

Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2006Department of the Treasury
Internal Revenue Service

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.

Open to Public Inspection**A For the 2006 calendar year, or tax year beginning****, 2006, and ending****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
TRINITY HAITIAN BAPTIST CHURCH
OF PALM BAY INC.
3085 JUPITER BLVD SE
PALM BAY, FL 32908**D** Employer identification number

20-2440283

E Telephone number

321 255 0713

F Group Exemption Number

• 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) ►**I** Website: ► N/A**J** Organization type (check only one) — ☐ 501(c) () (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.

► \$ 65,778.

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

1	Contributions, gifts, grants, and similar amounts received	1	65,778.
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	
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	c 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	a Gross revenue (not including \$ of contributions reported on line 1)	6a	
6b	b Less: direct expenses other than fundraising expenses	6b	
6c	c 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	b Less: cost of goods sold	7b	
7c	c 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	65,778.
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	
14	Occupancy, rent, utilities, and maintenance	14	
15	Printing, publications, postage, and shipping	15	
16	Other expenses (describe ► See Statement 1)	16	50,225.
17	Total expenses (add lines 10 through 16)	17	50,225.
18	Excess or (deficit) for the year (line 9 less line 17)	18	15,553.
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	0.
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	15,553.

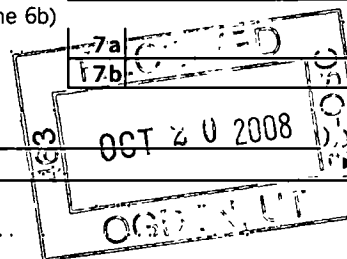
Part II Balance Sheets — If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ

(See Instructions)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments		22
23 Land and buildings		23
24 Other assets (describe ► See Statement 2)	15,100.	24 12,080.
25 Total assets	15,100.	25 12,080.
26 Total liabilities (describe ►)	0.	26 0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	0.	27 0.

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

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SCANNED OCT 28 2008
EXPENSES

Part III Statement of Program Service Accomplishments (See the instructions.)

N/A

Expenses

What is the organization's primary exempt purpose?

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.

(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others.)

28	----- ----- ----- (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
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) <input type="checkbox"/>	32

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See 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 and deferred compensation	(E) Expense account and other allowances
MATIAL TONY 456 Ocala ST SW PALM BAY, FL 32908	PASTOR 27	0.	0.	0.
BAYONNE JOANET 1814 PARRSBORO ST NW PALM BAY, FL 32907	Chairman 18	0.	0.	0.
ENIDE TOWISSAINT 1035 FEDERAL BLVD SE PALM BAY, FL 32909	CHURCH CLERK 10	0.	0.	0.
GELDON SYLVAIN 1426 GILES ST NW PALM BAY, FL 32907	Treasurer 15	0.	0.	0.

Part V Other Information (Note the statement requirement in the instructions)

See Statement 3

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	33		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	34		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?	35a		X
b	If 'Yes,' has it filed a tax return on Form 990-T for this year?	35b	N/A	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If 'Yes,' attach a statement.)	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0.	
b	Did the organization file Form 1120-POL for this year?	37b		X
38a	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?	38a		X
b	If 'Yes,' attach the sch specified in the line 38 instructions and enter the amount involved	38b	N/A	
39	501(c)(7) organizations Enter:			
a	Initiation fees and capital contributions included on line 9	39a	N/A	
b	Gross receipts, included on line 9, for public use of club facilities	39b	N/A	

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Form 990-EZ (2006)

Part V Other Information (Note the statement requirement in the instructions) (Continued)**40a** 501(c)(3) organizations Enter amount of tax imposed on the organization during the year undersection 4911 ▶ N/A; section 4912 ▶ N/A; section 4955 ▶ N/A**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

	Yes	No
40b	<u>N/A</u>	
40c		
40d		
40e		<u>X</u>

c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.**d** Enter amount of tax on line 40c reimbursed by the organization ▶ 0.**e** All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?**41** List the states with which a copy of this return is filed ▶ None**42 a** The books are in care of ▶ MATIAL TONY

Telephone no. ▶ _____

Located at ▶ 3085 JUPITER BLVD SE, PALM BAY FL**b** At any time during the calendar year, did the organization have an financial account in a foreign country (such as a bank account, sec

If 'Yes,' enter the name of the foreign country: ▶ _____

See the instructions for exceptions and filing requirements for Form

c At any time during the calendar year, did the organization maintai

If 'Yes,' enter the name of the foreign country: ▶ _____

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ and enter the amount of tax-exempt interest received or accrued dPlease
Sign
HereUnder penalties of perjury, I declare that I have examined this return, including ac
true, correct, and complete Declaration of preparer (other than officer) is based o

Signature of officer

MATIAL TONY PASTOR

Type or print name and title

Paid
Pre-
parer's
Use
OnlyPreparer's
signatureFirm's name (or
yours if self-
employed),
address, and
ZIP + 4

DOMENIC H CALICCHIA

Professional Acctg Svc's, Inc.

1520 Bottlebrush Dr NE #2M

Palm Bay, FL 32905

Employed ☒ N/AEIN ▶ N/APhone no ▶ 321 951 8878

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Form 990-EZ (2006)

2006**Federal Statements**
TRINITY HAITIAN BAPTIST CHURCH
OF PALM BAY INC.**Page 1****Client 670****20-2440283**

9/24/08

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Statement 1
Form 990-EZ, Part I, Line 16
Other Expenses

CONTRIBUTIONS	\$	1,840.
Depreciation		3,020.
OFFICE EXPENSE		1,789.
PASTOR ALLOWANCE		12,600.
RENT		28,800.
Supplies		348.
Telephone		480.
UTILITIES		1,348.
Total	\$	<u>50,225.</u>

Statement 2
Form 990-EZ, Part II, Line 24
Other Assets

	<u>Beginning</u>	<u>Ending</u>
Automobiles	\$ 4,000.	\$ 3,200.
Furniture and fixtures	10,400.	8,320.
Machinery and equipment	700.	560.
Total	<u>\$ 15,100.</u>	<u>\$ 12,080.</u>

Statement 3
Form 990-EZ, Part V
Regarding Transfers Associated with Personal Benefit Contracts

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	No
(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	No

12/31/06

2006 Federal Book Summary Depreciation Schedule

Page 1

Client 670

TRINITY HAITIAN BAPTIST CHURCH
OF PALM BAY INC.

20-2440283

9/24/08

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No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus. Pct.	Cur 179/ SDA	Prior 179/ SDA/ Depr	Method	Life	Current Depr
Form 990/990-PF										
Auto / Transport Equipment										
2	1998 FORD VAN	1/24/05		4,000				S/L HY	5	800
Total Auto / Transport Equipment				4,000		0	0			800
Furniture and Fixtures										
1	MUSICAL INST/SOUND SYS	1/24/05		7,000				S/L HY	5	1,600
4	FURNITURE /FIXTURES	1/24/05		3,400				S/L HY	5	480
Total Furniture and Fixtures				10,400		0	0			2,080
Machinery and Equipment										
3	OFFICE EQUIPMENT	1/24/05		700				S/L HY	5	140
Total Machinery and Equipment				700		0	0			140
Total Depreciation				15,100		0	0			3,020
Grand Total Depreciation				15,100		0	0			3,020

12/31/06

2006 Federal Book Depreciation Schedule

Page 1

Client 670

TRINITY HAITIAN BAPTIST CHURCH
OF PALM BAY INC.

20-2440283

9/24/08

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No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus. Pct	Cur 179 Bonus	Special Depr. Allow	Prior 179/ Bonus/ Sp. Depr.	Prior Dec Bal. Depr.	Salvage /Basis Reductn	Depr. Basis	Prior Depr.	Method	Life	Rate	Current Depr.
Form 990/990-PF																
Auto / Transport Equipment																
2	1998 FORD VAN	1/24/05		4,000							4,000		S/L HY	5	.20000	800
	Total Auto / Transport Equipment			4,000		0	0	0	0	0	4,000	0				800
Furniture and Fixtures																
1	MUSICAL INST/SOUND SYS	1/24/05		7,000							7,000		S/L HY	5	.20000	1,600
4	FURNITURE /FIXTURES	1/24/05		3,400							3,400		S/L HY	5	.20000	480
	Total Furniture and Fixtures			10,400		0	0	0	0	0	10,400	0				2,080
Machinery and Equipment																
3	OFFICE EQUIPMENT	1/24/05		700							700		S/L HY	5	.20000	140
	Total Machinery and Equipment			700		0	0	0	0	0	700	0				140
	Total Depreciation			15,100		0	0	0	0	0	15,100	0				3,020
	Grand Total Depreciation			15,100		0	0	0	0	0	15,100	0				3,020