

Short Form Return of Organization Exempt From Income Tax

2006

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year may use this form.
The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2006 calendar year, or tax year beginning, and ending

B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending. C Name of organization: BODY DYNAMICS OF BREVARD, INC. D Employer identification number: 59-3225618. E Telephone number: 321-676-1400. 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: [X] Cash [ ] Accrual.

I Website: J Organization type (check only one): [X] 501(c) ( 7 ) (insert no) 4947(a)(1) or 527. H Check [X] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

K Check [ ] if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file 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 \$ 11,432

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 47 of the instructions.)

Table with 21 rows for Revenue, Expenses, and Net Assets. Revenue total: 11,432. Expenses total: 12,604. Net assets total: 2,055. Includes a 'RECEIVED' stamp from IRS-OSC dated MAY 21 2007 in OGDEN, UT.

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

Table with 7 rows for Balance Sheets. Columns: (A) Beginning of year, (B) End of year. Total assets: 3,227. Total liabilities: 0. Net assets: 2,055.

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

Handwritten initials 'JP' in the bottom right corner.

Vertical stamp: SCANNED JUL 11 2007

| <b>Part III Statement of Program Service Accomplishments</b> (See page 51 of the instructions )   | <b>Expenses</b><br>(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others ) |
|---|---|
| What is the organization's primary exempt purpose?<br><b>DANCE/AEROBIC STUDIO</b>   |   |
| 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<br><br>(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>  | 28a   |
| 29<br><br>(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>  | 29a   |
| 30<br><br>(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>  | 30a   |
| 31 Other program services (attach schedule) <b>SEE STATEMENT 4</b><br>(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>  | 31a   |
| <b>32 Total program service expenses</b> (add lines 28a through 31a) <input type="checkbox"/>   | <b>32</b> 0   |

| <b>Part IV List of Officers, Directors, Trustees, and Key Employees</b> (List each one even if not compensated. See page 52 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<br>31 DERBY STREET<br>COCOA<br>FL 32922  | PRESIDENT<br>10  | 0   | 0   | 0  |
| DEELE BAUER HAYES<br>2046 REDWOOD CIRCLE<br>PALM BAY<br>FL 32905  | SEC/TREAS<br>10  | 0   | 0   | 0  |
| TRACY SAAL<br>1906 SEAGRAPE ST, NE<br>PALM BAY<br>FL 32905  | VP/DIR<br>10   | 0   | 0   | 0  |
| DIANE OHMAN<br>1824 WOODBERRY CIRCLE<br>MELBOURNE<br>FL 32901   | TM<br>10   | 0   | 0   | 0  |

| <b>Part V Other Information</b> (Note the statement requirement in General Instruction V.)   |            |   | 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  | <b>33</b>  |   |     | 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  | <b>34</b>  |   |     | 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?   | <b>35a</b> |   |     | X  |
| b If "Yes," has it filed a tax return on Form 990-T for this year?   | <b>35b</b> |   |     | X  |
| 36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement )  | <b>36</b>  |   |     | X  |
| 37a Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="checkbox"/>  | <b>37a</b> | 0 |     |    |
| b Did the organization file Form 1120-POL for this year?   | <b>37b</b> |   |     | X  |
| 38a 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?                  | <b>38a</b> |   |     | X  |
| b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved  | <b>38b</b> |   |     |    |
| 39 501(c)(7) organizations Enter   |            |   |     |    |
| a Initiation fees and capital contributions included on line 9   | <b>39a</b> | 0 |     |    |
| b Gross receipts, included on line 9, for public use of club facilities  | <b>39b</b> | 0 |     |    |

**Part V Other Information** (Note the statement requirement in General Instruction V.) (Continued)

- 40a 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 (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
- c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  \_\_\_\_\_
- d Enter amount of tax on line 40c 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?

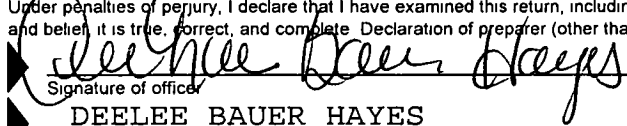
|     | Yes | No |
|-----|-----|----|
| 40b |     |    |
| 40e |     | X  |

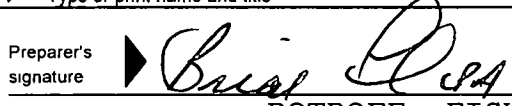
41 List the states with which a copy of this return is filed  NONE

42a The books are in care of  DEELEE BAUER HAYES Telephone no  321-676-1400  
35 W HIBICUS BLVD  
 Located at  MELBOURNE, FL ZIP + 4  32901

- b At any time during the calendar year, did the organization have an interest in over a financial account in a foreign country (such as a bank account, security account)?  
 If "Yes," enter the name of the foreign country  \_\_\_\_\_  
 See the instructions for exceptions and filing requirements for Form TD F 9025.1
- c At any time during the calendar year, did the organization maintain an office in a foreign country?  
 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 990 and enter the amount of tax-exempt interest received or accrued during the tax year:  \_\_\_\_\_

**Please Sign Here**  
 Under penalties of perjury, I declare that I have examined this return, including attachments, and believe it is true, correct, and complete. Declaration of preparer (other than officer) if one has prepared this return.  
  
 Signature of officer  
DEELEE BAUER HAYES  
 Type or print name and title

**Paid Preparer's Use Only**  
 Preparer's signature   
 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, FL 32935

EIN  59-2968307  
 Phone no  321-259-9191

**Federal Statements**

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

| <u>Description</u> | <u>Amount</u> |
|--------------------|---------------|
| MEMBERSHIP DUES    | \$ 11,432     |
| TOTAL              | \$ 11,432     |

**Statement 2 - Form 990-EZ, Part I, Line 16 - Other Expenses**

| <u>Description</u>        | <u>Amount</u> |
|---------------------------|---------------|
| EXPENSES                  | \$            |
| BANK SERVICE CHARGE       | 5             |
| INSURANCE                 | 1,284         |
| PRINTING & POSTAGE        | 78            |
| SUPPLIES                  | 197           |
| TAXES, PERMITS & LICENSES | 759           |
| TOTAL                     | \$ 2,323      |

**Statement 3 - Form 990-EZ, Part II, Line 24 - Other Assets**

| <u>Description</u> | <u>Beginning of Year</u> | <u>End of Year</u> |
|--------------------|--------------------------|--------------------|
| SECURITY DEPOSIT   | \$ 500                   | \$ 500             |
| TOTAL              | \$ 500                   | \$ 500             |

**Statement 4 - Form 990-EZ, Part III, Line 31 - Statement of Program Service Accomplishments**

| <u>Description</u>  |
|---|
| CONDUCT AEROBIC DANCE CLASS<br>TWICE DAILY DURING THE WEEK AND WEEKEND MORNINGS |