

Form **990**

# Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

## 2005

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 2005 calendar year, or tax year beginning** 5/01/05, and ending 4/30/06

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

Please use IRS label or print or type. See Specific Instructions.

**C Name of organization**  
**SPACE COAST SKI CLUB, INC.**

Number and street (or P O box if mail is not delivered to street address) Room/suite  
**104 RIVERSIDE DRIVE #401**

City or town, state or country, and ZIP + 4  
**COCOA FL 32922**

**D Employer identification no.**  
**59-2975240**

**E Telephone number**

**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  Yes  No

**H(c)** Are all affiliates included?  Yes  No (If "No," attach a list See instr)

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

**G Website:** N/A

**J Organization type** (check only one)  501(c) ( 7 )  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 chooses to file a return, be sure to file a complete return. Some states require a complete return.

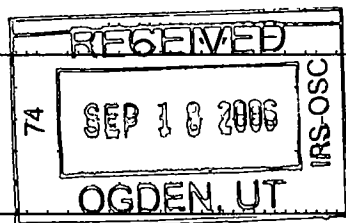
**I Group Exemption Number**

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

**L Gross receipts** Add lines 6b, 8b, 9b, and 10b to line 12 **551,734**

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

Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received					
	<b>a</b> Direct public support	<b>1a</b>				
	<b>b</b> Indirect public support	<b>1b</b>				
	<b>c</b> Government contributions (grants)	<b>1c</b>				
	<b>d Total</b> (add lines 1a through 1c) (cash \$ _____ noncash \$ _____)				<b>1d</b>	0
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)				<b>2</b>	542,765
	<b>3</b> Membership dues and assessments				<b>3</b>	8,450
	<b>4</b> Interest on savings and temporary cash investments				<b>4</b>	24
	<b>5</b> Dividends and interest from securities				<b>5</b>	
	<b>6a</b> Gross rents	<b>6a</b>				
	<b>b</b> Less rental expenses	<b>6b</b>				
	<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)				<b>6c</b>	
	<b>7</b> Other investment income (describe _____)				<b>7</b>	
	<b>8a</b> Gross amount from sales of assets other than inventory	(A) Securities		(B) Other		
	<b>b</b> Less cost or other basis and sales expenses	<b>8a</b>				
	<b>c</b> Gain or (loss) (attach schedule)	<b>8b</b>				
	<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8c</b>			<b>8d</b>	
	<b>9</b> Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>					
	<b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1a)	<b>9a</b>				
	<b>b</b> Less direct expenses other than fundraising expenses	<b>9b</b>				
	<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)				<b>9c</b>	
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>					
<b>b</b> Less cost of goods sold	<b>10b</b>					
<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)				<b>10c</b>		
<b>11</b> Other revenue (from Part VII, line 103)				<b>11</b>	495	
<b>12 Total revenue</b> (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)				<b>12</b>	551,734	
<b>13</b> Program services (from line 44, column (B))				<b>13</b>	539,822	
<b>14</b> Management and general (from line 44, column (C))				<b>14</b>	2,889	
<b>15</b> Fundraising (from line 44, column (D))				<b>15</b>		
<b>16</b> Payments to affiliates (attach schedule)				<b>16</b>		
<b>17 Total expenses</b> (add lines 16 and 44, column (A))				<b>17</b>	542,711	
<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)				<b>18</b>	9,023	
<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))				<b>19</b>	59,192	
<b>20</b> Other changes in net assets or fund balances (attach explanation)				<b>20</b>		
<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)				<b>21</b>	68,215	



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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 (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	
22	Grants and allocations (attach schedule) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22				
23	Specific assistance to individuals (attach schedule) <input type="checkbox"/>	23				
24	Benefits paid to or for members (attach schedule)	24				
25	Compensation of officers, directors, etc	25				
26	Other salaries and wages	26				
27	Pension plan contributions	27				
28	Other employee benefits	28				
29	Payroll taxes	29				
30	Professional fundraising fees	30				
31	Accounting fees	31				
32	Legal fees	32				
33	Supplies	33				
34	Telephone	34				
35	Postage and shipping	35				
36	Occupancy	36				
37	Equipment rental and maintenance	37				
38	Printing and publications	38	3,590	3,590		
39	Travel	39				
40	Conferences, conventions, and meetings	40				
41	Interest	41				
42	Depreciation, depletion, etc (attach schedule)	42				
43	Other expenses not covered above (itemize)					
a	SEE STATEMENT 2	43a	539,121	536,232	2,889	
b		43b				
c		43c				
d		43d				
e		43e				
f		43f				
g		43g				
44	<b>Total functional expenses.</b> Add lines 22 through 43 (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	542,711	539,822	2,889	0

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?

▶  
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) & (4) orgs. & 4947(a)(1) trusts, but optional for others.)

**a PROVIDE ADMINISTRATIVE SERVICES TO MEMBERS; PROMOTED CLUB ACTIVITIES, RECREATIONAL OPPORTUNITIES AND TRIPS.**

(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)** ▶ **0**

**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) Beginning of year		(B) End of year
<b>Assets</b>	<b>45</b> Cash-non-interest-bearing	49,462	45	58,460
	<b>46</b> Savings and temporary cash investments	9,730	46	9,755
	<b>47a</b> Accounts receivable			
	<b>b</b> Less allowance for doubtful accounts		47c	
	<b>48a</b> Pledges receivable			
	<b>b</b> Less allowance for doubtful accounts		48c	
	<b>49</b> Grants receivable		49	
	<b>50</b> Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	<b>51a</b> Other notes and loans receivable (attach schedule)			
	<b>b</b> Less allowance for doubtful accounts		51c	
	<b>52</b> Inventories for sale or use		52	
	<b>53</b> Prepaid expenses and deferred charges		53	
	<b>54</b> Investments-securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
	<b>55a</b> Investments-land, buildings, and equipment basis			
	<b>b</b> Less accumulated depreciation (attach schedule)		55c	
<b>56</b> Investments-other (attach schedule)		56		
<b>57a</b> Land, buildings, and equipment basis				
<b>b</b> Less: accumulated depreciation (attach schedule)		57c		
<b>58</b> Other assets (describe <input type="checkbox"/> )		58		
<b>59 Total assets</b> (must equal line 74) Add lines 45 through 58		59,192	59	68,215
<b>Liabilities</b>	<b>60</b> Accounts payable and accrued expenses		60	
	<b>61</b> Grants payable		61	
	<b>62</b> Deferred revenue		62	
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	<b>64a</b> Tax-exempt bond liabilities (attach schedule)		64a	
	<b>b</b> Mortgages and other notes payable (attach schedule)		64b	
	<b>65</b> Other liabilities (describe <input type="checkbox"/> )		65	
<b>66 Total liabilities.</b> Add lines 60 through 65		0	66	0
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74</b>			
	<b>67</b> Unrestricted		67	
	<b>68</b> Temporarily restricted		68	
	<b>69</b> Permanently restricted		69	
	<b>Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 70 through 74.</b>			
	<b>70</b> Capital stock, trust principal, or current funds		70	
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund		71	
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds	59,192	72	68,215
<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)	59,192	73	68,215	
<b>74 Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	59,192	74	68,215	

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

<b>a</b>	Total revenue, gains, and other support per audited financial statements		<b>a</b>	<b>551,734</b>
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 12			
<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>551,734</b>
<b>d</b>	Amounts included on Part I, line 12, but not on line <b>a</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>	<b>Total revenue</b> (Part I, line 12) Add lines <b>c</b> and <b>d</b>		<b>e</b>	<b>551,734</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>	<b>542,711</b>
<b>b</b>	Amounts included on line <b>a</b> but not Part I, line 17:			
<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>542,711</b>
<b>d</b>	Amounts included on Part I, line 17, but not on line <b>a</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>	<b>Total expenses</b> (Part I, line 17) Add lines <b>c</b> and <b>d</b>		<b>e</b>	<b>542,711</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) Contrib to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
CARLA CONSTANTINO MELBOURNE FL 32934	PRESIDENT 0	0	0	0
CAL STAUBUS MELBOURNE FL 32940	SECRETARY 0	0	0	0
LLOYD LEWIS MERRITT ISLAND FL 32952	1ST VP 0	0	0	0
LAIRD QUENZLER COCOA FL 32922	TREASURER 0	0	0	0
LISA SMOAK MELBOURNE FL 32934	TRIP DIR. 0	0	0	0
BRICE CROSSLEY SATELLITE BEACH FL 32937	MEMBER. DIR. 0	0	0	0
PAT LEWIS MERRITT ISLAND FL 32952	WBMASER DIR 0	0	0	0
STEVE SPRAGINS MELBOURNE FL 32901	NEWSLTTR DIR 0	0	0	0
RICK SCHMID MELBOURNE FL 32951	DIRECTOR 0	0	0	0



**Part VI Other Information (continued)**

		Yes	No
<b>82a</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>X</b>
<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>82b</b>		
<b>83a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?	<b>X</b>	
<b>b</b>	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	<b>N/A</b>	
<b>84a</b>	Did the organization solicit any contributions or gifts that were not tax deductible?		<b>X</b>
<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>N/A</b>	
<b>85</b>	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	<b>N/A</b>	
<b>b</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	<b>N/A</b>	
<b>c</b>	Dues, assessments, and similar amounts from members		
	<b>85c</b>		
<b>d</b>	Section 162(e) lobbying and political expenditures		
	<b>85d</b>		
<b>e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
	<b>85e</b>		
<b>f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
	<b>85f</b>		
<b>g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	<b>N/A</b>	
<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>N/A</b>	
<b>86</b>	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12		
	<b>86a</b>	<b>0</b>	
<b>b</b>	Gross receipts, included on line 12, for public use of club facilities		
	<b>86b</b>	<b>0</b>	
<b>87</b>	501(c)(12) orgs Enter a Gross income from members or shareholders		
	<b>87a</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>87b</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>X</b>
<b>89a</b>	501(c)(3) organizations Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ , section 4912 ▶ ; section 4955 ▶		
<b>b</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		
	<b>89b</b>		
<b>c</b>	Enter Amount of tax imposed on the organization managers or disqualified persons during the year sections 4912, 4955, and 4958		
<b>d</b>	Enter Amount of tax on line 89c, above, reimbursed by the organization		
<b>90a</b>	List the states with which a copy of this return is filed ▶ <b>NONE</b>		
<b>b</b>	Number of employees employed in the pay period that includes March 12, 2005 (See instructions )		
	<b>90b</b>		<b>0</b>
<b>91a</b>	The books are in care of ▶ <b>LAIRD QUENZLER</b> <b>104 RIVERSIDE DRIVE #401</b> Located at ▶ <b>COCOA, FL</b>	Telephone no. ▶ <b>321-632-1715</b>	
		ZIP + 4 ▶ <b>32922</b>	
<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 ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
	<b>91b</b>		<b>X</b>
<b>c</b>	At any time during the calendar year, did the organization maintain an office outside of the United States?		
	<b>91c</b>		<b>X</b>
<b>92</b>	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		
	<b>92</b>		<input type="checkbox"/>

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

	Unrelated business income		Excluded by sec 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
<b>93</b> Program service revenue:					
<b>a</b> TRIP INCOME					542,765
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>f</b> Medicare/Medicaid payments					
<b>g</b> Fees and contracts from government agencies					
<b>94</b> Membership dues and assessments					8,450
<b>95</b> Interest on savings and temporary cash investments					24
<b>96</b> Dividends and interest from securities					
<b>97</b> Net rental income or (loss) from real estate:					
<b>a</b> debt-financed property					
<b>b</b> not debt-financed property					
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income					
<b>100</b> Gain or (loss) from sales of assets other than inventory					
<b>101</b> Net income or (loss) from special events					
<b>102</b> Gross profit or (loss) from sales of inventory					
<b>103</b> Other revenue:					
<b>a</b>					
<b>b</b> OTHER					495
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>104</b> Subtotal (add columns (B), (D), and (E))		0		0	551,734
<b>105</b> Total (add line 104, columns (B), (D), and (E))					551,734

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)
N/A	

**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 interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**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, and believe that it is true, correct, and complete. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

*Laird Quenzler*  
Signature of officer  
**LAIRD QUENZLER**  
Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature: *Todd Bunker, CPA*  
Firm's name (or yours if self-employed), address, and ZIP + 4: **DAVIES, HOUSER & SE  
P.O. BOX 129  
COCOA, FL 32923-01**



# Federal Statements

## Statement 1 - Form 990, Part I, Line 3 - Membership Dues and Assessments

<u>Description</u>	<u>Amount</u>
MEMBERSHIP INCOME	\$ 8,450
TOTAL	\$ <u>8,450</u>

**Federal Statements****Statement 2 - Form 990, Part II, Line 43 - Other Functional Expenses**

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
	\$	\$	\$	\$
EXPENSES				
BROCHURES	4,103	4,103		
OFFICE	2,889		2,889	
ACTIVITIES	11,007	11,007		
PROGRAM FEES AND TRIPS	518,736	518,736		
BANK CHARGES	15	15		
FSC EXPENSES	2,371	2,371		
TOTAL	<u>\$ 539,121</u>	<u>\$ 536,232</u>	<u>\$ 2,889</u>	<u>\$ 0</u>

Form **8868**

(Rev. December 2004)

Department of the Treasury  
Internal Revenue Service

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

▶ File a separate application for each return.

OMB No 1545-1709

● If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box  **X**

● 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)

Type or print  File by the due date for filing your return See instructions	Name of Exempt Organization  <b>SPACE COAST SKI CLUB, INC.</b>	Employer identification number  <b>59-2975240</b>
	Number, street, and room or suite no If a P O box, see instructions <b>104 RIVERSIDE DRIVE #401</b>	
	City, town or post office, state, and ZIP code For a foreign address, see instructions. <b>COCOA FL 32922</b>	

**Check type of return to be filed** (file a separate application for each return)

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

● The books are in the care of ▶ **LAIRD QUENZLER**

Telephone No ▶ **321-632-1715** 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 **12/15/06**, to file the exempt organization return for the organization named above The extension is for the organization's return for  
 ▶  calendar year or  
 ▶  tax year beginning **5/01/05**, and ending **4/30/06**

**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

**For Privacy Act and Paperwork Reduction Act Notice, see Instructions.**

Form **8868** (Rev 12-2004)