

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)

2003

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ 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

A For the 2003 calendar year, or tax year beginning 7/1/2003 and ending 6/30/2004

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 CREW BOOSTERS, INC.

Number and street (or P O box, if mail is not delivered to street address) Room/suite
P.O. BOX 372252

City, town, or country State ZIP + 4
SATELLITE BEACH FL 32937-0252

D Employer identification number
59-3400552

E Telephone number

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) ▶

I Website: ▶ N/A

J Organization type (check only one)— 501(c) (3) ◀ (insert no) 4947(a)(1) or 527

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

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 received a Form 990 Package in the mail, it should file a return without financial data. 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 ▶ \$ 56,483

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 37 of the instructions.)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	6,275
	2	Program service revenue including government fees and contracts	2	6,695
	3	Membership dues and assessments	3	23,875
	4	Investment income	4	2
	5a	Gross amount from sale of assets other than inventory	5a	0
	5b	Less: cost or other basis and sales expenses	5b	0
	5c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)	5c	0
	6	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>		
	6a	Gross revenue (not including \$ <u>6,275</u> of contributions reported on line 1)	6a	19,216
	6b	Less: direct expenses other than fundraising expenses	6b	0
6c	Net income or (loss) from special events and activities (line 6a less line 6b)	6c	19,216	
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less: cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)	7c	0	
8	Other revenue (describe ▶ See attached statement)	8	420	
9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	56,483	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	0
	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	9,025
	14	Occupancy, rent, utilities, and maintenance	14	3,570
	15	Printing, publications, postage, and shipping	15	2,305
	16	Other expenses (describe ▶ See attached statement)	16	36,557
	17	Total expenses (add lines 10 through 16)	17	51,457
18	Excess or (deficit) for the year (line 9 less line 17)	18	5,026	
Net Asset	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	62,835
	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	67,861

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 40 of the instructions.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	25,134	10,623
23 Land and buildings		
24 Other assets (describe ▶ See attached statement)	52,525	65,841
25 Total assets	77,659	76,464
26 Total liabilities (describe ▶ See attached statement)	14,824	8,603
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	62,835	67,861

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2003)

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Part III Statement of Program Service Accomplishments (See page 41 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? <u>PROMOTION OF ROWING IN BREVARD SCHOOLS.</u>			
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	<u>TO PROMOTE ROWING AS A SPORT IN BREVARD COUNTY, FLORIDA SCHOOLS AT ALL LEVELS OF INTEREST THROUGHOUT THE YEAR</u> (Grants \$)	28a	51,457
29	(Grants \$)	29a	
30	(Grants \$)	30a	
31	Other program services (attach schedule) (Grants \$)	31a	
32	Total program service expenses (add lines 28a through 31a)	32	51,457

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 41 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
Name <u>SEE STATEMENT</u> Str City ST ZIP	Title Hr/WK	0	0	0
Name Str City ST ZIP	Title Hr/WK			
Name Str City ST ZIP	Title Hr/WK			

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		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		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?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.)		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0
b	Did the organization file Form 1120-POL for this year?		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?		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: a Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
40 a	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		X
c	Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958		0
d	Enter Amount of tax on line 40c, above, reimbursed by the organization		0
41	List the states with which a copy of this return is filed.		FLORIDA
42	The books are in care of Name <u>MYRA LAROCHE, TREASUR</u> Business check here <input type="checkbox"/> Telephone no <u>321-773-5350</u> Located at <u>504 CARRIAGE RD</u> City <u>INDIAN HARB.BCH</u> ST <u>FL</u> ZIP + 4 <u>32937</u>		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041. Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year		

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, in its entirety, and believe, 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.

Myra Laroche
Signature of officer
MYRA LAROCHE
Type or print name and title

Paid Preparer's Use Only

Preparer's signature R.M. Bonas Date 1
Firm's name (or yours if self-employed), address, and ZIP + 4 R.M. BONAS, CPA
P.O. BOX 361144, MELBOURNE, FL 32937

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

OMB No 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

2003

Supplementary Information—(See separate instructions.)

Department of the Treasury
Internal Revenue Service

MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

Name of the organization

SPACE COAST CREW BOOSTERS, INC.

Employer identification number

59-3400552

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name NOT APPLICABLE Str City ST Zip Country	Title Avg hr/wk			
Name Str City ST Zip Country	Title Avg hr/wk			
Name Str City ST Zip Country	Title Avg hr/wk			
Name Str City ST Zip Country	Title Avg hr/wk			
Name Str City ST Zip Country	Title Avg hr/wk			
Total number of other employees paid over \$50,000				

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
Name NOT APPLICABLE Str City ST ZIP Country Check here if a business <input type="checkbox"/>		
Name Str City ST ZIP Country Check here if a business <input type="checkbox"/>		
Name Str City ST ZIP Country Check here if a business <input type="checkbox"/>		
Name Str City ST ZIP Country Check here if a business <input type="checkbox"/>		
Name Str City ST ZIP Country Check here if a business <input type="checkbox"/>		
Total number of others receiving over \$50,000 for professional services		

Part III Statements About Activities (See page 2 of the instructions.)

Table with 3 columns: Question, Yes, No. Rows include: 1. During the year, has the organization attempted to influence national, state, or local legislation... 2. During the year, has the organization, either directly or indirectly, engaged in any of the following acts... 2a. Sale, exchange, or leasing of property? 2b. Lending of money or other extension of credit? 2c. Furnishing of goods, services, or facilities? 2d. Payment of compensation... 2e. Transfer of any part of its income or assets? 3a. Do you make grants for scholarships... 3b. Do you have a section 403(b) annuity plan... 4. Did you maintain any separate account for participating donors...

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is: (Please check only ONE applicable box.)

- 5 [] A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
6 [] A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
7 [] A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
8 [] A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
9 [] A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state
10 [] An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A.)
11 a [] An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
11 b [] A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
12 [X] An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions... and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income...
13 [] An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

Table with 2 columns: (a) Name(s) of supported organization(s), (b) Line number from above. Includes empty rows for data entry.

- 14 [] An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	20,332	19,622	0	275	40,229
16 Membership fees received	25,500	23,195	16,216	19,200	84,111
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					0
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					0
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					0
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					0
23 Total of lines 15 through 22	45,832	42,817	16,216	19,475	124,340
24 Line 23 minus line 17	45,832	42,817	16,216	19,475	124,340
25 Enter 1% of line 23	458	428	162	195	

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24	26a	0
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1999 through 2002 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts	26b	0
c Total support for section 509(a)(1) test: Enter line 24, column (e)	26c	0
d Add: Amounts from column (e) for lines: 18 0 19 0	26d	0
22 0 26b 0	26e	0
e Public support (line 26c minus line 26d total)	26e	0
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	26f	0.00%

27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year:

(2002) 0 (2001) 0 (2000) 0 (1999) 0

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:

(2002) 0 (2001) 0 (2000) 0 (1999) 0

c Add: Amounts from column (e) for lines: 15 40,229 16 84,111	27c	124,340
17 0 20 0 21 0	27d	0
d Add: Line 27a total and line 27b total	27e	124,340
e Public support (line 27c total minus line 27d total)	27e	124,340
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)	27f	124,340
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	27g	100.00%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	27h	0.00%

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See page 7 of the instructions.) (To be completed ONLY by schools that checked the box on line 6 in Part IV)

29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?
32 Does the organization maintain the following:
a Records indicating the racial composition of the student body, faculty, and administrative staff?
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?
d Copies of all material used by the organization or on its behalf to solicit contributions?
33 Does the organization discriminate by race in any way with respect to:
a Students' rights or privileges?
b Admissions policies?
c Employment of faculty or administrative staff?
d Scholarships or other financial assistance?
e Educational policies?
f Use of facilities?
g Athletic programs?
h Other extracurricular activities?
34 a Does the organization receive any financial aid or assistance from a governmental agency?
b Has the organization's right to such aid ever been revoked or suspended?
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)

(To be completed **ONLY** by an eligible organization that filed Form 5768)

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred)

		(a) Affiliated group totals		(b) To be completed for ALL electing organizations
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38	Total lobbying expenditures (add lines 36 and 37)	38	0	0
39	Other exempt purpose expenditures	39		
40	Total exempt purpose expenditures (add lines 38 and 39)	40	0	0
41	Lobbying nontaxable amount. Enter the amount from the following table—			
	If the amount on line 40 is—			
	The lobbying nontaxable amount is—			
	Not over \$500,000 20% of the amount on line 40			
	Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000			
	Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000			
	Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000			
	Over \$17,000,000 \$1,000,000			
42	Grassroots nontaxable amount (enter 25% of line 41)	42	0	0
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	0	0
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	0	0

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.)

See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
45	Lobbying nontaxable amount				0
46	Lobbying ceiling amount (150% of line 45(e))				0
47	Total lobbying expenditures				0
48	Grassroots nontaxable amount				0
49	Grassroots ceiling amount (150% of line 48(e))				0
50	Grassroots lobbying expenditures				0

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h.)			0

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 12 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of:

- (i) Cash
(ii) Other assets

b Other transactions:

- (i) Sales or exchanges of assets with a noncharitable exempt organization
(ii) Purchases of assets from a noncharitable exempt organization
(iii) Rental of facilities, equipment, or other assets
(iv) Reimbursement arrangements
(v) Loans or loan guarantees
(vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

Table with 3 columns: Yes, No, and a central column for responses. Rows correspond to items 51a(i), 51a(ii), 51b(i) through 51b(vi), and 51c.

Table with 4 columns: (a) Line no, (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements.

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? [] Yes [X] No

b If "Yes," complete the following schedule:

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship.

Line 6 (990-EZ) - Special events and activities

	Event A	Event B	Event C	All others	Totals
1 Special event name	FUNDRAISER	.....	.....	.....
1a Number of special events	3	.....	.....	.....
2 Gross receipts	19,216	.....	.....	.....	2 19,216
3 Less contributions	.....	.....	.....	.....	3 0
4 Gross revenue	19,216	0	0	0	4 19,216
5 Less direct expenses	.....	.....	.....	.....	5 0
6 Net income or (loss)	19,216	0	0	0	6 19,216

Line 8 (990-EZ) - Other revenue

1 ADVERTISING INCOME	.....	1 420
2	.....	2
3	.....	3
4	.....	4
5	.....	5
6	.....	6
7	.....	7
8	.....	8
9	.....	9
10 Total other revenue	.....	10 420

Line 24 (990-EZ) - Other assets

		Beginning	End
1 BOATS AND EQUIPMENT, NET OF ACCUM.DEPRECIATION	1	52,525	65,841
2	2		
3	3		
4	4		
5	5		
6	6		
7	7		
8	8		
9	9		
10	10		
11 Total other assets	11	52,525	65,841

Line 26 (990-EZ) - Liabilities

		Beginning	End
1 LOAN PAYABLE TO FINANCE COMPANY-SECURED BY BOATS	1	14,824	8,603
2	2		
3	3		
4	4		
5	5		
6	6		
7	7		
8	8		
9	9		
10	10		
11 Total liabilities	11	14,824	8,603

FORM 990-EZ
LINE 16, OTHER EXPENSES

AWARDS,BANQUET EXPENSE	939
DUES PAID	150
TRAVEL,TRANSP.LESS REIMB.	4210
REGATTA FEES,RACING EXPENS	6670
UNIFORMS LESS REIMB.	-292
TRAINING	250
BANK CHARGES	154
INSURANCE	3976
LICENSES,PERMITS	193
INTEREST EXPENSE	1082
SUPPLIES	214
SUMMER CAMP PROGRAM EXP.	371
DEPRECIATION	18640
TOTAL	36557

**PART IV--LIST OF
OFFICERS/DIRECTORS**

NAME/ADDRESS	TITLE HRS DEVOTED	SALARY	BENEFITS	EXPENSE ACCOUNT
MYRA LAROCHE, 504 CARRIAGE RD INDIAN HARBOUR BCH., FL 32937	TREASURER 10	0	0	0
JOHN FISCHBECK, 929 FOSTORIA DR. MELBOURNE, FL 32940	PRESIDENT 20	0	0	0
RAY ROBERTS, 4924 PINOT ST. ROCKLEDGE, FL 32952	VICE-PRESIDENT 10	0	0	0
SUSAN CLAUS, 752 BAYSIDE DRIVE #40 CAPE CANAVERAL, FL 32920	SECRETARY 10	0	0	0
ANN WEINBERG, 3174 VILLA ESPANA T MELBOURNE, FL 32935	SECRETARY 10	0	0	0