

Form **990-EZ**

Short Form 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)

▶ For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year.

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

2005

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2005 calendar year, or tax year beginning , 2005, and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization BODY DYNAMICS OF BREVARD, INC.		D Employer identification number 59-3225618
		Number and street (or P O box, if mail is not delivered to street address) Room/suite 1425 HIGHLAND AVENUE		E Telephone number 321-676-1400
		City or town, state or country, and ZIP + 4 MELBOURNE, FL 32935		F Group Exemption Number . . . ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

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: ▶

J Organization type (check only one) - 501(c)(7) (insert no.) 4947(a)(1) or 527

K Check 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.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$100,000 or more, file Form 990 instead of Form 990-EZ . . . ▶ \$ 11,827

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 38 of the instructions.)

SCANNED JUN 16 2006
Revenue

1	Contributions, gifts, grants, and similar amounts received	1	
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	11,827
4	Investment income	4	
5 a	Gross amount from sale of assets other than inventory	5 a	
5 b	Less cost or other basis and sales expenses	5 b	
5 c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)	5 c	
6	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>		
6 a	Gross revenue (not including \$ of contributions reported on line 1)	6 a	
6 b	Less direct expenses other than fundraising expenses	6 b	
6 c	Net income or (loss) from special events and activities (line 6a less line 6b)	6 c	
7 a	Gross sales of inventory, less returns and allowances	7 a	
7 b	Less: cost of goods sold	7 b	
7 c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)	7 c	
8	Other revenue (describe ▶)	8	
9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	11,827
10	Grants and similar amounts paid (attach schedule)	10	
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	
13	Professional fees and other payments to independent contractors	13	350
14	Occupancy, rent, utilities, and maintenance	14	7,971
15	Printing, publications, postage, and shipping	15	
16	Other expenses (describe ▶ SEE ATTACHED SCHEDULE)	16	1,595
17	Total expenses (add lines 10 through 16)	17	9,916
18	Excess or (deficit) for the year (line 9 less line 17)	18	1,911
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figures reported on prior year's return)	19	1,316
20	Other changes in net assets or fund balances (attach explanation)	20	
21	Net assets or fund balances at end of year (combine lines 18 through 20)	21	3,227

Part II Balance Sheets - If total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.

(See page 41 of the instructions.)

	(A) Beginning of year	(B) End of year	
22	Cash, savings, and investments	816	2,727
23	Land and buildings		
24	Other assets (describe ▶ SECURITY DEPOSITS)	500	500
25	Total assets	1,316	3,227
26	Total liabilities (describe ▶)		
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	1,316	3,227

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Part III Statement of Program Service Accomplishments (See page 42 of the instructions.)

Expenses
(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)

What is the organization's primary exempt purpose?
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

28	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31	Other program services (attach schedule) <input type="checkbox"/> (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32 Total program service expenses (add lines 28a through 31a) <input type="checkbox"/>		32

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 42 of 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 & deferred compensation	(E) Expense account and other allowances
MICHAEL HARNER 31 DERBY STREET, COCOA, FL 32922	PRESIDENT 10	0.00	0.00	0.00
DEELEE BAUER HAYES 2046 REDWOOD CIR., PALM BAY, FL 32905	SECRETARY/TREAS 10	0.00	0.00	0.00
TRACY SAAL 1906 SEAGRAPE ST, NE, PALM BAY, FL 32905	VICE PRES/DIR 10	0.00	0.00	0.00
DIANE OHMAN 1824 WOODBERRY CIRCLE, MELBOURNE, FL	TM 10	0.00	0.00	0.00

Part V Other Information (Note the attachment requirement in General Instruction V, page 14.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	X
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34	X
35 If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others, but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T		
a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b	X
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.)	36	X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. <input type="checkbox"/>	37a	
b Did the organization file Form 1120-POL for this year?	37b	X
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a	X
b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved	38b	
39 501(c)(7) organizations. Enter:	39a	
a Initiation fees and capital contributions included on line 9	39b	11,828
b Gross receipts, included on line 9, for public use of club facilities		
40 a 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 <input type="checkbox"/> ; section 4912 <input type="checkbox"/> ; section 4955 <input type="checkbox"/>		
b 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation.	40b	X
c Enter the amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958. <input type="checkbox"/>		
d Enter: Amount of tax on line 40c reimbursed by the organization <input type="checkbox"/>		

Part V Other Information (Note the attachment requirement in General Instruction V, page 14.) (Continued)

- 41 List the states with which a copy of this return is filed. ▶ NONE
- 42a The books are in care of ▶ DEELEEE HAYES Telephone no. ▶ 321-676-1400
 Located at ▶ 35 W HIBISCUS BLVD., MELBOURNE, FL ZIP + 4 ▶ 32901
- 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)?
- | | Yes | No |
|-----|-----|----|
| 42b | | X |
| 42c | | X |
- If "Yes," enter the name of the foreign country: ▶ _____
 See the instructions for exceptions and filing requirements for Form TD F 90-22.1.
- c At any time during the calendar year, did the organization maintain an office outside of the U.S.?
 If "Yes," enter the name of the foreign country: ▶ _____
- 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here
 and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43

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.

▶ *Dee Lee Bauer Hayes* Signature of officer Date 5-11-06

▶ DEELEEE BAUER HAYES Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ <i>Dee Lee Bauer Hayes</i>	Date 4/28/06	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen Inst W) P00103429
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ ROTROFF, FISHER & CO, P.A. 2401 W EAU GALLIE BLVD SUITE 1, MELBOURNE	EIN ▶ 59-2968307	Phone no ▶ 321-259-9191	

BODY DYNAMICS OF BREVARD, INC.
ID # 59-3225618
990-EZ
2005

LINE 16 - OTHER EXPENSES:

Bank fees	50
Insurance	534
Postage	37
Supplies	396
Taxes, permits and licenses	<u>578</u>
	1,595