/01/90	17,778 44	0 00	0 00	17,778 44	0 00	17,778 44	0 00	S/L	5 0
45		Carpet	9/30/97	840 00	0 00	0 00	840 00	0 00	840 00	0 00	S/L	5 0
46		4 Lamps	6/04/99	1 188 00	0 00	0 00	1,188 00	0 00	1,188 00	0 00	S/L	5 0
47		Consol	6/04/99	360 00	0 00	0 00	360 00	0 00	360 00	0 00	S/L	5 0
48		Sofa	6/04/99	822 00	0 00	0 00	822 00	0 00	822 00	0 00	S/L	5 0
49		Sofas	6/04/99	1,558 00	0 00	0 00	1,558 00	0 00	1,558 00	0 00	S/L	5 0
50		Chairs	6/04/99	1 054 00	0 00	0 00	1,054 00	0 00	1 054 00	0 00	S/L	5 0
52		DEFAC FURNITURE	1/01/97	1,945 00	0 00	0 00	1,945 00	0 00	1,945 00	0 00	S/L	5 0
53		Furniture &Equipment	10/28/02	1,600 00	0 00	0 00	613 33	320 00	933 33	666 67	S/L	5 0
54		Furniture & Equipment	7/17/03	2,000 00	0 00	0 00	466 67	400 00	866 67	1,133 33	S/L	5 0
55		Furniture & Equipment	7/31/03	900 00	0 00	0 00	210 00	180 00	390 00	510 00	S/L	5 0
57		Generator	9/23/04	1,504 89	0 00	0 00	0 00	300 98	300 98	1 203 91	S/L	5 0
			PROJECT FURNITURE	31,949 21	0 00c	0 00	27,234 32	1,200 98	28,435 30	3 513 91		
			Grand Total	576,489 33	0 00c	0 00	257,219 89	16,924 89	274 144 78	302 344 55		