

**Short Form
Return of Organization Exempt From Income Tax**

2007

**Open to Public
Inspection**

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.

Department of the Treasury
Internal Revenue Service

A For the 2007 calendar year, or tax year beginning <u>7/1/2007</u> and ending <u>6/30/2008</u>																
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td rowspan="3" style="width:10%;">Please use IRS label or print or type. See Specific Instructions.</td> <td colspan="2">C Name of organization <u>SPACE COAST CREW BOOSTERS, INC.</u></td> <td>D Employer identification number <u>59-3400552</u></td> </tr> <tr> <td colspan="2">Number and street (or P O box, if mail is not delivered to street address) Room/suite</td> <td>E Telephone number</td> </tr> <tr> <td><u>P O. BOX 372252</u></td> <td>City, town, or country <u>SATELLITE BEACH</u></td> <td>State <u>FL</u></td> <td>ZIP + 4 <u>32937-0252</u></td> </tr> <tr> <td></td> <td colspan="2"></td> <td>F Group Exemption Number ▶</td> </tr> </table>	Please use IRS label or print or type. See Specific Instructions.	C Name of organization <u>SPACE COAST CREW BOOSTERS, INC.</u>		D Employer identification number <u>59-3400552</u>	Number and street (or P O box, if mail is not delivered to street address) Room/suite		E Telephone number	<u>P O. BOX 372252</u>	City, town, or country <u>SATELLITE BEACH</u>	State <u>FL</u>	ZIP + 4 <u>32937-0252</u>				F Group Exemption Number ▶
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			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: ▶ SPACECOASTCREW.ORG

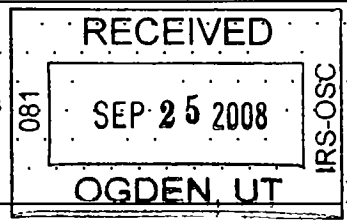
J Organization type (check only one) — 501(c) (3) ◀ (insert no) 4947(a)(1) or 527

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 ▶ \$ 63,080

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 55 of the instructions.)

	1 Contributions, gifts, grants, and similar amounts received	1	310
	2 Program service revenue including government fees and contracts	2	14,136
	3 Membership dues and assessments	3	23,449
	4 Investment income	4	
	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 (attach schedule)	5c	0
	6 Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>		
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	23,616
	b Less: direct expenses other than fundraising expenses	6b	4,432
	c Net income or (loss) from special events and activities Subtract line 6b from line 6a	6c	19,184
	7a Gross sales of inventory, less returns and allowances	7a	1,449
	b Less: cost of goods sold	7b	501
	c Gross profit or (loss) from sales of inventory Subtract line 7b from line 7a	7c	948
	8 Other revenue (describe ▶ <u>RENTAL INCOME</u>)	8	120
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	58,147
Expenses	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	15,325
	14 Occupancy, rent, utilities, and maintenance	14	750
	15 Printing, publications, postage, and shipping	15	1,374
	16 Other expenses (describe ▶ <u>See attached statement</u>)	16	55,313
	17 Total expenses. Add lines 10 through 16	17	72,762
Net Assets	18 Excess or (deficit) for the year. Subtract line 17 from line 9	18	-14,615
	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	78,457
	20 Other changes in net assets or fund balances (attach explanation)	20	-5,781
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	58,061



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 60 of the instructions.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	20,236	15,445
23 Land and buildings		
24 Other assets (describe ▶ <u>See attached statement</u>)	75,201	60,291
25 Total assets	95,437	75,736
26 Total liabilities (describe ▶ <u>LOAN PAYABLE TO FINANCE COMPANY-SECURE</u>)	16,980	17,675
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	78,457	58,061

9-3 25

Part III Statement of Program Service Accomplishments (See page 60 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 CTY 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>PROMOTION OF THE SPORT OF ROWING IN BREVARD COUNTY HIGH SCHOOLS</u> ----- ----- (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	72,762
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) (Grants \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	0
32	Total program service expenses. Add lines 28a through 31a	32	72,762

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 61 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 .00	0		
Name Str City ST ZIP	Title Hr/WK .00	0		
Name Str City ST ZIP	Title Hr/WK .00	0		
Name Str City ST ZIP	Title Hr/WK .00	0		

Part V Other Information (Note the statement requirement in General Instruction V)			Yes	No
33	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	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	<i>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.</i>			
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	N/A	
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	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:			
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	120	

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

- 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
- 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 ▶ _____

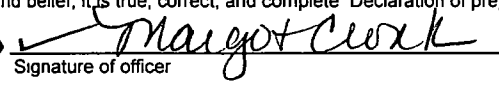
42 a The books are in care of ▶ Name MARGOT CRONK Telephone no. ▶ (321) 242-9304
 Located at ▶ 2878 SARAZEN COURT City MELBOURNE ST FL ZIP + 4 ▶ 32905

- b At any time during the calendar year, did the organization have over a financial account in a foreign country (such as a bank account)?
 If "Yes," enter the name of the foreign country: ▶ _____
 See the instructions for exceptions and filing requirements for
- c At any time during the calendar year, did the organization maintain a financial account in a foreign country?
 If "Yes," enter the name of the foreign country: ▶ _____

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 and enter the amount of tax-exempt interest received or accrued during the year: ▶ _____

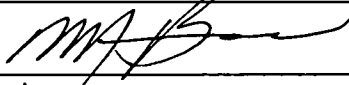
Please Sign Here

Under penalties of perjury, I declare that I have examined this return, 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 the taxpayer) is based on all information of which the preparer has any knowledge.

▶ 
 Signature of officer

▶ MARGOT CRONK
 Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶  9/9/2008 self-employed

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ RM BONAS, CPA EIN ▶ 59-3400476
 PO BOX 361144, MELBOURNE, FL 32936 Phone no ▶ (321) 255-3499

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

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

OMB No 1545-0047

2007

Department of the Treasury
Internal Revenue Service

Supplementary Information—(See separate instructions.)

▶ **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
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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
NONE				
Total number of other employees paid over \$50,000 ▶		0		

Part II-A 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
NONE		
Total number of others receiving over \$50,000 for professional services ▶		0

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services ▶		0

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

	Yes	No
<p>1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)</p> <p>Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities</p>	1	X
<p>2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)</p>		
<p>a Sale, exchange, or leasing of property?</p>	2a	X
<p>b Lending of money or other extension of credit?</p>	2b	X
<p>c Furnishing of goods, services, or facilities?</p>	2c	X
<p>d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p>	2d	X
<p>e Transfer of any part of its income or assets?</p>	2e	X
<p>3 a Did the organization make grants for scholarships, fellowships, student loans, etc? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments)</p>	3a	X
<p>b Did the organization have a section 403(b) annuity plan for its employees?</p>	3b	X
<p>c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement.</p>	3c	X
<p>d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?</p>	3d	X
<p>4 a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g</p>	4a	X
<p>b Did the organization make any taxable distributions under section 4966?</p>	4b	X
<p>c Did the organization make a distribution to a donor, donor advisor, or related person?</p>	4c	X
<p>d Enter the total number of donor advised funds owned at the end of the tax year ► _____</p>		
<p>e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ► _____</p>		
<p>f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ► _____</p>		
<p>g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ► _____</p>		

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions.)

I certify that 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 ▶ City ST Country
- 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 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—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization
 Type I Type II Type III-Functionally Integrated Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
					0
					0
					0
					0
					0
					0
Total					0

- 14 An organization organized and operated to test for public safety Section 509(a)(4) (See page 8 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) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28.)	2,450	2,618	15,543	6,275	26,886
16 Membership fees received	30,305	28,458	28,485	23,875	111,123
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	26,830	25,060	26,901	19,216	98,007
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975				2	2
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	963	740	670	420	2,793
23 Total of lines 15 through 22	60,548	56,876	71,599	49,788	238,811
24 Line 23 minus line 17	33,718	31,816	44,698	30,572	140,804
25 Enter 1% of line 23	605	569	716	498	
26 Organizations described on lines 10 or 11:	<p>a Enter 2% of amount in column (e), line 24</p> <p>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 2003 through 2006 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts</p> <p>c Total support for section 509(a)(1) test Enter line 24, column (e)</p> <p>d Add Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____</p> <p>e Public support (line 26c minus line 26d total)</p> <p>f Public support percentage (line 26e (numerator) divided by line 26c (denominator))</p>				<p>26a 0</p> <p>26b</p> <p>26c 0</p> <p>26d 0</p> <p>26e 0</p> <p>26f 0.00%</p>
27 Organizations described on line 12:	<p>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</p> <p>(2006) _____ (2005) _____ (2004) _____ (2003) _____</p> <p>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 11b, 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</p> <p>(2006) _____ (2005) _____ (2004) _____ (2003) _____</p> <p>c Add Amounts from column (e) for lines 15 _____ 26,886 16 _____ 111,123 17 _____ 98,007 20 _____ 21 _____</p> <p>d Add Line 27a total _____ and line 27b total _____</p> <p>e Public support (line 27c total minus line 27d total)</p> <p>f Total support for section 509(a)(2) test Enter amount from line 23, column (e)</p> <p>g Public support percentage (line 27e (numerator) divided by line 27f (denominator))</p> <p>h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))</p>				<p>27c 236,016</p> <p>27d 0</p> <p>27e 236,016</p> <p>27f 238,811</p> <p>27g 98.83%</p> <p>27h 0.00%</p>
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, 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 9 of the instructions)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
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? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement) ----- ----- -----		
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? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement) ----- -----		
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? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement) ----- -----		
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? If you answered "Yes" to either 34a or b, please explain using an attached statement		
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 11 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												
39	Other exempt purpose expenditures	39													
40	Total exempt purpose expenditures (add lines 38 and 39)	40	0												
41	Lobbying nontaxable amount Enter the amount from the following table— <table border="0" style="width: 100%; margin-top: 5px;"> <tr> <td style="width: 50%;">If the amount on line 40 is—</td> <td style="width: 50%;">The lobbying nontaxable amount is—</td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </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	41	
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												
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	0												
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	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 13 of the instructions)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(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 14 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		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h.)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
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

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

	Event A	Event B	Event C	All others	Totals
1 Special event name	YEAR BOOK	WREATH	GARAGE SALE		
		SALE	CAR WASH		
1a Number of special events	1	1	1		
2 Gross receipts	15,960	4,894	2,762	2	23,616
3 Less contributions				3	0
4 Gross revenue	15,960	4,894	2,762	0	23,616
5 Less direct expenses	1,030	3,402		5	4,432
6 Net income or (loss)	14,930	1,492	2,762	0	19,184

Line 8 (990-EZ) - Other revenue

			120
1	RENTAL INCOME	1	120
2		2	
3		3	
4		4	
5		5	
6		6	
7		7	
8		8	
9		9	
10		10	

Line 16 (990-EZ) - Other Expenses

55,313

1	Travel, Meals and Entertainment		
	a Travel	1a	
	b Total meals and entertainment	1b	
2	Fundraising	2	
3	From Form 4562 - Amortization	3	
4	Conferences, conventions, and meetings	4	
5	Depreciation, depletion, etc.	5	24,124
6	Equipment rental and maintenance	6	
7	Interest	7	3,439
8	Supplies	8	
9	Telephone	9	
10	Unrelated business income taxes	10	
11	BANQUETS, AWARDS	11	2,474
12	REPAIRS AND MAINTENANCE	12	3,670
13	RACING EXPENSE	13	7,563
14	TRAVEL-RACING RELATED	14	5,334
15	TRAVEL-OTHER	15	1,162
16	OFFICE, SUPPLIES	16	705
17	INSURANCE	17	5,690
18	LICENSES, OTHER TAXES	18	642
19	UNIFORMS, APPAREL	19	360
20	DUES	20	35
21	WEB SITE EXPENSE	21	115
22		22	
23		23	
24		24	
25		25	
26		26	

Line 24 (990-EZ) - Other assets

75,201

60,291

		Beginning	End
1	BOATS AND EQUIPMENT, NET OF ACCUM.DEPRECIATION	68,376	60,291
2	ACCOUNTS RECEIVABLE	6,825	0
3			
4			
5			
6			
7			
8			
9			
10			

Line 26 (990-EZ) - Liabilities

		16,980	17,675
		Beginning	End
1	LOAN PAYABLE TO FINANCE COMPANY-SECURED BY BOATS	16,980	17,675
2			
3			
4			
5			
6			
7			
8			
9			
10			

Part IV-A, Line 22 (Sch A (990/990-EZ)) - Other Income

Description	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
1 ADVERTISING INCOME				420	420
2 NET RENTAL INCOME	510	740	670		1,920
3 VENDING MACHINE	453				453
4					0
5					0
6					0
7					0
8					0
9					0
10					0
Total of Other Income	963	740	670	420	2,793

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

NAME/ADDRESS	TITLE	SALARY	BENEFITSEXPENSE	ACCOUNT	
	HRS DEVOTED				
LARRY REHWOLDT 670 GRANT CT.,SATELLITE BCH.,FL 32937	PRESIDENT	20	0	0	0
MARGOT CRONK, 2878 SARAZEN CT. MELBOURNE, FL 32935	TREASURER	10	0	0	0
KARA SHIPECK, 1578 AUBURN LAKES DR.,VIERA, FL 32955	SECRETARY	10	0	0	0
HEATHER ROGERS 670 ANDER- SON CT ,SATELLITE BCH,FL32937	VICE-PRES.	10	0	0	0