

**Return of Organization Exempt From Income Tax**

**2003**

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

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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 JULY 1, 2003, and ending JUNE 30, 2004

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

**C** Name of organization: BREVARD NATURE ALLIANCE, INC.  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite: P.O. Box 423  
 City or town, state or country, and ZIP + 4: TITUSVILLE FL 32781-0423

**D** Employer identification number: 59-3558063

**E** Telephone number: (321) 268-5224

**F** Accounting method:  Cash  Accrual  
 Other (specify) \_\_\_\_\_

**G** Website: WWW.NATUREANDSPACE.COM

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

**K** Check here  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.

**H and I** are not applicable to section 527 organizations.  
**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** If "Yes," enter number of affiliates: \_\_\_\_\_  
**H(c)** Are all affiliates included? NA  Yes  No (If "No," attach a list. See instructions.)  
**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No  
**I** Group Exemption Number: \_\_\_\_\_

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

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 133,401  
**Part II** Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions.)

462 FEB 14 2005 SCANNED OGDEN, UT	1	Contributions, gifts, grants, and similar amounts received:			
		a	Direct public support	1a	54,343
		b	Indirect public support	1b	
		c	Government contributions (grants)	1c	
			Total (add lines 1a through 1c) (cash \$ <u>51,343</u> noncash \$ _____)	1d	51,343
		2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	66,821
		3	Membership dues and assessments	3	14,877
		4	Interest on savings and temporary cash investments	4	
		5	Dividends and interest from securities	5	
		6a	Gross rents	6a	
		b	Less: rental expenses	6b	
		c	Net rental income or (loss) (subtract line 6b from line 6a)	6c	
	7	Other investment income (describe _____)	7		
	8a	Gross amount from sales of assets other than inventory	(A) Securities	8a	
			(B) Other		
	b	Less: cost or other basis and sales expenses	8b		
	c	Gain or (loss) (attach schedule)	8c		
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8d		
	9	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 1a)	9a		
	b	Less: direct expenses other than fundraising expenses	9b		
	c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c		
	10a	Gross sales of inventory, less returns and allowances	10a		
	b	Less: cost of goods sold	10b		
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c		
	11	Other revenue (from Part VII, line 103)	11		
	12	<b>Total revenue</b> (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	133,041	
Expenses	13	Program services (from line 44, column (B))	13	94,140	
	14	Management and general (from line 44, column (C))	14	33,616	
	15	Fundraising (from line 44, column (D))	15		
	16	Payments to affiliates (attach schedule)	16		
	17	<b>Total expenses</b> (add lines 16 and 44, column (A))	17	127,756	
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	5,285	
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	8,916	
	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, 19, and 20)	21	14,201	

✓  
22P

**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See page 22 of the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)				
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc.				
26	Other salaries and wages				
27	Pension plan contributions				
28	Other employee benefits				
29	Payroll taxes				
30	Professional fundraising fees				
31	Accounting fees				
32	Legal fees				
33	Supplies				
34	Telephone				
35	Postage and shipping				
36	Occupancy	3039		3039	
37	Equipment rental and maintenance				
38	Printing and publications	11476		11476	
39	Travel				
40	Conferences, conventions, and meetings				
41	Interest				
42	Depreciation, depletion, etc. (attach schedule)				
43a	Other expenses not covered above (itemize): a	498		498	
43b	b SCBW F	92565	92565		
43c	c NATURE Day	375	375		
43d	d Eco TRK	1200	1200		
43e	e PROFESSIONAL fees	18603		18603	
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15.	127756	94140	33616	

**Joint Costs.** Check  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_; (ii) the amount allocated to Program services \$ \_\_\_\_\_; (iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments** (See page 25 of the instructions.)

What is the organization's primary exempt purpose? <u>ENVIRONMENTAL EDUCATION</u>	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)
a Annual Space Camp, Reading & Math Festival - Selagunt Field trips & Environmental/conservation workshops promoting natural resources - 2007 attendees (Grants and allocations \$ 9250)	92565
b NATURE Fun Day - Grants & donations for picnic, games, food & prizes - annual / fundraising / one-time / 500 attendees (Grants and allocations \$ 375)	375
c Eco TRK - conservation leadership classes for grades 7+8 13 students - 1000 students (Grants and allocations \$ 1200)	1200
d _____ (Grants and allocations \$ _____)	
e Other program services (attach schedule) (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	94140

**Part IV Balance Sheets** (See page 25 of the instructions.)

		(A) Beginning of year		(B) End of year	
<b>Note:</b> Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.					
<b>Assets</b>	45	Cash—non-interest-bearing . . . . .	8136	45	13506
	46	Savings and temporary cash investments . . . . .		46	
	47a	Accounts receivable . . . . .		47a	
	b	Less: allowance for doubtful accounts . . . . .		47b	47c
	48a	Pledges receivable . . . . .		48a	
	b	Less: allowance for doubtful accounts . . . . .		48b	48c
	49	Grants receivable . . . . .		49	
	50	Receivables from officers, directors, trustees, and key employees (attach schedule) . . . . .		50	
	51a	Other notes and loans receivable (attach schedule). . . . .		51a	
	b	Less: allowance for doubtful accounts . . . . .		51b	51c
	52	Inventories for sale or use . . . . .		52	
	53	Prepaid expenses and deferred charges . . . . .		53	
	54	Investments—securities (attach schedule). . . . . <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
	55a	Investments—land, buildings, and equipment: basis . . . . .		55a	
	b	Less: accumulated depreciation (attach schedule). . . . .		55b	55c
	56	Investments—other (attach schedule) . . . . .		56	
	57a	Land, buildings, and equipment: basis . . . . .		57a	
	b	Less: accumulated depreciation (attach schedule). . . . .		57b	57c
	58	Other assets (describe <input type="checkbox"/> office equipment + supplies)	780	58	695
59	<b>Total assets</b> (add lines 45 through 58) (must equal line 74) . . . . .	8916	59	14201	
<b>Liabilities</b>	60	Accounts payable and accrued expenses . . . . .		60	
	61	Grants payable . . . . .		61	
	62	Deferred revenue . . . . .		62	
	63	Loans from officers, directors, trustees, and key employees (attach schedule). . . . .		63	
	64a	Tax-exempt bond liabilities (attach schedule)		64a	
	b	Mortgages and other notes payable (attach schedule)		64b	
	65	Other liabilities (describe <input type="checkbox"/> )		65	
66	<b>Total liabilities</b> (add lines 60 through 65) . . . . .		66		
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67	Unrestricted . . . . .	8916	67	14201
	68	Temporarily restricted . . . . .		68	
	69	Permanently restricted . . . . .		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.				
	70	Capital stock, trust principal, or current funds . . . . .		70	
	71	Paid-in or capital surplus, or land, building, and equipment fund . . . . .		71	
	72	Retained earnings, endowment, accumulated income, or other funds . . . . .		72	
73	<b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21) . . . . .		73		
74	<b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)	8916	74	14201	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

**Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return** (See page 27 of the instructions.)

**Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return**

**a** Total revenue, gains, and other support per audited financial statements . . . ▶ **a** NA

**b** Amounts included on line a but not on line 12, Form 990:

(1) Net unrealized gains on investments . . \$ \_\_\_\_\_

(2) Donated services and use of facilities \$ \_\_\_\_\_

(3) Recoveries of prior year grants . . . \$ \_\_\_\_\_

(4) Other (specify):  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

Add amounts on lines (1) through (4) ▶ **b**

**c** Line a minus line b . . . . . ▶ **c**

**d** Amounts included on line 12, Form 990 but not on line a:

(1) Investment expenses not included on line 6b, Form 990 . . . \$ \_\_\_\_\_

(2) Other (specify):  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

Add amounts on lines (1) and (2) ▶ **d**

**e** Total revenue per line 12, Form 990 (line c plus line d) . . . . . ▶ **e**

**a** Total expenses and losses per audited financial statements . . . ▶ **a** NA

**b** Amounts included on line a but not on line 17, Form 990:

(1) Donated services and use of facilities \$ \_\_\_\_\_

(2) Prior year adjustments reported on line 20, Form 990 . . . . \$ \_\_\_\_\_

(3) Losses reported on line 20, Form 990 . . \$ \_\_\_\_\_

(4) Other (specify):  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

Add amounts on lines (1) through (4) ▶ **b**

**c** Line a minus line b . . . . . ▶ **c**

**d** Amounts included on line 17, Form 990 but not on line a:

(1) Investment expenses not included on line 6b, Form 990 . . . \$ \_\_\_\_\_

(2) Other (specify):  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

Add amounts on lines (1) and (2) ▶ **d**

**e** Total expenses per line 17, Form 990 (line c plus line d) . . . . . ▶ **e**

**Part V List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated; see page 27 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
See Attached list				
All are volunteers				

**75** Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?  Yes  No  
 If "Yes," attach schedule—see page 28 of the instructions.

Part VI Other Information (See page 28 of the instructions.)

		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		<input checked="" type="checkbox"/>
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.		<input checked="" type="checkbox"/>
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		<input checked="" type="checkbox"/>
b	If "Yes," has it filed a tax return on Form 990-T for this year?		<input checked="" type="checkbox"/>
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		<input checked="" type="checkbox"/>
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?		<input checked="" type="checkbox"/>
b	If "Yes," enter the name of the organization ▶ _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		<input checked="" type="checkbox"/>
81a	Enter direct and indirect political expenditures. See line 81 instructions	81a	N/A
b	Did the organization file Form 1120-POL for this year?	81b	<input checked="" type="checkbox"/>
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	<input checked="" type="checkbox"/>
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	<input checked="" type="checkbox"/>
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	<input checked="" type="checkbox"/>
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	<input checked="" type="checkbox"/>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b	
c	Dues, assessments, and similar amounts from members	85c	
d	Section 162(e) lobbying and political expenditures	85d	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	86a	
b	Gross receipts, included on line 12, for public use of club facilities.	86b	
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders.	87a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	<input checked="" type="checkbox"/>
89a	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 501(c)(4) orgs. 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 a statement explaining each transaction.	89b	<input checked="" type="checkbox"/>
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. ▶		NONE
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization. ▶		NA
90a	List the states with which a copy of this return is filed ▶		FLORIDA
b	Number of employees employed in the pay period that includes March 12, 2003 (See instructions.)	90b	NONE
91	The books are in care of ▶ NETA HARRIS, CORAL GABLES Telephone no. ▶ (305) 368-5174 Located at ▶ 2025 Washington T. J. Skville Jr ZIP + 4 ▶ 33180		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶	92	<input type="checkbox"/>

**Part VII Analysis of Income-Producing Activities** (See page 33 of the instructions.)

Note: Enter gross amounts unless otherwise indicated.

- 93 Program service revenue:
  - a ~~5010~~, Nature day, Eco TREK  
5010
  - b \_\_\_\_\_
  - c \_\_\_\_\_
  - d \_\_\_\_\_
  - e \_\_\_\_\_
- f Medicare/Medicaid payments . . . . .
- g Fees and contracts from government agencies
- 94 Membership dues and assessments . . . . .
- 95 Interest on savings and temporary cash investments
- 96 Dividends and interest from securities . . . . .
- 97 Net rental income or (loss) from real estate:
  - a debt-financed property . . . . .
  - b not debt-financed property . . . . .
- 98 Net rental income or (loss) from personal property
- 99 Other investment income . . . . .
- 100 Gain or (loss) from sales of assets other than inventory
- 101 Net income or (loss) from special events . . . . .
- 102 Gross profit or (loss) from sales of inventory . . . . .
- 103 Other revenue: a \_\_\_\_\_
  - b \_\_\_\_\_
  - c \_\_\_\_\_
  - d \_\_\_\_\_
  - e \_\_\_\_\_

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93					66,821
a					
b					
c					
d					
e					
f					
g					
94					
95					
96					
97					
a					
b					
98					
99					
100					
101					
102					
103					
a					
b					
c					
d					
e					
104	Subtotal (add columns (B), (D), and (E))				66,821
105	Total (add line 104, columns (B), (D), and (E))				66,821

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See page 34 of the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93 a	Provides environmental education

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 34 of the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
NA	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See page 34 of the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, from a personal benefit contract?
  - (b) Did the organization, during the year, pay premiums, directly or indirectly, for a personal benefit contract?
- Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Under penalties of perjury, I declare that I have examined this return and belief, it is true, correct, and complete. Declaration of preparer (other than the taxpayer) is based on information furnished by the taxpayer.

Please Sign Here

Signature of officer: Ronald P Thorstad

Type or print name and title: Ronald P Thorstad

Paid Preparer's Use Only

Preparer's signature: \_\_\_\_\_

Firm's name (or yours if self-employed), address, and ZIP + 4: \_\_\_\_\_

**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 Section 4947(a)(1) Nonexempt Charitable Trust

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

**Supplementary Information—(See separate instructions.)**

**2004**

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

Name of the organization: **BREVARD NA-HUPI ALLIANCE, INC.** Employer identification number: **59-3558063**

**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.")

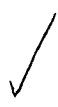
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

Total number of other employees paid over \$50,000 . . . . . ▶

**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
NONE		

Total number of others receiving over \$50,000 for professional services . . . . . ▶



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

	Yes	No
<b>1</b> 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 1 of Part VI-B)		X
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.		
<b>2</b> 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)		
<b>a</b> Sale, exchange, or leasing of property?		X
<b>b</b> Lending of money or other extension of credit?		X
<b>c</b> Furnishing of goods, services, or facilities?		X
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		X
<b>e</b> Transfer of any part of its income or assets?		X
<b>3a</b> Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments)		X
<b>b</b> Do you have a section 403(b) annuity plan for your employees?		X
<b>4a</b> Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X
<b>b</b> Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		X

**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.)
- 11a**  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.)
- 11b**  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 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.)

(a) Name(s) of supported organization(s)	(b) Line number from above
N/A	

- 14**  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 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) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28).	46,248.	41,099.	51,990.	44,888.	113,747
16 Membership fees received	6,230.	6,230.	8,460.	2,044.	22,964
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	34,027.	34,559.	48,312.	5560	122,458
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	0	0	0	0
19 Net income from unrelated business activities not included in line 18	0	0	0	0	0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf	0	0	0	0	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	0	0	0	0
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	0	0	0	0	0
23 Total of lines 15 through 22	86,497.	81,888.	79,242.	18,095.	205,722
24 Line 23 minus line 17	52,470.	47,329.	30,930.	13,535.	143,264
25 Enter 1% of line 23	865.	819.	792.	181.	3,467
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 2565.
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 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b N/A
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c N/A
d Add: Amounts from column (e) for lines: 18 0 19 0 22 0 26b 0					26d N/A
e Public support (line 26c minus line 26d total)					26e N/A
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f N/A %
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:	(2003) 15,000. (2002) 23,284. (2001) 5,000. (2000) 5,000.				
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:	(2003) 2,250. (2002) 1,000. (2001) 10,900. (2000) 5,560.				
c Add: Amounts from column (e) for lines: 15 113,747 16 22,964 17 130,458 20 0 21 0					27c 259,212
d Add: Line 27a total 48,284 and line 27b total 19,517					27d 67,801
e Public support (line 27c total minus line 27d total)					27e 191,411
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)					27f 205,722
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g 72 %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h 0 %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, 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.	N/A				



**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) *1/14*

	Yes	No
<b>29</b> 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?		
<b>30</b> 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?		
<b>31</b> 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.)		
<b>32</b> Does the organization maintain the following		
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff?		
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
<b>d</b> 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.)		
<b>33</b> Does the organization discriminate by race in any way with respect to:		
<b>a</b> Students' rights or privileges?		
<b>b</b> Admissions policies?		
<b>c</b> Employment of faculty or administrative staff?		
<b>d</b> Scholarships or other financial assistance?		
<b>e</b> Educational policies?		
<b>f</b> Use of facilities?		
<b>g</b> Athletic programs?		
<b>h</b> Other extracurricular activities?		
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
<b>34a</b> Does the organization receive any financial aid or assistance from a governmental agency?		
<b>b</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.		
<b>35</b> 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
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)	N/A	0
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying)		
<b>38</b> Total lobbying expenditures (add lines 36 and 37)		
<b>39</b> Other exempt purpose expenditures		
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39)		
<b>41</b> Lobbying nontaxable amount Enter the amount from the following table—		
<b>If the amount on line 40 is—</b>	<b>The lobbying nontaxable amount is—</b>	
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	
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41)		
<b>43</b> Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36		
<b>44</b> Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38		

**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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
<b>45</b> Lobbying nontaxable amount					
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots nontaxable amount					
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					
<b>50</b> Grassroots lobbying expenditures					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 11 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:

- 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.)

Yes	No	Amount

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 11 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?

	Yes	No
<b>a</b> Transfers from the reporting organization to a noncharitable exempt organization of:		
<b>(i)</b> Cash		<input checked="" type="checkbox"/>
<b>(ii)</b> Other assets		<input checked="" type="checkbox"/>
<b>b</b> Other transactions:		
<b>(i)</b> Sales or exchanges of assets with a noncharitable exempt organization		<input checked="" type="checkbox"/>
<b>(ii)</b> Purchases of assets from a noncharitable exempt organization		<input checked="" type="checkbox"/>
<b>(iii)</b> Rental of facilities, equipment, or other assets		<input checked="" type="checkbox"/>
<b>(iv)</b> Reimbursement arrangements		<input checked="" type="checkbox"/>
<b>(v)</b> Loans or loan guarantees		<input checked="" type="checkbox"/>
<b>(vi)</b> Performance of services or membership or fundraising solicitations		<input checked="" type="checkbox"/>
<b>c</b> Sharing of facilities, equipment, mailing lists, other assets, or paid employees		<input checked="" type="checkbox"/>

**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.

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

**52a** 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  No

**b** If "Yes," complete the following schedule:

(a) Name of organization	(b) Type of organization	(c) Description of relationship



BREVARD NATURE ALLIANCE, INC  
Fiscal year ending June 30, 2004

Assets

Item	Estimated Value
Computer (Desk top)	\$ 400 00
Monitor	40 00
External Iomega Zip Drive	40 00
Telephone	10 00
HP 720 Printer/fax/copier	90 00
APC Powerpac	40 00
Misc. office incidentals	75 00
Total	\$ 695 00

\*\*\*\*\*

General Notes

The Membership Dues reported on line 3 (Membership Dues & Assessments) include pre-paid dues of \$7,347. for FY 2004-2005

**Brevard Nature Alliance  
Board of Directors 2003-2004**

**Officers & Directors**

**Capt. Ron Thorstad, Chair**  
*Tourism Consultant*

**Bob Day, P.W.S, Vice Chair**  
*St. Johns River WMD*

**Ross Hinkle, PhD. Vice Chair**  
*Dynamac Corporation*

**Leesa Souto, Vice Chair**  
*UCF Stormwater  
Management Academy*

**Nancy Evans, Secretary**  
*Best Western Space Shuttle Inn*

**Walt Johnson, Treasurer**  
*Space Coast Econ. Dev. Comm*

**Anne Birch**  
*The Nature Conservancy*

**George Geletko**  
*Waste Management, Inc.*

**Barbara Hoelscher**  
*Friends of the Enchanted Forest*

**Richard "Hutch" Hutcherson**  
*Cocoa Beach Holiday Inn & Resort*

**D. Scott Taylor, PhD.**  
*Brevard County EEL Program*

**Laurilee Thompson**  
*Dixie Crossroads Restaurant*

# **BYLAWS OF THE BREVARD NATURE ALLIANCE**

## **ARTICLE I – NAME**

The name of this organization shall be the Brevard Nature Alliance, Incorporated.

## **ARTICLE II – PURPOSE**

### **Section 1: Purpose**

The purpose of the Brevard Nature Alliance, Inc. (hereinafter "BNA"), is to serve as a catalyst for community environmental development and appreciation of natural systems. BNA will sponsor and support educational programs and community activities to enhance the natural environment, inventory natural assets of the area, and maintain a database of expertise to support nature-based activities in Brevard County.

### **Section 2: Vision**

BNA's vision is that nature and environmental systems will become an important part of everyone's life to enrich our community. The BNA will serve as one of the primary advocates of community-based nature and natural resource activities in Brevard County. It dedicates itself to the enrichment of all members of our community through an understanding and appreciation of nature, natural resources, ecosystems, environmental sciences, nature-based tourism, conservation, preservation, site visitations, education, and museums of natural sciences.

### **Section 3: Local Nature and Ecosystems Agency Designation**

If accorded designation by the Brevard County Board of County Commissioners, the Corporation shall act as the local community affairs nature agency for Brevard County, serving as the umbrella organization for all county community-based nature and natural resource activities.

## **ARTICLE III – MEMBERSHIP**

### **Section 1: Member Organizations**

Any organization (scientific, civic, business, governmental, not-for-profit, etc.) may become a member of the BNA by payment of annual dues as established by the Board of Directors.

## Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

▶ 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).
- Note: 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)  
**Note: 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.

<b>Type or print</b>	Name of Exempt Organization <i>BREVARD NATURE ALLIANCE, INC.</i>	Employer identification number <i>59: 3558063</i>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <i>P.O. Box 423</i>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <i>Titusville FL 32781-0423</i>	

- 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 (sec. 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 |

- 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-month, for **990-T corporation**) extension of time until *FEB 15*, 20*04* to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year 20... or  
 ▶  tax year beginning *July 1*, 20*03* and ending *JUNE 30*, 20*04*

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 \$ \_\_\_\_\_

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 \$ \_\_\_\_\_

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 \$ \_\_\_\_\_

### Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ▶ *M. V. (eta) Harris* Title ▶ *Coordinator* Date ▶ *10/27/2004*

For Paperwork Reduction Act Notice, see Instruction *CAF# 031-41643R* Cat. No 27916D Form **8868** (12-2000)

*at the time of filing this extension request - we plan not to file 990-EZ - including gross receipts, etc - it became evident that we should file a 990 form.*

