

Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

**2004**

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 2004 calendar year, or tax year beginning JULY 1, 2004, and ending JUNE 30, 2005**B** Check if applicable:

- ☒ Address change  
☐ Name change  
☐ Initial return  
☐ Final return  
☐ Amended return  
☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

**C** Name of organizationBREVARD NATURE ALLIANCE, INC.

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

P.O. Box 517

City or town, state or country, and ZIP + 4

Titusville, FL 32781-0517**D** Employer identification number59: 3558063**E** Telephone number(321) 268-5234**F** Accounting method: ☒ Cash ☐ Accrual☐ Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

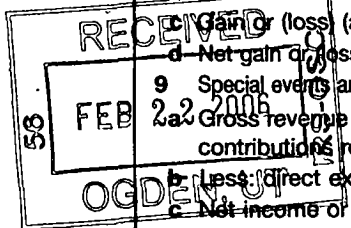
**G** Website: WWW.NATUREANDSPACE.COM**J** Organization type (check only one) ☒ 501(c) (3) (insert no.) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received 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 ▶**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See page 18 of the instructions.)

Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received:			
	<b>a</b> Direct public support	<b>1a</b>	<u>62,627.</u>	
	<b>b</b> Indirect public support	<b>1b</b>		
	<b>c</b> Government contributions (grants)	<b>1c</b>		
	<b>d</b> Total (add lines 1a through 1c) (cash \$ <u>62,627</u> noncash \$ )	<b>1d</b>	<u>62,627.</u>	
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>	<u>68,664.</u>	
	<b>3</b> Membership dues and assessments	<b>3</b>	<u>8,323.</u>	
	<b>4</b> Interest on savings and temporary cash investments	<b>4</b>		
	<b>5</b> Dividends and interest from securities	<b>5</b>		
	<b>6a</b> Gross rents	<b>6a</b>		
<b>b</b> Less: rental expenses	<b>6b</b>			
<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>			
<b>7</b> Other investment income (describe ▶)	<b>7</b>			
Expenses	<b>8a</b> Gross amount from sales of assets other than inventory	(A) Securities	<b>8a</b>	
	<b>b</b> Less: cost or other basis and sales expenses		<b>8b</b>	
	<b>c</b> Gain or (loss) (attach schedule)		<b>8c</b>	
	<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))		<b>8d</b>	
	<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			
	<b>2a</b> Gross revenue (not including \$ of contributions reported on line 1a)	<b>9a</b>		
	<b>b</b> Less: direct expenses other than fundraising expenses	<b>9b</b>		
	<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)		<b>9c</b>	
	<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>		
	<b>b</b> Less: cost of goods sold	<b>10b</b>		
<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	<b>10c</b>			
<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>			
<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>	<u>139,654.</u>		
Net Assets	<b>13</b> Program services (from line 44, column (B))	<b>13</b>	<u>82,194.</u>	
	<b>14</b> Management and general (from line 44, column (C))	<b>14</b>	<u>42,331.</u>	
	<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>		
	<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>		
	<b>17</b> Total expenses (add lines 16 and 44, column (A))	<b>17</b>	<u>124,525.</u>	
<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>	<u>15,129.</u>		
<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>	<u>14,201.</u>		
<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>			
<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>	<u>29,330.</u>		

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y

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**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 \$ _____)	22			
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc.	25			
26	Other salaries and wages	26			
27	Pension plan contributions	27			
28	Other employee benefits	28			
29	Payroll taxes	29			
30	Professional fundraising fees	30			
31	Accounting fees	31			
32	Legal fees	32			
33	Supplies	33	911.	911.	
34	Telephone	34	640.	640.	
35	Postage and shipping	35	388.	388.	
36	Occupancy	36	600.	600.	
37	Equipment rental and maintenance	37	152.	152.	
38	Printing and publications	38	17,168.	17,168.	
39	Travel	39			
40	Conferences, conventions, and meetings	40			
41	Interest	41			
42	Depreciation, depletion, etc. (attach schedule)	42			
43	Other expenses not covered above (itemize): a fees	43a	952.	952.	
b		43b			
c		43c			
d	501(c)(3) Professional fees	43d	82,194.	82,194.	
e		43e	21,628.	21,628.	
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15.	44	124,525	82,194	42,381

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? **ENVIRONMENTAL EDUCATION**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

What is the organization's primary exempt purpose? <b>ENVIRONMENTAL EDUCATION</b>		Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others)
a	ANNUAL SPACE COAST BIRDING & WILDLIFE FESTIVAL - A 5-DAY EVENT. FIELD TRIPS & ENVIRONMENTAL CONSERVATION WORKSHOPS & SEMINARS PROMOTING NATURAL RESOURCES 2004 ATTENDED (Grants and allocations \$ 16,405)	82,194
b	(Grants and allocations \$ _____)	
c	(Grants and allocations \$ _____)	
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).	82,194

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

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.		(A) Beginning of year		(B) End of year
<b>Assets</b>	45 Cash—non-interest-bearing . . . . .	13506	45	26,245
	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 ► <u>Office Equip + Supplies</u> ) . . . . .	695	58	3085	
59 <b>Total assets</b> (add lines 45 through 58) (must equal line 74) . . . . .	14201	59	29,330	
<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 ► ) . . . . .		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 . . . . .	14201	67	29,330
	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) . . . . .	14201	74	29,330

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.)**

<p><b>a</b> Total revenue, gains, and other support per audited financial statements . . . ▶</p>	<p><b>a</b> <u>NA</u></p>
<p><b>b</b> Amounts included on line <b>a</b> but not on line 12, Form 990:</p>	
<p>(1) Net unrealized gains on investments . . . \$ _____</p>	
<p>(2) Donated services and use of facilities \$ _____</p>	
<p>(3) Recoveries of prior year grants . . . \$ _____</p>	
<p>(4) Other (specify): _____          _____ \$ _____</p>	
<p>Add amounts on lines (1) through (4) ▶</p>	<p><b>b</b></p>
<p><b>c</b> Line <b>a</b> minus line <b>b</b> . . . . . ▶</p>	<p><b>c</b></p>
<p><b>d</b> Amounts included on line 12, Form 990 but not on line <b>a</b>:</p>	
<p>(1) Investment expenses not included on line 6b, Form 990. . . \$ _____</p>	
<p>(2) Other (specify): _____          _____ \$ _____</p>	
<p>Add amounts on lines (1) and (2) ▶</p>	<p><b>d</b></p>
<p><b>e</b> Total revenue per line 12, Form 990 (line <b>c</b> plus line <b>d</b>). . . . . ▶</p>	<p><b>e</b></p>

Part IV-B	Reconciliation of Expenses per Audited Financial Statements with Expenses per Return
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<p><b>a</b> Total expenses and losses per audited financial statements . . . ▶</p>	<p>_____</p>	<p><b>a</b> <i>N/A</i></p>
<p><b>b</b> Amounts included on line <b>a</b> but not on line 17, Form 990:</p>	<p>_____</p>	<p></p>
<p><b>(1)</b> Donated services and use of facilities</p>	<p>_____ \$ _____</p>	<p></p>
<p><b>(2)</b> Prior year adjustments reported on line 20, Form 990. . . . .</p>	<p>_____ \$ _____</p>	<p></p>
<p><b>(3)</b> Losses reported on line 20, Form 990 .</p>	<p>_____ \$ _____</p>	<p></p>
<p><b>(4)</b> Other (specify): _____ _____</p>	<p>_____ \$ _____</p>	<p></p>
<p></p>	<p>Add amounts on lines <b>(1)</b> through <b>(4)</b> ▶</p>	<p><b>b</b> _____</p>
<p><b>c</b> Line <b>a</b> minus line <b>b</b> . . . . . ▶</p>	<p>_____</p>	<p><b>c</b> _____</p>
<p><b>d</b> Amounts included on line 17, Form 990 but not on line <b>a</b>:</p>	<p>_____</p>	<p></p>
<p><b>(1)</b> Investment expenses not included on line 6b, Form 990 . . .</p>	<p>_____ \$ _____</p>	<p></p>
<p><b>(2)</b> Other (specify): _____ _____</p>	<p>_____ \$ _____</p>	<p></p>
<p></p>	<p>Add amounts on lines <b>(1)</b> and <b>(2)</b> ▶</p>	<p><b>d</b> _____</p>
<p><b>e</b> Total expenses per line 17, Form 990 (line <b>c</b> plus line <b>d</b>) . . . . . ▶</p>	<p>_____</p>	<p><b>e</b> _____</p>

**Part V** **List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated; see page 27 of the instructions.)

[illegible]

**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
<b>76</b> 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"/>	<input type="checkbox"/>
<b>77</b> 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"/>	<input type="checkbox"/>
<b>78a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>79</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>80a</b> 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"/>	<input type="checkbox"/>
<b>b</b> If "Yes," enter the name of the organization ▶ . . . . . and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
<b>81a</b> Enter direct and indirect political expenditures. See line 81 instructions . . . . . <b>81a</b> NA		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>82a</b> 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? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</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.) . . . . . <b>82b</b> 12,290.		
<b>83a</b> Did the organization comply with the public inspection requirements for returns and exemption applications?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Did the organization comply with the disclosure requirements relating to quid pro quo contributions? . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>84a</b> Did the organization solicit any contributions or gifts that were not tax deductible? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>85</b> <b>501(c)(4), (5), or (6) organizations.</b> <b>a</b> Were substantially all dues nondeductible by members? . . . . .		
<b>b</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.		
<b>c</b> Dues, assessments, and similar amounts from members. . . . . <b>85c</b>		
<b>d</b> Section 162(e) lobbying and political expenditures. . . . . <b>85d</b>		
<b>e</b> Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices. . . . . <b>85e</b>		
<b>f</b> Taxable amount of lobbying and political expenditures (line 85d less 85e) . . . . . <b>85f</b>		
<b>g</b> Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>h</b> 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? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>86</b> <b>501(c)(7) orgs.</b> Enter: <b>a</b> Initiation fees and capital contributions included on line 12. . . . . <b>86a</b>		
<b>b</b> Gross receipts, included on line 12, for public use of club facilities . . . . . <b>86b</b>		
<b>87</b> <b>501(c)(12) orgs.</b> Enter: <b>a</b> Gross income from members or shareholders . . . . . <b>87a</b>		
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . . <b>87b</b>		
<b>88</b> 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 . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>89a</b> <b>501(c)(3) organizations.</b> Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ NA ; section 4912 ▶ NA ; section 4955 ▶ NA		
<b>b</b> <b>501(c)(3) and 501(c)(4) orgs.</b> 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 . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>c</b> Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶ NONE		
<b>d</b> Enter: Amount of tax on line 89c, above, reimbursed by the organization . . . . . ▶ NA		
<b>90a</b> List the states with which a copy of this return is filed ▶ FLORIDA		
<b>b</b> Number of employees employed in the pay period that includes March 12, 2004 (See instructions.) <b>90b</b> NONE		
<b>91</b> The books are in care of ▶ NETA HARRIS EXECUTIVE DIR, Telephone no. ▶ (321) 568-5224 Located at ▶ 1725 PONTIAC AVE, ZIP + 4 ▶ 32796		
<b>92</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here. . . . . <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . <b>92</b>		

**Part VII Analysis of Income-Producing Activities** (See page 33 of the instructions.)**Note:** Enter gross amounts unless otherwise indicated.

	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	
<b>93</b> Program service revenue:					
<b>a</b> <u>SPACE COAST MARINE &amp; WILDLIFE</u>					68,664.
<b>b</b> <u>FEES</u>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>f</b> Medicare/Medicaid payments					
<b>g</b> Fees and contracts from government agencies					
<b>94</b> Membership dues and assessments					
<b>95</b> Interest on savings and temporary cash investments					
<b>96</b> Dividends and interest from securities					
<b>97</b> Net rental income or (loss) from real estate:					
<b>a</b> debt-financed property					
<b>b</b> not debt-financed property					
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income					
<b>100</b> Gain or (loss) from sales of assets other than inventory					
<b>101</b> Net income or (loss) from special events					
<b>102</b> Gross profit or (loss) from sales of inventory					
<b>103</b> Other revenue: <b>a</b>					
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>104</b> Subtotal (add columns (B), (D), and (E))					68,664.
<b>105</b> Total (add line 104, columns (B), (D), and (E))					68,664.

**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).
<b>93A</b>	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
<u>NA</u>	%			
	%			
	%			
	%			

**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, to pay premiums on a personal benefit contract? NA ☐ Yes ☐ No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☐ No

**Note:** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

<b>Please Sign Here</b>	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 officer) is based on all information of which preparer has knowledge.
	<u>Ronald P Thorstad</u> Signature of officer <u>Ronald P THORSTAD</u> Type or print name and title.
<b>Paid Preparer's Use Only</b>	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

**2004**

Department of the Treasury  
Internal Revenue Service

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

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

Name of the organization

BREVARD NATURE ALLIANCE, INC

Employer identification number

54-3558063

**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.)

- 1** During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ \_\_\_\_\_ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)

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.

- 2** During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)

- |  |           |   |
|--|-----------|---|
| <b>a</b> Sale, exchange, or leasing of property?   | <b>2a</b> | ✓ |
| <b>b</b> Lending of money or other extension of credit?  | <b>2b</b> | ✓ |
| <b>c</b> Furnishing of goods, services, or facilities?   | <b>2c</b> | ✓ |
| <b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?   | <b>2d</b> | ✓ |
| <b>e</b> Transfer of any part of its income or assets?   | <b>2e</b> | ✓ |
| <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.) | <b>3a</b> | ✓ |
| <b>b</b> Do you have a section 403(b) annuity plan for your employees?   | <b>3b</b> | ✓ |
| <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?                          | <b>4a</b> | ✓ |
| <b>b</b> Do you provide credit counseling, debt management, credit repair, or debt negotiation services?   | <b>4b</b> | ✓ |

**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% 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% 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
MTA	

- 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.)	51,343	46,240	41,099	51,970	160,652
16 Membership fees received	14,877	6,230	6,230	8,460	35,797
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	66,821	34,027	34,559	48,312	183,719
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	133,041	86,497	81,888	72,742	380,170
24 Line 23 minus line 17	66,220	52,470	47,329	34,430	196,949
25 Enter 1% of line 23	1330.	865.	819.	787.	3991.
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 3939.
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 NA
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c NA
d Add: Amounts from column (e) for lines: 18 0 19 0 22 0 26b 0					26d NA
e Public support (line 26c minus line 26d total)					26e NA
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f NA %
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) 21,750 (2002) 15,000 (2001) 23,284 (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) 0 (2002) 0 (2001) 0 (2000) 10,900				
c Add: Amounts from column (e) for lines: 15 160,652 16 35,997 17 183,719 20 0 21 0					27c 380,170
d Add: Line 27a total, 65,039 and line 27b total, 10,900					27d 75,939
e Public support (line 27c total minus line 27d total)					27e 304,231
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)					27f 380,170
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g 80 %
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.	NA				

**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) *NA*

	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>29</b>	
<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>30</b>	
<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>31</b>	
<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>32a</b>	
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? . . . . .	<b>32b</b>	
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? . . . . .	<b>32c</b>	
<b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions? . . . . .	<b>32d</b>	
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>33a</b>	
<b>b</b> Admissions policies? . . . . .	<b>33b</b>	
<b>c</b> Employment of faculty or administrative staff? . . . . .	<b>33c</b>	
<b>d</b> Scholarships or other financial assistance? . . . . .	<b>33d</b>	
<b>e</b> Educational policies? . . . . .	<b>33e</b>	
<b>f</b> Use of facilities? . . . . .	<b>33f</b>	
<b>g</b> Athletic programs? . . . . .	<b>33g</b>	
<b>h</b> Other extracurricular activities? . . . . .	<b>33h</b>	
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>34a</b>	
<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>34b</b>	
<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 . . . . .	<b>35</b>	

**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) *NA*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) . . . . .	<i>NA</i>	<i>0</i>
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .		<i>0</i>
<b>38</b> Total lobbying expenditures (add lines 36 and 37) . . . . .		<i>0</i>
<b>39</b> Other exempt purpose expenditures . . . . .		<i>0</i>
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39) . . . . .	<i>0</i>	<i>0</i>
<b>41</b> Lobbying nontaxable amount. Enter the amount from the following table—		
<b>If the amount on line 40 is—</b>		
Not over \$500,000 . . . . .		
Over \$500,000 but not over \$1,000,000 . . . . .		
Over \$1,000,000 but not over \$1,500,000 . . . . .		
Over \$1,500,000 but not over \$17,000,000 . . . . .		
Over \$17,000,000 . . . . .		
<b>The lobbying nontaxable amount is—</b>		
20% of the amount on line 40 . . . . .		
\$100,000 plus 15% of the excess over \$500,000 . . . . .		
\$175,000 plus 10% of the excess over \$1,000,000 . . . . .		
\$225,000 plus 5% of the excess over \$1,500,000 . . . . .		
\$1,000,000 . . . . .		
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41). . . . .		<i>0</i>
<b>43</b> Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36. . . . .		<i>0</i>
<b>44</b> Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38. . . . .		<i>0</i>

**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.) *NA*

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.) *NA*

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

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

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?

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

(i) **Cash**

**(ii) Other assets**

**b Other transactions:**

**(ii) Sales or exchanges of assets with a noncharitable exempt organization**

**(ii) Purchases of assets from a noncharitable exempt organization**

(iii) Rental of facilities, equipment, or other assets

**(iv) Reimbursement arrangements**

**(v) Loans or loan guarantees**

**(vi) Performance of services or membership or fundraising solicitations**

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

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

[illegible]

**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:

[illegible]

BREVARD NATURE ALLIANCE, INC  
Fiscal year ending: June 30, 2005

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
Sub Total (previously reported items)	\$ 625 00

New Items:

Laptop	\$1,610.00
Dymo Label Machine	155.00
APC Powerpac	40.00
Software Program (to capture statistics)	585 00
Sub Total	\$2,390.00

TOTAL: \$3,085.00

\*\*\*\*\*

General Notes:

The Membership Dues reported on line 3 (Membership Dues & Assessments) include pre-paid dues of \$7,300. for FY 2005-2006.

**Brevard Nature Alliance, Inc.**  
**Board of Directors 2004-2005**

**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*

**Jeannie Adame**  
*Canaveral Port Authority*

**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*

## ***BREVARD NATURE ALLIANCE, INC.***

The Brevard Nature Alliance, Inc. (BNA) was formed in December 1998 to provide a strategic alliance among all Brevard stakeholders for natural resource initiatives. The BNA is chartered as a not-for-profit corporation under the laws of the state of Florida and is designated by the Internal Revenue Service as a 501 ( c ) (3) tax-exempt, charitable organization. BNA members are a coalition of representatives from key organizations who combine their knowledge to protect the distinct ecology and raise the awareness of citizens and visitors to the value and importance of the natural resources of Brevard County, Florida.

The BNA seeks to increase citizen's awareness of the County's natural resources and work with the community toward sensible growth management. The BNA does this by offering technical and funding support to educational projects such as the annual Space Coast Birding & Wildlife Festival, organizing community workshops to form a strategic conservation plan for the County as part of the *Brevard Tomorrow* initiative, providing environmental documentation to *myregion.org* and working with Brevard County Planning & Zoning to help create an ecological design manual for new development.

The purpose of the Brevard Nature Alliance is to serve as a catalyst for community environmental development and appreciation of natural systems. The Alliance sponsors and supports educational programs and community activities to protect and enhance the natural environment, inventory natural assets of the area and maintain a database of expertise to support nature-based activities in Brevard County.

The vision of the Brevard Nature Alliance is that through education and understanding, natural resources will become an important part of everyone's life to enrich the community. The Alliance serves as one of the primary advocates of community-based nature activities in Brevard County, dedicated to the enrichment of the community through an understanding and appreciation of natural resources, nature-based tourism and ecosystem needs.

Membership is by application and extends to individuals, organizations and corporations dedicated to sound environmental practices and the preservation of natural resources for educational, recreational and research uses.

## **ANNUAL SPACE COAST BIRDING & WILDLIFE FESTIVAL**

The Space Coast Birding & Wildlife Festival was created in 1997 to showcase the unique nature, wildlife, and technology in Brevard County. With a comprehensive five-day sunrise to sunset schedule, participants can explore all the Space Coast has to offer. The Event is now in its ninth year. Attendance increased from 1997 – 2000, showed a downturn for 2001 & 2002 and rebounded for 2003. Three hurricanes in 2004 affected travel commitments for many previous attendees as well as species habitat.

1997 -- 211		1998 -- 1,008	280 Registrations
1999 -- 2,012	340 Registrations	2000 -- 3,014	570 Registrations
2001 -- 1,432	339 Registrations	(Lower attendance directly due to Sept. 11)	
2002 -- 1,279	325 Registrations	(Rained for two days during the Festival.)	
2003 -- 2,029	703 Registrations	2004 -- 2004	584 Registrations

### **Event activities include:**

- Environmental and wildlife programs at Merritt Island National Wildlife Refuge, Canaveral National Seashore, Kennedy Space Center and Port Canaveral.
- Educational seminars, workshops and keynotes by renowned academics and practitioners.
- Field trips which encourage visits to sites throughout Brevard County
- Children's activities     Paddling Adventures     Silent Auction
- Exhibits by artists, crafts-persons, and businesses specializing in nature and wildlife, birding, and nature-based tourism as well as governmental agencies and organizations that support nature, wildlife and the environment.
- Social Gatherings to encourage interaction with speakers, trip leaders and other attendees.

In November 2000, this premier event was selected by the **Florida Fish and Wildlife Conservation Commission** to be the site of the opening section of the **Great Florida Birding Trail**. The festival is currently featured in a special Birding And Wildlife section of the VISIT FLORIDA web site and listed under "Festivals" on a number of Birding and Wildlife web sites. Editorial content will be placed in several tourism/destination publications and utilized by the Brevard County Tourism Development Office at trade shows in England and the United States.

### ***WHAT MAKES THE EVENT SPECIAL?***

The commitment to create an opportunity for education; environmental and conservation experiences; space, nature and wildlife enjoyment and birding appreciation has brought many organizations together to present a safe, memorable and fun event. The Brevard Nature Alliance, Titusville Area Chamber of Commerce, Brevard Community College, Merritt Island National Wildlife Refuge, Canaveral National Seashore, Indian River Audubon Society, City of Titusville, Brevard County Tourism Development Council, Kennedy Space Center Visitors Complex and VISIT FLORIDA as well as many loyal continuing sponsors and volunteers have contributed toward a concerted effort to provide a unique atmosphere for the participants at the Annual Space Coast Birding & Wildlife Festival.

The Festival is important because it generates awareness of the abundant natural resources of our area, not just during the Event, but also throughout the entire year. The connection of these natural resources to quality of life, excellence in environmental education, high technology and business community involvement provides a focus that has placed the Festival in the top three ranking of Birding and Wildlife Events (size, venue, scope of events and presenter/field trip leader industry status) in the United States as well as being recognized internationally as an event destination for premier birding opportunities and outdoor adventures.     SCBWF © 2005



# **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 ☒ **1**
  - 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](http://www.irs.gov/efile).

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization <b>BREWARD NATURE ALLIANCE, INC</b>	Employer identification number <b>59 : 3558063</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>P.O. BOX 423 517</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>Tyngsboro MA 01878-0423</b>	

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

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" 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 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 **NETA HARRIS, EXECUTIVE DIRECTOR**

Telephone No. **(321) 268-5224** FAX No. **(321) 268-0921**

- 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 **FEB 15**, 20**06** 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**05** and ending **JUNE 30**, 20**05**

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

**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.

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box ☐ **Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

**Part II Additional (not automatic) 3-Month Extension of Time—Must File Original and One Copy.**

Type or print  File by the extended due date for filing the return. See instructions.	Name of Exempt Organization	Employer identification number
	Number, street, and room or suite no. If a P.O. box, see instructions.	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	

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

**STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868**

- The books are in the care of ☐ Telephone No. ☐ 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 is for.

- 4 I request an additional 3-month extension of time until \_\_\_\_\_, 20\_\_\_\_
- 5 For calendar year \_\_\_\_\_, or other tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_
- 6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension \_\_\_\_\_

- 8a 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, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ \_\_\_\_\_
- c **Balance Due.** Subtract line 8b from line 8a. 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. (Nep) Placer Title Executive Director Date 11/1/05**CAFE 031-41643 Notice to Applicant—To Be Completed by the IRS**

- ☐ We have approved this application. Please attach this form to the organization's return.
- ☐ We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- ☐ We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- ☐ We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested.
- ☐ Other \_\_\_\_\_

By: \_\_\_\_\_ Date \_\_\_\_\_

**Alternate Mailing Address** — Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name
	Number and street (include suite, room, or apt. no.) or a P.O. box number
	City or town, province or state, and country (including postal or ZIP code)