

Form **990**

# 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)

OMB No 1545-0047

# 2003

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 2003 calendar year, or tax year beginning **OCT 1, 2003** and ending **SEP 30, 2004**

- 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  
**ARC-BREVARD, INC.**

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

City or town, state or country, and ZIP + 4  
**ROCKLEDGE, FL 32955**

**D** Employer identification number  
**59-0905505**

**E** Telephone number  
**321.690.3464**

**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 **I** are not applicable to section 527 organizations.

**H(a)** Is this a group return for affiliates?  Yes  No

**H(b)** If "Yes," enter number of affiliates \_\_\_\_\_

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

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

**I** Group Exemption Number \_\_\_\_\_

**G** Website: **N/A**

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

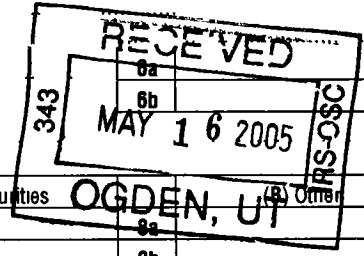
**K** Check here  if the organization's gross receipts are normally not more than \$25,000 The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data Some states require a complete return.

**M** Check  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 **3,389,707.**

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

Revenue	1	Contributions, gifts, grants, and similar amounts received			
	a	Direct public support	1a	21,136.	
	b	Indirect public support	1b	78,505.	
	c	Government contributions (grants)	1c	1,956,725.	
	d	Total (add lines 1a through 1c) (cash \$ <u>2,056,366.</u> noncash \$ _____)	1d	2,056,366.	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	1,202,183.	
	3	Membership dues and assessments	3	155.	
	4	Interest on savings and temporary cash investments	4	78,744.	
	5	Dividends and interest from securities	5		
	6a	Gross rents	6a		
	b	Less: rental expenses	6b		
	c	Net rental income or (loss) (subtract line 6b from line 6a)	6c		
7	Other investment income (describe _____)	7			
8a	Gross amount from sales of assets other than inventory	8a			
b	Less: cost or other basis and sales expenses	8b			
c	Gain or (loss) (attach schedule)	8c			
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8d			
9	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>				
a	Gross revenue (not including \$ <u>0.</u> of contributions reported on line 1a)	9a	52,259.		
b	Less: direct expenses other than fundraising expenses	9b	26,377.		
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c	25,882.		
10a	Gross sales of inventory, less returns and allowances	10a			
b	Less: cost of goods sold	10b			
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
11	Other revenue (from Part VII, line 103)	11			
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	3,363,330.		
Expenses	13	Program services (from line 44, column (B))	13	2,818,827.	
	14	Management and general (from line 44, column (C))	14	483,481.	
	15	Fundraising (from line 44, column (D))	15		
	16	Payments to affiliates (attach schedule)	16		
	17	Total expenses (add lines 16 and 44, column (A))	17	3,302,308.	
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	61,022.	
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	1,098,378.	
	20	Other changes in net assets or fund balances (attach explanation)	20	0.	
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	1,159,400.	



SEE STATEMENT 1

SCANNED JUN 28 2005

323001 12-17-03

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2003)

**Part II Statement of Functional Expenses**

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule)				
	cash \$ _____ noncash \$ _____	22			
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc	25	0.	0.	0.
26	Other salaries and wages	26	2,532,777.	2,203,978.	328,799.
27	Pension plan contributions	27			
28	Other employee benefits	28	273,996.	241,021.	32,975.
29	Payroll taxes	29			
30	Professional fundraising fees	30			
31	Accounting fees	31	8,000.	7,585.	415.
32	Legal fees	32			
33	Supplies	33	75,136.	69,828.	5,308.
34	Telephone	34	23,586.	19,322.	4,264.
35	Postage and shipping	35	7,400.	5,621.	1,779.
36	Occupancy	36	31,501.	29,269.	2,232.
37	Equipment rental and maintenance	37	154,192.	152,012.	2,180.
38	Printing and publications	38	13,625.	12,667.	958.
39	Travel	39			
40	Conferences, conventions, and meetings	40	6,014.	3,026.	2,988.
41	Interest	41	10,096.	10,096.	
42	Depreciation, depletion, etc (attach schedule)	42	52,968.		52,968.
43	Other expenses not covered above (itemize):				
a	AMORTIZATION	43a	1,348.		1,348.
b	MEMBERSHIPS	43b	16,199.	14,695.	1,504.
c	INSURANCE	43c	57,813.	49,707.	8,106.
d	COMMISSIONS	43d	28,606.		28,606.
e	MISCELLANEOUS	43e	9,051.		9,051.
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	3,302,308.	2,818,827.	483,481.

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

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

If "Yes," enter (I) the aggregate amount of these joint costs \$ \_\_\_\_\_; (II) the amount allocated to Program services \$ \_\_\_\_\_;

(iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments**

What is the organization's primary exempt purpose?

**TRAINING THE DEVELOPMENTALLY DISABLED.**

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

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

a	<b>NISH PROGRAM</b>				
	NUMBER BENEFITED: 15 UNITS				
	(Grants and allocations \$ _____)				676,519.
b	<b>MOBILE CREWS</b>				
	NUMBER BENEFITED: 19 UNITS				
	(Grants and allocations \$ _____)				439,737.
c	<b>SUBCONTRACT SERVICE</b>				
	NUMBER BENEFITED: 55 UNITS				
	(Grants and allocations \$ _____)				287,520.
d	<b>COMMUNITY DISCOVERY</b>				
	NUMBER BENEFITED: 23 UNITS				
	(Grants and allocations \$ _____)				287,520.
e	Other program services (attach schedule) STATEMENT 2				
	(Grants and allocations \$ _____)				1,127,531.
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)				2,818,827.

**Part IV Balance Sheets**

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year	(B) End of year	
Assets	45 Cash - non-interest-bearing	699.	45 500.	
	46 Savings and temporary cash investments	179,272.	46 206,192.	
	47 a Accounts receivable	47a 82,793.	47c 82,793.	
	b Less allowance for doubtful accounts	47b		
	48 a Pledges receivable	48a 385,385.	48c 385,385.	
	b Less allowance for doubtful accounts	48b		
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees	STATEMENT 3	6,698.	50 6,698.
	51 a Other notes and loans receivable	51a	367,647.	51c
	b Less: allowance for doubtful accounts	51b		
	52 Inventories for sale or use			52
	53 Prepaid expenses and deferred charges		1,713.	53 24,564.
	54 Investments - securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV		54
	55 a Investments - land, buildings, and equipment basis	55a 883,852.	388,547.	55c 369,443.
	b Less accumulated depreciation	55b 514,409.		
56 Investments - other	SEE STATEMENT 4	0.	56 1,050,395.	
57 a Land, buildings, and equipment: basis	57a		57c	
b Less: accumulated depreciation	57b			
58 Other assets (describe)	SEE STATEMENT 5	12,055.	58 10,707.	
<b>59 Total assets (add lines 45 through 58) (must equal line 74)</b>		<b>1,731,021.</b>	<b>59 2,136,677.</b>	
Liabilities	60 Accounts payable and accrued expenses	396,788.	60 253,883.	
	61 Grants payable		61	
	62 Deferred revenue	3,932.	62 3,932.	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable	189,454.	64b 673,312.	
	65 Other liabilities (describe)	SEE STATEMENT 6	42,469.	65 46,150.
<b>66 Total liabilities (add lines 60 through 65)</b>		<b>632,643.</b>	<b>66 977,277.</b>	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	972,567.	67 1,033,589.	
	68 Temporarily restricted	125,811.	68 125,811.	
	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	
<b>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)</b>		<b>1,098,378.</b>	<b>73 1,159,400.</b>	
<b>74 Total liabilities and net assets / fund balances (add lines 66 and 73)</b>		<b>1,731,021.</b>	<b>74 2,136,677.</b>	

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**

<b>a</b> Total revenue, gains, and other support per audited financial statements	<b>a</b> 4,835,955.
<b>b</b> Amounts included on line <b>a</b> 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): STMT 7 \$ 1,472,625.	
Add amounts on lines (1) through (4)	<b>b</b> 1,472,625.
<b>c</b> Line <b>a</b> minus line <b>b</b>	<b>c</b> 3,363,330.
<b>d</b> Amounts included on line 12, Form 990 but not on line <b>a</b> :	
(1) Investment expenses not included on line 6b, Form 990 \$	
(2) Other (specify) \$	
Add amounts on lines (1) and (2)	<b>d</b> 0.
<b>e</b> Total revenue per line 12, Form 990 (line <b>c</b> plus line <b>d</b> )	<b>e</b> 3,363,330.

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

<b>a</b> Total expenses and losses per audited financial statements	<b>a</b> 4,607,989.
<b>b</b> Amounts included on line <b>a</b> 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): STMT 8 \$ 1,305,681.	
Add amounts on lines (1) through (4)	<b>b</b> 1,305,681.
<b>c</b> Line <b>a</b> minus line <b>b</b>	<b>c</b> 3,302,308.
<b>d</b> Amounts included on line 17, Form 990 but not on line <b>a</b> :	
(1) Investment expenses not included on line 6b, Form 990 \$	
(2) Other (specify) \$	
Add amounts on lines (1) and (2)	<b>d</b> 0.
<b>e</b> Total expenses per line 17, Form 990 (line <b>c</b> plus line <b>d</b> )	<b>e</b> 3,302,308.

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
SEE STATEMENT 9		178,804.	13,930.	0.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? If "Yes," attach schedule  Yes  No

Part VI Other Information

76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity
77 Were any changes made in the organizing or governing documents but not reported to the IRS?
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?
78 b 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?
80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?
80 b If "Yes," enter the name of the organization
81 a Enter direct or indirect political expenditures See line 81 instructions
81 b Did the organization file Form 1120-POL for this year?
82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?
82 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)
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?
83 b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?
84 a Did the organization solicit any contributions or gifts that were not tax deductible?
84 b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?
85 b Did the organization make only in-house lobbying expenditures of \$2,000 or less?
85 c Dues, assessments, and similar amounts from members
85 d Section 162(e) lobbying and political expenditures
85 e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices
85 f Taxable amount of lobbying and political expenditures (line 85d less 85e)
85 g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?
85 h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?
86 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on line 12
86 b Gross receipts, included on line 12, for public use of club facilities
87 501(c)(12) organizations. Enter a Gross income from members or shareholders
87 b 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?
89 a 501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under: section 4911
89 b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year?
89 c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
89 d Enter Amount of tax on line 89c, above, reimbursed by the organization
90 a List the states with which a copy of this return is filed
90 b Number of employees employed in the pay period that includes March 12, 2003
91 The books are in care of
Telephone no

Located at ROCKLEDGE, FL

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

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

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue					
a <b>PRODUCTS AND SERVICES</b>					1,166,424.
b <b>PRIVATE PAY</b>					22,343.
c <b>MISCELLANEOUS INCOME</b>					9,233.
d <b>TRANSPORTATION INCOME</b>					4,183.
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments			01	155.	
95 Interest on savings and temporary cash investments			14	78,744.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			01	25,882.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		104,781.	1,202,183.
105 Total (add line 104, columns (B), (D), and (E))					1,306,964.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See page 34 of the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93A	INCOME FORM SERVICES PERFORMED BY DEVELOPMENTALLY DISABLED PERSONS
93B	PRIVATE PAYMENT FOR DEVELOPMENTALLY DISABLED PERSONS REC. TRAINING
93C	MISC. INCOME FROM PROGRAMS PROVIDED TO DEVELOPMENTALLY DISABLED PERSON
93D	TRANSPORTATION COSTS PAID BY PROGRAM PARTICIPANTS

**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 w**

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to
  - (b) Did the organization, during the year, pay premiums, directly or indirectly, on a
- 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 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 furnished to preparer.

Please Sign Here: *Tom Anderson* Signature of officer Date: 5-9

Paid Preparer's Use Only: Preparer's signature: *Diana F. Smith, CFP*  
Firm's name (or yours if self-employed), address, and ZIP + 4: CARTER & COMPANY  
P.O. BOX 279  
DESTIN, FL 32540

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(a), 501(f), 501(k),  
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

**Supplementary Information-(See separate instructions.)**

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

OMB No 1545-0047

**2003**

Name of the organization

**ARC-BREVARD, INC.**

Employer identification number

**59 0905505**

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

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

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

Total number of other employees paid over \$50,000 ▶

**0**

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

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

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE -----		
-----		
-----		
-----		
-----		

Total number of others receiving over \$50,000 for professional services ▶

**0**

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

	Yes	No
<b>1</b> 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 <b>▶</b> \$ _____ \$ _____ (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.		<b>X</b>
<b>2</b> 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.)		
<b>a</b> Sale, exchange, or leasing of property?		<b>X</b>
<b>b</b> Lending of money or other extension of credit?		<b>X</b>
<b>c</b> Furnishing of goods, services, or facilities?		<b>X</b>
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		<b>X</b>
<b>e</b> Transfer of any part of its income or assets?		<b>X</b>
<b>3 a</b> 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.)		<b>X</b>
<b>b</b> Do you have a section 403(b) annuity plan for your employees?	<b>X</b>	
<b>4</b> Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		<b>X</b>

**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
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	2,421,991.	2,169,238.	1,305,875.	1,210,862.	7,107,966.
<b>16</b> Membership fees received	2,200.	2,165.	0.	1,268.	5,633.
<b>17</b> 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	1,652,272.	1,557,987.	864,790.	773,601.	4,848,650.
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	3.	1.	7,708.	95.	7,807.
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> 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.					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
<b>23</b> Total of lines 15 through 22	4,076,466.	3,729,391.	2,178,373.	1,985,826.	11,970,056.
<b>24</b> Line 23 minus line 17	2,424,194.	2,171,404.	1,313,583.	1,212,225.	7,121,406.
<b>25</b> Enter 1% of line 23	40,765.	37,294.	21,784.	19,858.	
<b>26</b> Organizations described on lines 10 or 11: <b>a</b> Enter 2% of amount in column (e), line 24					<b>26a</b> 142,428.
<b>b</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					<b>26b</b> 0.
<b>c</b> Total support for section 509(a)(1) test. Enter line 24, column (e)					<b>26c</b> 7,121,406.
<b>d</b> Add Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____		7,807.			<b>26d</b> 7,807.
<b>e</b> Public support (line 26c minus line 26d total)					<b>26e</b> 7,113,599.
<b>f</b> Public support percentage (line 26e (numerator) divided by line 26c (denominator))					<b>26f</b> 99.8904%
<b>27</b> Organizations described on line 12: <b>a</b> 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>b</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
<b>c</b> Add Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					<b>27c</b> N/A
<b>d</b> Add Line 27a total _____ and line 27b total _____					<b>27d</b> N/A
<b>e</b> Public support (line 27c total minus line 27d total)					<b>27e</b> N/A
<b>f</b> Total support for section 509(a)(2) test. Enter amount on line 23, column (e)					<b>27f</b> N/A
<b>g</b> Public support percentage (line 27e (numerator) divided by line 27f (denominator))					<b>27g</b> N/A %
<b>h</b> Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					<b>27h</b> N/A %
<b>28</b> 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	NONE				

**Part V Private School Questionnaire** (See page 7 of the instructions)

N/A

**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

		Yes	No
<b>29</b>	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?		
<b>30</b>	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?		
<b>31</b>	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.)		
<b>32</b>	Does the organization maintain the following:		
<b>a</b>	Records indicating the racial composition of the student body, faculty, and administrative staff?		
<b>b</b>	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
<b>c</b>	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
<b>d</b>	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)		
<b>33</b>	Does the organization discriminate by race in any way with respect to		
<b>a</b>	Students' rights or privileges?		
<b>b</b>	Admissions policies?		
<b>c</b>	Employment of faculty or administrative staff?		
<b>d</b>	Scholarships or other financial assistance?		
<b>e</b>	Educational policies?		
<b>f</b>	Use of facilities?		
<b>g</b>	Athletic programs?		
<b>h</b>	Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)		
<b>34 a</b>	Does the organization receive any financial aid or assistance from a governmental agency?		
<b>b</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		
<b>35</b>	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		

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

N/A

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

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

**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred)

	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
	N/A	
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>	
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>	
<b>38</b> Total lobbying expenditures (add lines 36 and 37)	<b>38</b>	
<b>39</b> Other exempt purpose expenditures	<b>39</b>	
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>	
<b>41</b> Lobbying nontaxable amount Enter the amount from the following table -		
<b>If the amount on line 40 is -</b> <b>The lobbying nontaxable amount is -</b>		
Not over \$500,000                                      20% of the amount on line 40		
Over \$500,000 but not over \$1,000,000              \$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000              \$175,000 plus 10% of the excess over \$1,000,000		
Over \$1,500,000 but not over \$17,000,000              \$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000                                      \$1,000,000		
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>	
<b>43</b> Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	<b>43</b>	
<b>44</b> Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	<b>44</b>	

**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				N/A
	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
<b>45</b> Lobbying nontaxable amount					0.
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					0.
<b>47</b> Total lobbying expenditures					0.
<b>48</b> Grassroots nontaxable amount					0.
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					0.
<b>50</b> Grassroots lobbying expenditures					0.

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 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
		0.

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

**Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations** (See page 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
<b>51a(i)</b>		<b>X</b>
<b>a(ii)</b>		<b>X</b>
<b>b(i)</b>		<b>X</b>
<b>b(ii)</b>		<b>X</b>
<b>b(iii)</b>		<b>X</b>
<b>b(iv)</b>		<b>X</b>
<b>b(v)</b>		<b>X</b>
<b>b(vi)</b>		<b>X</b>
<b>c</b>		<b>X</b>

N/A

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

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

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

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

FORM 990	SPECIAL EVENTS AND ACTIVITIES				STATEMENT	1
DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME	
SPECIAL EVENTS	52,259.		52,259.	26,377.	25,882.	
TO FM 990, PART I, LINE 9	52,259.		52,259.	26,377.	25,882.	

FORM 990	OTHER PROGRAM SERVICES		STATEMENT	2
DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES		
ADULT BASIC EDUCATION, SUPPORTED LIVING, OTHER SERVICES				
NUMBER BENEFITED: 388 UNITS		1,127,531.		
TOTAL TO FORM 990, PART III, LINE E		1,127,531.		

FORM 990 RECEIVABLES DUE FROM OFFICERS, DIRECTORS, TRUSTEES STATEMENT 3  
AND OTHER KEY EMPLOYEES - REPORTED SEPARATELY

BORROWER'S NAME AND TITLE			ORIGINAL LOAN AMOUNT
WOODSMERE ESTATES, INC			6,698.
DATE OF NOTE	MATURITY DATE	TERMS OF REPAYMENT	INTEREST RATE
01/01/90		AS FUNDS ARE AVAILABLE	.00%
SECURITY PROVIDED BY BORROWER		PURPOSE OF LOAN	

DESCRIPTION OF CONSIDERATION	FMV OF CONSIDERATION	BALANCE DUE
	0.	6,698.
TOTAL INCLUDED ON FORM 990, PART IV, LINE 50, COLUMN B		6,698.

FORM 990 OTHER INVESTMENTS STATEMENT 4

DESCRIPTION	VALUATION METHOD	AMOUNT
DELAWARE (MF)	COST	107,664.
RENAISSANCE	COST	105,638.
NWQ INVESTMENT	COST	107,012.
ALLEGIANCE	COST	365,768.
MADISON	COST	364,313.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		1,050,395.

FORM 990	OTHER ASSETS	STATEMENT	5
DESCRIPTION		AMOUNT	
DEPOSITS		7,787.	
LOAN COSTS NET OF AMORTIZATION		2,920.	
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B		10,707.	

FORM 990	OTHER LIABILITIES	STATEMENT	6
DESCRIPTION		AMOUNT	
DUE TO CLIENTS		46,150.	
TENANT SECURITY DEPOSITS		0.	
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B		46,150.	

FORM 990	OTHER REVENUE NOT INCLUDED ON FORM 990	STATEMENT	7
DESCRIPTION		AMOUNT	
REVENUES OF ALL CONSOLIDATED ENTITIES INCLUDED IN AUDITED FINANCIAL STMTS		1,472,625.	
TOTAL TO FORM 990, PART IV-A		1,472,625.	

FORM 990	OTHER EXPENSES NOT INCLUDED ON FORM 990	STATEMENT	8
DESCRIPTION		AMOUNT	
EXPENSES OF ALL CONSOLIDATED ENTITIES INCLUDED IN AUDITED FINANCIAL STMTS		1,305,681.	
TOTAL TO FORM 990, PART IV-B		1,305,681.	

FORM 990

PART V - LIST OF OFFICERS, DIRECTORS,  
TRUSTEES AND KEY EMPLOYEES

STATEMENT 9

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE	
			BEN PLAN CONTRIB	EXPENSE ACCOUNT
JOHN R. SCHWEINSBERG, JR. 1694 CEDAR STREET ROCKLEDGE, FL 32955	PRESIDENT 28	73,782.	5,316.	0.
LYNN HUDSON 1694 CEDAR STREET ROCKLEDGE, FL 32955	VICE-PRESIDENT 36	57,345.	4,520.	0.
ANNETTE WHITTINGTON 1694 CEDAR STREET ROCKLEDGE, FL 32955	DIRECTOR OF RESIDENTIAL SV 0	0.	0.	0.
MIKE LAVOIE 1694 CEDAR STREET ROCKLEDGE, FL 32955	PROGRAM SERVICES ADMIN. 0	0.	0.	0.
SUSAN SPINK 1694 CEDAR STREET ROCKLEDGE, FL 32955	HUMAN RESOURCES DIRECTOR 12	47,677.	4,094.	0.
SUSAN SUOMI 1694 CEDAR STREET ROCKLEDGE, FL 32955	PERSONAL & FAMILY SUPPORT 0	0.	0.	0.
BARBARA PYLE 1694 CEDAR STREET ROCKLEDGE, FL 32955	DIRECTOR OF SOCIAL SERVICE 0	0.	0.	0.
CINDY DROPESKI 680 WEST EAU GALLIE BLVD MELBOURNE, FL 32935	CHAIRMAN BOARD OF DIRECTOR 0	0.	0.	0.
JAMES C. LAIBL, JR. 3500 NORTH SYLVAN LANE MELBOURNE, FL 32935	BOARD OF DIRECTORS 0	0.	0.	0.
JOSEPH COLOMBO 2351 W. EAU GALLIE BLVD, SUITE 1 MELBOURNE, FL 32935	V. CHAIR BOARD OF DIRECTOR 0	0.	0.	0.
MATTHEW N. BOUCHER, D.C. 3826 MURRELL ROAD ROCKLEDGE, FL 32955	BOARD OF DIRECTORS 0	0.	0.	0.



BUD MEYERS 521 LANTERBACK ISLAND DRIVE SATELLITE BEACH, FL 32937	BOARD OF DIRECTORS 0	0.	0.	0.
BRENDA SABBAG, EDD 3470 N. HARBOR CITY BLVD MELBOURNE, FL 32935	BOARD OF DIRECTORS 0	0.	0.	0.
CHARLES NUTTING 719 E. HIBISCUS BLVD MELBOURNE, FL 32901	PAST CHAIRMAN 0	0.	0.	0.
TWILA MIDWOOD 412 HEATHROW CIRCLE ROCKLEDGE, FL 32955	BOARD OF DIRECTORS 0	0.	0.	0.
J.R. PRINGLE 1240 GRAND CAYMAN DR. MERRITT ISLAND, FL 32952	TREASURER 0	0.	0.	0.
JIM MYERS 750 N. ATLANTIC AVE SUITE 604 COCOA BEACH, FL 32931	BOARD OF DIRECTORS 0	0.	0.	0.
ANDY HAMENT P.O. BOX 1870 MELBOURNE, FL 32902	V. CHAIR BOARD OF DIRECTOR 0	0.	0.	0.
SUSAN COLLINS 152 WINDWARD WAY INDIAN HARBOUR BEACH, FL 32937	SECRETARTY 0	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V		<u>178,804.</u>	<u>13,930.</u>	<u>0.</u>

ARC - BREVARD, INC  
59-0905505  
FORM 990, PART IV, LINE 64B

LENDER: FIRST UNION LINE OF CREDIT

DATE OF NOTE 7/31/1996

MATURITY DATE 8/1/2006

TERMS \$3294/MO

INTEREST RATE: 9.00%

BALANCE DUE 79,484 0

TOTAL TO FORM 990, PART IV, LINE 64B, COLUMN B 79,484

**Tax Group Summary 10/01/03 - 9/30/04**

FYE: 9/30/2004

Group	Cost Beginning	Cost Acquisitions	Cost Disposals	Cost Ending	Depreciation Prior	Depreciation Additions	Depreciation Reductions	Depreciation Ending
BUILDING EQUIPME	13,456	0	0	13,456	11,140	1,213	0	12,353
BUILDINGS & IMPRC	514,707	621	0	515,328	238,007	18,083	0	256,090
LAND	25,311	0	0	25,311	0	0	0	0
MAINTENANCE EQU	27,116	0	0	27,116	18,207	2,932	0	21,139
OFFICE EQUIPMENT	172,089	0	0	172,089	126,925	18,329	0	145,254
PROJECT FURNITUR	47,479	30,303	0	77,782	38,200	6,437	0	44,637
VEHICLES	49,831	2,940	0	52,771	28,967	5,974	0	34,941
<b>Grand Total</b>	<b>849,989</b>	<b>33,864</b>	<b>0</b>	<b>883,853</b>	<b>461,446</b>	<b>52,968</b>	<b>0</b>	<b>514,414</b>

## Tax Asset Detail 10/01/03 - 9/30/04

FYE: 9/30/2004

Asset *	Property Description	Date In Service	Tax Cost	Sec 179 Exp Current = c	Tax Sec 168(k) Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period
<b>Group: BUILDING EQUIPMENT</b>											
2	Fencing	1/01/89	180	0	0	180	0	180	0	S/L	5.0
3	Air Conditioner	10/01/89	2,385	0	0	2,385	0	2,385	0	S/L	5.0
5	Roof A/C CBTC	1/29/97	3,500	0	0	3,500	0	3,500	0	S/L	5.0
6	Roof A/C CBTC	1/29/97	2,250	0	0	1,838	412	2,250	0	S/L	5.0
7	Sign	3/01/90	223	0	0	223	0	223	0	S/L	5.0
8	Diswasher	5/01/91	401	0	0	401	0	401	0	S/L	5.0
10	Range-Central	6/03/98	417	0	0	318	59	377	40	S/L	7.0
11	5 Ton Condensing Unit-Ctrl	6/19/00	1,350	0	0	627	192	819	531	S/L	7.0
12	Melrose Sprinkler Refurbish	8/17/00	1,050	0	0	648	210	858	192	S/L	5.0
13	Sherwood A/C Unit #PCK042	9/22/00	1,700	0	0	1,020	340	1,360	340	S/L	5.0
	<b>BUILDING EQUIPMENT</b>		<b>13,456</b>	<b>0c</b>	<b>0</b>	<b>11,140</b>	<b>1,213</b>	<b>12,353</b>	<b>1,103</b>		
<b>Group: BUILDINGS &amp; IMPROVEMENTS</b>											
14	Building-Rockledge	12/01/64	25,000	0	0	25,000	0	25,000	0	S/L	30.0
15	Training Center - Rockledge	12/01/70	20,000	0	0	20,000	0	20,000	0	S/L	30.0
18	Curb-ramp Rockledge	6/01/85	360	0	0	360	0	360	0	S/L	15.0
19	Stucco Building - Rockledge	6/01/85	1,600	0	0	1,600	0	1,600	0	S/L	15.0
20	Building Addition-Rockledge	6/01/85	294,645	0	0	155,618	8,419	164,037	130,608	S/L	35.0
21	Parking Lot Lights	11/05/85	550	0	0	550	0	550	0	S/L	5.0
22	Fence (pond)	1/01/86	492	0	0	492	0	492	0	S/L	5.0
23	Fence (property)	2/01/86	186	0	0	186	0	186	0	S/L	5.0
24	Parking Lot Cbt	9/01/86	6,992	0	0	6,992	0	6,992	0	S/L	15.0
25	C-Pavillion	12/01/87	341	0	0	341	0	341	0	S/L	15.0
26	Survey	1/01/91	450	0	0	450	0	450	0	S/L	10.0
27	Building-Rockledge	5/01/87	6,268	0	0	2,940	179	3,119	3,149	S/L	35.0
28	Pavillion	12/01/87	1,602	0	0	1,602	0	1,602	0	S/L	10.0
29	Heat Pump	1/01/93	2,348	0	0	2,348	0	2,348	0	S/L	5.0
30	Fence	9/01/93	525	0	0	525	0	525	0	S/L	5.0
31	Renovations-admin building	3/03/95	2,563	0	0	564	66	630	1,933	S/L	39.0
33	Roof North side cbtc	9/02/99	5,340	0	0	2,181	534	2,715	2,625	S/L	10.0
34	Roof cbtc	8/26/99	11,012	0	0	4,497	1,101	5,598	5,414	S/L	10.0
35	Melrose Driveway Addition	8/28/00	650	0	0	401	130	531	119	S/L	5.0
36	dumpster pad, paving	4/24/01	3,834	0	0	618	255	873	2,961	S/L	15.0
37	roof	5/31/01	3,300	0	0	513	220	733	2,567	S/L	15.0
38	Cabinets	7/09/01	10,319	0	0	1,548	688	2,236	8,083	S/L	15.0
39	HVAC-office	7/19/01	3,464	0	0	1,072	495	1,567	1,897	S/L	7.0
115	Plumbing Fixtures	11/02/01	1,250	0	0	240	125	365	885	S/L	10.0
116	Cabinets	11/15/01	6,000	0	0	767	400	1,167	4,833	S/L	15.0
117	Building Improvements	12/19/01	1,600	0	0	187	106	293	1,307	S/L	15.0
118	Plumbing	11/20/01	1,250	0	0	229	125	354	896	S/L	10.0
125	Remodel 202 West Drive	3/25/02	14,967	0	0	641	428	1,069	13,898	S/L	35.0
126	Remodel 202 West Drive	4/30/02	19,113	0	0	774	546	1,320	17,793	S/L	35.0
128	Fire Protection System	6/04/02	7,142	0	0	1,360	1,021	2,381	4,761	S/L	7.0
131	Construction - 202	6/25/02	29,802	0	0	1,064	852	1,916	27,886	S/L	35.0
132	Remodel - 202 West Drive	8/06/02	8,515	0	0	1,987	1,703	3,690	4,825	S/L	5.0
137	Roof	1/06/03	7,800	0	0	167	223	390	7,410	S/L	35.0
138	Roof	8/20/03	4,968	0	0	12	142	154	4,814	S/L	35.0

## Tax Asset Detail 10/01/03 - 9/30/04

FYE: 9/30/2004

Asset *	Property Description	Date In Service	Tax Cost	Sec 179 Exp Current = c	Tax Sec 168(k) Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period
<b>Group: BUILDINGS &amp; IMPROVEMENTS (continued)</b>											
151	Buildings - BCARC 4	1/28/03	2,742	0	0	52	79	131	2,611	S/L	35.0
152	Building - BCARC 4	2/28/03	7,717	0	0	129	220	349	7,368	S/L	35.0
154	Buildings	5/15/04	621	0c	0	0	26	26	595	S/L	10.0
<b>BUILDINGS &amp; IMPROVEMENTS</b>			<b>515,328</b>	<b>0c</b>	<b>0</b>	<b>238,007</b>	<b>18,083</b>	<b>256,090</b>	<b>259,238</b>		
<b>Group: LAND</b>											
148	Land -BCARC 4	9/30/02	23,111	0	0	0	0	0	23,111	Land	0.0
149	Land - BCARC 4	10/28/02	1,200	0	0	0	0	0	1,200	Land	0.0
150	Land - BCARC 4	8/31/03	1,000	0	0	0	0	0	1,000	Land	0.0
<b>LAND</b>			<b>25,311</b>	<b>0c</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>25,311</b>		
<b>Group: MAINTENANCE EQUIP</b>											
40	Trailer	11/01/88	948	0	0	948	0	948	0	S/L	5.0
41	Tractor & Hitch	3/01/90	2,042	0	0	2,042	0	2,042	0	S/L	5.0
42	Trailers	1/01/91	1,200	0	0	1,200	0	1,200	0	S/L	5.0
43	Trailer	2/01/91	165	0	0	165	0	165	0	S/L	5.0
44	Trailer	5/01/91	350	0	0	350	0	350	0	S/L	5.0
45	Electronic Scale	5/01/94	1,700	0	0	1,700	0	1,700	0	S/L	5.0
46	Two Mowers	7/02/94	4,128	0	0	4,128	0	4,128	0	S/L	5.0
47	Some unit engine	3/17/99	740	0	0	666	74	740	0	S/L	5.0
48	Snapper Lawn Mower	2/28/00	2,500	0	0	1,792	500	2,292	208	S/L	5.0
49	Sterling 1500 Floor Machine	5/30/00	1,023	0	0	682	204	886	137	S/L	5.0
50	2 windsor Vacummel 2"	6/13/00	731	0	0	488	146	634	97	S/L	5.0
51	Trailmate Mower	8/16/00	600	0	0	370	120	490	110	S/L	5.0
52	Lawn-Triple Crown Trailer 14'	9/19/00	1,190	0	0	722	238	960	230	S/L	5.0
53	2 Trailers	10/31/00	3,100	0	0	904	310	1,214	1,886	S/L	10.0
54	Mower	8/23/01	1,999	0	0	833	400	1,233	766	S/L	5.0
121	Maintenance Equipment	3/26/02	3,000	0	0	900	600	1,500	1,500	S/L	5.0
122	Mower	7/29/02	1,100	0	0	257	220	477	623	S/L	5.0
141	Signage	4/07/03	600	0	0	60	120	180	420	S/L	5.0
<b>MAINTENANCE EQUIP</b>			<b>27,116</b>	<b>0c</b>	<b>0</b>	<b>18,207</b>	<b>2,932</b>	<b>21,139</b>	<b>5,977</b>		
<b>Group: OFFICE EQUIPMENT</b>											
55	PS/1 486sx25 Computer	10/22/93	1,600	0	0	1,600	0	1,600	0	S/L	5.0
56	Minolta 5320 Copier	5/01/94	13,706	0	0	13,706	0	13,706	0	S/L	5.0
57	Network Cable	12/21/94	2,096	0	0	2,096	0	2,096	0	S/L	5.0
58	AFW & Hardware	1/01/96	33,481	0	0	33,481	0	33,481	0	S/L	5.0
59	Fax	5/21/97	500	0	0	500	0	500	0	S/L	5.0
60	Laptop Computer - CEO	6/25/97	2,533	0	0	2,533	0	2,533	0	S/L	5.0
61	Paradigm	9/17/97	1,500	0	0	1,500	0	1,500	0	S/L	5.0
62	10 Computer y2 Compatible	6/17/99	15,261	0	0	12,972	2,289	15,261	0	S/L	5.0
63	Lexmark 4227 Printer	6/17/99	1,863	0	0	1,584	279	1,863	0	S/L	5.0
64	Minolta 5320 Cpier buy out	6/18/99	2,676	0	0	2,676	0	2,676	0	S/L	3.0
65	Server for Database	3/16/99	5,966	0	0	5,370	596	5,966	0	S/L	5.0

## Tax Asset Detail 10/01/03 - 9/30/04

FYE: 9/30/2004

Asset *	Property Description	Date In Service	Tax Cost	Sec 179 Exp Current = c	Tax Sec 168(k) Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period
<b>Group: OFFICE EQUIPMENT (continued)</b>											
66	Seagate back-up exec	3/12/99	549	0	0	503	46	549	0	S/L	5.0
67	Telephone System - Capital Lease	2/16/00	9,725	0	0	6,970	1,945	8,915	810	S/L	5.0
68	Copy Machine - Capital Lease	7/31/00	7,177	0	0	4,545	1,436	5,981	1,196	S/L	5.0
69	Microsoft Software Donation	8/02/00	20,402	0	0	20,402	0	20,402	0	S/L	3.0
70	Computers	4/30/01	15,457	0	0	7,471	3,091	10,562	4,895	S/L	5.0
119	Computer	10/31/01	2,862	0	0	1,097	573	1,670	1,192	S/L	5.0
120	ARC - software	2/27/02	8,450	0	0	4,460	2,816	7,276	1,174	S/L	3.0
123	Computer	8/30/02	1,439	0	0	312	288	600	839	S/L	5.0
124	Computer	9/30/02	1,281	0	0	256	256	512	769	S/L	5.0
127	Telephone System - 202 West Dr	5/31/02	1,254	0	0	334	251	585	669	S/L	5.0
139	Computers	11/30/02	9,960	0	0	1,660	1,992	3,652	6,308	S/L	5.0
140	Computer Equipment	3/17/03	814	0	0	81	163	244	570	S/L	5.0
142	Printer	5/07/03	599	0	0	50	120	170	429	S/L	5.0
143	Telephones	5/15/03	8,031	0	0	669	1,607	2,276	5,755	S/L	5.0
144	Computer Equipment	7/18/03	2,907	0	0	97	581	678	2,229	S/L	5.0
<b>OFFICE EQUIPMENT</b>			<b>172,089</b>	<b>0c</b>	<b>0</b>	<b>126,925</b>	<b>18,329</b>	<b>145,254</b>	<b>26,835</b>		
<b>Group: PROJECT FURNITURE</b>											
71	Flag pole	5/01/82	251	0	0	251	0	251	0	S/L	12.0
72	Gate	7/01/82	100	0	0	100	0	100	0	S/L	12.0
73	GreenHouse	9/01/83	359	0	0	359	0	359	0	S/L	5.0
74	24 Stack Chairs	6/01/83	517	0	0	517	0	517	0	S/L	5.0
75	Fencing	6/01/81	5,184	0	0	5,184	0	5,184	0	S/L	10.0
76	Door Chimes	1/01/82	23	0	0	23	0	23	0	S/L	12.0
77	Paper Cutter	11/01/81	62	0	0	62	0	62	0	S/L	12.0
78	Fence	10/01/82	140	0	0	140	0	140	0	S/L	12.0
79	Fence	12/01/81	1,050	0	0	1,050	0	1,050	0	S/L	12.0
80	Security Light	5/01/83	735	0	0	735	0	735	0	S/L	5.0
81	Fence	5/01/85	761	0	0	761	0	761	0	S/L	10.0
82	Cbtc Sign	5/01/85	380	0	0	380	0	380	0	S/L	5.0
83	Dishwasher	11/01/85	525	0	0	525	0	525	0	S/L	5.0
84	Fire Alarm	6/01/87	695	0	0	695	0	695	0	S/L	7.0
85	C-dumpsters	6/01/87	352	0	0	352	0	352	0	S/L	7.0
86	S-fire alarm	5/01/87	2,230	0	0	2,230	0	2,230	0	S/L	7.0
87	Replace mower deck	8/06/96	1,159	0	0	1,159	0	1,159	0	S/L	7.0
88	Carpet	9/01/97	1,912	0	0	1,912	0	1,912	0	S/L	5.0
89	Table top display	6/22/98	1,215	0	0	1,215	0	1,215	0	S/L	5.0
90	Hydraulic lift	9/30/99	3,997	0	0	3,197	800	3,997	0	S/L	5.0
91	Hydraulic lift	9/30/99	3,997	0	0	3,197	800	3,997	0	S/L	5.0
92	Minolta 2120	4/28/95	1,995	0	0	1,995	0	1,995	0	S/L	5.0
93	CBTC Fence	3/01/85	700	0	0	700	0	700	0	S/L	5.0
94	Carpet & Vinyl - Sherwood	7/14/00	2,161	0	0	1,405	432	1,837	324	S/L	5.0
95	Sherwood Furniture	7/26/00	1,961	0	0	1,242	392	1,634	327	S/L	5.0
96	Sherwood Appliances	8/09/00	1,646	0	0	1,043	329	1,372	274	S/L	5.0
97	Melrose Furniture	7/29/00	2,753	0	0	1,744	550	2,294	459	S/L	5.0
98	Melrose Furniture	8/26/00	2,316	0	0	1,429	463	1,892	424	S/L	5.0
99	Melrose Heatherstone Flooring	8/18/00	993	0	0	613	198	811	182	S/L	5.0

## Tax Asset Detail 10/01/03 - 9/30/04

FYE: 9/30/2004

Asset *	Property Description	Date In Service	Tax Cost	Sec 179 Exp Current = c	Tax Sec 168(k) Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period
<b>Group: PROJECT FURNITURE (continued)</b>											
100	Melrose Carpet	8/21/00	1,131	0	0	698	226	924	207	S/L	5.0
101	Sherwood Blinds	8/22/00	1,100	0	0	678	220	898	202	S/L	5.0
102	Furniture	7/20/00	2,707	0	0	1,714	542	2,256	451	S/L	5.0
103	Melrose Blinds	8/22/00	750	0	0	463	150	613	137	S/L	5.0
129	Flooring	6/06/02	425	0	0	113	85	198	227	S/L	5.0
130	Flooring	6/06/02	1,197	0	0	319	240	559	638	S/L	5.0
155	Furniture & Equipment	8/15/04	30,303	0c	0	0	1,010	1,010	29,293	S/L	5.0
<b>PROJECT FURNITURE</b>			<b>77,782</b>	<b>0c</b>	<b>0</b>	<b>38,200</b>	<b>6,437</b>	<b>44,637</b>	<b>33,145</b>		
<b>Group: VEHICLES</b>											
104	Utility Trailer	10/31/94	775	0	0	775	0	775	0	S/L	5.0
105	1990 Ford 350 1 ton truck	1/18/95	2,800	0	0	2,800	0	2,800	0	S/L	5.0
106	1988 Ford Econoline (pro-arc)	4/03/95	2,000	0	0	2,000	0	2,000	0	S/L	5.0
107	Rebuilt engine for 1988 ford van	6/06/95	2,466	0	0	2,466	0	2,466	0	S/L	5.0
108	1990 Ford 350E	1/31/96	8,500	0	0	8,500	0	8,500	0	S/L	5.0
109	Engine for 90 Ford	4/23/96	2,801	0	0	2,801	0	2,801	0	S/L	5.0
110	Liftgate for 96 ford e350	6/03/98	1,600	0	0	1,600	0	1,600	0	S/L	5.0
111	PAFB-96 Ford E-353	8/22/00	4,174	0	0	2,574	835	3,409	765	S/L	5.0
112	Three Trucks	11/01/00	4,191	0	0	2,445	838	3,283	908	S/L	5.0
133	Truck and Van	7/30/02	11,000	0	0	2,567	2,200	4,767	6,233	S/L	5.0
134	Vehicle Repairs	8/22/02	799	0	0	173	160	333	466	S/L	5.0
145	Vehicles - F-350, 1997	10/10/02	1,329	0	0	266	266	532	797	S/L	5.0
146	Vehicles	9/24/03	6,194	0	0	0	1,239	1,239	4,955	S/L	5.0
147	Vehicles	9/24/03	1,202	0	0	0	240	240	962	S/L	5.0
153	Vehicles	6/15/04	2,940	0c	0	0	196	196	2,744	S/L	5.0
<b>VEHICLES</b>			<b>52,771</b>	<b>0c</b>	<b>0</b>	<b>28,967</b>	<b>5,974</b>	<b>34,941</b>	<b>17,830</b>		
<b>Grand Total</b>			<b>883,853</b>	<b>0c</b>	<b>0</b>	<b>461,446</b>	<b>52,968</b>	<b>514,414</b>	<b>369,439</b>		

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

▶ 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.

<b>Type or print</b>	Name of Exempt Organization <b>ARC-BREVARD, INC.</b>	Employer identification number <b>59-0905505</b>
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1694 CEDAR STREET</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>ROCKLEDGE, FL 32955</b>	

**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 **MAY 16, 2005** 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 **OCT 1, 2003**, and ending **SEP 30, 2004**.

**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 ..... \$ **N/A**

### 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 ▶ *Ki Yong Shin* Title ▶ CPA Date ▶ 2/18/05  
 LHA For Paperwork Reduction Act Notice, see instruction Form **8868** (12-2000)