

Return of Organization Exempt From Income Tax

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

2003

Department of the Treasury
Internal Revenue Service

- ▶ For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year.
- ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

A For the 2003 calendar year, or tax year beginning 1/1/2004 and ending 9/30/2004

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 organization
Florida Space Coast Golf Association
 Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
Post Office Box 560457
 City, town, or country State ZIP + 4
Rockledge FL 32956-0457

D Employer identification number
59-3757385

E Telephone number
321-455-1375

F Group Exemption Number . . . ▶

G Accounting method: Cash Accrual
 Other (specify) ▶

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

I Website: ▶

J Organization type (check only one)— 501(c) (6) ◀ (insert no.) 4947(a)(1) or 527

K Check if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ . . . ▶ \$ 27,268

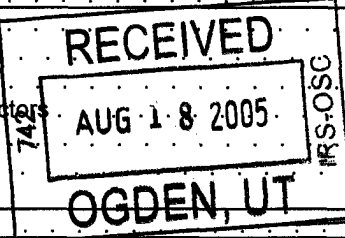
Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 37 of the instructions.)

1	Contributions, gifts, grants, and similar amounts received	1	
2	Program service revenue including government fees and contracts	2	1,430
3	Membership dues and assessments	3	24,078
4	Investment income	4	
5 a	Gross amount from sale of assets other than inventory	5a	0
b	Less: cost or other basis and sales expenses	5b	0
c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)	5c	0
6	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>		
a	Gross revenue (not including \$ <u>0</u> of contributions reported on line 1)	6a	1,760
b	Less: direct expenses other than fundraising expenses	6b	1,161
c	Net income or (loss) from special events and activities (line 6a less line 6b)	6c	599
7 a	Gross sales of inventory, less returns and allowances	7a	
b	Less: cost of goods sold	7b	
c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)	7c	0
8	Other revenue (describe ▶)	8	0
9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	26,107
10	Grants and similar amounts paid (attach schedule)	10	0
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	
13	Professional fees and other payments to independent contractors	13	4,214
14	Occupancy, rent, utilities, and maintenance	14	
15	Printing, publications, postage, and shipping	15	13,345
16	Other expenses (describe ▶ See attached statement.)	16	825
17	Total expenses (add lines 10 through 16)	17	18,384
18	Excess or (deficit) for the year (line 9 less line 17)	18	7,723
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	19,249
20	Other changes in net assets or fund balances (attach explanation)	20	
21	Net assets or fund balances at end of year (combine lines 18 through 20)	21	26,972

Part II Balance Sheets—If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ. (See page 40 of the instructions.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	5,051	19,249
23 Land and buildings		
24 Other assets (describe ▶)	0	0
25 Total assets	5,051	19,249
26 Total liabilities (describe ▶)	0	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	5,051	19,249



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X ✓

Part III Statement of Program Service Accomplishments (See page 41 of the instructions.)		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)
What is the organization's primary exempt purpose? <u>Promote tourism for Brevard County, Florida</u>		
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.		
28	<u>Create and grow Brevard County, Florida, as a golf vacation destination by providing golf with premier service at affordable pricing</u> (Grants \$)	28a 18,384
29	(Grants \$)	29a
30	(Grants \$)	30a
31	Other program services (attach schedule) (Grants \$)	31a
32	Total program service expenses (add lines 28a through 31a)	32 18,384

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 41 of the instructions.)				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Name <u>David Tomczak</u> Str <u>2300 Clubhouse Dr</u> City <u>Rockledge</u> ST <u>FL</u> ZIP <u>32955</u>	Title <u>President</u> Hr/WK <u>2</u>	0	0	0
Name <u>Gregory Sanders</u> Str <u>3915 Savannahs Tr</u> City <u>Merritt Island</u> ST <u>FL</u> ZIP <u>32953</u>	Title <u>Secretary</u> Hr/WK <u>2</u>	0	0	0
Name <u>Alex Romanoff</u> Str <u>3591 Fairgreen St</u> City <u>Valkaria</u> ST <u>FL</u> ZIP <u>32950</u>	Title <u>Treasurer</u> Hr/WK <u>2</u>	0	0	0

Part V Other Information (Note the attachment requirement in General Instruction V, page 14.)		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity.		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.		X
35	If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.)		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <u>37a</u> -0-		
b	Did the organization file Form 1120-POL for this year?		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
b	If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved. ▶ <u>38b</u>		
39	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9. ▶ <u>39a</u>		
b	Gross receipts, included on line 9, for public use of club facilities. ▶ <u>39b</u>		
40 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4958 ▶		
b	501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation.		
c	Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958. ▶		
d	Enter: Amount of tax on line 40c, above, reimbursed by the organization. ▶		
41	List the states with which a copy of this return is filed. ▶ <u>FL</u>		
42	The books are in care of ▶ Name <u>Gregory W. Sanders</u> Business check here <input type="checkbox"/> Telephone no. ▶ <u>321-455-1375</u> Located at ▶ <u>3915 Savannahs Trail</u> City <u>Merritt Island</u> ST <u>FL</u> ZIP + 4 ▶ <u>32953</u>		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ 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. ▶ <u>43</u> N/A		

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Please Sign Here: Robert A. Walker
Signature of officer Date 8-15-05
Type or print name and title. ROBERT A. WALKER, VICE-PRES

Paid Preparer's Use Only: Preparer's signature Anita S. McDaniel Date 8-10-05 Check if self-employed Preparer's SSN or PTIN (See Gen. Inst. W) 486-52-1577
Firm's name (or yours if self-employed), address, and ZIP + 4 ANITA S. MCDANIEL, C.P.A. EIN 59-1609651
P O BOX 541539, MERRITT ISLAND, FL 32952-1539 Phone no. 321-459-1800

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

	Event A	Event B	Event C	All others	Totals
1 Special event name	Golf Tournament	-----	-----	-----	
1a Number of special events	01	-----	-----	-----	
2 Gross receipts	1,760	-----	-----	-----	2 1,760
3 Less contributions	-----	-----	-----	-----	3 0
4 Gross revenue	1,760	0	0	0	4 1,760
5 Less direct expenses	1,161	-----	-----	-----	5 1,161
6 Net income or (loss)	599	0	0	0	6 599

Line 16 (990-EZ) - Other expenses

1 Fund Raising	1	-----
2 Insurance	2	254
3 Taxes & licenses	3	61
4 Travel	4	401
5 Telephone	5	109
6	6	-----
7	7	-----
8	8	-----
9	9	-----
10	10	-----
11 Total other expenses	11	825

FL SCGA
February 3, 2004
Minutes

Meeting called to order by Pres. Tomczak at 4:30pm at the Majors Golf Club in Palm Bay.

Roll Call of Members: Ray Norman, Alex Romanoff, Brian Bauer, Greg Sanders, Bobby Walker, Nick Dunleavy, & Dave Tomczak. Also in attendance Mike Warobick, Dennis MacKee, and Robert Hiles.

Instillation of Officers – Current officers sworn in for another year: D. Tomczak, President; Brian Bauer, President Elect; Alex Romanoff, Treasurer; Greg Sanders, Secretary.

A change in the agenda was made to have the Report by the By-Laws committee, Alex Romanoff and Brian Bauer. The number of Board Members is to remain at 6.

- Article IV Membership the words “for public use” are to be eliminated. Brevard County is to be changed to East Central Florida.
- Article V Membership Meetings to be changed to have Annual Meeting in September.
 - Section 2 – Regular Meetings changed to the first Tuesday of the Month
 - Section 5 - Quorum Changed to 51% of the Membership
- Article VI Board of Directors – Delete “nor more than 12 but shall always be a number divisible by 3.
- Section 4 – Term of Office – Change one year to two years to be removed
- Section 5 Initial Board – left at 6.
- Section 9 – Eligibility for membership: Delete “no director shall serve more than three years.
- Article VIII Officers
 - Section 2 Term of Office Change term to two years instead of one and change beginning date to Oct. 1.
 - Section 3 Installation Change to October 1
- Article IX Committees
 - Section 2 Bylaws and Charter Revisions committee – Change from three to two.
- Article XV Contracts, Checks, Deposits
 - Section 4 Fiscal year Changed to October 1 to September 30
- Membership Agreement – Change the sum of 10 dollars to the annual sum paid to be a co-op partner.
- Affiliate Membership – Change to annual sum determined by Board Of Directors.

Motion to Accept changes by G. Sanders and 2nd by B. Walker.

Unanimous vote to accept.

Brian and Alex to work on procedures for withdraw from the Association

Dave thanked Brian and Alex for their work on the By-Laws. Ray directed to pursue changes with the attorney and filing procedures.

Application for Extension of Time To File an Exempt Organization Return

▶ 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.

Type or print	Name of Exempt Organization Florida Space Coast Golf Association	Employer identification number 59-3757385
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. 326 East Merritt Island Causeway	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Merritt Island, FL 32952-3639	

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 5/15/2005 to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year 2003 or
 ▶ tax year beginning 10/1/2003, and ending 9/30/2004

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

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

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

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

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 Quita S. Maloney Title ▶ C.P.A. Date ▶ 2/12/2005
 (HTA) For Paperwork Reduction Act Notice, see Instruction Form **8868** (12-2000)

0419

- 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	Name of Exempt Organization Florida Space Coast Golf Association	Employer identification number 59-3757385
File by the extended due date for filing the return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 326 East Merritt Island Causeway	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Merritt Island, FL 32952-3639	

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

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

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

- 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 8/15/2005

5 For calendar year _____, or other tax year beginning 10/1/2003 and ending 9/30/2004

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 The outside bookkeeper has not completed the review and reconciliation of the client prepared financial records. Additional time is needed to complete the reconciliations needed to prepare an accurate return.

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

b If this application is for Form 990-PF, 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. \$ 0

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. \$ 0

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 Anita S. McDaniel Title C.P.A. Date 8/15/2004

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 due date of the return for which an extension was requested.
- Other _____

Director _____ By: _____ Date _____

Alternate Mailing Address - Enter the address if you want the copy of this application for an additic returned to an address different than the one entered above.

Type or print	Name ANITA S. MCDANIEL, C.P.A.
	Number and street (include suite, room, or apt. no.) Or a P.O. box number P O BOX 541539
	City or town, province or state, and country (including postal or ZIP code) MERRITT ISLAND, FL 32952-1539

EXTENSION APPROVED

JUN 07 2005

FIELD DIRECTOR,
SUBMISSION PROCESSING, OGDEN,

POSTMARK DATE MAY 13 2005

