Form **990-EZ**

2008

OMB No 1545 1150

Department of the Treasury Internal Revenue Service

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)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form
990 All other org anizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the
year may use this form 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

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Termination Amended return Amended		Initial return Spe. 3085 JUPITER BLVD SE	21 255 0713		
Part		Termination See Specific PALM BAY, FL 32908	- 3	21 233 0713	
**Section 501C(x3) organizations and 4007(x01) nonexempt charitable trusts Website: N/A	F	Amended return linstruc- tions.			
Website: N/A		• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts		d. X Cash Accrual	
Website: N/A Variable Varia				b	
State Comparison Comparis	ı	Website: ► N/A	required to attach	Schedule B (Form 990,	
\$25,000. Areturn is not required, but if the organization chooses to file a cretime, be sure to file a complete return. Add Inses Bb. 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 A 448. Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) 1 Contributions, girts, grants, and similar amounts received 1 94, 134. 2 Program service revenue including government fees and contracts 2 3 Membership dues and assessments 3 4 Investment income 4 3114. 5 Second and services and sases services 5 5 6 Second events and activities (complete applicable parts of Schedule 6) if any amount is from gaming, check here 5 6 Second events and activities (complete applicable parts of Schedule 6) if any amount is from gaming, check here 5 6 Second events and activities (complete applicable parts of Schedule 6) if any amount is from gaming, check here 6 7 Second events and activities (subtract line 6) 6 5 8 Second events of the fundraising expenses 6 5 9 Total revenue (describe 9 9 94, 448. 10 Grants and similar amounts paid (altithe schiedule) 9 9 94, 448. 10 Grants and similar amounts paid (altithe schiedule) 9 9 94, 448. 11 Second fees and other payments to independent contractions 10 11 11 11 11 12 12 13 15 15 15 15 15 15 15		Organization type (and on one)		· · · · · · · · · · · · · · · · · · ·	
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Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990 EZ. (See the instructions for Part II.) (A) Beginning of year (B) End of year 22 Cash, savings, and investments 23 Land and buildings 24 Other assets (describe > See Statement 2)	<u> </u>				
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Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.) (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) 12,080. 24 36,060. 25 Total assets 12,080. 25 36,060. 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.	U) s		▶	21 11,629.	
(See the instructions for Part II.) 22	Pa	······· ·	, file Form 990 instea		
22 23 23 Land and buildings 23 24 Other assets (describe ► See Statement 2) 12,080. 24 36,060. 25 Total assets 12,080. 25 36,060. 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.	C.L.	······································			
23 Land and buildings 23 24 Other assets (describe ► See Statement 2) 12,080. 24 36,060. 25 Total assets (describe ►) 12,080. 25 36,060. 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.	22		· / 5 5) 00		
24 Other assets (describe ► See Statement 2) 12,080.24 36,060. 25 Total assets		F F			
25 Total assets 12,080. 25 36,060. 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.		—————— "	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 .					
27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 0. 27 0.		 			
DAN FOR FOVACY ACTION PROPERTY REQUESTOR ACTIVATION SPECIFICATIONS FOR MAIL FORM MAIL FORM MAILEY (2008)		A For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.		Form 990-EZ (2008)	

Form 990-EZ (2008) TRINITY HAITIA	N BAPTIST CHURCH			-244	10283	Page 2
Part III Statement of Program Se	ervice Accomplishment	s (See the instructi	ons.) N/A	1 -	Expenses	
What is the organization's primary exempt purpose? Describe what was achieved in carrying out the describe the services provided, the number opportunities.	ne organization's exempt purpor f persons benefited, or other r	oses. In a clear and con elevant information for e	icise manner, each	and (uired for 501((4) organizatio (a)(1) trusts, o thers)	ons and
28						
00	nis amount includes foreign gr		>	28 a		 -
				1		
(Grants \$) If t	nis amount includes foreign gr		•	29 a		·
		-				
(Grants \$) If t Other program services (attach schedul	his amount includes foreign gr	ants, check here	<u>-</u>	30 a		
	his amount includes foreign gr	ants, check here	▶ [31 a		
Part IV List of Officers, Director		iplovees. (List each o	one even if not co		sated. See the	e instrs)
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0)	(d) Contribution employee benefit pla deferred compens	s to ans and	(e) Expense and other al	account
MATIAL TONY 156 OCALA ST SW	PASTOR 28.00			0.		0.
ALM BAY, FL 32908 IEUDONNE J ST LOUIS	Treasurer			0.		0.
01 BRICKELL ST SE ALM BAY, FL 32909	18.00					
JOSEPH ONEIE 532 OLIVIA ST SW PALM BAY, FL 32908	Chairman 20.00	l .		0.		0.
LAVIE SYLVAIN 426 GILES ST NW PALM BAY, FL 32907	CLERK 15.00			0.		0.
			<u>.</u>			
	1					
	1					

Page 2

BAA

Form 990-EZ (2008)

Pai	t V Other Information (Note the statement requirement in General Instruction V.)			<u> </u>
			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		Х
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, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
á	a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and			
	proxy tax requirements?	35a		Х
	o If 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N	36		Х
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions			
ŀ	Did the organization file Form 1120-POL for this year?	37 b		X
38 a	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?	38 a		Х
ŀ	o If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	501(c)(7) organizations Enter.			
	a Initiation fees and capital contributions included on line 9			
t	Gross receipts, included on line 9, for public use of club facilities 39b N/A			
40 a	a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
_	section 4911 ► N/A, section 4912 ► N/A, section 4955 ► N/A			
t	5501(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,' complete Schedule L, Part I	40 b		
	Enter amount of tax imposed on organization managers or disqualified persons during the			
	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
	Enter amount of tax on line 40c reimbursed by the organization			
	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40 e		Х
41	List the states with which a copy of this return is filed None			
42 a	ı The books are ın care of ▶ Telephone no ▶			
	Located at ► ZIP + 4 ►			
	At on, time distant the palameter and distance that the second of the se	ſ	Yes	No
	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)?	42b		X
	If 'Yes,' enter the name of the foreign country: .			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of a Foreign Bank and Financial Accounts			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		Х
	If 'Yes,' enter the name of the foreign country:			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here	1	- □	N/A
=	and enter the amount of tax-exempt interest received or accrued during the tax year			N/A
	B.III		Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44		Х
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,'	45		У

TEEA0812L 01/14/09

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51

and complete the tables for lir	nes 50 and 51.		3.	•		
46 Did the organization engage in direct or indire	ct political campaign ac	tivities on behalf	of or in opposition to candidates		Yes	No
for public office? If 'Yes,' complete Schedule (_		46	ļ. — !	
47 Did the organization engage in lobbying activit				47	ļ	ļ
48 Is the organization operating a school as desc			•	48	ļ	
49a Did the organization make any transfers to an	exempt non-charitable	related organiza	tion?	49 a		
b If 'Yes,' was the related organization(s) a sect	ion 527 organization?			49b		<u>L</u>
50 Complete this table for the five highest comperceived more than \$100,000 of compensation				oyees) who	o each	1
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensa	tion (d) Contributions to employee benefit plans and deferred compensation	accou	xpense unt and llowance:	s
Total number of other employees paid over \$100,000						
51 Complete this table for the five highest compe from the organization. If there is none, enter 'I	nsated independent cor None.	ntractors who ea	ch received more than \$100,000	of comper	nsation	1
(a) Name and address of each independent conf	ractor paid more than \$100,000	0	(b) Type of service	(c) Comp	pensatio	n
Total number of other independent contractors recei	ving over \$100,000	>				

Under penalties of perjury, I declare that I have examined this return, including actrue, correct, and complete Declaration of preparer (other than officer) is based Sign Signature of office Here Type or print name meuce Preparer's signature **Paid** DOMENIC H CALICCHIA Pre-Firm's name (or yours if self employed), address, and ZIP + 4 Professional Acctg Svc's, Inc parer's Use 1520 Bottlebrush Dr NE #2M Only Palm Bay, FL 32905

May the IRS discuss this return with the preparer shown above? See instr BAA

2008	Federal Statements	Page 1 20-2440283	
Client 670	TRINITY HAITIAN BAPTIST CHURCH OF PALM BAY INC.		
5/06/09		05.04PM	
Statement 1 Form 990-EZ, Part I, Line 16 Other Expenses			
ADVERTISING AUTO AND TRUCK EXPENSES BANK CHARGES CONTRIBUTIONS Depreciation INSURANCE LICENSE & PERMITS MUSIC office supplies PASTOR ALLOWANCE RENT REPAIRS SUPPLIES TELEPHONE UTILITIES	\$	1,134. 3,105. 30. 8,195. 4,079. 2,161. 1,372. 4,202. 12,412. 6,050. 32,400. 105. 2,268. 2,697. 1,934.	
	Total \$	82,144.	
Statement 2 Form 990-EZ, Part II, Line 24 Other Assets Automobiles Furniture and Fixtures Machinery and Equipment Miscellaneous	Beginning \$ 3,200. \$ 2,920. 5,960. 0. Total \$ 12,080. \$	Ending 2,400. 2,240. 4,420. 27,000. 36,060.	
(a) Did the organization indirectly, to pay premiu(b) Did the organization	d with Personal Benefit Contracts a, during the year, receive any funds, directly or ms on a personal benefit contract? b, during the year, pay premiums, directly or	No	
indirectly, on a personal	benefit contract?	No	