

Form **990-EZ**

**Short Form  
Return of Organization Exempt From Income Tax**

OMB No 1545-1150

**2005**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)  
▶ For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

**A For the 2005 calendar year, or tax year beginning** \_\_\_\_\_, **2005, and ending** \_\_\_\_\_

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C</b> Brevard Amateur Ice Hockey Association, Inc. 720 Roy Wall Blvd. Rockledge, FL 32955	<b>D</b> Employer identification number 59-3469661
			<b>E</b> Telephone number 321-504-7500
			<b>F</b> Group Exemption Number

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

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

**I** Web site: ▶ N/A

**J** Organization type (check only one) —  501(c) ( 7 ) ◀ (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 chooses to file a return, be sure to file a complete return. **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 ▶ \$ 99,074.

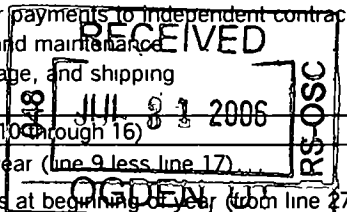
**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See Instructions)

REVENUE	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	99,074.
	3	Membership dues and assessments	3	
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)	5c	
	6	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>	6	
	6a	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
6b	b Less: direct expenses other than fundraising expenses	6b		
6c	c Net income or (loss) from special events and activities (line 6a less line 6b)	6c		
7a	7a Gross sales of inventory, less returns and allowances	7a		
7b	b Less cost of goods sold	7b		
7c	c Gross profit or (loss) from sales of inventory (line 7a less line 7b)	7c		
8	8 Other revenue (describe ▶ _____)	8		
9	9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	99,074.	
EXPENSES	10	10 Grants and similar amounts paid (attach schedule)	10	
	11	11 Benefits paid to or for members	11	
	12	12 Salaries, other compensation, and employee benefits	12	
	13	13 Professional fees and other payments to independent contractors	13	
	14	14 Occupancy, rent, utilities, and maintenance	14	
	15	15 Printing, publications, postage, and shipping	15	
	16	16 Other expenses (describe ▶ See Statement 1)	16	90,430.
17	17 Total expenses (add lines 10 through 16)	17	90,430.	
ASSETS	18	18 Excess or (deficit) for the year (line 9 less line 17)	18	8,644.
	19	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	7,411.
	20	20 Other changes in net assets or fund balances (attach explanation)	20	
	21	21 Net assets or fund balances at end of year (combine lines 18 through 20)	21	16,055.

**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

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	7,411.	16,055.
23	23 Land and buildings		
24	24 Other assets (describe ▶ _____)		
25	25 Total assets	7,411.	16,055.
26	26 Total liabilities (describe ▶ _____)	0.	0.
27	27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	7,411.	16,055.

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<b>Part III Statement of Program Service Accomplishments</b> (See Instructions)		<b>Expenses</b>
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.		(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)
28	----- ----- (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29	----- ----- (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30	----- ----- (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31	Other program services (attach schedule) (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32	<b>Total program service expenses</b> (add lines 28a through 31a) <input type="checkbox"/>	<b>32</b>

<b>Part IV List of Officers, Directors, Trustees, and Key Employees</b> (List each one even if not compensated. See 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 and deferred compensation	(E) Expense account and other allowances
Peter Nyman 2316 Dearcroft Drive Melbourne, FL 32940	President 0	0.	0.	0.
Gary O'Neil 4110 Savannahs Trail Merritt Island, FL 32953	Vice President 0	0.	0.	0.
Tim Szymula 5057 Bennington Place Viera, FL 32955	Treasurer 0	0.	0.	0.
Don Cassario 3686 Nobility Avenue Melbourne, FL 32934	Secretary 0	0.	0.	0.

<b>Part V Other Information</b> (Note the attachment requirement in the instructions)	See Statement 2	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	33		X
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes	34		X
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(e) notice, reporting, and proxy tax requirements?	35a		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?	35b	N/A	
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If 'Yes,' att a stmtnt.)	36		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="checkbox"/> 0.	37a		
b Did the organization file Form 1120-POL for this year?	37b		X
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?	38a		X
b If 'Yes,' attach the sch specified in the ln 38 instructions and enter the amount involved	38b	N/A	
39 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on line 9	39a	0.	
b Gross receipts, included on line 9, for public use of club facilities	39b	0.	
40a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> N/A, section 4912 <input type="checkbox"/> N/A; section 4955 <input type="checkbox"/> N/A			
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	40b	N/A	
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="checkbox"/>			0.
d Enter amount of tax on line 40c reimbursed by the organization <input type="checkbox"/>			0.

**Part V Other Information** (Note the attachment requirement in the instructions) (Continued)

**41** List the states with which a copy of this return is filed ▶ None

**42 a** The books are in care of ▶ Tim Szymula Telephone no. ▶ 321-504-7500  
Located at ▶ 720 Roy Wall Blvd. Rockledge, FL, ZIP + 4 ▶ 32955

**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

**c** At any time during the calendar year, did the organization maintain an office outside of the U.S.?

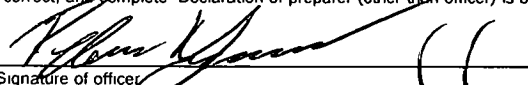
If 'Yes,' enter the name of the foreign country ▶ \_\_\_\_\_

	Yes	No
<b>42b</b>		X
<b>42c</b>		X

**43** Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here ▶  N/A  
and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A

**Please Sign Here**

Under penalties of perjury, I declare that I have examined this return, including true, correct, and complete Declaration of preparer (other than officer) is based on all the information provided to me.

▶   
Signature of officer

**Paid Preparer's Use Only**

Preparer's signature ▶ 

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ Francis M. Stewart, CPA, PA  
6939 N. Wickham Rd.  
Melbourne, FL 32940

BAA

TEEA0812

**Statement 1**  
**Form 990-EZ, Part I, Line 16**  
**Other Expenses**

Youth Hockey Expenses . . . . .	\$ 90,430.
Total	<u>\$ 90,430.</u>

**Statement 2**  
**Form 990-EZ, Part V**  
**Regarding Transfers Associated with Personal Benefit Contracts**

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

2005

Federal Supplemental Information

Page 1

Client 1565

Brevard Amateur Ice Hockey  
Association, Inc.

59-3469661

7/12/06

10 06AM

Form 990-EZ Page 1, Line 16 Other Expenses,

Youth Hockey Expenses include registration fees, tournament fees, uniform expenses, rink fees, coaching fees, awards and trophies, hockey supplies, and other miscellaneous hockey expenses.

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

Department of the Treasury  
Internal Revenue Service

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Part I Automatic 3-Month Extension of Time – Only submit original (no copies needed)**

**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*

**Electronic Filing (e-file).** Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6-months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile)

<b>Type or print</b> File by the due date for filing your return See instructions.	Name of Exempt Organization <b>Brevard Amateur Ice Hockey Association, Inc.</b>	Employer identification number <b>59-3469661</b>
	Number, street, and room or suite number If a P O box, see instructions <b>720 Roy Wall Blvd.</b>	
	City, town or post office For a foreign address, see instructions <b>Rockledge, FL 32955</b>	state ZIP code

**Check type of return to be filed** (file a separate application for each return)

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

• The books are in the care of ▶ Tim Szymula -----

Telephone No ▶ 321-504-7500 FAX No ▶ -----

- 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-months for a **Form 990-T corporation**) extension of time until 8/15, 2006, to file the exempt organization return for the organization named above The extension is for the organization's return for.
  - ▶  calendar year 2005 or
  - ▶  tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_
- 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 \$ 0.
- 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 \$ 0.
- 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 \$ 0.

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

**BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.**