

Short Form

OMB No. 1545-1150

2004

Open to Public Inspection

990-EZ

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)

Department of the Treasury Internal Revenue Service

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

For the 2004 calendar year, or tax year beginning MAY 1, 2004, and ending APR 30, 2005

B Check if applicable

- Address change
Name change
Initial return
Final return
Amended return
Application pending

96846 *****AUTO**3-DIGIT 329
SPACE COAST PC USERS GROUP INC
PO BOX 369
COCOA FL 32923-0369

P140 I
B 24 R
S

D Employer identification number

59: 2965844

E Telephone number

()

F Group Exemption Number

Number . . .

Accounting method: Cash Accrual Other (specify)

Section 501(c)(3) or a completed Schedule A (Form 990 or 990-EZ).

I Website

J Organization type (check only one) 501(c) (3) (insert no.) 4947(a)(1) or 527

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

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

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ.

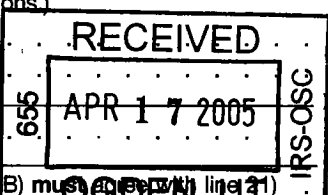
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 37 of the instructions.)

Table with 21 rows for Revenue (lines 1-9) and Expenses (lines 10-17), and 4 rows for Balance Sheets (lines 18-21). Includes descriptions like 'Contributions, gifts, grants, and similar amounts received' and 'Grants and similar amounts paid'.

Part II Balance Sheets—If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.

(See page 40 of the instructions.)

Table with 7 rows for Balance Sheets (lines 22-27) and 2 columns: (A) Beginning of year, (B) End of year. Includes descriptions like 'Cash, savings, and investments' and 'Total assets'.



Statement of Program Service Accomplishments (See page 41 of the instructions.)

What is the organization's primary exempt purpose? Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

Table with 3 columns: Program Title, Amount (Grants \$), and Expenses (Required for 501(c)(3) and 4647(d)(7) trusts; optional for others.)

31 Other program services (attach schedule) (Grants \$) 31a

32 Total program service expenses (add lines 28a through 31a) (Grants \$) 32

Table with 5 columns: List of Officers, Directors, Trustees, and Key Employees (Name and address), (b) This and average hours per week devoted to position, (c) Compensation (# and paid, enter -), (d) Contributions to employee benefit plan if derived compensation, (e) Expenses account and other advances.

Other Information (Note the attachment requirement in General Instruction V, page 14.)

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity.

34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a confirmed copy of the changes.

35 If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.

a Did the organization have unrelated business gross income of \$1,000 or more or 6033(a) notice, reporting, and proxy tax requirements? If "Yes," has it filed a tax return on Forms 990-T for this year?

36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement.

37a Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a

b Did the organization file Form 11220-POL for this year?

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?

b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved.

39 501(c)(7) organizations. Enter: a. Initiation fees and capital contributions included on line 9. b. Gross receipts, included on line 9, for public use of club facilities.

40a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 section 4912 section 4935

b 501(c)(3) and (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 an explanation.

c Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4935, and 4938. Enter: Amount of tax on line 40c, above, reimbursed by the organization.

d List the states with which a copy of this return is filed. The books are in care of. Located at.

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ and enter the amount of tax-exempt interest received or a

Under penalties of perjury, I declare that I have examined this return and believe, it is true, correct, and complete. Declaration of preparer (other than the taxpayer) is based on information furnished by the taxpayer.

Please Sign Here: Signature of Preparer: James K. BROWN. Type or print name and title.

Preparer's Signature: James K. BROWN. Preparer's name (or yours if self-employed), address, and ZIP + 4.