

Hurricane Frances

CHANGE OF NAME

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)

OMB No. 1545-0047

2003

Open to Public Inspection

Form **990**

Department of the Treasury
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2003 calendar year, or tax year beginning and ending

| | | |
|---|---|---|
| B Check if applicable: <input checked="" type="checkbox"/> Address change <input checked="" type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization PALMETTO BAY BRONCOS FOOTBALL ASSOCIATION, INC. | D Employer identification number 65-0297860 |
| | Number and street (or P.O. box if mail is not delivered to street address) Room/suite PO BOX 570321 | E Telephone number (305) 233-1171 |
| City or town, state or country, and ZIP + 4 MIAMI, FL 33257 | | F Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> 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).

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? **N/A** Yes No (If "No," attach a list.)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

G Website: ▶ **NA**

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.

I Group Exemption Number ▶

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **131,992.**

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

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

| | | | | | |
|------------|--|--|----------------|-----------|--|
| Revenue | 1 | Contributions, gifts, grants, and similar amounts received: | | | |
| | a | Direct public support | 1a | 29,423. | |
| | b | Indirect public support | 1b | 413. | |
| | c | Government contributions (grants) | 1c | | |
| | d | Total (add lines 1a through 1c) (cash \$ 29,836. noncash \$) | 1d | 29,836. | |
| | 2 | Program service revenue including government fees and contracts (from Part VII, line 93) | 2 | 68,295. | |
| | 3 | Membership dues and assessments | 3 | | |
| | 4 | Interest on savings and temporary cash investments | 4 | | |
| | 5 | Dividends and interest from securities | 5 | | |
| | 6a | Gross rents | 6a | | |
| | b | Less: rental expenses | 6b | | |
| | c | Net rental income or (loss) (subtract line 6b from line 6a) | 6c | | |
| 7 | Other investment income (describe ▶) | 7 | | | |
| Revenue | 8a | Gross amount from sales of assets other than inventory | (A) Securities | (B) Other | |
| | | Less: cost or other basis and sales expenses | 8a | | |
| | | Gain or (loss) (attach schedule) | 8b | | |
| | | Net gain or (loss) (combine line 8c, columns (A) and (B)) | 8c | | |
| 8d | | | | | |
| 9 | Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/> | | | | |
| Revenue | a | Gross revenue (not including \$ of contributions reported on line 1a) | 9a | | |
| | | Less: direct expenses other than fundraising expenses | 9b | | |
| | | Net income or (loss) from special events (subtract line 9b from line 9a) | 9c | | |
| 10a | Gross sales of inventory, less returns and allowances | 10a | 33,161. | | |
| b | Less: cost of goods sold | 10b | 15,959. | | |
| c | Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) | 10c | STMT 1 | 17,202. | |
| 11 | Other revenue (from Part VII, line 103) | 11 | 700. | | |
| 12 | Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) | 12 | 116,033. | | |
| Expenses | 13 | Program services (from line 44, column (B)) | 13 | 134,999. | |
| | 14 | Management and general (from line 44, column (C)) | 14 | | |
| | 15 | Fundraising (from line 44, column (D)) | 15 | | |
| | 16 | Payments to affiliates (attach schedule) | 16 | | |
| | 17 | Total expenses (add lines 16 and 44, column (A)) | 17 | 134,999. | |
| Net Assets | 18 | Excess or (deficit) for the year (subtract line 17 from line 12) | 18 | -18,966. | |
| | 19 | Net assets or fund balances at beginning of year (from line 73, column (A)) | 19 | 48,617. | |
| | 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 | 29,651. | |

323001 12-17-03

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2003)

**PALMETTO BAY BRONCOS FOOTBALL
ASSOCIATION, INC.**

65-0297860

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. Page 2

| 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 | 0. | 0. | 0. | 0. |
| 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 | 3,075. | 3,075. | | |
| 34 Telephone | 34 | | | | |
| 35 Postage and shipping | 35 | | | | |
| 36 Occupancy | 36 | | | | |
| 37 Equipment rental and maintenance | 37 | | | | |
| 38 Printing and publications | 38 | 5,037. | 5,037. | | |
| 39 Travel | 39 | 14,136. | 14,136. | | |
| 40 Conferences, conventions, and meetings | 40 | | | | |
| 41 Interest | 41 | | | | |
| 42 Depreciation, depletion, etc. (attach schedule) | 42 | 15,960. | 15,960. | | |
| 43 Other expenses not covered above (itemize): | | | | | |
| a _____ | 43a | | | | |
| b _____ | 43b | | | | |
| c _____ | 43c | | | | |
| d _____ | 43d | | | | |
| e SEE STATEMENT 2 | 43e | 96,791. | 96,791. | | |
| 44 <small>Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15.</small> | 44 | 134,999. | 134,999. | 0. | 0. |

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

What is the organization's primary exempt purpose? **▶**

PROVIDE ATHLETIC PROGRAMS FOR AREA CHILDREN.

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.)

Program Service Expenses
(Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts; but optional for others.)

| | |
|---|-----------------------------------|
| a CONTINUATION OF PARTICIPATION IN THE POP WARNER FOOTBALL AND CHEERLEADING PROGRAMS | |
| (Grants and allocations \$ _____) | 134,999. |
| 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) | 134,999. |

Part IV Balance Sheets

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 | 8,259. | 5,253. |
| | 46 Savings and temporary cash investments | | |
| | 47 a Accounts receivable | 47a | |
| | b Less: allowance for doubtful accounts | 47b | 47c |
| | 48 a Pledges receivable | 48a | |
| | b Less: allowance for doubtful accounts | 48b | 48c |
| | 49 Grants receivable | | 49 |
| | 50 Receivables from officers, directors, trustees, and key employees | | 50 |
| | 51 a Other notes and loans receivable | 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 | <input type="checkbox"/> Cost <input type="checkbox"/> FMV | 54 |
| | 55 a Investments - land, buildings, and equipment: basis | 55a | |
| | b Less: accumulated depreciation | 55b | 55c |
| | 56 Investments - other | | 56 |
| | 57 a Land, buildings, and equipment: basis | 57a 106,762. | |
| | b Less: accumulated depreciation STMT 3 | 57b 82,364. | 40,358. 57c 24,398. |
| | 58 Other assets (describe | | 58 |
| 59 Total assets (add lines 45 through 58) (must equal line 74) | 48,617. | 59 29,651. | |
| Liabilities | 60 Accounts payable and accrued expenses | | 60 |
| | 61 Grants payable | | 61 |
| | 62 Deferred revenue | | 62 |
| | 63 Loans from officers, directors, trustees, and key employees | | 63 |
| | 64 a Tax-exempt bond liabilities | | 64a |
| | b Mortgages and other notes payable | | 64b |
| | 65 Other liabilities (describe | | 65 |
| 66 Total liabilities (add lines 60 through 65) | 0. | 66 0. | |
| 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 | | 67 |
| | 68 Temporarily restricted | | 68 |
| | 69 Permanently restricted | | 69 |
| | Organizations that do not follow SFAS 117, check here <input checked="" 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 | 48,617. | 72 29,651. |
| 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) | 48,617. | 73 29,651. | |
| 74 Total liabilities and net assets / fund balances (add lines 66 and 73) | 48,617. | 74 29,651. | |

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.

