

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  
**2006**  
 Open to Public Inspection

**A** For the 2006 calendar year, or tax year beginning 6/01/06, and ending 5/31/07

- 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  
FOE 4249  
 Number and street (or P O box if mail is not delivered to street address) Room/suite  
2570 PALM BAY RD NE  
 City or town, state or country, and ZIP + 4  
PALM BAY FL 32905

**D** Employer identification number  
59-3003778  
**E** Telephone number  
321-951-3069  
**F** Accounting method:  Cash  
 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 are not applicable to section 527 organizations I  
**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** If "Yes," enter number of affiliates  Yes  No  
**H(c)** Are all affiliates included?  Yes  No  
 (If "No," attach a list. See instructions.)  
**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No  
**I** Group Exemption Number 0102  
**M** Check  if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

**G** Website: N/A

**J** Organization type (check only one)  501(c) ( 10 ) (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.

**L** Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 144,245

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

Revenue	<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>			<u>0</u>
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>			<u>142,680</u>
	<b>3</b> Membership dues and assessments	<b>3</b>			
	<b>4</b> Interest on savings and temporary cash investments	<b>4</b>			<u>1,565</u>
	<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>8a</b>				
	<b>8b</b>				
	<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>				
<b>b</b> Less direct expenses other than fundraising expenses	<b>9b</b>				
<b>c</b> Net income or (loss) from special events. Subtract line 9b from line 9a	<b>9c</b>				
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>				
	<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>				
<b>12</b> Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	<b>12</b>			<u>144,245</u>	
Expenses	<b>13</b> Program services (from line 44, column (B))	<b>13</b>		<u>19,713</u>	
	<b>14</b> Management and general (from line 44, column (C))	<b>14</b>		<u>144,705</u>	
	<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>		<u>9,288</u>	
	<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>			<u>173,706</u>
Net Assets	<b>18</b> Excess or (deficit) for the year. Subtract line 17 from line 12	<b>18</b>		<u>-29,461</u>	
	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>		<u>440,668</u>	
	<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>			<u>411,207</u>

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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
<b>22a</b>	Grants paid from donor advised funds (attach schedule) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
<b>22b</b>	Other grants and allocations (attach schedule) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
<b>23</b>	Specific assistance to individuals (attach schedule)				
<b>24</b>	Benefits paid to or for members (attach schedule)				
<b>25a</b>	Compensation of current officers, directors, key employees, etc listed in Part V-A (attach schedule)				
<b>25b</b>	Compensation of former officers, directors, key employees, etc listed in Part V-B (attach schedule)				
<b>25c</b>	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)				
<b>26</b>	Salaries and wages of employees not included on lines 25a, b, and c				
<b>27</b>	Pension plan contributions not included on lines 25a, b, and c				
<b>28</b>	Employee benefits not included on lines 25a - 27				
<b>29</b>	Payroll taxes				
<b>30</b>	Professional fundraising fees				
<b>31</b>	Accounting fees	350		350	
<b>32</b>	Legal fees				
<b>33</b>	Supplies	7,657		7,657	
<b>34</b>	Telephone				
<b>35</b>	Postage and shipping	615		615	
<b>36</b>	Occupancy	33,958		33,958	
<b>37</b>	Equipment rental and maintenance	59,042		58,942	100
<b>38</b>	Printing and publications	2,847		2,847	
<b>39</b>	Travel				
<b>40</b>	Conferences, conventions, and meetings	14,846		14,846	
<b>41</b>	Interest				
<b>42</b>	Depreciation, depletion, etc (attach schedule)				
<b>43</b>	Other expenses not covered above (itemize)				
<b>43a</b>	a SEE STATEMENT 1	54,391	19,713	25,490	9,188
<b>43b</b>	b				
<b>43c</b>	c				
<b>43d</b>	d				
<b>43e</b>	e				
<b>43f</b>	f				
<b>43g</b>	g				
<b>44</b>	<b>Total functional expenses.</b> Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	173,706	19,713	144,705	9,288

**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?

▶ POLICE, FIRE & COMMUNITY SUPPORT

**Program Service Expenses**  
(Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others.)

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

a PALM BAY FIRE DEPT. (CPR CLASSES) GRANT FOR CPR CLASSES OPEN TO THE PUBLIC FROM GRAND AERIE

(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶

b SHARING CENTER

(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶

c PALM BAY FIRE DEPT. (FOOD FUND ALLOCATION FOR LOCAL AND NEEDY FAMILIES).

(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶

d LOCAL CHARITIES

(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶

e Other program services (attach schedule) SEE STMT 2

(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶

f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶ 0

**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	
Assets	45 Cash-non-interest-bearing	47,967	45	16,191	
	46 Savings and temporary cash investments	32,961	46	35,276	
	47a Accounts receivable	47a			
	b Less allowance for doubtful accounts	47b	47c		
	48a Pledges receivable	48a			
	b Less allowance for doubtful accounts	48b	48c		
	49 Grants receivable		49		
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a		
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (att schedule)		50b		
	51a Other notes and loans receivable (attach schedule)	51a			
	b Less allowance for doubtful accounts	51b	51c		
	52 Inventories for sale or use		52		
	53 Prepaid expenses and deferred charges		53		
	54a Investments—publicly-traded securities	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV	54a		
	b Investments—other securities (attach schedule)	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV	54b		
	55a Investments-land, buildings, and equipment basis	55a	359,740		
	b Less accumulated depreciation (attach schedule) SEE STATEMENT 3	55b	359,740	55c	359,740
	56 Investments-other (attach schedule)			56	
	57a Land, buildings, and equipment basis	57a			
	b Less accumulated depreciation (attach schedule)	57b		57c	
58 Other assets, including program-related investments (describe ▶ )			58		
59 <b>Total assets</b> (must equal line 74) Add lines 45 through 58		440,668	59	411,207	
Liabilities	60 Accounts payable and accrued expenses		60		
	61 Grants payable		61		
	62 Deferred revenue		62		
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63		
	64a Tax-exempt bond liabilities (attach schedule)		64a		
	b Mortgages and other notes payable (attach schedule)		64b		
	65 Other liabilities (describe ▶ )		65		
66 <b>Total liabilities.</b> Add lines 60 through 65		0	66	0	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
	67 Unrestricted		67		
	68 Temporarily restricted		68		
	69 Permanently restricted		69		
	Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 70 through 74				
	70 Capital stock, trust principal, or current funds		70		
	71 Paid-in or capital surplus, or land, building, and equipment fund		71		
	72 Retained earnings, endowment, accumulated income, or other funds		440,668	72	411,207
73 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)		440,668	73	411,207	
74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73		440,668	74	411,207	

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

<b>a</b> Total revenue, gains, and other support per audited financial statements		<b>a</b>	
<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)	<b>b4</b>		
Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	
<b>c</b> Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	
<b>d</b> Amounts included on Part I, line 12, but not on line <b>a</b> :			
<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>	

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

<b>a</b> Total expenses and losses per audited financial statements		<b>a</b>	
<b>b</b> Amounts included on line a but not 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)	<b>b4</b>		
Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	
<b>c</b> Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	
<b>d</b> Amounts included on Part I, line 17, but not on line <b>a</b> :			
<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>	

**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
JEFF PATTON 790 FLETCHER RD PALM BAY FL 32909	SECRETARY 0	0	0	0
HAROLD HARGROVE 1464 TURKEY CR DR PALM BAY FL 32905	PAST WORTHY 0	0	0	0
HOWELL P DUCKER 1242 HARRY SUTTON RD MELBOURNE FL 32901	CONDUCTOR 0	0	0	0
ROBERT YOUNG 1877 WASHINGTON AVE MELBOURNE FL 32935	VICE PRES 0	0	0	0
FRED NUTTING 2011 BROADWAY ST PALM BAY FL 32905	PRESIDENT 0	0	0	0

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

Table with 3 columns: Question, Yes, No. Rows 75a, 75b, 75c, 75d. 75b, 75c, 75d have 'X' in the No column.

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.)

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation, (D) Contributions to employee benefit plans & deferred compensation plans, (E) Expense account and other allowances. Row 1 contains 'N/A'.

Part VI Other Information (See the instructions.)

Table with 3 columns: Question, Yes, No. Rows 76, 77, 78a, 78b, 79, 80a, 81a, 81b. 76, 77, 78a, 79, 80a, 81b have 'X' in the No column.

Part VI Other Information (continued)

		Yes	No
<b>82a</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>82a</b>			
<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>83a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
<b>83a</b>	N/A		
<b>b</b>	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		
<b>83b</b>			
<b>84a</b>	Did the organization solicit any contributions or gifts that were not tax deductible?		X
<b>84a</b>			
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>84b</b>	N/A		
<b>85</b>	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?		
<b>85a</b>	N/A		
<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.		
<b>85b</b>	N/A		
<b>c</b>	Dues, assessments, and similar amounts from members		
<b>85c</b>			
<b>d</b>	Section 162(e) lobbying and political expenditures		
<b>85d</b>			
<b>e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
<b>85e</b>			
<b>f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
<b>85f</b>			
<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>	501(c)(7) orgs 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>	501(c)(12) orgs 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>88a</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		X
<b>88a</b>			
<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		X
<b>88b</b>			
<b>89a</b>	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955		
<b>b</b>	501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		
<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		
<b>d</b>	Enter Amount of tax on line 89c, above, reimbursed by the organization		
<b>e</b>	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
<b>89e</b>			
<b>f</b>	All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
<b>89f</b>			
<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?		X
<b>89g</b>			
<b>90a</b>	List the states with which a copy of this return is filed NONE		
<b>b</b>	Number of employees employed in the pay period that includes March 12, 2006 (See instructions)		0
<b>90b</b>			
<b>91a</b>	The books are in care of ROBERT DICKERMAN 2570 PALM BAY RD NE Located at PALM BAY, FL	Telephone no 321-951-3069	
		ZIP + 4 32905	
<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 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>		Yes	No
			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 X

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

and enter the amount of tax-exempt interest received or accrued during the tax year

92

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated

Table with 5 main columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include Program service revenue (DONATION MEMBERS), Medicare/Medicard payments, Fees and contracts from government agencies, Membership dues and assessments, Interest on savings and temporary cash investments, Dividends and interest from securities, Net rental income, and Other revenue.

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.)

Table with 2 columns: 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.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

Table with 5 columns: (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.

Part X Information Regarding Transfers Associated with

(a) Did the organization, during the year, receive any funds, directly or indirectly,

(b) Did the organization, during the year, pay premiums, directly or indirectly,

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).

**106** 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

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
<b>Totals</b>				

**107** 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

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
<b>Totals</b>				

**108** 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?

Yes	No

**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: *Frederick W. Wentz* Date: 10-25-07

Type or print name and title: *FREDERICK W. WENTZ PRESIDENT* Date: 10-25-07

**Paid Preparer's Use Only**

Preparer's signature: BRENT R. WENTE Date: 10-23-07

Check if self-employed:

Preparer's SSN or PTIN (See Gen Instr X): P00028770

Firm's name (or yours if self-employed), address, and ZIP + 4: SHEIN & WENTE, LLC  
1300 WEST EAU GALLIE BOULEVARD  
MELBOURNE, FL 32935

EIN: 13-4209626

Phone no: 321-394-1300

## Federal Statements

Statement 1 - Form 990, Part II, Line 43 - Other Functional Expenses

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
	\$	\$	\$	\$
EXPENSES				
TAXES, LICENSE & FEES	19,207		19,207	
STATE & NATIONAL DUES				
MISCELLANEOUS	8,909		921	7,988
AWARDS & GRANTS	487	487		
BANK CHARGES	71		71	
CONTRIBUTIONS	20,426	19,226		1,200
CONTRACT LABOR	5,291		5,291	
LATE FEES				
TOTAL	\$ 54,391	\$ 19,713	\$ 25,490	\$ 9,188

**Statement 2 - Form 990, Part III, Line e - Other Program Services**

Description

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PUBLIC COMMUNITY

**Statement 3 - Form 990, Part IV, Line 55 - Investments in Land, Buildings, and Equipment**

Description	Beginning of Year	Accum Deprec	End of Year	Accum Deprec
LAND, BUILDINGS & EQUIPMENT	\$ 359,740	\$	\$ 359,740	\$ 0
TOTAL	<u>\$ 359,740</u>	<u>\$ 0</u>	<u>\$ 359,740</u>	<u>\$ 0</u>