

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)

2005

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 2005 calendar year, or tax year beginning January 1, 2005, and ending December 31, 20 05

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

C Name of organization
THE MASTER'S WORKSHOP, INC.
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
2525 LIPSCOMP ST.
 City or town, state or country, and ZIP + 4
MELBOURNE, FLORIDA 32901

D Employer identification number
75 : 3040195

E Telephone number
(321) 952-4383

F Accounting method: Cash Accrual
 Other (specify) ▶

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? 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).

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 chooses to file a return, be sure to file a complete return. **Some states require a complete return.**

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 the instructions.)

Revenue	1 Contributions, gifts, grants, and similar amounts received:				
	a Direct public support	1a		67,861	
	b Indirect public support	1b		0	
	c Government contributions (grants)	1c		0	
	d Total (add lines 1a through 1c) (cash \$ <u>67,861</u> noncash \$ _____)	1d			67,861
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2			0
	3 Membership dues and assessments	3			0
	4 Interest on savings and temporary cash investments	4			837
	5 Dividends and interest from securities	5			0
	6a Gross rents	6a		0	
	b Less: rental expenses	6b		0	
	c Net rental income or (loss) (subtract line 6b from line 6a)	6c			0
7 Other investment income (describe ▶ _____)	7			0	
8a Gross amount from sales of assets other than inventory	(A) Securities		(B) Other		
	0	8a	0		
	0	8b	0		
	0	8c	0		
d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d			0	
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>	a Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a		0	
	b Less: direct expenses other than fundraising expenses	9b		0	
	c Net income or (loss) from special events (subtract line 9b from line 9a)	9c			0
10a Gross sales of inventory, less returns and allowances	10a		0		
	b Less: cost of goods sold	10b		0	
c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			0	
11 Other revenue (from Part VII, line 103)	11			0	
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12			68,698	
Expenses	13 Program services (from line 44, column (B))	13		0	
	14 Management and general (from line 44, column (C))	14		0	
	15 Fundraising (from line 44, column (D))	15		0	
	16 Payments to affiliates (attach schedule)	16		0	
	17 Total expenses (add lines 16 and 44, column (A))	17			64,099
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18		4,599	
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		70,545	
	20 Other changes in net assets or fund balances (attach explanation)	20		0	
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21			75,144

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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 the instructions.)

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	0	0		
23	Specific assistance to individuals (attach schedule)	0	0		
24	Benefits paid to or for members (attach schedule)	0	0		
25	Compensation of officers, directors, etc.	0	0		
26	Other salaries and wages	0	0		
27	Pension plan contributions	0	0		
28	Other employee benefits	0	0		
29	Payroll taxes	0	0		
30	Professional fundraising fees	0	0		
31	Accounting fees	0	0		
32	Legal fees	0	0		
33	Supplies	0	0		
34	Telephone	1,904	1,904		
35	Postage and shipping	38	38		
36	Occupancy	19,249	19,249		
37	Equipment rental and maintenance	0	0		
38	Printing and publications	61	61		
39	Travel	0	0		
40	Conferences, conventions, and meetings	0	0		
41	Interest	0	0		
42	Depreciation, depletion, etc. (attach schedule)	3,606	3,606		
43	Other expenses not covered above (itemize):				
a	TRANSPORTATION	4,046	4,046		
b	FOOD	2,394	2,394		
c	PLAYGROUND	26,352	26,352		
d	SUMMER HELP	1,728	1,728		
e	EDUCATIONAL MATERIALS	1,570	1,570		
f	MISCELLANEOUS	3,151	3,151		
g					
44	Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	64,099	64,099		

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 the instructions.)

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.

What is the organization's primary exempt purpose? ► CARING FOR AT-RISK CHILDREN	Program Service Expenses (Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts, but optional for others.)
a SEE ATTACHED EXPLANATORY BROCHURE (Grants and allocations \$ 0) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
b (Grants and allocations \$ 0) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
c (Grants and allocations \$ 0) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
d (Grants and allocations \$ 0) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
e Other program services (attach schedule) (Grants and allocations \$ 0) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services). ►	64,099

Part IV Balance Sheets (See 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
Assets	45 Cash—non-interest-bearing	3,743	45	1,725
	46 Savings and temporary cash investments	33,860	46	39,627
	47a Accounts receivable			
	b Less: allowance for doubtful accounts		47c	0
	48a Pledges receivable			
	b Less: allowance for doubtful accounts		48c	0
	49 Grants receivable	0	49	0
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)	0	50	0
	51a Other notes and loans receivable (attach schedule)			
	b Less: allowance for doubtful accounts		51c	0
	52 Inventories for sale or use	0	52	0
	53 Prepaid expenses and deferred charges	0	53	0
	54 Investments—securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV	0	54	0
	55a Investments—land, buildings, and equipment: basis			
	b Less: accumulated depreciation (attach schedule)		55c	0
	56 Investments—other (attach schedule)		56	0
	57a Land, buildings, and equipment: basis	144,254		
	b Less: accumulated depreciation (attach schedule)	3,606	144,254	57c
58 Other assets (describe ►)		0	58	
59 Total assets (must equal line 74). Add lines 45 through 58.	181,857	59	182,000	
Liabilities	60 Accounts payable and accrued expenses	0	60	0
	61 Grants payable	0	61	0
	62 Deferred revenue	0	62	0
	63 Loans from officers, directors, trustees, and key employees (attach schedule)	0	63	0
	64a Tax-exempt bond liabilities (attach schedule)	111,312	64a	106,856
	b Mortgages and other notes payable (attach schedule)	0	64b	0
	65 Other liabilities (describe ►)	0	65	0
66 Total liabilities. Add lines 60 through 65	111,312	66	106,856	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	0	67	0
	68 Temporarily restricted	0	68	0
	69 Permanently restricted	0	69	0
	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	0	70	0
	71 Paid-in or capital surplus, or land, building, and equipment fund	0	71	0
	72 Retained earnings, endowment, accumulated income, or other funds	0	72	0
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	70,545	73	75,144
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73.	111,312	74	106,856

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements		a	
b	Amounts included on line a but not on Part I, line 12:		b	
1	Net unrealized gains on investments	b1		
2	Donated services and use of facilities	b2		
3	Recoveries of prior year grants	b3		
4	Other (specify):	b4		
	Add lines b1 through b4		b	
c	Subtract line b from line a		c	
d	Amounts included on Part I, line 12, but not on line a :		d	
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify):	d2		
	Add lines d1 and d2		d	
e	Total revenue (Part I, line 12). Add lines c and d		e	

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

a	Total expenses and losses per audited financial statements		a	
b	Amounts included on line a but not on Part I, line 17:		b	
1	Donated services and use of facilities	b1		
2	Prior year adjustments reported on Part I, line 20	b2		
3	Losses reported on Part I, line 20	b3		
4	Other (specify):	b4		
	Add lines b1 through b4		b	
c	Subtract line b from line a		c	
d	Amounts included on Part I, line 17, but not on line a :		d	
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify):	d2		
	Add lines d1 and d2		d	
e	Total expenses (Part I, line 17). Add lines c and d		e	

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See 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 plans	(E) Expense account and other allowances
Mrs. Janet Marks 1172 Sapphire St. SE Palm Bay Fl 32909	President, 50 Hrs/Wk	0	0	0
Mrs. Marta Fiol 2861 Locksley Rd., Melbourne, FL 32935	Secretary, 5Hrs/Wk	0	0	0
Mr. Fernando Dominici 1825 Sabal Palm Dr., Melbourne, FL 32934	Treasurer, 10Hrs/Wk	0	0	0

Part V-A **Current Officers, Directors, Trustees, and Key Employees** *(continued)* **Yes** **No**

75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings **7**

b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) . . .

75b

c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control? **Note.** Related organizations include section 509(a)(3) supporting organizations.

75c

If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization.

d Does the organization have a written conflict of interest policy?

75d

Part V-B **Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits** (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
NONE				

Part VI **Other Information** (See the instructions.) **Yes** **No**

76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity

76

77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.

77

78a Did the organization have unrelated business gross income for this return?

b If "Yes," has it filed a tax return on **Form 990-T** for this year?

79 Was there a liquidation, dissolution, termination, or substantial change of ownership during the year? Attach a statement

80a Is the organization related (other than by association with common membership, governing bodies, trustees, officers, or directors) to another organization?

b If "Yes," enter the name of the organization **▶** and check **Yes** or **No**

81a Enter direct and indirect political expenditures. (See line 81a instructions.)

b Did the organization file **Form 1120-POL** for this year?

Part VI Other Information (continued)		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		✓
	b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
	82b		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?		
83b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	✓	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		✓
84b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		
	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.		
	c Dues, assessments, and similar amounts from members	85c	
	d Section 162(e) lobbying and political expenditures	85d	
	e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
	f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	
	g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	
	h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	86a	
	b Gross receipts, included on line 12, for public use of club facilities	86b	
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a	
	b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0		
	b 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		✓
	c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0		0
	d Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶ 0		0
90a	List the states with which a copy of this return is filed ▶ <u>Florida</u>		
	b Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)	90b	0
91a	The books are in care of ▶ <u>Fernando Dominics</u> Telephone no. ▶ <u>(321) 254-8565</u> Located at ▶ <u>1825 Sabal Palm Dr., Melbourne, FL</u> ZIP + 4 ▶ <u>32934-8178</u>		
	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	Yes	No
	If "Yes," enter the name of the foreign country ▶	89b	✓
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
	c At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country ▶	89c	✓
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92		☐

Part VII Analysis of Income-Producing Activities (See 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	
93 Program service revenue:					
a N/A					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))					
105 Total (add line 104, columns (B), (D), and (E))					

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 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).
▼	

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See 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
	%			
	%			
	%			
	%			

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

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 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).

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

Please Sign Here

Signature of officer: Janet Marks Date: 3.14.06

Type or print name and title: Janet Marks, President

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____ Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: _____ Preparer's SSN or PTIN (See Gen Inst W): _____

EIN: _____ Phone no.: _____

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 4947(a)(1) Nonexempt Charitable Trust

OMB No. 1545-0047

2005

Department of the Treasury
Internal Revenue Service

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

Name of the organization

The Master's Workshop, Inc.

Employer identification number

75 : 3040195

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		0	0	0

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

Part II-A 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		0

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

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		0

Total number of other contractors receiving over \$50,000 for other services ▶

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

	Yes	No
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 ▶ \$ <u>0</u> (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.)		
a Sale, exchange, or leasing of property?	2a	✓
b Lending of money or other extension of credit?	2b	✓
c Furnishing of goods, services, or facilities?	2c	✓
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	✓
e Transfer of any part of its income or assets?	2e	✓
3a 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.)	3a	✓
b Do you have a section 403(b) annuity plan for your employees?	3b	✓
c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3c	✓
4a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a	✓
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b	✓

Part IV **Reason for Non-Private Foundation Status** (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5** A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6** A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7** A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8** A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9** A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ▶
- 10** An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a** An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b** A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12** An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13** An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: ▶ Type 1 Type 2 Type 3

Provide the following information about the supported organizations. (See page 6 of the instructions.)

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

- 14** An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	79,369	30,140	19,725	0	129,234
16 Membership fees received					
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					
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	236	0	0	0	236
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
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					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	79,605	30,140	19,725	0	129,470
24 Line 23 minus line 17	79,605	30,140	19,725	0	129,470
25 Enter 1% of line 23	796	301	197	0	

26 Organizations described on lines 10 or 11:

a Enter 2% of amount in column (e), line 24 ▶ **26a**

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 2001 through 2004 exceeded the amount shown in line 26a. **Do not file this list with your return.** Enter the total of all these excess amounts ▶ **26b**

c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶ **26c**

d Add: Amounts from column (e) for lines: 18 _____ 19 _____
 22 _____ 26b _____ ▶ **26d**

e Public support (line 26c minus line 26d total) ▶ **26e**

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ▶ **26f** %

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:

(2004) **0** (2003) **0** (2002) **0** (2001) **0**

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 11b, 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:

(2004) **0** (2003) **0** (2002) **0** (2001) **0**

c Add: Amounts from column (e) for lines: 15 129,470 16 0
 17 0 20 0 21 0 ▶ **27c** 129,470

d Add: Line 27a total, 0 and line 27b total 0 ▶ **27d** 0

e Public support (line 27c total minus line 27d total) ▶ **27e** 129,470

f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) ▶ **27f** 129,470

g **Public support percentage (line 27e (numerator) divided by line 27f (denominator))** ▶ **27g** 100 %

h **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))** ▶ **27h** 0.0018 %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, 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.

PART IV - BALANCE SHEET

Assets - Line 57b

\$144,254 in 40 years = \$3,606 per year

Year	Land/Building	Depreciation	Accum. Depreciation
2005	\$144,254	\$3,606	\$3,606
2006	140,648	3,606	7,212
2007	137,042	3,606	10,818
2008	133,436	3,606	14,424
2009	129,830	3,606	18,030
2010	126,224	3,606	21,636
2011	122,618	3,606	25,242
2012	119,012	3,606	28,848
2013	115,406	3,606	32,454
2014	111,800	3,606	36,060
2015	108,194	3,606	39,666
2016	104,588	3,606	43,272
2017	100,982	3,606	46,878
2018	97,376	3,606	50,484
2019	93,770	3,606	54,090
2020	90,164	3,606	57,696
2021	86,558	3,606	61,302
2022	82,952	3,606	64,908
2023	79,346	3,606	68,514
2024	75,740	3,606	72,120
2025	72,134	3,606	75,726
2026	68,528	3,606	79,332
2027	64,922	3,606	82,938
2028	61,316	3,606	86,544
2029	57,710	3,606	90,150
2030	54,104	3,606	93,756
2031	50,498	3,606	97,362
2032	46,892	3,606	100,968
2033	43,286	3,606	104,574
2034	39,680	3,606	108,180
2035	36,074	3,606	111,786
2036	32,468	3,606	115,392
2037	28,862	3,606	118,998
2038	25,256	3,606	122,604
2039	21,650	3,606	126,210
2040	18,044	3,606	129,816
2041	14,438	3,606	133,422
2042	10,832	3,606	137,028
2043	7,226	3,606	140,634
2044	3,620	3,620	144,254

Part IV BALANCE SHEETS
Liabilities - line 64b

2004					
Month	Interest	Principal	Total	Days	
August	\$722.93	\$0.00	\$722.93		\$112,000.00
September	722.93	0.00	722.93		112,000.00
October	699.61	0.00	699.61		112,000.00
November	722.94	331.46	1,054.40	30	111,668.54
December	697.54	356.86	1,054.40	31	111,311.68
Total	\$3,565.95	\$688.32	\$4,254.27		

2005					
Month	Interest	Principal	Total	Days	
January	\$718.49	\$335.91	\$1,054.40	31	\$110,975.77
February	693.36	361.04	1,054.40	28	110,614.73
March	645.03	409.37	1,054.40	31	110,205.36
April	757.40	297.00	1,054.40	30	109,908.36
May	640.91	413.49	1,054.40	31	109,494.87
June	706.91	347.49	1,054.40	30	109,147.38
July	681.94	372.46	1,054.40	31	108,774.92
August	634.70	419.70	1,054.40	31	108,355.22
September	700.00	354.40	1,054.40	30	108,000.82
October	675.20	379.20	1,054.40	31	107,621.62
November	672.97	381.43	1,054.40	30	107,240.19
December	670.59	383.81	1,054.40	31	106,856.38
Total	\$8,197.50	\$4,455.30			

Mission Statement

Our focus is **Jesus Christ**.

Our goal is to provide a safe, loving and caring environment for at-risk children, helping them to develop into whole individuals, using basic Biblical principles.



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Janet Marks, left, director of **The Master's Workshop**, was named **2003 Volunteer of the Year** by Florida Today.

On-going needs:

Volunteers
Monetary Donations
Healthy Snacks & Drinks
Prayers

Our program reaches culturally diverse, at-risk youth (ages 3 to teens) in the Melbourne/Palm Bay area. Our after-school activities include homework help, tutoring, music, computer, arts & crafts and nutritional awareness. A meal is served to the children each afternoon.

Our programs are held from Monday to Friday, after school hours and on Sundays. Special programs are held on Saturdays. Transportation is provided. Adult helpers are needed each and every day.

Will you consider a gift of your time and/or financial support?

Thus far, our Christian Ministry has thrived, through God's grace and the kind efforts and donations from individuals, churches and organizations.

In 2002, **The Master's Workshop** was incorporated in the State of Florida as a non-profit Corporation under Section 501(c)(3) and is exempt from federal income tax.

We pray and ask for your tax-deductible donations. Please make your checks payable to, **The Master's Workshop, Inc.** and mail to:

**The Master's Workshop Inc.
2525 Lipscomb St.
Melbourne, FL 32901**



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Diversity is paramount at **The Master's Workshop**, where the creed is *love*.



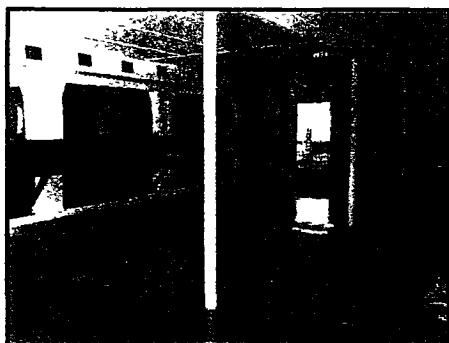
Enjoying the meal **you** help us provide



Volunteers are always needed



Our new building at
2525 Lipscomb St.



Still work to be done



Thank you! Master's Workshop

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The Master's Workshop

*Changing Lives
One Child at a time*



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