

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

OMB No 1545-1150

2016

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 01-01-2016, and ending 12-31-2016

- B** Check if applicable
- Address change
 - Name change
 - Initial return
 - Final return/terminated
 - Amended return
 - Application pending

C Name of organization
BREVARD ELECTRICAL GROUP NON-JOINT
APPRENTICESHIP & TRAINING PROG INC

Number and street (or P O box, if mail is not delivered to street address) Room/suite
700 N WICKHAM ROAD SUITE 108

City or town, state or province, country, and ZIP or foreign postal code
MELBOURNE, FL 32935

D Employer identification number
59-2577488

E Telephone number
(321) 254-0492

F Group Exemption Number ▶

G Accounting Method Cash Accrual Other (specify) ▶ _____

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

I Website: ▶ N/A

J Tax-exempt status (check only one) - 501(c)(3) 501(c)(5) ◀(insert no) 4947(a)(1) or 527

K Form of organization Corporation Trust Association Other _____

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 193,400

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I

	Description		Amount
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	
	2 Program service revenue including government fees and contracts	2	166,341
	3 Membership dues and assessments	3	26,888
	4 Investment income	4	171
	5a Gross amount from sale of assets other than inventory	5a	
	b Less cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
c Less direct expenses from gaming and fundraising events	6c		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a Gross sales of inventory, less returns and allowances	7a		
b Less cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe in Schedule O)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	193,400	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	50,810
	13 Professional fees and other payments to independent contractors	13	5,581
	14 Occupancy, rent, utilities, and maintenance	14	14,750
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe in Schedule O)	16	22,654
	17 Total expenses. Add lines 10 through 16 ▶	17	93,795
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	99,605
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	372,712
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year Combine lines 18 through 20	21	472,317

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	335,472	22	435,530
23 Land and buildings	33,109	23	33,008
24 Other assets (describe in Schedule O)	4,131	24	3,783
25 Total assets	372,712	25	472,321
26 Total liabilities (describe in Schedule O).		26	4
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	372,712	27	472,317

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?

EDUCATION

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

28

See Additional Data Table

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

28a

29

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

29a

30

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

30a

31 Other program services (describe in Schedule O)

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

31a

32 Total program service expenses (add lines 28a through 31a) **32**

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV.

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
MIKE CORNELIUS PRESIDENT	5 00	0		
CHRISTINA SLATE SECRETARY	5 00	0		
KURT MARCELLO TREASURER	5 00	0		

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

Table with columns for question number, question text, and Yes/No response columns. Rows include questions 33 through 45b regarding organizational activities, financials, and compliance.

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I **46**

Yes	No
	No

Part VI Section 501(c)(3) organizations only
 All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II **47**

Yes	No

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E **48**

Yes	No

49a Did the organization make any transfers to an exempt non-charitable related organization? **49a**

Yes	No

b If "Yes," was the related organization a section 527 organization? **49b**

Yes	No

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000 **f** _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 **d** _____

52 Did the organization complete Schedule A? **NOTE.** All Section 501(c)(3) organizations must complete Schedule A **52**

Under penalties of perjury, I declare that I have examined this return, including attachments and all information furnished to me, 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.

Sign Here

***** Signature of officer	
MIKE CORNELIUS PRESIDENT Type or print name and title	

Paid Preparer Use Only

Print/Type preparer's name BRENT R WENTE	Preparer's signature
Firm's name ▶ SHEIN & WENTE LLC	
Firm's address ▶ 2627 W EAU GALLIE BLVD STE 101 MELBOURNE, FL 329358303	

May the IRS discuss this return with the preparer shown above? See instructions

Additional Data

Software ID:

Software Version:

EIN: 59-2577488

Name: BREVARD ELECTRICAL GROUP NON-JOINT
APPRENTICESHIP & TRAINING PROG INC

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
<p>28 PROVIDED INSTRUCTION TO STUDENTS PURSUING A CAREER AS AN ELECTRICAL JOURNEYMAN IN CONJUNCTION WITH A LOCAL COMMUNITY COLLEGE</p> <p>(Grants \$)</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	28a	

Form 990EZ, Part III - Statement of Program Service Accomplishments

<p>Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.</p>	<p>Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)</p>	
<p>29 PROVIDED INSTRUCTION TO STUDENTS PURSUING A CAREER AS AN ELECTRICAL JOURNEYMAN IN CONJUNCTION WITH A LOCAL COMMUNITY COLLEGE (Grants \$)</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	<p>29a</p>	

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

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Department of the Treasury
Internal Revenue Service

Name of the organization

BREVARD ELECTRICAL GROUP NON-JOINT
APPRENTICESHIP & TRAINING PROGINC

Employer identification number

59-2577488

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16	EXPENSES MEETING EXPENSES 2,482 SUPPLIES 143 POSTAGE 21 BANK CHARGES 65 BOOK EXPENSES 8,850 GRADUATION EXPENSE 4,335 INSURANCE 1,660 LICENSES AND FEES 70 OFFICE EXPENSE 676 AUTO AND TRUCK EXPENSE 1,075 TAXES - OTHER 339 MISCELLANEOUS EXPENSE 587 CONTINUING EDUCATION 453 SCHOL EXPENSE 1,094 CONTRACT EXPENSES 456 NON-INVESTMENT DEPRECIATION 348 TOTAL 22,654

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 24	OFFICE EQUIPMENT 18,929 18,929 LESS ACCUMULATED DEPRECIATION 18,058 18,406 OTHER ASSETS 2,973 2,973 DEPOSITS 287 287 TOTAL 4,131 3,783

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 26	ACCOUNTS PAYABLE AND ACCRUED EXPENSES 0 4

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART III, LINE 31	PROVIDED INSTRUCTION TO STUDENTS PURSUING A CAREER AS AN ELECTRICAL JOURNEYMAN IN CONJUNCTION WITH A LOCAL COMMUNITY COLLEGE