

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)

COPY 004

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the 2004 calendar year, or tax year beginning , 2004, and ending

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return
 Amended return
 Application pending

C Name of organization
 Home Builders & Contractors Assoc. of Brevard, Inc.
 Number and street (or P O box if mail is not delivered to street addr) Room/suite
 1500 W. Eau Gallie Blvd. Ste. A
 City, town or country State ZIP code + 4
 Melbourne FL 32935-5398

D Employer Identification Number
59-1448721

E Telephone number
(321) 254-3700

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? Yes No
 (If 'No,' attach a list See instructions)
H (d) Is this a separate return filed by an organization covered by a group ruling? Yes No
I Group Exemption Number _____
M Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

G Web site: N/A

J Organization type (check only one) 501(c) 6 (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.**

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 **843,792.**

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

1 Contributions, gifts, grants, and similar amounts received			
a Direct public support	1a		
b Indirect public support	1b		
c Government contributions (grants)	1c		
d Total (add lines 1a through 1c) (cash \$ _____ noncash \$ _____)			1d
2 Program service revenue including government fees and contracts (from Part VII, line 93)			2 235,780.
3 Membership dues and assessments			3 354,821.
4 Interest on savings and temporary cash investments			4 174.
5 Dividends and interest from securities			5
6a Gross rents	6a	177,534.	
b Less: rental expenses	6b	113,505.	
c Net rental income or (loss) (subtract line 6b from line 6a)			6c 64,029.
7 Other investment income (describe _____)			7
8a Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	
b Less: cost or other basis and sales expenses	8a	0.	
c Gain or (loss) (attach schedule) See L-8 Stmt	8b	1,427.	
d Net gain or (loss) (combine line 8c, columns (A) and (B))	8c	-1,427.	
8d			-1,427.
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			
a Gross revenue (not including \$ 0. of contributions reported on line 1a)	9a	69,691.	
b Less: direct expenses other than fundraising expenses	9b	0.	
c Net income or (loss) from special events (subtract line 9b from line 9a)		See L-9 Stmt	9c 69,691.
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 5,792.
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			12 728,860.
13 Program services (from line 44, column (B))			13 94,831.
14 Management and general (from line 44, column (C))			14 384,009.
15 Fundraising (from line 44, column (D))			15 43,526.
16 Payments to affiliates (attach schedule)			16 170,360.
17 Total expenses (add lines 16 and 44, column (A))			17 692,726.
18 Excess or (deficit) for the year (subtract line 17 from line 12)			18 36,134.
19 Net assets or fund balances at beginning of year (from line 73, column (A))			19 452,584.
20 Other changes in net assets or fund balances (attach explanation)			20 -11,450.
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)			21 477,268.

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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

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 (att sch) (cash \$ _____ non-cash \$ _____)	22			
23 Specific assistance to individuals (att sch)	23			
24 Benefits paid to or for members (att sch)	24			
25 Compensation of officers, directors, etc	25	65,435.	65,435.	
26 Other salaries and wages	26	84,350.	84,350.	
27 Pension plan contributions	27			
28 Other employee benefits	28	5,210.	5,210.	
29 Payroll taxes	29	12,825.	12,825.	
30 Professional fundraising fees	30			
31 Accounting fees	31			
32 Legal fees	32	2,000.	2,000.	
33 Supplies	33	21,045.	1,592.	6,389. 13,064.
34 Telephone	34	6,610.		6,610.
35 Postage and shipping	35	6,605.	428.	6,177.
36 Occupancy	36			
37 Equipment rental and maintenance	37			
38 Printing and publications	38	2,066.	1,780.	74. 212.
39 Travel	39	31,500.		31,500.
40 Conferences, conventions, and meetings	40			
41 Interest	41	100.		100.
42 Depreciation, depletion, etc (attach schedule)	42	21,763.		21,763.
43 Other expenses not covered above (itemize).				
a Advertising	43a	17,848.	17,185.	663.
b Awards Expense	43b	13,418.	4,751.	8,667.
c Catering & Entertainment	43c	37,775.	16,667.	1,607. 19,501.
d Dues	43d	5,780.	1,930.	3,850.
e See Other Expenses Stmt	43e	188,036.	48,498.	138,119. 1,419.
44 Total functional expenses (add lines 22 - 43). Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44	522,366.	94,831.	384,009. 43,526.

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? <input type="checkbox"/> Builders/Contractors Trade Association	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others)
a Monthly Publication of Brevard Builder Newspaper containing information, editorials, advertising and other information of current interest to members and their customers. Approx. 5000 copies are printed monthly, approx. 1200 are distributed to members, the balance to the public. (Grants and allocations \$ 0.)	34,413.
b Parade of Homes-Annual exhibition of new homes by builder members to the general public in a program coordinated by the Association (Grants and allocations \$ 0.)	13,058.
c Dreamstreet Home Expo-Annual expo by builder and associate members to the general public in a program coordinated by the Association (Grants and allocations \$ 0.)	15,700.
d (Grants and allocations \$)	
e Other program services Other Misc. Program Services (Grants and allocations \$)	31,660.
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	94,831.

Part IV Balance Sheets (See Instructions)

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

		(A) Beginning of year		(B) End of year
ASSETS	45 Cash – non-interest-bearing	82,083.	45	87,683.
	46 Savings and temporary cash investments	34,547.	46	42,669.
	47a Accounts receivable	47a 559.		
	b Less allowance for doubtful accounts	47b	47c	559.
	48a Pledges receivable	48a		
	b Less: allowance for doubtful accounts	48b	48c	
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a Other notes & loans receivable (attach sch)	51a		
	b Less. allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	4,000.
	54 Investments – securities (attach schedule)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54	
	55a Investments – land, buildings, & equipment basis	55a 627,499.		
	b Less accumulated depreciation (attach schedule) L-55 Stmt	55b 293,538.	334,761.	55c 333,961.
	56 Investments – other (attach schedule)		56	
	57a Land, buildings, and equipment. basis	57a 721,794.		
	b Less: accumulated depreciation (attach schedule) L-57 Stmt	57b 447,058.	281,694.	57c 274,736.
	58 Other assets (describe ▶ See Line 58 Stmt)	5,856.	58	5,466.
59 Total assets (add lines 45 through 58) (must equal line 74)	738,941.	59	749,074.	
LIABILITIES	60 Accounts payable and accrued expenses		60	5,703.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)	283,497.	64b	263,290.
	65 Other liabilities (describe ▶ See Line 65 Stmt)	2,860.	65	2,813.
66 Total liabilities (add lines 60 through 65)	286,357.	66	271,806.	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted		67	
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds	452,584.	72	477,268.
	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)	452,584.	73	477,268.
	74 Total liabilities and net assets/fund balances (add lines 66 and 73)	738,941.	74	749,074.

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.

BAA

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

a	Total revenue, gains, and other support per audited financial statements	a	N/A
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	
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	

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

a	Total expenses and losses per audited financial statements	a	N/A
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	
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	

Part V List of Officers, Directors, Trustees, and Key Employees (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
Keith Gover 1801 Penn St., Ste 1A Melbourne, FL 32901	President	0.	0.	0.
David Barin 6767 N. Wickham Rd., #304 Melbourne, FL 32940	1st Vice Pres.	0.	0.	0.
Percy Philman 1200 Lake Washington Rd. Melbourne, FL 32935	2nd Vice Pres.	0.	0.	0.
W. David Philpot 747 SW South Macedo Blvd. Port St. Lucie, FL 34983	Secretary	0.	0.	0.
Rhonda Reed 2415 S. Babcock St., #E Melbourne, FL 32901	Treasurer	0.	0.	0.
See List of Officers, Etc. Statement		65,435.	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 instructions

Part VI Other Information (See 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?	X	
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
81a	Enter direct and indirect political expenditures See line 81 instructions <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
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?	N/A	
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?		
85a	501(c)(4), (5), or (6) organizations. Were substantially all dues nondeductible by members?		X
85b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		X
	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		
85c	Dues, assessments, and similar amounts from members		0.
85d	Section 162(e) lobbying and political expenditures		0.
85e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		0.
85f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		0.
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) organizations 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) organizations 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 <input type="checkbox"/> ; section 4912 <input type="checkbox"/> , section 4955 <input type="checkbox"/>		
89b	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? If 'Yes,' attach a statement explaining each transaction		
	c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
	d Enter: Amount of tax on line 89c, above, reimbursed by the organization		
90a	List the states with which a copy of this return is filed <input type="checkbox"/> <u>Florida</u>		
90b	Number of employees employed in the pay period that includes March 12, 2004 (See instructions)		5
91	The books are in care of <input type="checkbox"/> <u>Franck Kaiser</u> Telephone number <input type="checkbox"/> <u>(321) 254-3700</u> Located at <input type="checkbox"/> <u>1500 W. Eau Gallie Blvd., #A, Melbourne, FL</u> ZIP + 4 <input type="checkbox"/> <u>32935</u>		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> <u>92</u>		

Part VII Analysis of Income-Producing Activities (See 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) Exclusion code	(D) Amount	
93 Program service revenue					
a Brevard Builder Newspaper	531390	25,913.			
b Associates Council Income			41	4,781.	
c Non-Dues Project-Dreamstreet			7	49,056.	
d Non-Dues Project-Gen Network Mtgs			41	3,994.	
e See Program Service Revenue Stmt				135,960.	16,076.
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					°
94 Membership dues and assessments					354,821.
95 Interest on savings & temporary cash invmnts					174.
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property	531120	64,374.			
b not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a					
b Bar Income	531390	1,381.			
c Misc. Income			41	4,411.	
d					
e					
104 Subtotal (add columns (B), (D), and (E))		91,668.		198,202.	371,071.
105 Total (add line 104, columns (B), (D), and (E))					660,941.

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 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).
94	Advancement of the common business interest of the construction industry
95	Excluded under Sec 512(b) (1) of the IRC

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions) N/A

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

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See 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 accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Please Sign Here

Signature of officer: *[Signature]* Date: _____

Type or print name and title: *FRANK H. KAYE, JR. EMPLOYED*

Paid Preparer's Use Only

Preparer's signature: *[Signature]* Date: *8/4/05*

Firm's name (or yours if self-employed), address, and ZIP + 4: *BOOKS! QUICK! INC*
1823 GLENWOOD ST NE
PALM BAY FL 32907

Check if self-employed: Preparer's SSN or PTIN (See General Instruction W): *219-64-4436*

EIN: *20-1814028* Phone no: *(321) 676-4401*

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions.
▶ Attach to your tax return.

Name(s) shown on return

Home Builders & Contractors Assoc. of Brevard, Inc.

Identifying number

59-1448721

Business or activity to which this form relates

Form 990 / Form 990EZ

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I

1	Maximum amount See instructions for a higher limit for certain businesses	1	\$102,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	\$410,000.
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0- If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2003 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instrs)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2005. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	5,386.
15	Property subject to section 168(f)(1) election (see instructions)	15	
16	Other depreciation (including ACRS) (see instructions)	16	12,418.

Part III MACRS Depreciation (Do not include listed property.) (See instructions)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2004	17	3,053.
18	If you are electing under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B - Assets Placed in Service During 2004 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		2,577.	5.0	HY	200DB	515.
c 7-year property		2,043.	7.0	HY	200DB	292.
d 10-year property						
e 15-year property		767.	15.0	HY	SL	25.
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
			27.5 yrs	MM	S/L	
i Nonresidential real property	02/04	1,296.	39 yrs	MM	S/L	29.
	Various	2,737.	39.0	MM	S/L	45.

Section C - Assets Placed in Service During 2004 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (see instructions)

21	Listed property Enter amount from line 28	21	
22	Total Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	21,763.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

Section A - Depreciation and Other Information (Caution: See instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If 'Yes,' is the evidence written? Yes No
(a) Type of property (list vehicles first) (b) Date placed in service (c) Business/investment use percentage (d) Cost or other basis (e) Basis for depreciation (business/investment use only) (f) Recovery period (g) Method/Convention (h) Depreciation deduction (i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25
26 Property used more than 50% in a qualified business use (see instructions)
27 Property used 50% or less in a qualified business use (see instructions):
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (do not include commuting miles - see instructions) (a) Vehicle 1 (b) Vehicle 2 (c) Vehicle 3 (d) Vehicle 4 (e) Vehicle 5 (f) Vehicle 6
31 Total commuting miles driven during the year
32 Total other personal (noncommuting) miles driven
33 Total miles driven during the year. Add lines 30 through 32
34 Was the vehicle available for personal use during off-duty hours? Yes No
35 Was the vehicle used primarily by a more than 5% owner or related person?
36 Is another vehicle available for personal use?

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? Yes No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See instructions for vehicles used by corporate officers, directors, or 1% or more owners
39 Do you treat all use of vehicles by employees as personal use?
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?
41 Do you meet the requirements concerning qualified automobile demonstration use? (see instructions)
Note: If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles

Part VI Amortization

(a) Description of costs (b) Date amortization begins (c) Amortizable amount (d) Code section (e) Amortization period or percentage (f) Amortization for this year
42 Amortization of costs that begins during your 2004 tax year (see instructions)
43 Amortization of costs that began before your 2004 tax year 43
44 Total. Add amounts in column (f). See instructions for where to report 44

**Schedule of Gains and Losses from
Sale of Assets Other than Inventory**

2004

▶ Attach to return

Name Home Builders & Contractors Assoc. of Brevard, Inc.	Employer Identification Number 59-1448721
---	--

Part I, Line 8, Column (A) Securities

Public Securities

Description	Gross Sales Price	Basis	
Publicly Traded Securities		Cost	
		Selling Expenses	
		Basis	

Nonpublic Securities

Description	Date Acquired and Method	Date Sold and to Whom	Gross Sales Price	Cost, other basis or FMV when donated (State which on top)
-----	-----	-----		-----
-----	-----	-----		-----
-----	-----	-----		-----
-----	-----	-----		-----

Total Securities

Gain or (Loss) from Sale of Securities

Part I, Line 8, Column (B) Other Assets

Description	Date Acquired and Method	Date Sold and to Whom	Gross Sales Price	Cost, other basis or FMV when donated	
-----				Cost	8,783.
-----				Depreciation	-7,356.
-----				Basis	1,427.
Carpet-DOC	10/16/98 Purchase	01/15/04 Junked (replaced)	0.	Donation FMV	
-----				Cost	
-----				Depreciation	
-----				Basis	
-----				Donation FMV	
-----				Cost	
-----				Depreciation	
-----				Basis	
-----				Donation FMV	
-----				Cost	
-----				Depreciation	
-----				Basis	
-----				Donation FMV	

Total Other Assets 0. 1,427.

Gain or (Loss) from Sale of Other Assets -1,427.

Form 990, Page 1, Part I, Line 9

Special Events and Activities Statement

List of Three Largest Events and Type and Number of Others	Gross Receipts	Less Contributions	Gross Revenue	Less Direct Expenses	Net Income (Loss)
Golf Tournament	43,542.	0.	43,542.	0.	43,542.
Fishing Tournament	18,714.	0.	18,714.	0.	18,714.
Casino Night	5,585.	0.	5,585.	0.	5,585.
Picnic	1,850.	0.	1,850.	0.	1,850.
Total	69,691.	0.	69,691.	0.	69,691.

Form 990, Page 2, Part II, Line 43

Other Expenses Stmt

Other expenses not covered above (itemize):	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
EO Public Relations Luncheon Meetings	1,991.	500.	1,491.	
Rentals	3,428.	370.	3,058.	
Website/Internet Expense	11,476.	5,335.	5,572.	569.
Judging/Presentation Fees	5,471.	5,471.		
Insurance	2,609.	2,409.		200.
Security Service	450.			450.
Licenses & Permits	75.			75.
Automobile Expense	543.		418.	125.
Bank Charges	5,008.		5,008.	
Board of Directors	60.		60.	
Computer Repairs	535.		535.	
Credit Card Fees	5,467.		5,467.	
Amortization	2,745.		2,745.	
Insurance-Liab & W/C	130.		130.	
Payroll Service Fees	2,024.		2,024.	
Contract Labor	25,543.		25,543.	
Professional Development	23,800.		23,800.	
Prof. Fees-Accounting	874.		874.	
Tangible Property Tax	7,296.		7,296.	
Bar Expenses	944.		944.	
Membership Contest	5,578.		5,578.	
Brev. Bldr-Advertising	2,192.		2,192.	
Brev. Bldr-Readership Costs	13,039.	13,039.		
HBCA-Insurance	21,374.	21,374.		
HBCA-Maintenance	2,903.		2,903.	
HBCA-Repairs	15,630.		15,630.	
HBCA-Security	2,036.		2,036.	
HBCA-Supplies	26.		26.	
HBCA-Taxes	2,766.		2,766.	
HBCA-Utilities	13,794.		13,794.	
Catering-Setup & Takedown	7,024.		7,024.	
Florida Income Tax	100.		100.	
Total	188,036.	48,498.	138,119.	1,419.

Form 990, Page 3, Part IV, Lines 55a & 55b

Investments - Land, Buildings and Equipment Statement

	(a) Cost/Other Basis	(b) Accumulated Depreciation	(c) Book Value
Building-Leased Space	482,141.	227,504.	254,637.
Furniture & Fixtures-Leased Space	16,800.	16,800.	0.
Improvements-Leased Space	72,501.	49,234.	23,267.
Land-Leased Space	56,057.	0.	56,057.
Total	<u>627,499.</u>	<u>293,538.</u>	<u>333,961.</u>

Form 990, Page 3, Part IV, Lines 57a & 57b

Land, Buildings and Equipment Statement

	(a) Cost/Other Basis	(b) Accumulated Depreciation	(c) Book Value
HBCA Building	367,847.	193,684.	174,163.
Computer Equipment	48,350.	43,311.	5,039.
Furniture & Fixtures	160,745.	158,133.	2,612.
Improvements	82,475.	51,930.	30,545.
Land	62,377.	0.	62,377.
Total	<u>721,794.</u>	<u>447,058.</u>	<u>274,736.</u>

Form 990, Page 3, Part IV, Line 58

Other Assets Statement

Line 58 - Other Assets:	Beginning of Year	End of Year
Loan Costs-net of Accum. Amort.	3,866.	3,476.
Utility Deposits	1,990.	1,990.
Total	<u>5,856.</u>	<u>5,466.</u>

Form 990, Page 3, Part IV, Line 65

Other Liabilities Statement

Line 65 - Other Liabilities:	Beginning of Year	End of Year
Sales Tax Payable	291.	244.
Security Deposits Held	2,569.	2,569.
Total	<u>2,860.</u>	<u>2,813.</u>

Form 990, Page 4, Part V

List of Officers, Etc. Statement

(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
Keith Berger 4520 Dixie Hwy, NE Palm Bay, FL 32905	Bulder Director	0.	0.	0.
Mark Derman P.O. Box 1204 Cape Canaveral, FL 32920	Bulder Director	0.	0.	0.
Tom Morris 235 West Drive Melbourne, FL 32904	Bulder Director	0.	0.	0.
Barry Richardson 2825 Business Center, #B5 Melbourne, FL 32940	Bulder Director	0.	0.	0.
Don Simms 2825 Business Center, #C1 Melbourne, FL 32940	Bulder Director	0.	0.	0.
Fran Wales 2115 Palm Bay Rd., NE #7 Palm Bay, FL 32905	Bulder Director	0.	0.	0.
Annette Armstrong 8240 Devereux Dr., #102 Melbourne, FL 32940	Associate Director	0.	0.	0.
Marcia Bartley 1801 Penn St., Suite 1A Melbourne, FL 32901	Associate Director	0.	0.	0.
Bob Farr P.O. Box 51-0361 Melbourne Beach, FL 32951	Associate Director	0.	0.	0.
George Geletko 7382 Talona Drive W. Melbourne, FL 32904	Associate Director	0.	0.	0.
Gina Neal 6000 Babcock St., SE Palm Bay, FL 32909	Associate Director	0.	0.	0.
Scott Thomas 771 North Drive Melbourne, FL 32934	Associate Director	0.	0.	0.
Ritch Workman 96 Willard St., Ste 204 Cocoa, FL 32922	Associate Director	0.	0.	0.
Franck Kaiser 1500 W. Eau Gallie Blvd, #A Melbourne, FL 32935	CEO	65,435.	0.	0.

Total

65,435.

0.

0.

Form 990, Page 6, Part VII, Line 93

Program Service Revenue Stmt

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusn code	(D) Amount	
Program service revenue					
<u>Non-Dues Project-Parade of</u>			7	68,360.	
<u>Non-Dues Project-AofE Gala</u>			41	17,280.	
<u>Remodelors Council</u>			41	1,837.	
<u>Sales & Marketing</u>			41	4,019.	
<u>Brevard Chapter Income</u>			3	1,178.	
<u>Non-Dues Project-Space Coa</u>			3	21,212.	
<u>Economic Growth Fund</u>					15,230.
<u>Membership Dues-Luncheon M</u>					846.
<u>Non Dues Project-Misc Pio</u>			41	22,074.	
Total				<u>135,960.</u>	<u>16,076.</u>

Supporting Statement of:

Form 990 p 1/Line 6b

Description	Amount
Amortization	260.
Depreciation	16,589.
Insurance	2,893.
Mortgage Interest	20,920.
Maintenance	25,142.
Management Fees	10,361.
Repairs	3,685.
Supplies	1,962.
Taxes	13,074.
Utilities	18,619.
Total	<u>113,505.</u>

Supporting Statement of:

Form 990 p 1/Line 16

Description	Amount
PIC Dues	353.
FHBA Dues	57,800.
NAHB Dues	107,350.
PAC Dues	3,778.
Spike Dues	1,079.
Total	<u>170,360.</u>

Supporting Statement of:

Form 990 p 1/Line 20

Description	Amount
2003 Income Tax Payments made in 2004	-7,743.
2004 Income Tax Payable	-3,707.
Total	<u>-11,450.</u>

Supporting Statement of:

Form 990 p 3/Line 47a

Description	Amount
Refund Receivable	559.
Total	<u>559.</u>

Supporting Statement of:

Form 990 p 3/Line 60, column (B)

Description	Amount
Credit Cards Payable	891.
Florida State Income Tax accrued	1,105.
Federal 990-T Income Tax accrued	3,707.
Total	<u>5,703.</u>

Supporting Statement of:

Form 990 p 3/Line 64b, column (B)

Description	Amount
Mortgage Payable	263,290.
Total	<u>263,290.</u>

COPY

Form **8868**
(Rev. December 2004)
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). **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.

Type or print <small>File by the due date for filing your return. See instructions.</small>	Name of Exempt Organization Home Builders & Contractors Association of Brevard	Employer identification number 59 : 1448721
	Number, street, and room or suite no. If a P.O. box, see instructions. 1500 W Eau Gallie Blvd A	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Melbourne FL 32935-5398	

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 |

• The books are in the care of ▶ **Home Builders & Contractors Association Of Brevard**

Telephone No. ▶ (321) 254-3700 FAX No. ▶ (321) 259-9504

- 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 August 15, 2005, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year 20... 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 \$ _____

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 \$ _____

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

COPY

Form 8868 (Rev. 12-2004)

Page 2

- 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	Employer identification number
	Number, street, and room or suite no. If a P.O. box, see instructions.	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	

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

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

- The books are in the care of Telephone No. 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 is for.

- 4 I request an additional 3-month extension of time until _____, 20_____.
- 5 For calendar year _____, or other tax year beginning _____, 20_____, and ending _____, 20_____.
- 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 _____

- 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, 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 Date

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 extended 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.

Type or print	Name
	Number and street (include suite, room, or apt. no.) or a P.O. box number
	City or town, province or state, and country (including postal or ZIP code)

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

7005 1160 0005 0723 8557

Postage	\$ 40.00	Postmark Here 08/10/2005
Certified Fee	\$ 2.70	
Return Receipt Fee (Endorsement Required)	\$ 1.75	
Restricted Delivery Fee (Endorsement Required)	\$ 0.00	
Total Postage & Fees	\$ 44.45	

Sent To: **IRS**
 Street, Apt. No. or PO Box No.: **Ogden Ut**
 City, State, ZIP+4: **84201**

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
IRS
Ogden Ut
84201

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Address

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:
AUG 15 2005

3. Service Type: **IRS - OSC**
 Certified Mail Express Mail
 Registered Mail Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Enter Yes)

2. Article Number (Transfer from) **7005 1160 0005 0723 8557**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1

