

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

2004

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)
▶ 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.*

Open to Public Inspection

A For the 2004 calendar year, or tax year beginning , 2004, and ending

<p>B Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Final return</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p>C</p> <p>Please use IRS label or print or type. See Specific Instructions.</p> <p>Brevard Amateur Ice Hockey Association, Inc. 720 Roy Wall Blvd. Rockledge, FL 32955</p>	<p>D Employer identification number 59-3469661</p> <p>E Telephone number 321-504-7500</p> <p>F Group Exemption Number..... ▶</p>
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• **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 Web site: ▶ **N/A**

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

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

K Check if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization 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..... ▶ \$ **47,806.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions)

	1 Contributions, gifts, grants, and similar amounts received.....		
	2 Program service revenue including government fees and contracts.....	2	45,800.
	3 Membership dues and assessments.....	3	
	4 Investment income.....	4	
REVENUE	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 (line 5a less line 5b) (attach schedule).....	5c	
	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	650.
	b Less: direct expenses other than fundraising expenses.....	6b	2,474.
	c Net income or (loss) from special events and activities (line 6a less line 6b).....	6c	See Statement 1... -1,824.
	7a Gross sales of inventory, less returns and allowances.....	7a	
	b Less: cost of goods sold.....	7b	
	c Gross profit or (loss) from sales of inventory (line 7a less line 7b).....	7c	
	8 Other revenue (describe ▶ See Statement 2).....	8	1,356.
	9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8).....	9	45,332.
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	
	14 Occupancy, rent, utilities, and maintenance.....	14	
	15 Printing, publications, postage, and shipping.....	15	
	16 Other expenses (describe ▶ See Statement 3).....	16	45,715.
	17 Total expenses (add lines 10 through 16).....	17	45,715.
	18 Excess or (deficit) for the year (line 9 less line 17).....	18	-383.
ASSETS	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	7,794.
	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	7,411.

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

	22 Cash, savings, and investments.....	(A) Beginning of year	22	(B) End of year
	23 Land and buildings.....	7,794.	23	7,411.
	24 Other assets (describe ▶).....		24	
	25 Total assets	7,794.	25	7,411.
	26 Total liabilities (describe ▶).....	0.	26	0.
	27 Net assets or fund balances (line 27 of column (B) must agree with line 21).....	7,794.	27	7,411.

RECEIVED
(See Instructions)
JUL 05 2005
OGDEN, UT

SCANNED AUG 08 2005

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Part II Statement of Program Service Accomplishments (See Instructions)		Expenses
What is the organization's primary exempt purpose? Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.		(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)
28	(Grants \$)	28a
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

Part III List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See 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 and deferred compensation	(E) Expense account and other allowances
See Statement 4		0.	0.	0.

Part IV Other Information (Note the attachment requirement in the instructions)		See Statement 5	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
37a	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
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?			X
b	If 'Yes,' attach the schedule specified in the line 38 instructions and enter the amount involved	38b	N/A	
39	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9	39a	0.	
b	Gross receipts, included on line 9, for public use of club facilities	39b	0.	
40a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911		N/A	
	section 4912		N/A	
	section 4955		N/A	
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			N/A
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			Tim Szymula
	Located at			720 Roy Wall Blvd. Rockledge, FL
	Telephone no.			321-504-7500
	ZIP + 4			32955
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here			N/A
	and enter the amount of tax-exempt interest received or accrued during the tax year	43		N/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 officer) is based on all information of which preparer has any knowledge.

Please Sign Here

Signature of officer: *Peter Nymman* Date: 6-30-05 Type or print name and title: Peter Nymman, President

Paid Preparer's Use Only

Preparer's signature: *Francis M. Stewart* Date: 6/29/05 Check if self-employed: Preparer's SSN or PTIN (See General Instruction W): 252-11-2099

Firm's name (or yours if self-employed), address, and ZIP + 4: Francis M. Stewart, CPA, PA, 6939 N. Wickham Rd., Melbourne, FL 32940

EIN: 59-3502169 Phone no.: (321) 254-5010

Statement 1
Form 990-EZ, Part I, Line 6
Net Income (Loss) from Special Events

<u>Special Events</u>	<u>Gross Receipts</u>	<u>Less Contri- butions</u>	<u>Gross Revenue</u>	<u>Less Direct Expenses</u>	<u>Net Income (Loss)</u>
Youth Ice Hockey Fund Raising	650.	0.	650.	2,474.	-1,824.
Total	\$ 650.	\$ 0.	\$ 650.	\$ 2,474.	\$ -1,824.

Statement 2
Form 990-EZ, Part I, Line 8
Other Revenue

Miscellaneous Income	\$ 1,356.
Total	\$ 1,356.

Statement 3
Form 990-EZ, Part I, Line 16
Other Expenses

Administrative Fees	\$ 220.
Awards & Trophies	456.
Coaching Expenses	950.
Dues & Subscriptions	1,144.
Facility & Ice Rentals	2,150.
League & Tournament Fees	24,604.
Miscellaneous Expenses	320.
Referee Expenses	1,672.
Supplies	5,584.
USA Hockey Registration	8,615.
Total	\$ 45,715.

Statement 4
Form 990-EZ, Part IV
List of Officers, Directors, Trustees, and Key Employees

<u>Name and Address</u>	<u>Title and Average Hours Per Week Devoted</u>	<u>Compen- sation</u>	<u>Contri- bution to EBP & DC</u>	<u>Expense Account/ Other</u>
Peter Nyman 2316 Dearcroft Drive Melbourne, FL 32940	President None	\$ 0.	\$ 0.	\$ 0.
Gary O'Neil 4110 Savannahs Trail Merritt Island, FL 32953	Vice President None	0.	0.	0.

Statement 4 (continued)
Form 990-EZ, Part IV
List of Officers, Directors, Trustees, and Key Employees

<u>Name and Address</u>	<u>Title and Average Hours Per Week Devoted</u>	<u>Compen- sation</u>	<u>Contri- bution to EBP & DC</u>	<u>Expense Account/ Other</u>
Tim Szymula 5057 Bennington Place Viera, FL 32955	Treasurer None	\$ 0.	\$ 0.	\$ 0.
Don Cassario 3686 Nobility Avenue Melbourne, FL 32934	Secretary None		0.	0.
	Total	\$ <u>0.</u>	\$ <u>0.</u>	\$ <u>0.</u>

Statement 5
Form 990-EZ, Part V
Regarding Transfers Associated with Personal Benefit Contracts

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?..... No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?..... No

Application for Extension of Time to File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box.
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time — Only submit original (no copies needed)

Form 990-T corporations requesting an automatic 6-month extension — check this box and complete Part I only.

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6-months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization Brevard Amateur Ice Hockey Association, Inc.	Employer identification number 59-3469661
	Number, street, and room or suite number. If a P.O. box, see instructions. 720 Roy Wall Blvd.	
	City, town or post office. For a foreign address, see instructions. Rockledge, FL 32955	
	state	ZIP code

Check type of return to be filed (file a separate application for each return):

<input type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input checked="" type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

● The books are in the care of. ▶ Tim Szymula

Telephone No. ▶ 321-504-7500 FAX No. ▶ _____

- If the organization does **not** have an office or place of business in the United States, check this box.
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the **whole** group, check this box. ▶ . If it is for part of the group, check this box. ▶ and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until 8/15, 20 05, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year 20 04 or

▶ tax year beginning _____, 20 _____, and ending _____, 20 _____.

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. \$ _____ **0.**

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. \$ _____ **0.**

c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ _____ **0.**

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.