Short Form 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)

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

2005

OMB No 1545-1150

Open to Public Inspection

Α	For the	ne 2005 calendar year, or tax year beginning , 2005, and e							
В	Check	f applicable C	D Empl	Employer identification number					
	Addres	change use RS TRINITY HAITIAN BAPTIST CHURCH OF	20	20-2440283					
+	Name	Indit or Or 1211111 Dist / 1110.	E Telep	hone	number				
A	Initial r	121 10000 COTT THE BEAD OF	32	1 2	55 0713				
H	Final re	turn Specific PALM BAY, FL 32908							
V		tion pending		F Grou Num		kemption -			
121			G Accounting n		$\overline{}$	Cash Accrual			
	•	Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).	Other (specif		Δ	Casii Acciuai			
			H Check ► X	ıf th	e org	anization is not			
1	Web	site: ► N/A				dule B (Form 990,			
J	Organ	zation type (check only one) — 501(c) () ◀ (insert no) 4947(a)(1) or 527	990-EZ, or 9	90-PF)	•				
K	Chec								
	but if	the organization chooses to file a return, be sure to file a complete return. Some st	ates require a cor	mplete	retu	rn.			
L		ines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$100,000 or more, file Fad of Form 990-EZ	orm 990		- \$	70,490.			
Pa		Revenue, Expenses, and Changes in Net Assets or Fund Balanc	es (See Instruction		<u> </u>	70, 450.			
تــا	1	Contributions, gifts, grants, and similar amounts received	,	Τ̈́	1	70,490.			
		Program service revenue including government fees and contracts		<u> </u>	2	•			
	3	Membership dues and assessments			3				
	4	Investment income			4				
	5 a	Gross amount from sale of assets other trans hypotony 5a							
(S)	Ь	Less cost or other basis and sale expenses 5b							
⊋ _R	l c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)			5 c				
2 V	6	Special events and activities tellach schedule (I) any argoint is from gaming, chec							
CANNUE REVENUE	a	Gross revenue (not including SCA) Of contributions	1						
TOU E	"	reported on line 1) 6a							
-	Ь	Less direct expenses other than fundrasing expenses 6b	· · · · · · · · · · · · · · · · · · ·						
\supseteq	c	Net income or (loss) from special events and activities (line 6a less line 6b)			6c				
130	1	Gross sales of inventory, less returns and allowances 7a			-	· · · · · · · · · · · · · · · · · · ·			
N	1	Less cost of goods sold 7b							
ಅ		Gross profit or (loss) from sales of inventory (line 7a less line 7b)			7 c				
	8	Other revenue (describe ►		\	8				
200d	9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8).		-′ ▶ -	9	70,490.			
<u> </u>	-			- 1.	10	70,430.			
	10	Grants and similar amounts paid (attach schedule)		<u> </u>	11				
Ē	11	Benefits paid to or for members.	⊢	12					
È	12	Salaries, other compensation, and employee benefits			13				
EXPERS	13	Professional fees and other payments to independent contractors Occupancy, rent, utilities, and maintenance	_ -	14					
S E	15			15	<u>.</u>				
S	16	Printing, publications, postage, and shipping Other expenses (describe ► See S	_	16	41,575.				
	17	Total expenses (add lines 10 through 16)	tatement 1)	_	17	41,575.			
_	 			-					
4	18	Excess or (deficit) for the year (line 9 less line 17)			18	28,915.			
N S E	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must a figure reported on prior year's return).	igree with end-of-	year _	19	0.			
ŦĚ	20	Other changes in net assets or fund balances (attach explanation)		-	20	<u> </u>			
Ś	21	Net assets or fund balances at end of year (combine lines 18 through 20).			21	28,915.			
P	rt II.	Balance Sheets – If Total assets on line 25, column (B) are \$250,000 or mor	o filo Eora 000 ::						
Га	u Ç II.	(See Instructions)							
22) Ca	(See instructions) sh, savings, and investments	(A) Beginning	or year		(B) End of year			
23		nd and buildings			22				
24		er assets (describe ► See Statement 2)			24	12,080.			
25		al assets		0.	25	12,080.			
26		al liabilities (describe ►)		0.	26	0.			
		assets or fund balances (line 27 of column (B) must agree with line 21)		0.	27	0.			
		(b) mast agree with the ZI		٠.					

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2005)

TEEA0803L 02/01/06

	990-EZ (2005) TRINITY HAITIA				20	-24	1028	3	Р	age 2
• Part	III - Statement of Program Ser	vice Accomplishments	(See Instructions)	N/.	A		E	cpens		
What is the organization's primary exempt purpose? (Required for)
Desc desci progr	ribe what was achieved in carrying out to ribe the services provided, the number of am title	he organization's exempt purp of persons benefited, or other	poses. In a clear and correlevant information for	ncise manner each	,	and 4947	(4) org (a)(1) thers	janiza trusts	tions	and
28						10. 0	11.0.0			
						ĺ				
						ł				
			,,,		_					
	(Grants \$) If t	his amount includes foreign gi	rants, check here		Ш	28 a	<u></u> .			
29						1				
	(Grants \$) If t	his amount includes foreign gi	rants, check here	<u>-</u>	\cap	29 a				
30					_					
	···									
			,,,		 -					
		his amount includes foreign gi	rants, check here		Ш	30 a				
31	Other program services (attach schedu	le)			_					
	(Grants \$) If t	his amount includes foreign gi	rants, check here	•	Ш	31 a		_		
32	Total program service expenses (add				>	32				
Part	IV List of Officers, Directors,	Trustees, and Key Emp	loyees (List each one	e even if not co	omr	ensa	ted Se	e Ins	tructio	ns)
		(B) Title and average hours	(C) Compensation (If	(D) Contribu				xpens		
	(A) Name and address	per week devoted	not paid, enter -0)	employee benefit	t plai	ns and !	and d	other a	llowa	nces
DAG	MOD MARTAL MONE	to position		deferred comp	ensa					
	TOR_MATIAL_TONY	PASTOR	0.			0.				0.
	OCALA ST SW									
PAL	M BAY, FL 32908			!						
FLA	VIE SYLVAIN		0.			0.				0.
142	6 GILE ST NW	14								
	M BAY, FL 32908	1								
	IE JA SEE LAGUERRE	† · · · · · · · · · · · · · · · · · · ·	0.			0.				0.
	7 LOMBARD ST NW	15	٥.			υ.				υ.
		1								
	M BAY, FL 32907									
	EON_SYLVAIN	4	0.			0.				0.
	6 GILES ST NW									
PAL	M BAY, FL 32908									
Part	V Other Information (Note the	attachment requirement in the	e instructions)	See S	ta	teme	ent :	3	Yes	No
22	Did the organization engage in any acti									
33	of each activity	vity flot previously reported to		e Stateme			'	33	х	
34	Were any changes made to the organizing or gover	ning documents but not reported to the					1	34		X
				· ·		-	ŀ			
35	If the organization had income from business activi	ties, such as those reported on lines 2,	6, and 7 (among others), but	n <mark>ot</mark> reported on Fo	rm 9	190-T, a	ttach			
	a statement explaining your reason for not reporting						ļ			لـــا
	Did the organization have unrelated business gross		notice, reporting, and proxy t	ax requirements?			1	35 a		X
	If 'Yes,' has it filed a tax return on Forr	-					Į	35 b	_N	<u>A</u>
	Was there a liquidation, dissolution, termination, o						L	36		_X_
37 a	Enter amount of political expenditures, direct or in	direct, as described in the instructions	•	37 a			0.			
b	Did the organization file Form 1120-PO	L for this year?	,					37 b		X
							1			
38 a	Did the organization borrow from, or ma	ake any loans to, any officer, o	director, trustee, or kev	emplovee or v	wer	е	ŀ			
	any such loans made in a prior year an	d still únpaid at the start of th	e period covered by this	s return?		-	1	38 a		Х
b	If 'Yes,' attach the sch specified in the In 38 instru	ctions and enter the amount involved		38 b			N/A			
39	501(c)(7) organizations Enter								Ì	
	Initiation fees and capital contributions	included on line 9		39 a			N/A			
	Gross receipts, included on line 9, for p			39b			N/A		ł	
	•						ta\ W			
	501(c)(3) organizations Enter amount (, , _			
	section 4911 N/A	, section 4912 ►	N/A, section 49)55 >			N/A			
D	501(c)(3) and (4) organizations. Did the organization excess benefit transaction from a prior year? If 'Yes	и engage in any section 4958 excess be s.' attach an explanation	enerit transaction during the ye	ear or did it become	e aw	are of a	n	40 ь	N	Δ.
	Enter amount of tax imposed on organi		d persons during the ve	ear under			L	U	TAN	п
_	sections 4912, 4955, and 4958		= porcond during the ye			•				0.
d	Enter amount of tax on line 40c reimbu	rsed by the organization				▶				0.

			NITY HAI							7-24402	83	Ρ	age 3
Part V	7	Other Infor	mation (Not	e the attach	nment r	equirement in	the instruction	ns) (Continued)					
41 List	t the	states with which	a copy of this retu	ırn ıs filed 🟲	None	•			-		_		
42 a The	e boo	ks are in care of	-						Telephone no	321	255	0713	,
Loca	ated	at > 3085	JUIPTER B	LV D SE	, PAI	LM BAY FL			_ ZIP + 4	▶ 3290	8		
bΔt	anv	time during t	he calendar ve	ar did the	organiz	ration have an	interest in or	a signature or	other authorit	v over a		Yes	No
bAt 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)?)?	42 b		X		
if 'Y	Yes,	' enter the nam	ne of the foreigr	country	>								
Sec	e th	e instructions	for exceptions	and filing	require	ments for Forn	n TD F 90-22	1			· .		Ì
cAt .	any	time during t	he calendar ye	ar, did the	organiz	ation maintair	an office out	side of the US	?		42c		X
If "Y	Yes,	' enter the nam	ne of the foreign	country.	>						-		
43 See	ctio	n 4947(a)(1) r	nonexempt cha	arıtable trus	ts filing	Form 990-EZ	ın lıeu of For	m 1041 - Chec	k here			▶ □	N/A
and	d er	nter the amour	nt of tax-exem	pt interest i	received	d or accrued d	uring the tax	year	•	43			N/A
		Under penalties of	perjury, I declare t	hat I have exar	nined this	return, including a	ccompanying sche	dules and statement	s, and to the best	of my knowled	dge and be	lief, it is	
Please	. [true, correct, and	Declaration Declaration	on or preparer	(otner tha	n oπicer) is based (
Sign		// /	11/11/7	XYW									
Here		Signature of 8	officer	<u> </u>	10								
Paid	\neg	Preparer's	Pania	will.		- Vica							
Pre-		signature	DOMENIC	H CALLE	CHIA								
parer's		Firm's name (or yours if self-	Professi	onal Ac	ctg S	Svc's, In							
Use		employed), address, and	1520 Bot	tlebrus	h Dr	NE #2M							
Only		ZIP + 4	Palm Bay	<u>, FL 32</u>	905								
BAA						TEEA0812L							

- .

(Rev January 2006)

Department of the Treasury Internal Revenue Service

Depreciation and Amortization (Including Information on Listed Property)

► See separate instructions.

► Attach to your tax return.

OMB No 1545-0172

2005

Attachment Sequence No 67

Name(s) shown on return

TRINITY HAITIAN BAPTIST CHURCH OF OF PALM BAY, INC.

Identifying number 20-2440283

Busine	ess or activity to which this form relat	es						
	m 990/990-PF							
Par	t I Election To Exp Note: If you have a	ense Certain I ny listed property,	Property Under Sec complete Part V before	tion 179 you complete F	Part I			
1	Maximum amount See the	e instructions for a	a higher limit for certain	businesses			1	\$105,000.
2	Total cost of section 179 p	roperty placed in	service (see instructions)			2	
3	Threshold cost of section	179 property befor	e reduction in limitation				3	\$420,000.
4	Reduction in limitation Su		4					
5	Dollar limitation for tax yea separately, see instruction	ar Subtract line 4 s	from line 1 If zero or le	ss, enter -0 If	married	filing	5	
6	(a)	Description of property		(b) Cost (business	s use only)	(C) Elected co	st	
		··	<u>-</u>					
	<u></u>							
7	Listed property Enter the	amount from line	29		7			
8	Total elected cost of section	on 179 property A	idd amounts in column (c), lines 6 and 7	7		8	<u> </u>
9	Tentative deduction Enter	the smaller of lin	ie 5 or line 8				9	
10	Carryover of disallowed de	duction from line	13 of your 2004 Form 45	662			10	
11	Business income limitation	Enter the smalle	er of business income (n	ot less than zer	o) or line	e 5 (see instrs)	11	
12	Section 179 expense dedu	ction Add lines 9	and 10, but do not ente	r more than line	: 1]		12	
	Carryover of disallowed de				▶ 13			
	Do not use Part II or Part							
Par	t II Special Depreci	ation Allowan	ce and Other Depre	ciation (Do no	ot include	e listed property) (See	instructions)
14	Special allowance for certa	ain aircraft, certair	n property with a long pr	oduction period	, and qu	alified New York		
4.5	Liberty or GO Zone proper			ervice during the	tax yea	r (see instrs)	14	
	Property subject to section		1				15	
	Other depreciation (including						16	
Par	TIII WACKS Depred	lation (Do not in	nclude listed property) (5)			
	MACDO de de de en en ference		Sectio				T ==	T
	MACRS deductions for ass	-		-			17	1
10	If you are electing to group asset accounts, check her	e any assets piace	ed in service during the t	ax year into one	e or mor	e general		
	Section B	 Assets Placed 	in Service During 2005	Tax Year Using	the Gene	eral Depreciation	Syst	em
	(a) Classification of property	(b) Month and year placed in service	(C) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Conve) (f) ntion Method	d	(g) Depreciation deduction
19 a	3-year property							
ŀ	5-year property]	15,100.	5	H	Y S/I	,	3,020.
(7-year property]						
	10-year property					i		
	15-year property						·	
f	20-year property]			İ			
9	25-year property	<u> </u>		25 yrs		S/I	,	
ŀ	Residential rental			27.5 yrs	M	M S/I	,	
	property			27.5 yrs	M	4 S/I	,	
i	Nonresidential real			39 yrs	MN			
	property				MN			
	Section C -	Assets Placed in	Service During 2005 Ta	x Year Using th	ne Altern			stem
20 a	Class life				T	S/I		
ł	12-year	1		12 yrs		S/I		
	: 40-year			40 yrs	MN			<u> </u>
	t IV Summary (see in	structions)		<u> </u>				'
21				_		<u> </u>	21	
22	Total Add amounts from line 12, the appropriate lines of your return	lines 14 through 17, line Partnerships and S	nes 19 and 20 in column (g), a corporations — see instruction	nd line 21 Enter her s	e and on		22	3,020.
	For assets shown above a the portion of the basis at				23			

2005 ⁻	Federal Statements		Page 1
Client 670	TRINITY HAITIAN BAPTIST CHURCH OF OF PALM BAY, INC.		20-2440283
9/24/08			03 28PM
Statement 1 Form 990-EZ, Part I, Line 16 Other Expenses			
CONTRIBUTIONS Depreciation office EXPENSE PASTOR ALLOWANCE RENT Supplies Telephone UTILITIES		\$	1,200. 3,020. 1,677. 4,420. 28,800. 354. 480. 1,624.
		Total \$	41,575.
Statement 2 Form 990-EZ, Part II, Line 24 Other Assets			
Automobiles Machinery and equipment	Total <u>\$</u>	0. \$ 0. \$ 0. \$	3,200. 8,880. 12,080.
(a) Did the organizatio	ed with Personal Benefit Contracts n, during the year, receive any funds,	directly or	
<pre>indirectly, to pay premi (b) Did the organizatio indirectly, on a persona</pre>	<pre>ums on a personal benefit contract? n, during the year, pay premiums, dire l benefit contract?</pre>	ctly or	No No

Statement 4
Form 990-EZ , Part V, Line 33
Activities Not Previously Reported to the IRS

RELIGIOUS ACTIVITIES

1	2	131	1	0	5

2005 Federal Book Depreciation Schedule

Page 1

3,020

Client 670

Grand Total Depreciation

TRINITY HAITIAN BAPTIST CHURCH OF OF PALM BAY, INC.

20-2440283 03 28PM 9/24/08 Prior 179/ Prior Salvage /Basis Cur Special 179 Prior Current Date Date Depr Bonus/ Dec Bal Depr Cost/ Bus Sn Depr Method Description Acquired Bonus Reductn Deor. Form 990/990-PF Auto / Transport Equipment 4,000 S/L HY 5 10000 800 1/24/05 4,000 2 1998 FORD 4,000 0 4,000 0 800 Total Auto / Transport Equipment 0 Machinery and Equipment 1 MUSICAL INSTRUMENTS/SOUND 1/24/05 7,000 7,000 S/L HY 10000 1,600 700 S/L HY 5 .10000 140 3 OFFICE EQUIPMENT 1/24/05 700 3,400 S/L HY 5 10000 480 4 FURNITURE/ FIXTURES 1/24/05 3,400 0 0 0 0 0 11,100 0 2,220 Total Machinery and Equipment 11,100 3,020 Total Depreciation 15,100 0 15,100

0

15,100

15,100