

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)

2007

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 2007 calendar year, or tax year beginning 2007, and ending 20

- B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organization, number and street, city, town, state, and ZIP code: PORT CANAVERAL YACHT CLUB INC, PO BOX 156, CAPE CANAVERAL FL 32920-

D Employer identification number: 59-2448202; E Telephone number: 321-784-2292; F Acctg. 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; H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

G Website:

J Organization type (check only one): 501(c)(7), 4947(a)(1) or 527

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 382,709

M Check if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

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

Table with 21 rows and 4 columns: Description, Sub-description, Amount, Total. Includes Revenue (lines 1-12) and Expenses (lines 13-17) sections.

IRS-OSC AUG 6 2008 RECEIVED stamp

SCANNED AUG 06 2008 stamp

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2007)

Handwritten initials: ELO, 290

Part II Statement of Functional Expenses

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a				
22b Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b				
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25a Compensation of current officers, directors, key employees, etc listed in Part V-A	25a				
b Compensation of former officers, directors, key employees, etc listed in Part V-B	25b				
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c				
26 Salaries and wages of employees not included on lines 25a, b, and c	26	65511.	65511.		
27 Pension plan contributions not included on lines 25a, b, and c	27				
28 Employee benefits not included on lines 25a - 27	28				
29 Payroll taxes	29	6419.	6419.		
30 Professional fundraising fees	30				
31 Accounting fees	31	2469.	2469.		
32 Legal fees	32				
33 Supplies	33	7841.	7841.		
34 Telephone	34	3973.	3973.		
35 Postage and shipping	35				
36 Occupancy	36				
37 Equipment rental and maintenance	37	2972.	2972.		
38 Printing and publications	38	688.	688.		
39 Travel	39				
40 Conferences, conventions, and meetings	40				
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42	14656.	14434.		
43 Other expenses not covered above (itemize)					
a SEE STMT	43a				
b	43b				
c	43c				
d	43d				
e	43e				
f	43f				
g	43g				
44 Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	256420.	256198.		

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

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____,
 (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

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

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? **MANAGE YACHT CLUB**
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 MEMBERSHIP MANAGES PRIVATE YACHT CLUB FOR MEMBERS

(Grants and allocations \$ _____) If this amount includes foreign grants, check here

b

(Grants and allocations \$ _____) If this amount includes foreign grants, check here

c

(Grants and allocations \$ _____) If this amount includes foreign grants, check here

d

(Grants and allocations \$ _____) If this amount includes foreign grants, check here

e Other program services (attach schedule)
(Grants and allocations \$ _____) If this amount includes foreign grants, check here

f Total of Program Service Expenses (should equal line 44, column (B), Program services) . **▶ 256198.**

Part IV Balance Sheets (See the instructions)

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

		(A)		(B)
		Beginning of year		End of year
Assets	45 Cash - non-interest-bearing	16,414.	45	20,136.
	46 Savings and temporary cash investments	32,403.	46	76,813.
	47a Accounts receivable	47a 21,550.		
	b Less allowance for doubtful accounts	47b	47c	21,550.
	48a Pledges receivable	48a		
	b Less allowance for doubtful accounts	48b	48c	
	49 Grants receivable		49	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
	51a Other notes and loans receivable (attach schedule)	51a		
	b Less allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use	8,828.	52	14,125.
	53 Prepaid expenses and deferred charges		53	
	54a Investments - publicly-traded securities	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV	54a	
	b Investments - other securities (attach schedule)	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV	54b	
	55a Investments - land, buildings, and equipment basis	55a 532,368.		
	b Less accumulated depreciation (attach schedule)	55b 387,427.	55c	144,941.
	56 Investments - other (attach schedule)		56	
	57a Land, buildings, and equipment basis	57a		
b Less accumulated depreciation (attach schedule)	57b	57c		
58 Other assets, including program-related investments (describe ▶ ARCHITEC PLANS/BLDG&DOCK)	42,114.	58	42,114.	
59 Total assets (must equal line 74) Add lines 45 through 58	177,311.	59	319,679.	
Liabilities	60 Accounts payable and accrued expenses	1,271.	60	
	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)		64b	97,877.
	65 Other liabilities (describe ▶ SEE ATTACHED STATEMENT)	5,246.	65	7,452.
66 Total liabilities. Add lines 60 through 65	6,517.	66	105,329.	
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	170,794.	72	214,350.
73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)	170,794.	73	214,350.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	177,311.	74	319,679.	

Part VI Other Information (continued)		Yes	No
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
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) 82b		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	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) Were substantially all dues nondeductible by members?		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? 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		X
c	Dues, assessments, and similar amounts from members 85c		
d	Section 162(e) lobbying and political expenditures 85d		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		X
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?		X
86	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12 86a 209,346.		
b	Gross receipts, included on line 12, for public use of club facilities 86b 181,609.		
87	501(c)(12) orgs Enter a Gross income from members or shareholders 87a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 87b		
88a	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
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		X
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 ▶ , section 4912 ▶ , section 4955 ▶		
b	501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		
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 ▶		
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	X
f	All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	X
90a	List the states with which a copy of this return is filed ▶		
b	Number of employees employed in the pay period that includes March 12, 2007 (See instructions) 90b		
91a	The books are in care of ▶ PORT CANAVERAL YACHT CL Telephone no ▶ 321-784-2292 Located at ▶ 910 MULLET DRIVE CAPE CANAVERAL FL ZIP + 4 ▶ 32920-		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	91b	X

Part VI Other Information (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? **91c** Yes No

If "Yes," enter the name of the foreign country ▶ _____

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 **92** _____

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 _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					60,987.
95 Interest on savings and temporary cash investments					109.
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					173,869.
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					62,364.
103 Other revenue a MISC					2,647.
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), & (E))					299,976.
105 Total (add line 104, columns (B), (D), and (E))					299,976.

Note: Line 105 plus line 1e, 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)
▼	

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

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership int	(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 yr, 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)

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13)

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code?
 If "Yes," complete the schedule below for each controlled entity

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code?
 If "Yes," complete the schedule below for each controlled entity

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No
	X

Please Sign Here

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.

Signature of officer: Frank Rose III Date: 7-21-08
 Type or print name and title: FRANK ROSE III Commodore

Paid Preparer's Use Only

Preparer's signature: M. Lee

Firm's name (or yours if self-employed): HIMARDA INC
 address, and ZIP + 4: 2375 FLORIDA AVE
TITUSVILLE FL 327

Depreciation and Amortization

(Including Information on Listed Property)

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

Name(s) shown on return
PORT CANAVERAL YACHT CLUB INC

Business or activity to which this form relates
990

Identifying number
59-2448202

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	125,000.
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	500,000.
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	

(a) Description of property	(b) Cost (business use only)	(c) Elected cost
6		
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 2006 Form 4562	10	
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	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 2008 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 qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) and cellulosic biomass ethanol plant property placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

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 2007	17	11,970.
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 2007 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depr (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		804.	5	HY	200 DB	161.
c 7-year property		424.	7	HY	200 DB	61.
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		100,304.	39 yrs	MM	S/L	2,464.
				MM	S/L	

Section C-Assets Placed in Service During 2007 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	14,656.
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	

For Paperwork Reduction Act Notice, see separate instructions.

2007 ASSET DETAIL REPORT

Description	Date Acqd	Cost	Bus. Use	179+ Spec.	Basis	Method	Rec. Per.	Cv	Prior Depr.	Current Depr.	Next Year	Prior AMT	Current AMT	Gain/Price	Sales Price	Date Sold
Form: 990																
Rental Property: N/A																
Depreciation Class: Data handling equipment																
In Service Year: 2007																
HTS Computer	04/07	804	100		804	MACRS	5.0	HY		161	257		121			
		804														
Depreciation Class: Furniture and fixtures nonrental																
In Service Year: 2005																
CHAIRS	01/05	500	100		500	200 DB	7.0	HY	193	73	52	193	75			
TV	02/05	1949	100		1949	200 DB	7.0	HY	756	294	210	756	293			
TIKIBAR TBL/	05/05	312	100		312	200 DB	7.0	HY	121	52	37	121	47			
other deprec	01/05	12467	100		12467	200 DB	7.0	HY	12467			12467				
		-----			-----				-----	---	---	-----	---			
		15228			15228				13537	419	299	13537	415			
In Service Year: 2006																
DOCK FIRE EX	02/06	631	100		631	200 DB	7.0	MQ	158	133	95	158	110			
SIGNS	02/06	200	100		200	200 DB	7.0	MQ	50	42	30	50	35			
FREEZER	02/06	261	100		261	200 DB	7.0	MQ	65	55	39	65	45			
BAR SINKS	09/06	228	100		228	200 DB	7.0	MQ	24	59	42	24	45			
FENCE	10/06	1740	100		1740	200 DB	7.0	MQ	62	462	330	62	363			
DECK CHAIRS	12/06	324	100		324	200 DB	7.0	MQ	12	90	65	12	68			
AWNINGS	12/06	375	100		375	200 DB	7.0	MQ	13	105	75	13	78			
		-----			-----				---	---	---	---	---			
		3759			3759				384	946	676	384	744			
In Service Year: 2007																
Ceiling Fans	07/07	424	100		424	MACRS	7.0	HY		61	104		45			

2007 ASSET DETAIL REPORT

Description	Date Acqd	Cost	Bus. Use	179+ Spec.	Basis	Method	Rec. Per.	Cv	Prior Depr.	Current Depr.	Next Year	Prior AMT	Current AMT	Gain/Price	Sales Price	Date Sold
Depreciation Class: Office equipment																
In Service Year: 2005																
ALL IN ONE P	03/05	337	100		337	200 DB	5.0	HY	175	54	32	175	60			
Depreciation Class: Real property nonresidential																
In Service Year: 1993																
BUILDING/DOC	06/93	411502	100		411502	SL	39.0	MM	358675	10551	10551	358675	10288			
In Service Year: 2007																
DOCK REFURBI	01/07	100304	100		100304	MACRS	39.0	MM		2464	2572		2464			
Form Totals:		532358			532358				372771	14656	14491	372771	14137			

US 990

Other Functional Expenses: Page 2, Line 43

2007

Description of the Asset	Total	Program Services	Management and General	Fundraising
LEASE	48,877.	48,877.		
TAXES/LICENSES	764.	764.		
INSURANCE	16,758.	16,758.		
PROFESSIONAL FEES				
PREMISES MAINTENANCE	13,767.	13,767.		
OFFICE EXPENSE/POSTAGE	2,922.	2,922.		
DUES/SUBSCRIPTIONS	640.	640.		
BANK CHARGES	2,938.	2,938.		
ADVERTISING	1,956.	1,956.		
UTILITIES	19,596.	19,596.		
PROPERTY TAXES	6,827.	6,827.		
W/C INSURANCE	3,517.	3,517.		
MISC CLUB EXPENSE				
ENTERTAINMENT	2,545.	2,545.		
LAUNDRY	2,987.	2,987.		
CASUAL LABOR	8,691.	8,691.		
SALES TAX EXPENSE				
DECORATIONS	642.	642.		
CLEANING	6,962.	6,962.		
RESTAURANT EXPENSE-OTR	728.	728.		
FLEET EXPENSE	2,292.	2,292.		
MILEAGE	236.	236.		
INTEREST PAID	4,428.	4,428.		
MISC CLUB EXPENSE	3,818.	3,818.		
	151,891.	151,891.		

List of Officers, Directors, Trustees and Key Employees

US 990

990: Page 5, Part V; 990EZ: Page 2 Part IV; 990-PF: Page 6, Part VIII

2007

Name and Address	Title/Average Hours Per Week Devoted to Position	Amount Paid	Amount for Employee Benefit Plan	Expense Account and Other Allowances
FRANK ROSE III COCOA BEACH FL	COMMODORE			
LINDA MUELLER CAPE CANAVERAL	1ST V CMDR			
DAVID HENDRICK CAPE CANAVERAL	2ND V CMDR			
GALE CRENSHAW CAPE CANAVERAL	SECY			
AUGUST BYLLOTT ROCKLEDGE FL	TRSR			