

# Short Form Return of Organization Exempt From Income Tax

## 2010

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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.

**A** For the 2010 calendar year, or tax year beginning 7/1/2010, and ending 6/30/2011

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

**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 or town state or country ZIP + 4: SATELLITE BEACH FL 32937-0252

**D** Employer identification number: 59-3400552

**E** Telephone number: \_\_\_\_\_

**F** Group Exemption Number: ▶ \_\_\_\_\_

**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

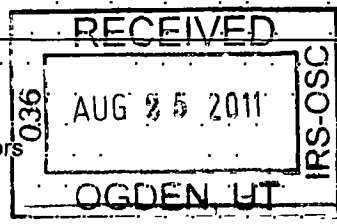
**J** Tax-exempt status (check only one) —  501(c)(3)  501(c) ( ) ◀ (insert no)  4947(a)(1) or  527

**K** Check  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 77,820

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)  
 Check if the organization used Schedule O to respond to any question in this Part I

	Description	Code	Amount
Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received	<b>1</b>	1,490
	<b>2</b> Program service revenue including government fees and contracts	<b>2</b>	6,601
	<b>3</b> Membership dues and assessments	<b>3</b>	39,400
	<b>4</b> Investment income	<b>4</b>	
	<b>5a</b> Gross amount from sale of assets other than inventory	<b>5a</b>	150
	<b>b</b> Less: cost or other basis and sales expenses	<b>5b</b>	
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	<b>5c</b>	150
	<b>6</b> Gaming and fundraising events		
	<b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000)	<b>6a</b>	
	<b>b</b> Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	<b>6b</b>	29,599
<b>c</b> Less: direct expenses from gaming and fundraising events	<b>6c</b>	2,805	
<b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	<b>6d</b>	26,794	
Expenses	<b>7a</b> Gross sales of inventory, less returns and allowances	<b>7a</b>	580
	<b>b</b> Less: cost of goods sold	<b>7b</b>	328
	<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<b>7c</b>	252
	<b>8</b> Other revenue (describe in Schedule O)	<b>8</b>	
	<b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<b>9</b>	74,687
	<b>10</b> Grants and similar amounts paid (list in Schedule O)	<b>10</b>	
	<b>11</b> Benefits paid to or for members	<b>11</b>	
Net Assets	<b>12</b> Salaries, other compensation, and employee benefits	<b>12</b>	
	<b>13</b> Professional fees and other payments to independent contractors	<b>13</b>	20,815
	<b>14</b> Occupancy, rent, utilities, and maintenance	<b>14</b>	1,200
	<b>15</b> Printing, publications, postage, and shipping	<b>15</b>	658
	<b>16</b> Other expenses (describe in Schedule O)	<b>16</b>	56,199
	<b>17 Total expenses.</b> Add lines 10 through 16	<b>17</b>	78,872
	<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b>	-4,185
<b>19</b> 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)	<b>19</b>	63,020	
<b>20</b> Other changes in net assets or fund balances (explain in Schedule O)	<b>20</b>		
<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20	<b>21</b>	58,835	



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**Part II Balance Sheets.** (see the instructions for Part II.)

Check if the organization used Schedule O to respond to any question in this Part II.

	(A) Beginning of year	(B) End of year	
22 Cash, savings, and investments	33,333	22	24,783
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	37,522	24	40,376
25 Total assets	70,855	25	65,159
26 Total liabilities (describe in Schedule O)	7,835	26	6,324
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	63,020	27	58,835

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? PROMOTION OF ROWING IN BREVARD CTY SCHOOL  
 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, and other relevant information for each program title

**Expenses**  
 (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

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		78,872
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 (describe in Schedule O)			
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a		
32 Total program service expenses. (add lines 28a through 31a)	32		78,872

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (see the instructions for Part IV.)

Check if the organization used Schedule O to respond to any question in this Part IV

(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
MARGOT CRONK 2878 SARAZEN COURT MELBOURNE FL 32935	Title TREAS. Hr/WK 20.00	0		
FRANK ABBATE 2054 BOTTLEBRUSH DRIVE MELBOURNE FL 32935	Title PRES Hr/WK 25.00	0		
CARA PHILPOT 3713 WILSON PLACE MELBOURNE FL 32934	Title SEC. Hr/WK 15.00	0		
SUSAN ROMANO 3971 SPARROW HAWK RD MELBOURNE FL 32935	Title VP Hr/WK 20.00	0		
KATHLEEN RYAN 1767 BRUMAN TERRACE MELBOURNE FL 32935	Title SEC Hr/WK 15.00	0		
HEATHER RAUCHFUSS 445 SANDY KEY MELBOURNE BCH FL 32951	Title SEC Hr/WK 15.00	0		
	Title Hr/WK .00	0		
	Title Hr/WK .00	0		
	Title Hr/WK .00	0		
	Title Hr/WK .00	0		
	Title Hr/WK .00	0		
	Title Hr/WK .00	0		
	Title Hr/WK .00	0		
	Title Hr/WK .00	0		

**Part V Other Information** (Note the statement requirements in the instructions for Part V)

Check if the organization used Schedule O to respond to any question in this Part V

	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O.		X
<b>34</b> Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions).		X
<b>35</b> If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.		
<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
<b>b</b> If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?		X
<b>36</b> Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N.		X
<b>37 a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions. <b>37a</b>		
<b>b</b> Did the organization file Form 1120-POL for this year?		X
<b>38 a</b> 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 outstanding at the end of the tax year covered by this return?		X
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved. <b>38b</b>		
<b>39</b> Section 501(c)(7) organizations. Enter:		
<b>a</b> Initiation fees and capital contributions included on line 9. <b>39a</b>		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities. <b>39b</b>		
<b>40 a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <b>40a</b> ; section 4912 <b>40a</b> ; section 4955 <b>40a</b>		
<b>b</b> Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.		X
<b>c</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. <b>40c</b>		
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. <b>40d</b>		
<b>e</b> All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T. <b>40e</b>		X
<b>41</b> List the states with which a copy of this return is filed <b>41</b>		

**42 a** The organization's books are in care of **MARGOT CRONK** Telephone no. **(321) 242-9304**  
 Located at **2878 SARAZEN COURT** City **MELBOURNE** ST **FL** ZIP + 4 **32935**

	Yes	No
<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: <b>42b</b>		X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>c</b> 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: <b>42c</b>		X

**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**

	Yes	No
<b>44 a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.		X
<b>b</b> Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.		X
<b>c</b> Did the organization receive any payments for indoor tanning services during the year?		X
<b>d</b> If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. <b>44d</b>		

	Yes	No
<b>45</b> Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?		X
<b>a</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ.		X
<b>46</b> Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.		X

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
<b>47</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II.		X
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.		X
<b>49 a</b> Did the organization make any transfers to an exempt non-charitable related organization?		
<b>b</b> If "Yes," was the related organization a section 527 organization?		

**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(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 None City ST ZIP	Title Hr/WK	.00		
Name City ST ZIP	Title Hr/WK	.00		
Name City ST ZIP	Title Hr/WK	00		
Name City ST ZIP	Title Hr/WK	00		
Name City ST ZIP	Title Hr/WK	.00		

**f** Total number of other employees paid over \$100,000

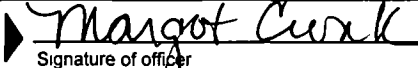
**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

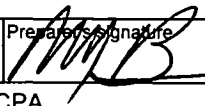
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Name None City ST ZIP		
Name City ST ZIP		
Name City ST ZIP		
Name City ST ZIP		
Name City ST ZIP		

**d** Total number of other independent contractors each receiving over \$100,000

**52** Did the organization complete Schedule A? **Note:** All section 501(c)(3) nonexempt charitable trusts must attach a completed Schedule A.

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.

**Sign Here**   
Signature of officer  
**MARGOT CRONK**  
Type or print name and title

**Paid Preparer's Use Only**  
Print/Type preparer's name: RICHARD BONAS  
Preparer's signature:   
Firm's name: R.M. BONAS, CPA  
Firm's address: PO BOX 361144, MELBOURNE, FL

May the IRS discuss this return with the preparer shown above? See instructions.

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No 1545-0047

**2010**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization

SPACE COAST CREW BOOSTERS, INC.

Employer identification number

59-3400552

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is. (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9  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 exempt 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). (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I
  - b  Type II
  - c  Type III—Functionally integrated
  - d  Type III—Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box.
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
  - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
  - (ii) A family member of a person described in (i) above?
  - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

**h Provide the following information about the supported organization(s).**

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see Instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									0
(B)									0
(C)									0
(D)									0
(E)									0
<b>Total</b>									<b>0</b>

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	0					0
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .	0					0
3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .	0					0
4 <b>Total.</b> Add lines 1 through 3 . . . . .	0	0	0	0	0	0
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						
6 <b>Public support.</b> Subtract line 5 from line 4.						0

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4 . . . . .	0	0	0	0	0	0
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	0					0
9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .	0					0
11 <b>Total support.</b> Add lines 7 through 10 . . . . .						0
12 Gross receipts from related activities, etc. (see instructions) . . . . .					12	
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	0.00%
15 Public support percentage from 2009 Schedule A, Part II, line 14 . . . . .	15	0.00%
16a <b>33 1/3% support test-2010.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
b <b>33 1/3% support test-2009.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test-2010.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. . . . . <input type="checkbox"/>		
b <b>10%-facts-and-circumstances test-2009.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . <input type="checkbox"/>		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	32,756	23,759	34,685	35,332	40,890	167,422
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	45,786	33,320	23,133	22,974	33,395	158,608
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0					0
5 The value of services or facilities furnished by a governmental unit to the organization without charge	0					0
6 Total. Add lines 1 through 5	78,542	57,079	57,818	58,306	74,285	326,030
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support (Subtract line 7c from line 6)						326,030

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	78,542	57,079	57,818	58,306	74,285	326,030
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	0	0	0	0	0	0
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	963	1,068	2,178	191	252	4,652
13 Total support. (Add lines 9, 10c, 11, and 12)	79,505	58,147	59,996	58,497	74,537	330,682
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	98.59%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	98.42%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	0.00%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	0.00%

- 19a **33 1/3% support tests—2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶
- b **33 1/3% support tests—2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶
- 20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶





**SCHEDULE O**  
(Form 990 or 990-EZ)

**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

**2010**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Name of the organization

Employer identification number

SPACE COAST CREW BOOSTERS, INC.

59-3400552

Form 990-EZ, Part I, Line 16, Other Expenses: DEPRECIATION: 18,575

Form 990-EZ, Part I, Line 16, Other Expenses: INTEREST: 31

Form 990-EZ, Part I, Line 16, Other Expenses: BANQUETS, AWARDS: 3,503

Form 990-EZ, Part I, Line 16, Other Expenses: REPAIRS AND MAINTENANCE-EQUIPMENT: 15,303

Form 990-EZ, Part I, Line 16, Other Expenses: RACING EXPENSE: 7,453

Form 990-EZ, Part I, Line 16, Other Expenses: TRAVEL-RACING RELATED: 3,183

Form 990-EZ, Part I, Line 16, Other Expenses: BANK CHARGES: 97

Form 990-EZ, Part I, Line 16, Other Expenses: OFFICE SUPPLIES: 289

Form 990-EZ, Part I, Line 16, Other Expenses: INSURANCE: 4,483

Form 990-EZ, Part I, Line 16, Other Expenses: LICENSES, OTHER TAXES: 336

Form 990-EZ, Part I, Line 16, Other Expenses: UNIFORMS, APPAREL: 422

Form 990-EZ, Part I, Line 16, Other Expenses: DUES AND SUBSCRIPTIONS: 476

Form 990-EZ, Part I, Line 16, Other Expenses: WEB SITE EXPENSE: 116

Form 990-EZ, Part I, Line 16, Other Expenses: TRAILER TOWING: 1,830

Form 990-EZ, Part I, Line 16, Other Expenses: TRAINING: 19

Form 990-EZ, Part I, Line 16, Other Expenses: MARKETING: 32

Form 990-EZ, Part I, Line 16, Other Expenses: SUMMER CAMP EXPENSE: 51

Form 990-EZ, Part II, Line 24, Other Assets: BOATS AND EQUIPMENT, NET OF ACCUM. DEPREC. OF

\$177,800 AND \$196,375: Beginning of year: 37,522, End of year: 38,506

Form 990-EZ, Part II, Line 24, Other Assets: ACCOUNTS RECEIVABLE: Beginning of year: 0, End of

year: 1,870

Form 990-EZ, Part II, Line 26, Liabilities: LOAN PAYABLE TO FINANCE COMPANIES-SECURED BY

BOATS: Beginning of year: 7,835, End of year: 3,324

Form 990-EZ, Part II, Line 26, Liabilities: VENDOR ACCOUNTS PAYABLE: Beginning of year: 0, End

of year: 3,000

Name of the organization

Employer identification number

SPACE COAST CREW BOOSTERS, INC.

59-3400552

Area with horizontal dashed lines for supplemental information.

**Part I, Line 1 (990-EZ) - Contributions, Gifts, Grants and Similar Amounts Received**

1	Contributions . . . . .	1	500
2	Noncash contributions . . . . .	2	
3	Membership dues and assessments (contributions from the public) . . . . .	3	
4	Government contributions (grants) . . . . .	4	990
5	Commercial co-venture . . . . .	5	
6	Special events contributions (Line 6 - Special Events) . . . . .	6	0
7	Associated organization contributions . . . . .	7	
8		8	
9		9	
10		10	
11	Total . . . . .	11	1,490

**Part I, Line 4 (990-EZ) - Investment Income**

1	Interest on savings and temporary cash investments . . . . .	1	
2	Dividends and interest from securities . . . . .	2	
3	Gross rents . . . . .	3	
4	Other investment income . . . . .	4	
5	Total . . . . .	5	0



**Part I, Line 16 (990-EZ) - Other Expenses**

56,199

1	Travel	1	
2	Meals and entertainment	2	
3	Fundraising	3	
4	Amortization	4	0
5	Conferences, conventions, and meetings	5	
6	Depreciation	6	18,575
7	Depletion	7	
8	Equipment rental and maintenance	8	
9	Interest	9	31
10	Supplies	10	
11	Telephone	11	
12	Unrelated business income taxes	12	0
13	BANQUETS,AWARDS	13	3,503
14	REPAIRS AND MAINTENANCE-EQUIPMENT	14	15,303
15	RACING EXPENSE	15	7,453
16	TRAVEL-RACING RELATED	16	3,183
17	BANK CHARGES	17	97
18	OFFICE,SUPPLIES	18	289
19	INSURANCE	19	4,483
20	LICENSES,OTHER TAXES	20	336
21	UNIFORMS,APPAREL	21	422
22	DUES AND SUBSCRIPTIONS	22	476
23	WEB SITE EXPENSE	23	116
24	TRAILER TOWING	24	1,830
25	TRAINING	25	19
26	MARKETING	26	32
27	SUMMER CAMP EXPENSE	27	51
28		28	
29		29	
30		30	
31		31	
32		32	
33		33	
34		34	
35		35	

**Part II, Line 24 (990-EZ) - Other Assets**

		37,522	40,376
Description		Beginning	End
1	BOATS AND EQUIPMENT, NET OF ACCUM.DEPREC. OF \$177,800 AND \$196,375	37,522	38,506
2	ACCOUNTS RECEIVABLE	0	1,870
3			
4			
5			
6			
7			
8			
9			
10			

**Part II, Line 26 (990-EZ) - Liabilities**

7,835

6,324

	Description	Beginning	End
1	LOAN PAYABLE TO FINANCE COMPANIES-SECURED BY BOATS	7,835	3,324
2	VENDOR ACCOUNTS PAYABLE	0	3,000
3			
4			
5			
6			
7			
8			
9			
10			

## Form 4562 Statement - 990EZ

6/30/2011

Item No	Description of Property	Date Placed In Service	Asset Code	Bus Use %	Cost or Other Basis	Sec 179 Deduction	Credit	Special Allowance	Salvage Value	Recovery Basis	Recovery Period	Method	Con-vention Code	Prior Accum Deprec, 179, Bonus	2010 Deprec	2010 Accum Deprec
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**Depreciation Detail****MACRS deductions for prior years (Line 17)**

03/04 ASSETS	1/1/2004	F-10	100 00%	31,956	0	0	0	0	31,956	7	200DB	HY		30,529	1,427	31,956
04/05 ASSETS	1/1/2005	F-10	100 00%	42,002	0	0	0	0	42,002	7	200DB	HY		36,375	3,751	40,126
05/06 ASSETS	1/1/2006	F-10	100 00%	26,971	0	0	0	0	26,971	7	200DB	HY		20,948	2,406	23,354
06/07 ASSETS	1/1/2007	F-10	100 00%	20,627	0	0	0	0	20,627	7	200DB	HY		14,183	1,842	16,025
07/08 ASSETS	3/1/2008	F-10	100 00%	19,039	0	0	0	0	19,039	7	200DB	HY		10,713	2,378	13,091
4 ERGS	10/14/2008	F-10	100 00%	3,000	0	0	0	0	3,000	7	200DB	HY		1,164	525	1,689
WEIGHT MACHINE	12/16/2008	F-10	100 00%	460	0	0	0	0	460	7	200DB	HY		179	80	259
ADULT ROWING OARS	2/10/2009	F-10	100 00%	600	0	0	0	0	600	7	200DB	HY		233	105	338
USED LAUNCH	2/18/2009	F-10	100 00%	250	0	0	0	0	250	7	200DB	HY		97	44	141
2 KASCHPER DOUBLES	5/6/2009	F-10	100 00%	2,500	0	0	0	0	2,500	7	200DB	HY		969	437	1,406
USED LAUNCH	7/29/2009	F-10	100 00%	450	0	0	0	0	450	7	200DB	HY		64	110	174
ULDMA	12/1/2009	F-10	100 00%	10,750	0	0	0	0	10,750	7	200DB	HY		1,536	2,633	4,169
SHADE KIT	4/23/2010	F-10	100 00%	171	0	0	0	0	171	7	200DB	HY		24	42	66

Total MACRS deductions for prior years (Line 17)	158,776	0	0	0	0	158,776		117,014	15,780	132,794
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**GDS 7-year property (Line 19c)**

06 VESPOLI	9/23/2010	F-10	100 00%	14,500	0	0	0	0	14,500	7	200DB	HY		0	2,072	2,072
2 SETS OF 8 OARS	10/1/2010	F-10	100 00%	5,060	0	0	0	0	5,060	7	200DB	HY		0	723	723

Total GDS 7-year property (Line 19c)	19,560	0	0	0	0	19,560		0	2,795	2,795
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**Subtotal Depreciation**

178,336	0	0	0	0	178,336		117,014	18,575	135,589
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**Total Depreciation and Amortization**

178,336	0	0	0	0	178,336		117,014	18,575	135,589
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**Form 4562 Reconciliation**

Annual depreciation and amortization	18,575
Special allowance except listed property (Line 14) - current year assets	0
Special allowance - listed property (Line 25) - current year assets	0
Section 179 deduction claimed (includes prior year disallowed)	0
Section 179 deduction carried forward to future year	0
Section 179 deduction (Line 12)	0
Less amortization included in total annual depreciation and amortization (Line 44)	0
<b>Form 4562, Line 22</b>	<b>18,575</b>



# Depreciation and Amortization

(Including Information on Listed Property)

Department of the Treasury  
Internal Revenue Service (99)

▶ See separate instructions.      ▶ Attach to your tax return.

Attachment  
Sequence No **67**

Name(s) shown on return <b>SPACE COAST CREW BOOSTERS, INC.</b>	Business or activity to which this form relates <b>990EZ</b>	Identifying number <b>59-3400552</b>
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**Part I Election To Expense Certain Property Under Section 179**

Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	1	500,000
2 Total cost of section 179 property placed in service (see instructions)	2	19,560
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	500,000

6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	0
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	0
10 Carryover of disallowed deduction from line 13 of your 2009 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	0
13 Carryover of disallowed deduction to 2011. Add lines 9 and 10, less line 12	▶ 13	0

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)**

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**

**Section A**

17 MACRS deductions for assets placed in service in tax years beginning before 2010	17	15,780
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>	▶	

**Section B - Assets Placed in Service During 2010 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a 3-year property						
b 5-year property						
c 7-year property		19,560	7	HY	200DB	2,795
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

**Section C - Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System**

20 a Class life					
b 12-year			12 yrs.		S/L
c 40-year			40 yrs.	MM	S/L

**Part IV Summary (See instructions.)**

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	18,575
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.