

Return of Organization Exempt From Income Tax

2005

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

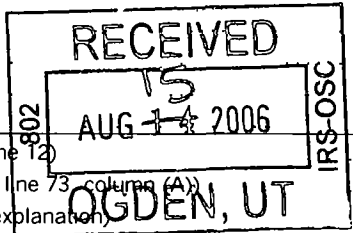
Department of the Treasury Internal Revenue Service

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

Form 990 header section A through L, including organization name, address, and identification numbers.

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

Main table with 21 rows detailing revenue (lines 1-12) and expenses (lines 13-21) with corresponding amounts.



ENVELOPE POSTMARK DATE AUG 11 2006

SCANNED AUG 31 2006

EXEMPT STATUS

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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 \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	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	72,099.	72,099.	
26	Other salaries and wages	26	80,270.	80,270.	
27	Pension plan contributions	27			
28	Other employee benefits	28	22,447.	22,447.	
29	Payroll taxes	29	14,693.	14,693.	
30	Professional fundraising fees	30			
31	Accounting fees	31	3,850.	3,850.	
32	Legal fees	32	120.	120.	
33	Supplies	33	19,293.	1,235.	7,699.
34	Telephone	34	4,114.	4,114.	10,359.
35	Postage and shipping	35	8,404.	435.	7,969.
36	Occupancy	36			
37	Equipment rental and maintenance	37	10,985.	10,985.	
38	Printing and publications	38	6,190.	4,750.	101.
39	Travel	39	26,327.	26,327.	1,339.
40	Conferences, conventions, and meetings	40			
41	Interest	41	2,194.	2,194.	
42	Depreciation, depletion, etc (attach schedule)	42	21,774.	21,774.	
43	Other expenses not covered above (itemize)				
a	Advertising	43a	17,708.	14,300.	3,408.
b	Awards Expense	43b	20,288.	7,405.	12,883.
c	Catering & Entertainment	43c	44,179.	21,728.	3,167.
d	Dues	43d	5,563.	1,740.	3,823.
e	EO Public Relations	43e	1,786.	1,786.	
f	Luncheon Meetings	43f	3,369.	169.	3,200.
g	See Other Expenses Stmt	43g	165,734.	48,934.	112,897.
44	<b>Total functional expenses.</b> Add lines 22 through 43 (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	551,387.	100,696.	399,515.

**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 \$ \_\_\_\_\_

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**Part III Statement of Program Service Accomplishments**

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

What is the organization's primary exempt purpose? <b>Builders/Contractors Trade Association</b> 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) organizations and 4947(a)(1) trusts, but optional for others.)
a <u>Monthly Publication of Brevard Builder Newspaper containing information, editorials, advertising and other information of current interest to members and their customers.</u> <u>Approx. 5000 copies are printed monthly, approx. 1200 are distributed to members, the balance to the public.</u> ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	28,458.
b <u>Parade of Homes-Annual exhibition of new homes by builder members to the general public in a program coordinated by the Association.</u> ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	14,210.
c <u>Dreamstreet Home Expo-Annual expo by builder and associate members to the general public in a program coordinated by the Association.</u> ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	19,384.
d ----- ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	
e Other program services (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	38,644.
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services)	<b>100,696.</b>

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**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	<b>45</b> Cash – non-interest-bearing	87,683.	<b>45</b>	84,985.
	<b>46</b> Savings and temporary cash investments	42,669.	<b>46</b>	55,937.
	<b>47a</b> Accounts receivable			
	<b>b</b> Less allowance for doubtful accounts		559.	<b>47c</b>
	<b>48a</b> Pledges receivable			
	<b>b</b> Less allowance for doubtful accounts			<b>48c</b>
	<b>49</b> Grants receivable			<b>49</b>
	<b>50</b> Receivables from officers, directors, trustees, and key employees (attach schedule)			<b>50</b>
	<b>51a</b> Other notes & loans receivable (attach sch)	13,041.		
	<b>b</b> Less allowance for doubtful accounts			<b>51c</b> 13,041.
	<b>52</b> Inventories for sale or use			<b>52</b>
	<b>53</b> Prepaid expenses and deferred charges	4,000.	<b>53</b>	4,000.
	<b>54</b> Investments – securities (attach schedule)	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV		<b>54</b>
	<b>55a</b> Investments – land, buildings, & equipment basis	662,442.		
	<b>b</b> Less accumulated depreciation (attach schedule) L-55 Stmt	309,261.	333,961.	<b>55c</b> 353,181.
	<b>56</b> Investments – other (attach schedule)			<b>56</b>
	<b>57a</b> Land, buildings, and equipment basis	741,053.		
	<b>b</b> Less accumulated depreciation (attach schedule) L-57 Stmt	420,409.	274,736.	<b>57c</b> 320,644.
	<b>58</b> Other assets (describe ▶ See Line 58 Stmt )	5,466.	<b>58</b>	5,076.
<b>59 Total assets</b> (must equal line 74) Add lines 45 through 58	749,074.	<b>59</b>	836,864.	
LIABILITIES	<b>60</b> Accounts payable and accrued expenses	5,703.	<b>60</b>	82.
	<b>61</b> Grants payable		<b>61</b>	
	<b>62</b> Deferred revenue		<b>62</b>	
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule)		<b>63</b>	
	<b>64a</b> Tax-exempt bond liabilities (attach schedule)		<b>64a</b>	
	<b>b</b> Mortgages and other notes payable (attach schedule)	263,290.	<b>64b</b>	291,324.
	<b>65</b> Other liabilities (describe ▶ See Line 65 Stmt )	2,813.	<b>65</b>	2,982.
<b>66 Total liabilities.</b> Add lines 60 through 65	271,806.	<b>66</b>	294,388.	
NET ASSETS OR FUND BALANCES	<b>Organizations that follow SFAS 117, check here</b> ▶ <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	<b>67</b> Unrestricted		<b>67</b>	
	<b>68</b> Temporarily restricted		<b>68</b>	
	<b>69</b> Permanently restricted		<b>69</b>	
	<b>Organizations that do not follow SFAS 117, check here</b> ▶ <input checked="" type="checkbox"/> and complete lines 70 through 74			
	<b>70</b> Capital stock, trust principal, or current funds		<b>70</b>	
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund		<b>71</b>	
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds	477,268.	<b>72</b>	542,476.
	<b>73 Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	477,268.	<b>73</b>	542,476.
	<b>74 Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	749,074.	<b>74</b>	836,864.

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

<b>a</b> Total revenue, gains, and other support per audited financial statements				<b>a</b>	N/A
<b>b</b> Amounts included on line <b>a</b> but not on Part I, line 12				<b>b</b>	
<b>1</b> Net unrealized gains on investments		<b>b1</b>			
<b>2</b> Donated services and use of facilities		<b>b2</b>			
<b>3</b> Recoveries of prior year grants		<b>b3</b>			
<b>4</b> Other (specify) _____		<b>b4</b>			
Add lines <b>b1</b> through <b>b4</b>				<b>b</b>	
<b>c</b> Subtract line <b>b</b> from line <b>a</b>				<b>c</b>	
<b>d</b> Amounts included on Part I, line 12, but not on line <b>a</b> :				<b>d</b>	
<b>1</b> Investment expenses not included on Part I, line 6b		<b>d1</b>			
<b>2</b> Other (specify) _____		<b>d2</b>			
Add lines <b>d1</b> and <b>d2</b>				<b>d</b>	
<b>e</b> Total revenue (Part I, line 12) Add lines <b>c</b> and <b>d</b>				<b>e</b>	

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

<b>a</b> Total expenses and losses per audited financial statements				<b>a</b>	N/A
<b>b</b> Amounts included on line <b>a</b> but not on Part I, line 17				<b>b</b>	
<b>1</b> Donated services and use of facilities		<b>b1</b>			
<b>2</b> Prior year adjustments reported on Part I, line 20		<b>b2</b>			
<b>3</b> Losses reported on Part I, line 20		<b>b3</b>			
<b>4</b> Other (specify) _____		<b>b4</b>			
Add lines <b>b1</b> through <b>b4</b>				<b>b</b>	
<b>c</b> Subtract line <b>b</b> from line <b>a</b>				<b>c</b>	
<b>d</b> Amounts included on Part I, line 17, but not on line <b>a</b> :				<b>d</b>	
<b>1</b> Investment expenses not included on Part I, line 6b		<b>d1</b>			
<b>2</b> Other (specify) _____		<b>d2</b>			
Add lines <b>d1</b> and <b>d2</b>				<b>d</b>	
<b>e</b> Total expenses (Part I, line 17) Add lines <b>c</b> and <b>d</b>				<b>e</b>	

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated ) (See the instructions )

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
Keith Gover 760 North Drive Melbourne, FL 32934	President	0.	0.	0.
Don Simms 2825 Business Center, C-1 Melbourne, FL 32940	1st Vice Pres.	0.	0.	0.
Scott Thomas 771 North Drive Melbourne, FL 32934	2nd Vice Pres.	0.	0.	0.
Percy Philman 1200 Lake Washington Blvd. Melbourne, FL 32935	Secretary	0.	0.	0.
Nancy Sewell 82 N. Atlantic Ave. Cocoa Beach, FL 32931	Treasurer	0.	0.	0.
See List of Officers, Etc Statement				

<b>Part V-A</b> Current Officers, Directors, Trustees, and Key Employees <i>(continued)</i>	Yes	No
<b>75a</b> Enter the total number of officers, directors, and trustees permitted to vote on organization business as board meetings <span style="float:right">▶ <u>23</u></span>		
<b>b</b> Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If 'Yes,' attach a statement that identifies the individuals and explains the relationship(s)	<b>75b</b>	X
<b>c</b> Do any officers, directors, trustees, or key employees listed in form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control? <b>Note.</b> Related organizations include section 509(a)(3) supporting organizations  If 'Yes,' attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization	<b>75c</b>	X
<b>d</b> Does the organization have a written conflict of interest policy?	<b>75d</b>	X

<b>Part V-B</b> Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits <i>(If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)</i>	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
(A) Name and address				
(none)				
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<b>Part VI</b> Other Information <i>(See the instructions)</i>	Yes	No
<b>76</b> Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	<b>76</b>	X
<b>77</b> 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	<b>77</b>	X
<b>78a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	<b>78a</b>	X
<b>b</b> If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?	<b>78b</b>	X
<b>79</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement	<b>79</b>	X
<b>80a</b> 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? <b>b</b> If 'Yes,' enter the name of the organization ▶ _____ _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt	<b>80a</b>	X
<b>81a</b> Enter direct and indirect political expenditures (See line 81 instructions)	<b>81a</b>	
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?	<b>81b</b>	X

Part VI Other Information (continued)	Yes	No
<b>82 a</b> Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	<b>82 a</b>	X
<b>b</b> If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	<b>82 b</b>	
<b>83 a</b> Did the organization comply with the public inspection requirements for returns and exemption applications?	<b>83 a</b>	X
<b>b</b> Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	<b>83 b</b>	N/A
<b>84 a</b> Did the organization solicit any contributions or gifts that were not tax deductible?	<b>84 a</b>	X
<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>84 b</b>	
<b>85 501(c)(4), (5), or (6) organizations</b> <b>a</b> Were substantially all dues nondeductible by members?	<b>85 a</b>	X
<b>b</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>85 b</b>	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.		
<b>c</b> Dues, assessments, and similar amounts from members	<b>85 c</b>	0.
<b>d</b> Section 162(e) lobbying and political expenditures	<b>85 d</b>	0.
<b>e</b> Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	<b>85 e</b>	0.
<b>f</b> Taxable amount of lobbying and political expenditures (line 85d less 85e)	<b>85 f</b>	0.
<b>g</b> Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	<b>85 g</b>	N/A
<b>h</b> If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	<b>85 h</b>	N/A
<b>86 501(c)(7) organizations</b> Enter <b>a</b> Initiation fees and capital contributions included on line 12	<b>86 a</b>	
<b>b</b> Gross receipts, included on line 12, for public use of club facilities	<b>86 b</b>	
<b>87 501(c)(12) organizations</b> Enter <b>a</b> Gross income from members or shareholders	<b>87 a</b>	
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>87 b</b>	
<b>88</b> At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX.	<b>88</b>	X
<b>89 a 501(c)(3) organizations</b> Enter Amount of tax imposed on the organization during the year under section 4911 _____, section 4912 _____, section 4955 _____		
<b>b 501(c)(3) and 501(c)(4) organizations</b> Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction.	<b>89 b</b>	
<b>c</b> Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 _____		
<b>d</b> Enter Amount of tax on line 89c, above, reimbursed by the organization _____		
<b>90 a</b> List the states with which a copy of this return is filed <u>Florida</u>		
<b>b</b> Number of employees employed in the pay period that includes March 12, 2005 (See instructions)	<b>90 b</b>	4
<b>91 a</b> The books are in care of <u>Franck Kaiser</u> Telephone number <u>(321) 254-3700</u> located at <u>1500 W. Eau Gallie Blvd., #A, Melbourne, FL</u> ZIP + 4 <u>32935</u>		
<b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country _____	<b>91 b</b>	X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Statements.		
<b>c</b> At any time during the calendar year, did the organization maintain an office outside of the United States? If 'Yes,' enter the name of the foreign country _____	<b>91 c</b>	X
<b>92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041</b> - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <u>92</u>		

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**Part VII Analysis of Income-Producing Activities** (See 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) Exclusion code	(D) Amount	
93 Program service revenue					
a Brevard Builder Newspaper	531390	17,728.			
b Associates Council Income			41	5,818.	
c Non-Dues Project-Dreamstreet			7	49,677.	
d Non-Dues Project-Gen Network Mtgs			41	4,691.	
e See Program Service Revenue Stmt				190,938.	18,700.
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					374,359.
95 Interest on savings & temporary cash invmnts					1,211.
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property	531120	49,182.			
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					76,899.
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a					
b Bar Income	531390	173.			
c Misc. Income			41	300.	
d					
e					
104 Subtotal (add columns (B), (D), and (E))		67,083.		251,424.	471,169.
105 Total (add line 104, columns (B), (D), and (E))					789,676.

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 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)
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 the 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 the instructions)

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

b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

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

Please Sign Here  
 Under penalties of perjury, I declare that I have examined this return, including attachments, if any, and it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which he or she has any knowledge.  
 Signature of officer: *Frank H. Kaiser, Jr.*  
 Type or print name and title: **FRANK H. KAISER, JR.**

Paid Preparer's Use Only  
 Preparer's signature: *Debra Chapman*  
 Firm's name (or yours if self-employed), address, and ZIP + 4:  
**BOOKS! QUICK! INC**  
**1823 GLENWOOD ST NE**  
**PALM BAY**



**Depreciation and Amortization  
(Including Information on Listed Property)**

**2005**

Attachment  
Sequence No **67**

▶ 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 the instructions for a higher limit for certain businesses	1	\$105,000.
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	\$420,000.
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 2004 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 2006 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) (See instructions)**

14	Special allowance for certain aircraft, certain property with a long production period, and qualified New York Liberty or GO Zone property (other than listed property) placed in service during the tax year (see instrs)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	3,994.

**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 2005	17	15,423.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>	18	

**Section B - Assets Placed in Service During 2005 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		2,970.	5.0 yrs	HY	200DB	594.
c 7-year property		4,983.	7.0 yrs	HY	200DB	681.
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
i Nonresidential real property	08/05	34,733.	39 yrs	MM	S/L	334.
				MM	S/L	

**Section C - Assets Placed in Service During 2005 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	748.
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	21,774.
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 the instructions for limits for passenger automobiles)**

24a Do you have evidence to support the business/investment use claimed?		<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> No		24b If 'Yes,' is the evidence written?		<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> 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 allowance for certain aircraft, certain property with a long production period, and qualified New York Liberty or GO Zone 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											
HBCA Phone System	09/28/05	100.00	5,236.	5,236.	7.00	200DB/HY	748.				
27 Property used 50% or less in a qualified business use											
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						28	748.				
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)	(a)		(b)		(c)		(d)		(e)		(f)	
	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	Vehicle 5	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												
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
34 Was the vehicle available for personal use during off-duty hours?												
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)

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the 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 2005 tax year (see instructions)					
43 Amortization of costs that began before your 2005 tax year				43	130.
44 Total. Add amounts in column (f) See instructions for where to report				44	130.

Form 990, Page 2, Part II, Line 43

**Other Expenses Stmt**

	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Other expenses not covered above (itemize)				
Rentals	14,025.	11,650.		2,375.
Website/Internet Expense	2,816.	2,658.	158.	
Judging/Presentation Fees	710.	710.		
Insurance	1,713.		930.	783.
Security Service	150.		0.	150.
Licenses & Permits	1,268.	250.	423.	595.
Automobile Expense	8,106.		8,106.	
Bank Charges	100.		100.	
Board of Directors				
Credit Card Fees	4,329.		4,329.	
Payroll Service Fees	7,175.		7,175.	
Contract Labor	29,338.		29,338.	
Professional Development	787.		787.	
Tangible Property Tax				
Bar Expenses	1,568.		1,568.	
Membership Contest	3,229.		3,229.	
Brev. Bldr-Advertising	4,218.	4,218.		
Brev. Bldr-Readership Costs	24,240.	24,240.		
HBCA-Insurance	3,233.		3,233.	
HBCA-Maintenance	17,942.		17,942.	
HBCA-Repairs	8,170.		8,170.	
HBCA-Security	940.		940.	
HBCA-Supplies	1,652.		1,652.	
HBCA-Taxes	15,289.		15,289.	
HBCA-Utilities	9,348.		9,348.	
Catering-Setup & Takedown				
Florida Income Tax				
Professional Fees-Instructors	4,058.	4,008.	50.	
Amortization	130.		130.	
Boys & Girls Club Contribution	1,200.	1,200.		
<b>Total</b>	<b>165,734.</b>	<b>48,934.</b>	<b>112,897.</b>	<b>3,903.</b>

Form 990, Page 5, Part V-A

**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
Dave Armstrong 7350 Talona Ave. #A W. Melbourne, FL 32904	Builder Director	0.	0.	0.
David Barin 6767 N. Wickham Rd., #107 Melbourne, FL 32940	Builder Director	0.	0.	0.
Keith Berger 4520 Dixie Hwy, NE Palm Bay, FL 32905	Builder Director	0.	0.	0.

Form 990, Page 5, Part V-A

Continued

**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
Mark Bowes 4610 Lipscomb St., NE Palm Bay, FL 32905	Builder Director	0.	0.	0.
Mark Derman P.O. Box 1204 Cape Canaveral, FL 32920	Builder Director	0.	0.	0.
Paul M. Joyal 2800 Aurora Rd. Melbourne, FL 32935	Builder Director	0.	0.	0.
Tom Morris 235 West Drive Melbourne, FL 32904	Builder Director	0.	0.	0.
Barry Richardson 2825 Business Center, #B5 Melbourne, FL 32940	Builder Director	0.	0.	0.
Jerry Fleis 2060 Hwy. A1A, #309 Indian Harbor Beach, FL 32937	Builder Director	0.	0.	0.
Anita Cragg P.O. Box 51-0845 Melbourne Beach, FL 32951	Builder Director	0.	0.	0.
Annette Armstrong 8240 Devereaux Dr, #102 Melbourne, FL 32940	Associate Director	0.	0.	0.
Marcia Bartley 1801 Penn St., Ste 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 7832 Talona Dr. W.Melbourne, FL 32904	Associate Director	0.	0.	0.
Cliff Hirsch 2418 S. Harbor City Blvd. Melbourne, FL 32901	Associate Director	0.	0.	0.
W. David Philpot 5201 Okeechobee Rd. Ft. Pierce, FL 32947	Associate Director	0.	0.	0.
Kymerly VanKonjinenburg 730 E. Strawbridge Ave, #100 Melbourne, FL 32901	Associate Director	0.	0.	0.
Franck Kaiser 1500 W. Eau Gallie Blvd, #A Melbourne, FL 32935	CEO 40	72,099.	0.	0.

Form 990, Page 8, 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					
Non-Dues Project-Parade o			7	101,537.	
Non-Dues Project-AofE Gala			41	15,947.	
Remodelors Council			41	2,267.	
Sales & Marketing			41	9,188.	
Brevard Chapter Income			3	1,061.	
Non-Dues Project-Space Co			3	24,022.	
Home Buyers Resource Guide			3	9,091.	
Economic Growth Fund					18,550.
Non Dues Project-Misc Pr			41	27,825.	
Membership Dues-Luncheon					150.
Total				<u>190,938.</u>	<u>18,700.</u>

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	46,869.	0.	46,869.	0.	46,869.
Fishing Tournament	27,610.	0.	27,610.	0.	27,610.
Casino Night	820.	0.	820.	0.	820.
Picnic	1,600.	0.	1,600.	0.	1,600.
Total	<u>76,899.</u>	<u>0.</u>	<u>76,899.</u>	<u>0.</u>	<u>76,899.</u>

Form 990, Page 4, Part IV, Lines 55a &amp; 55b

**Investments - Land, Buildings and Equipment Statement**

	(a) Cost/Other Basis	(b) Accumulated Depreciation	(c) Book Value
Building-Leased Space	516,873.	242,462.	274,411.
Furniture & Fixtures-Leased Space	17,012.	16,830.	182.
Improvements-Leased Space	72,500.	49,969.	22,531.
Land-Leased Space	56,057.	0.	56,057.
Total	<u>662,442.</u>	<u>309,261.</u>	<u>353,181.</u>

Form 990, Page 4, Part IV, Lines 57a &amp; 57b

**Land, Buildings and Equipment Statement**

	(a) Cost/Other Basis	(b) Accumulated Depreciation	(c) Book Value
HBCA Building	402,580.	205,616.	196,964.
Computer Equipment	20,976.	15,808.	5,168.
Furniture & Fixtures	148,115.	141,642.	6,473.
Improvements	87,035.	53,460.	33,575.
Land	62,377.	0.	62,377.
HBCA Software	19,970.	3,883.	16,087.
<b>Total</b>	<u>741,053.</u>	<u>420,409.</u>	<u>320,644.</u>

Form 990, Page 4, Part IV, Line 58

**Other Assets Statement**

<b>Line 58 - Other Assets:</b>	<b>Beginning of Year</b>	<b>End of Year</b>
Loan Costs-net of Accum. Amort.	3,476.	3,086.
Utility Deposits	1,990.	1,990.
<b>Total</b>	<u>5,466.</u>	<u>5,076.</u>

Form 990, Page 4, Part IV, Line 65

**Other Liabilities Statement**

<b>Line 65 - Other Liabilities:</b>	<b>Beginning of Year</b>	<b>End of Year</b>
Sales Tax Payable	244.	138.
Security Deposits Held	2,569.	2,569.
Due to HBCA Foundation		275.
<b>Total</b>	<u>2,813.</u>	<u>2,982.</u>

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

Department of the Treasury  
Internal Revenue Service

▶ File a separate application for each return

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

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

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

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

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

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

<b>Type or print</b> File by the due date for filing your return See instructions	Name of Exempt Organization <u>Home Builders &amp; Contractors Assoc. of Brevard, Inc.</u>	Employer identification number <u>59-1448721</u>
	Number, street and room or suite number If a P.O. box see instructions <u>1500 W. Eau Gallie Blvd., Ste. A</u>	
	City, town or post office For a foreign address see instructions <u>Melbourne</u>	state ZIP code <u>FL 32935-5398</u>

**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 (section 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 ▶ Franck Kaiser

Telephone No ▶ (321) 254-3700 FAX No ▶ \_\_\_\_\_

- If the organization does **not** have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the **whole** group, check this box  If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until Aug 15, 2006, to file the exempt organization return for the organization named above The extension is for the organization's return for  
▶  calendar year 2005 or  
▶  tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_

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

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions \$ \_\_\_\_\_ 0.

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit \$ \_\_\_\_\_ 0.

c **Balance Due.** Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions \$ \_\_\_\_\_ 0.

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

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