

Form **990-EZ**

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

OMB No 1545-1150

2006

**Open to Public
Inspection**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)
▶ Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year may use this form.
▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Department of the Treasury
Internal Revenue Service

A For the 2006 calendar year, or tax year beginning 10/1/2006 and ending 9/30/2007

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization <u>Florida Space Coast Golf Association</u>		D Employer identification number <u>59-3757385</u>
		Number and street (or P.O. box, if mail is not delivered to street address) Room/suite		E Telephone number <u>(321) 455-1375</u>
		<u>3915 Savannahs Trail</u>		F Group Exemption Number ▶
		City, town, or country State ZIP + 4	<u>Merritt Island FL 32953</u>	

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

G Accounting method Cash Accrual Other (specify) ▶

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

I Website: ▶ N/A

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

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$100,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 47,261

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 47 of the instructions.)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	4,976
	3	Membership dues and assessments	3	42,285
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)	5c	
	6	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>		
	6a	Gross revenue (not including \$ of contributions reported on line 1)	6a	
6b	Less: direct expenses other than fundraising expenses	6b		
6c	Net income or (loss) from special events and activities (line 6a less line 6b)	6c		
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less: cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)	7c		
8	Other revenue (describe ▶)	8		
9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	47,261	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	7,554
	14	Occupancy, rent, utilities, and maintenance	14	900
	15	Printing, publications, postage, and shipping	15	162
	16	Other expenses (describe ▶ See attached statement)	16	41,314
17	Total expenses (add lines 10 through 16)	17	49,930	
Net Assets	18	Excess or (deficit) for the year (line 9 less line 17)	18	-2,669
	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	5,009
	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	2,340

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 51 of the instructions.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	3,243	781
23 Land and buildings	1,766	1,559
24 Other assets (describe ▶)		
25 Total assets	5,009	2,340
26 Total liabilities (describe ▶)		
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	5,009	2,340

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.
(HTA)

Form **990-EZ** (2006)

SCANNED JAN 29 2008

RECEIVED
JAN 16 2008

17

Part III Statement of Program Service Accomplishments (See page 51 of the instructions)		Expenses	
What is the organization's primary exempt purpose? <u>Promote tourism in Brevard County, Florida</u>		(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)	
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 \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	49,430
29			
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30			
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31	Other program services (attach schedule)		
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a)	32	49,430

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 52 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>Robert Walker</u> Str <u>1278 Admiralty Blvd</u> City <u>Rockledge</u> ST <u>FL</u> ZIP <u>32955</u>	Title <u>President</u> Hr/WK <u>2.00</u>			
Name <u>David Tomczak</u> Str <u>7032 Stadium Pkwy</u> City <u>Viera</u> ST <u>FL</u> ZIP <u>32940</u>	Title <u>Vice President</u> Hr/WK <u>2.00</u>			
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>Treasurer</u> Hr/WK <u>4.00</u>			
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>Secretary</u> Hr/WK <u>2.00</u>			

Part V Other Information (Note the statement requirement in General Instruction V.)		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?		
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 <input type="checkbox"/> 37a		
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		
39	501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9		
b	Gross receipts, included on line 9, for public use of club facilities		

Part V Other Information (Note the statement requirement in General Instruction V.) (Continued)

- 40 a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
 section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____
- 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 Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____
- d Enter amount of tax on line 40c reimbursed by the organization ▶ _____
- e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? ▶ _____

	Yes	No
40b		
40e		

41 List the states with which a copy of this return is filed ▶ FL

42 a The books are in care of ▶ Name Gregory Sanders Telephone no. ▶ (321) 455-1375
 Located at ▶ 3915 Savannahs Trail City Merritt Island ST FL ZIP + 4 ▶ 32953

- b At any time during the calendar year, did the organization have over a financial account in a foreign country (such as a bank account)?
 If "Yes," enter the name of the foreign country: ▶ _____
 See the instructions for exceptions and filing requirements for
- c At any time during the calendar year, did the organization mail? If "Yes," enter the name of the foreign country: ▶ _____

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 and enter the amount of tax-exempt interest received or accrued

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, in its entirety, and believe it is true, correct, and complete. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

▶ *Gregory Sanders*
 Signature of officer

▶ Gregory Sanders, Treasurer
 Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ *Anita S. McDaniel* 12-24-07 self-employed P00646220

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ Anita S. McDaniel, C.P.A. EIN ▶ 59-1609651

315 Magnolia Avenue, Merritt Island, FL 32952-4817 Phone no ▶ (321) 459-1800

Depreciation and Amortization

(Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service

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

Name(s) shown on return Florida Space Coast Golf Association	Business or activity to which this form relates 990EZ	Identifying number 59-3757385
---	--	----------------------------------

Part I Election To Expense Certain Property Under Section 179

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

1 Maximum amount. See the instructions for a higher limit for certain businesses	1	108,000
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	430,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	108,000

(a) Description of property	(b) Cost (business use only)	(c) Elected cost
6		
7 Listed property. Enter the amount from line 29		7
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7		8
9 Tentative deduction. Enter the smaller of line 5 or line 8		9
10 Carryover of disallowed deduction from line 13 of your 2005 Form 4562.		10
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)		11
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11		12
13 Carryover of disallowed deduction to 2007. Add lines 9 and 10, less line 12		▶ 13

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

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

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

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

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2006	17	337
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		<input type="checkbox"/>

Section B - Assets Placed in Service During 2006 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a 3-year property						
b 5-year property		143	5	HY	S/L	14
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C - Assets Placed in Service During 2006 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (see instructions)

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	351
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Line 16 (990-EZ) - Other expenses

1	Travel, Meals and Entertainment		
	a Travel	1a	397
2	Florida Today ads	2	4,307
3	Golf Talk Radio ads	3	1,260
4	Legendary Marketing Website	4	3,540
5	Play Florida Golf ads	5	4,000
6	Play card costs	6	1,585
7	Rack card production costs	7	4,987
8	Space Coast Golf Guide ads	8	15,404
9	FPIS distribution	9	2,028
10	Florida Welcome Center	10	584
11	Bank and credit card fees	11	221
12	Cell phone	12	520
13	Insurance	13	250
14	Dues & subscriptions	14	450
15	Mileage reimbursement	15	468
16	Office supplies & expense	16	361
17	Annual Report	17	61
18	Telephone	18	106
19	Website renewal fee	19	75
20	Website maintenance	20	359
21	Depreciation	21	351
22	Total other expenses	22	41,314