

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

2003

Open to Public Inspection

A For the 2003 calendar year, or tax year beginning 7/01/03, and ending 6/30/04

B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending. C Name of organization: BREVARD WORKFORCE DEVELOPMENT BOARD, INC. D Employer ID number: 59-3031785. E Telephone number: 321-504-2060. F Accounting method: [X] Accrual.

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

G Website: WWW.BWDB.ORG

J Organization type: [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.

H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? [X] No. H(b) If "Yes," enter number of affiliates. H(c) Are all affiliates included? [] Yes [] No. H(d) Is this a separate return filed by an organization covered by a group ruling? [] Yes [] No. I Group Exemption Number. 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 6,709,400

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

Table with 12 columns for revenue and 12 columns for expenses. Line 12 Total revenue: 6,709,400. Line 17 Total expenses: 6,735,075. Line 18 Excess or (deficit) for the year: -25,675. Line 21 Net assets or fund balances at end of year: 614,740.

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Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See page 22 of the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ _____ non-cash \$ _____)	22			
23	Specific assistance to individuals	23			
24	Benefits paid to or for members	24			
25	Compensation of officers, directors, etc	25	81,070	20,286	60,784
26	Other salaries and wages	26	633,363	327,401	305,962
27	Pension plan contributions	27	102,585	52,691	49,894
28	Other employee benefits	28	78,798	43,158	35,640
29	Payroll taxes	29	53,387	25,786	27,601
30	Professional fundraising fees	30			
31	Accounting fees	31	25,860	575	25,285
32	Legal fees	32	10,350	540	9,810
33	Supplies	33	108,579	89,195	19,384
34	Telephone	34	89,833	76,678	13,155
35	Postage and shipping	35	4,872	1,396	3,476
36	Occupancy	36	590,060	530,098	59,962
37	Equipment rental and maintenance	37	98,782	92,850	5,932
38	Printing and publications	38			
39	Travel	39	31,589	5,338	26,251
40	Conferences, conventions, and meetings	40			
41	Interest	41			
42	Depreciation, depletion, etc (attach schedule)	42	234,948	223,201	11,747
43	Other expenses not covered above (itemize) a	43a			
	b SEE STATEMENT 3	43b	4,590,999	4,599,068	-57,049
	c	43c			
	d	43d			
	e	43e			
44	Total functional expenses (add lines 22 - 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	6,735,075	6,088,261	597,834

Joint Costs. Check if you are following SOP 98-2
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____,
 (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See page 25 of the instructions)

What is the organization's primary exempt purpose?	Program Service Expenses (Required for 501(c)(3) & (4) orgs. & 4947(a)(1) trusts, but optional for others)
<p>DEVELOP EMPLOYMENT PROGRAMS</p> <p>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)</p>	
a	
(Grants and allocations \$ _____)	
b	
(Grants and allocations \$ _____)	
c	
(Grants and allocations \$ _____)	
d	
(Grants and allocations \$ _____)	
e Other program services (attach schedule) SEE STMT 4	6,088,261
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	6,088,261

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

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only		(A)		(B)	
		Beginning of year		End of year	
A s s e t s	45	Cash-non-interest-bearing	349,209	45	22,433
	46	Savings and temporary cash investments	75,201	46	77,172
	47a	Accounts receivable			
	b	Less allowance for doubtful accounts		47c	
	48a	Pledges receivable			
	b	Less allowance for doubtful accounts		48c	
	49	Grants receivable	730,401	49	517,347
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a	Other notes and loans receivable (attach schedule)			
	b	Less allowance for doubtful accounts		51c	
52	Inventories for sale or use		52		
53	Prepaid expenses and deferred charges	122,080	53	100,636	
54	Investments-securities		54		
55a	Investments-land, buildings, and equipment basis				
b	Less accumulated depreciation (attach schedule)		55c		
56	Investments-other (attach schedule)		56		
57a	Land, buildings, and equipment basis	1,670,179			
b	Less accumulated depreciation (attach schedule) SEE STMT 5				
57b		1,054,182	57c	615,997	
58	Other assets (describe SEE STMT 6)	31,461	58	25	
59	Total assets (add lines 45 through 58) (must equal line 74)	1,904,962	59	1,333,610	
L i a b i l i t i e s	60	Accounts payable and accrued expenses	1,097,841	60	491,630
	61	Grants payable		61	
	62	Deferred revenue SEE STMT 7	51,289	62	144,159
	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 SEE STMT 8)	83,342	65	83,081
66	Total liabilities (add lines 60 through 65)	1,232,472	66	718,870	
N F e u n d A s s e t s	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
	67	Unrestricted	672,490	67	614,740
	68	Temporarily restricted		68	
	69	Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input 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		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)	672,490	73	614,740
	74	Total liabilities and net assets / fund balances (add lines 66 and 73)	1,904,962	74	1,333,610

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See page 27 of the instructions)

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

a	Total revenue, gains, and other support per audited financial statements	a	6,709,400
b	Amounts included on line a but not on line 12, Form 990		
	(1) Net unrealized gains on investments \$		
	(2) Donated services and use of facilities \$		
	(3) Recoveries of prior year grants \$		
	(4) Other (specify)		
	\$		
	Add amounts on lines (1) through (4)	b	
c	Line a minus line b	c	6,709,400
d	Amounts included on line 12, Form 990 but not on line a:		
	(1) Investment expenses not included on line 6b, Form 990 \$		
	(2) Other (specify)		
	\$		
	Add amounts on lines (1) and (2)	d	
e	Total revenue per line 12, Form 990 (line c plus line d)	e	6,709,400

a	Total expenses and losses per audited financial statements	a	6,735,075
b	Amounts included on line a but not on line 17, Form 990		
	(1) Donated services and use of facilities \$		
	(2) Prior year adjustments reported on line 20, Form 990 \$		
	(3) Losses reported on line 20, Form 990 \$		
	(4) Other (specify)		
	\$		
	Add amounts on lines (1) through (4)	b	
c	Line a minus line b	c	6,735,075
d	Amounts included on line 17, Form 990 but not on line a:		
	(1) Investment expenses not included on line 6b, Form 990 \$		
	(2) Other (specify)		
	\$		
	Add amounts on lines (1) and (2)	d	
e	Total expenses per line 17, Form 990 (line c plus line d)	e	6,735,075

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see page 27 of the instructions)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contrib to employee benefit plans & deferred compensation	(E) Expense account and other allowances
LINDA H. SOUTH ROCKLEDGE, FL SEE ATTACHED LIST	EXECUTIVE DI 60+	98,512	20,693	0
		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? Yes No
If "Yes," attach schedule-see page 28 of the instructions

Part VI Other Information (See page 28 of the instructions)

		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
78b	If "Yes," has it filed a tax return on Form 990-T for this year?		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	X	
80b	If "Yes," enter the name of the organization DYNAMIC WORKS INSTITUTE, INC. and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81a	Enter direct and indirect political expenditures See line 81 instructions		
81b	Did the organization file Form 1120-POL for this year?		X
82a	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
82b	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)		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
84b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		N/A
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?		N/A
85a	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		N/A
85c	Dues, assessments, and similar amounts from members		
85d	Section 162(e) lobbying and political expenditures		
85e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
85f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
85g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		N/A
85h	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
86a	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12		
86b	Gross receipts, included on line 12, for public use of club facilities		
87a	501(c)(12) orgs Enter a Gross income from members or shareholders		
87b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
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		X
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <u>0</u> , section 4912 <u>0</u> , section 4955 <u>0</u>		
89b	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		X
89c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		<u>0</u>
89d	Enter Amount of tax on line 89c, above, reimbursed by the organization		<u>0</u>
90a	List the states with which a copy of this return is filed FL		
90b	Number of employees employed in the pay period that includes March 12, 2003 (See instructions)		18
91	The books are in care of RICHARD MEAGHER Located at 597 HAVERTY CT, SUITE 40, ROCKLEDGE, FL Telephone no 321-504-2060 ZIP + 4 32955		
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		<input type="checkbox"/>

Part VII Analysis of Income-Producing Activities (See page 33 of the instructions)

	Unrelated business income		Excluded by sec 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
Note: Enter gross amounts unless otherwise indicated					
93 Program service revenue					
a LEARNING LINK (NON-GRANT)					
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	1,971	
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					6,355
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a _____					
b OTHER					53,016
c _____					-6,355
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0		1,971	53,016
105 Total (add line 104, columns (B), (D), and (E))					54,987

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)
●	SEE STATEMENT 9

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instructions)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

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

Under penalties of perjury, I declare that I have examined this return, including attachments and all information furnished to me, and believe that the return and all information furnished to me are true, correct, and complete. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

Please Sign Here

Signature of officer: *Lisa Rice*
Lisa Rice, Executive Director
 Type or print name and title

Paid Preparer's Use Only

Preparer's signature: *Dmitry Seleznev CPA*
 Firm's name (or yours if self-employed): **DAVIES, HOUSER & SE**
 address, and ZIP + 4: **P.O. BOX 129 COCOA, FL 32923-01**

SCHEDULE A
(Form 990 or 990-EZ)

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.)

OMB No 1545-0047

2003

Department of the Treasury
Internal Revenue Service

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

Name of the organization

**BREVARD WORKFORCE
DEVELOPMENT BOARD, INC**

Employer identification number

59-3031785

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 ben plans & deferred compensation	(e) Expense account and other allowances
FRANK HUSTON	IT DEPT. DIR 40+	67,604	18,050	0
LISA RICE	PLANNING DEP 40+	65,238	15,238	0
RICHARD MEAGHER	FINANCE DEPT 40+	61,716	17,150	0
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	▶	

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2003

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) 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		X
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 exproation if more than \$1,000)? SEE PART V, FORM 990	2d	X
e	Transfer of any part of its income or assets?	2e	X
3a	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
3b	Do you have a section 403(b) annuity plan for your employees?	3b	X
4	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4	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 6 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) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28.)	6,659,853	6,894,345	8,582,792	6,240,763	28,377,753
16 Membership fees received					0
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					0
18 Gross income from interest, dividends, amounts received from payment 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	2,686	3,429	3,886	3,461	13,462
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefits and either paid to it or expended on its behalf					0
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					0
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets STMT 10	27,484	32,275	61,887	90,848	212,494
23 Total of lines 15 through 22	6,690,023	6,930,049	8,648,565	6,335,072	28,603,709
24 Line 23 minus line 17	6,690,023	6,930,049	8,648,565	6,335,072	28,603,709
25 Enter 1% of line 23	66,900	69,300	86,486	63,351	

26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24	▶ 26a	572,074
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 1999 through 2002 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts		▶ 26b	
c Total support for section 509(a)(1) test Enter line 24, column (e)		▶ 26c	28,603,709
d Add Amounts from column (e) for lines	18 <u>13,462</u> 19 _____ 22 <u>212,494</u> 26b _____	▶ 26d	225,956
e Public support (line 26c minus line 26d total)		▶ 26e	28,377,753
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))		▶ 26f	99.2100%

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	(2002)	(2001)	(2000)	(1999)	N/A
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		(2002)	(2001)	(2000)	(1999)	N/A
c Add Amounts from column (e) for lines	15 _____ 16 _____ 17 _____ 20 _____ 21 _____					▶ 27c
d Add Line 27a total _____ and line 27b total _____						▶ 27d
e Public support (line 27c total minus line 27d total)						▶ 27e
f Total support for section 509(a)(2) test Enter amount on line 23, column (e)						▶ 27f
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))						▶ 27g %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))						▶ 27h %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, 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

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

		N/A	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?			
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?			
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? 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)			
34a	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? If you answered "Yes" to either 34a or b, please explain using an attached statement	34b		
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.)

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

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		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred)			
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-		
	If the amount on line 40 is-		
	Not over \$500,000		
	Over \$500,000 but not over \$1,000,000		
	Over \$1,000,000 but not over \$1,500,000		
	Over \$1,500,000 but not over \$17,000,000		
	Over \$17,000,000		
	The lobbying nontaxable amount is-		
	20% of the amount on line 40		
	\$100,000 plus 15% of the excess over \$500,000		
	\$175,000 plus 10% of the excess over \$1,000,000		
	\$225,000 plus 5% of the excess over \$1,500,000		
	\$1,000,000		
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	

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)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 12 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

- 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.)

Yes	No	Amount

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 12 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?

a Transfers from the reporting organization to a noncharitable exempt organization of

- (i) Cash
- (ii) Other assets

b Other transactions

- (i) Sales or exchanges of assets with a noncharitable exempt organization
- (ii) Purchases of assets from a noncharitable exempt organization
- (iii) Rental of facilities, equipment, or other assets
- (iv) Reimbursement arrangements
- (v) Loans or loan guarantees
- (vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

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.

	Yes	No
51a(i)		X
a(ii)		X
b(i)		X
b(ii)		X
b(iii)		X
b(iv)		X
b(v)		X
b(vi)		X
c		X

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

52a 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

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

Federal Statements

Statement 1 - Form 990, Part I, Line 8c - Sale of Assets Other Than Inventory - Other

Desc	How Rec'd	Whom Sold	Date Acquired	Date Sold	Sale Price	Cost & Expense	Deprec	Gain/-Loss
FIXED ASSETS DISPOSALS FYE 6/30/04								
	PURCHASE		VARIOUS	6/30/04	\$	\$	\$	\$
ADDITIONAL FA TRANSFERRED TO DWI								
	PURCHASE		VARIOUS	7/01/03	818			818
ITEMS NOT IN FAS-GOV PER CLIENT								
	PURCHASE		VARIOUS	6/30/04				
MIP: #4131-4135: 5 INFOCUS LP-500 PROJECTOR								
	PURCHASE		6/12/03	6/01/04				
MIP ASS CAT:ELECTRONICS								
	PURCHASE		12/31/01	6/01/04				
MIP ASS CAT: COMPUTER								
	PURCHASE		12/31/01	6/30/04				
MIP ASS CAT: COMPUTER								
	PURCHASE		12/31/01	7/01/03	1,976			1,976
MIP: COMPUTERS & PERIPHERAL EQUIPMENT								
	PURCHASE		6/30/03	7/01/03	3,561			3,561
TOTAL					\$ 6,355	\$ 0	\$ 0	\$ 6,355

Federal Statements**Statement 2 - Form 990, Line 20 - Other Changes in Net Assets or Fund Balances**

<u>Description</u>	<u>Amount</u>
RECLASSIFICATION/ADJUSTMENT IN NET ASSETS BETWEEN THE BOARD AND DYNAMIC WORKS	\$ -32,075
TOTAL	\$ <u>-32,075</u>

Federal Statements

Statement 3 - Form 990, Part II, Line 43 - Other Functional Expenses

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
	\$	\$	\$	\$
EXPENSES				
TRUST FUND SERVICES	1,607		1,607	
COUNSELING SERVICES	391		391	
MONITORING SERVICES	51,663	24,394	27,269	
JANITORIAL SERVICES	32,500	28,570	3,930	
OFFICE RELOCATION	334,117	329,557	4,560	
DATA PROCESSING	3,061		3,061	
CLERICAL SERVICES	242		242	
DRUG & BACKGROUND SCREENING	860		860	
TELECOMMUNICATION SERVICES	49,616	47,313	2,303	
OTHER CONSULTING	116,942	91,714	25,228	
ERRORS & OMISSIONS INSURANCE	5,504		5,504	
EMPLOYEE FIDELITY INSURANCE	338		338	
AUTO INSURANCE	954	162	792	
PROPERTY INSURANCE	6,741	6,441	300	
EMPLOYEE PRACTICES INSURANCE	2,943		2,943	
AUTO REPAIR & MAINTENANCE	317	285	32	
FACILITY MAINTENANCE	46,199	41,859	4,340	
PROGRAM OUTREACH	100,354	81,447	18,907	
BANKING & USER FEES	239		239	
GASOLINE	3,535	3,415	120	
PETTY CASH REIMBURSEMENT	558	338	220	
ADVERTISING	15		15	
MEMBERSHIP DUES	8,167	530	7,637	
BOOKS & PUBLICATIONS	15,917	13,430	2,487	
PROFESSIONAL TRAINING	42,588	4,598	37,990	
INCENTIVES	43,236	34,892	8,344	
ADMINISTRATIVE ALLOCATION	-152,426		-152,426	
DWI-CONTRA PAYROLL ALLOCATION	-16,714		-16,714	
IT MANAGEMENT SERVICES	7,575	7,575		
VAN LEASE	7,516	7,516		
SCHOLARSHIPS	8,658	8,658		
SUBRECIPIENT CONTRACTS	2,968,124	2,968,124		
TUITION & FEES	341,832	341,832		
BOOKS & SUPPLIES	50,385	50,385		
MEDICAL EXPENSES	2,485	2,485		
TRANSPORTATION	17,488	17,488		
CHILD CARE	28,330	28,330		
SUPPORT SERVICES	175	175		
PROGRAM ALLOCATION	152,426	152,426		
DWI-CONTRA PAYROLL ALLOCATION	16,714	16,714		
ITA FEDERAL:				
SUBRECIPIENT CONTRACTS	268,608	268,608		
EDUCATION:				
POSTAGE & DELIVERY	24	24		
BOOKS & PUBLICATIONS	1,254	1,254		
TUITION & FEES	108,686	108,686		
BOOKS & SUPPLIES	46,958	46,958		
MEDICAL EXPENSES	3,380	3,380		
TRANSPORTATION	33,798	33,798		
CHILD CARE	2,296	2,296		
UNDEFINED:				

Federal Statements**Statement 3 - Form 990, Part II, Line 43 - Other Functional Expenses (continued)**

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
SUBRECIPIENT CONTRACTS	\$ 24,858	\$ 24,858	\$	\$
ROUNDING	-4	-1	-3	
AJE 1-BOOKS & PUBLICATIONS	4,200	4,200		
AJE 2 & 3-COMP. ABS. EXP.	-4,378	-2,189	-2,189	
AJE 4-OFFICE SPACE LEASE	16,080	14,472	1,608	
AJE 8-SUBRECIPIENT CONTRACT	44,758	44,758		
AJE 9-OFFICE EQUIPMENT	-32,942	-31,295	-1,647	
AJE 9-OFFICE RELOCATION	-300,609	-300,609		
AJE 10-LOSS ON DISPOSAL FA	72,860	69,217	3,643	
FUNDRAISING EXPENSES			-48,980	48,980
TOTAL	<u>\$ 4,590,999</u>	<u>\$ 4,599,068</u>	<u>\$ -57,049</u>	<u>\$ 48,980</u>

Statement 4 - Form 990, Part III, Line e - Other Program Services

ADMINISTER PROGRAMS WHICH PREPARE WORKERS FOR ENTRY INTO THE LABOR FORCE AND PROVIDE TRAINING TO INDIVIDUALS WHO FACE BARRIERS TO EMPLOYMENT IN ACCORDANCE WITH THE PROVISIONS OF THE STATE OF FLORIDA AGENCY FOR WORKFORCE INNOVATION AND WAGNER PEYSER ACTS. UNDER THE WELFARE TRANSITION SERVICES PROGRAM, THE BOARD CONTRACTS WITH SERVICE PROVIDERS TO DELIVER CASE MANAGEMENT, EDUCATIONAL AND COMMUNITY WORK EXPERIENCE SERVICES.

Federal Statements

Statement 5 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment

Description	Beginning of Year	Accum Deprec	End of Year	Accum Deprec
FIXED ASSETS	\$ 1,852,376	\$ 1,255,766	\$ 1,670,179	\$ 1,054,182
TOTAL	\$ 1,852,376	\$ 1,255,766	\$ 1,670,179	\$ 1,054,182

Statement 6 - Form 990, Part IV, Line 58 - Other Assets

Description	Beginning of Year	End of Year
DUE FROM DYNAMIC WORKS	\$ 31,461	\$ 25
TOTAL	\$ 31,461	\$ 25

Statement 7 - Form 990, Part IV, Line 62 - Deferred Revenue

Description	Beginning of Year	End of Year
REFUNDABLE ADVANCES	\$ 51,289	\$ 144,159
TOTAL	\$ 51,289	\$ 144,159

Statement 8 - Form 990, Part IV, Line 65 - Other Liabilities

Description	Beginning of Year	End of Year
ACCRUED WAGES/COMPENSATED ABSENCES	\$ 73,899	\$ 69,063
ACCRUED TAXES/OTHER LIABILITIES	9,443	14,018
TOTAL	\$ 83,342	\$ 83,081

BREVARD WORKFORCE DEVELOPMENT BOARD, INC.

OFFICERS

B. Doug Mead	Chair
Gail Schuneman	Vice Chair
Kenneth Pinson	Treasurer

BOARD OF DIRECTORS

Doug Barclay	Marj Bartok
Carolyn Brown	Mike Butchko
Ronald Cobb	Dr. Richard DiPatri
Brian Duffy	Rhonda Fuller
Dr. Thomas Gamble	Pam Gatto
Rick Hemming	Walt Johnson
Don Lusk	Rick McNeight
Mike Menyhart	Karla Micka
Emil Miller	Raoul Mosquera
Al O'Connell	Dayle Olson
Stephen Pinkowski	John Rice
Bill Sample	Ronald Sellers
James Shalls	Anne Spencer
Julie Dunn Story	William Taylor
Rose Thron	Mike Watkins
Lynda Weatherman	Tim Yandell

EXECUTIVE DIRECTOR

Linda H. South

ATTORNEY

Clifton McClelland

NASA LIAISON

Ken Aguilar

Federal Statements

Statement 9 - Form 990, Part VIII - Relationship of Activities

<u>Line No.</u>	<u>Description</u>
93A	NOMINAL FEES ARE CHARGED TO PROGRAM PARTICIPANTS FOR JOB TRAINING RELATED COURSES AND OTHER JOB ACQUISITION AND SKILL ENHANCEMENT SERVICES. THE FEES ARE USED FOR THE OVERALL IMPROVEMENT OF THE QUALITY OF THE AREA WORKFORCE.
103	INCOME FROM STATE OF FLORIDA AGENCY FOR WORKFORCE INNOVATION FOR AN OFFICE SUB-LEASE, WHOSE PURPOSE IS TO ENHANCE THE QUALITY OF THE WORKFORCE IN THE AREA. OTHER MISCELLANEOUS INCOME ALSO ENHANCES THE LOCAL WORKFORCE ACTIVITIES.

Federal Statements

Statement 10 - Schedule A, Part IV-A, Line 22 - Other Income

<u>Description</u>	<u>2002</u>	<u>2001</u>	<u>2000</u>	<u>1999</u>
TOTAL	\$ <u>27,484</u>	\$ <u>32,275</u>	\$ <u>61,887</u>	\$ <u>90,848</u>

Form **8868**
(December 2000),
Department of the Treasury
Internal Revenue Service

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)
- Note:** 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)

Note Form 990-T corporations requesting an automatic 6-month extension-check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Type or print File by the due date for filing your return See instructions	Name of Exempt Organization BREVARD WORKFORCE DEVELOPMENT BOARD, INC	Employer identification number 59-3031785
	Number, street, and room or suite no If a P O box, see instructions 597 HAVERTY COURT 40	
	City, town or post office, state, and ZIP code For a foreign address, see instructions ROCKLEDGE FL 32955	

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

- 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) _____ 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-month, for 990-T corporation) extension of time until 2/15/05 to file the exempt organization return for the organization named above The extension is for the organization's return for

▶ calendar year _____ or

▶ tax year beginning 7/01/03 , and ending 6/30/04

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

3a 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 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 \$ _____

c **Balance Due.** 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 \$ _____

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ▶ *Dmk/Je* Title ▶ CPA Date ▶ 11/12/04

For Paperwork Reduction Act Notice, see Instruction Form **8868** (12-2000)

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box
- Note: **Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.**
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

Part II Additional (not automatic) 3-Month Extension of Time-Must File Original and One Copy.

Type or print File by the extended due date for filing the return See instructions	Name of Exempt Organization BREVARD WORKFORCE DEVELOPMENT BOARD, INC	Employer identification number 59-3031785
	Number, street, and room or suite no. If a P.O. box, see instructions. 597 HAVERTY COURT 40	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instr. ROCKLEDGE FL 32955	

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-EZ	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 5227	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 6069	

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- 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) _____ . 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 is for

4 I request an additional 3-month extension of time until 5/16/05

5 For calendar year _____, or other tax year beginning 7/01/03 and ending 6/30/04

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

7 State in detail why you need the extension
ADDITIONAL TIME IS REQUESTED TO GATHER INFORMATION TO PREPARE A COMPLETE AND ACCURATE RETURN.

8a 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 If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ _____

c **Balance Due.** Subtract line 8b from line 8a Include your payment with this form, or, it required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ _____

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature *Maing...* Title CPA Date 2/11/05

Notice to Applicant-To Be Completed by the IRS

- We **have** approved this application. Please attach this form to the organization's return.
- We **have not** approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions) This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return Please attach this form to the organization's return
- We **have not** approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- We **cannot consider** this application because it was filed after the due date of the return for which an extension was requested.
- Other _____

Director _____ By _____ Date _____

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above

EXTENSION APPROVED

Type or print	Name DAVIES, HOUSER & SECREST, CPA, P.A.	FEB 25 2005
	Number and street (include suite, room, or apt no.) Or a P.O. box number P.O. BOX 129	FIELD DIRECTOR, SUBMISSION PROCESSING, OGDEN,
	City or town, province or state, and country (including postal or ZIP code) COCOA FL 32923-0129	