

## Short Form Return of Organization Exempt From Income Tax

# 2006

## Open to Public Inspection

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.

Department of the Treasury  
Internal Revenue Service

<b>A For the 2006 calendar year, or tax year beginning and ending</b>		<b>C Name of organization</b>		<b>D Employer identification number</b>		
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input checked="" type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	Grace Baptist Church of Titusville		59-3712700		
		Number and street (or P O box, if mail is not delivered to street address)		Room/suite		<b>E Telephone number</b>
		1215 Norwood Avenue				321-385-1966
		City, town, or country	State	ZIP + 4		<b>F Group Exemption Number</b> ▶
		Titusville	FL	32780		
• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).				<b>G Accounting method:</b> <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶		
<b>I Website:</b> ▶				<b>H Check</b> <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).		
<b>J Organization type</b> (check only one)— <input checked="" type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527						
<b>K Check</b> <input type="checkbox"/> 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.						
<b>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.</b> ▶ \$ 41,454						

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See page 47 of the instructions.)

	Description	Code	Amount
<b>Revenue</b>	1 Contributions, gifts, grants, and similar amounts received . . . . .	1	41,454
	2 Program service revenue including government fees and contracts . . . . .	2	
	3 Membership dues and assessments . . . . .	3	
	4 Investment income . . . . .	4	
	5 a Gross amount from sale of assets other than inventory . . . . .	5a	0
	b Less: cost or other basis and sales expenses . . . . .	5b	0
	c Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule) . . . . .	5c	0
	6 Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>		
	a Gross revenue (not including \$ 0 of contributions reported on line 1) . . . . .	6a	0
b Less: direct expenses other than fundraising expenses . . . . .	6b	0	
c Net income or (loss) from special events and activities (line 6a less line 6b) . . . . .	6c	0	
7 a Gross sales of inventory, less returns and allowances . . . . .	7a		
b Less: cost of goods sold . . . . .	7b		
c Gross profit or (loss) from sales of inventory (line 7a less line 7b) . . . . .	7c	0	
8 Other revenue (describe ▶ ) . . . . .	8	0	
9 <b>Total revenue</b> (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) . . . . .	9	41,454	
<b>Expenses</b>	10 Grants and similar amounts paid (attach schedule) . . . . .	10	0
	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	2,679
	14 Occupancy, rent, utilities, and maintenance . . . . .	14	15,554
	15 Printing, publications, postage, and shipping . . . . .	15	479
	16 Other expenses (describe ▶ See attached statement ) . . . . .	16	8,726
17 <b>Total expenses</b> (add lines 10 through 16) . . . . .	17	27,438	
<b>Net Assets</b>	18 Excess or (deficit) for the year (line 9 less line 17) . . . . .	18	14,016
	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 <b>Net assets or fund balances at end of year</b> (combine lines 18 through 20) . . . . .	21	14,016

**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 page 51 of the instructions.)		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments . . . . .	22	
23	Land and buildings . . . . .	23	
24	Other assets (describe ▶ ) . . . . .	0	0
25	<b>Total assets</b> . . . . .	0	0
26	<b>Total liabilities</b> (describe ▶ ) . . . . .	0	0
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) . . . . .	0	0

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Part III Statement of Program Service Accomplishments (See page 51 of the instructions.)		Expenses	
What is the organization's primary exempt purpose? <b>Non Profit Religious Organization</b>		(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)	
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			
28	..... ..... ..... (Grants \$ 0 ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	0
29	..... ..... ..... (Grants \$ 0 ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	0
30	..... ..... ..... (Grants \$ 0 ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	0
31	Other program services (attach schedule) (Grants \$ 0 ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	0
32	<b>Total program service expenses</b> (add lines 28a through 31a) <input type="checkbox"/>	<b>32</b>	<b>0</b>

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 52 of 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	(E) Expense account and other allowances
Name Rev. Thompson Str Olmstead Dr. City Titusville ST FL ZIP 32780	Title Pres.Dir. Hr/WK 40.00	0	0	0
Name Marjorie Thompson Str Olmstead Dr. City Titusville ST FL ZIP 32780	Title Sec./Treas./Dir. Hr/WK 20.00	0	0	0
Name _____ Str _____ City _____ ST ZIP _____	Title _____ Hr/WK _____			
Name Douglas Smith Str 969 Fay Blvd. City Cocoa ST FL ZIP 32927	Title Dir. Hr/WK 10.00	0	0	0

Part V Other Information (Note the statement requirement in General Instruction V.)		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 . . . . .		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 . . . . .		X
35	<i>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</i>		
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements? . . . . .		X
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .		X
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.) . . . . .		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions . <input type="checkbox"/> 37a	0	
b	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .		X
38 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? . . . . .		X
b	If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved . . . . .	38b	
39	<b>501(c)(7) organizations.</b> Enter:		
a	Initiation fees and capital contributions included on line 9 . . . . .	39a	
b	Gross receipts, included on line 9, for public use of club facilities . . . . .	39b	

**Part V Other Information** (Note the statement requirement in General Instruction V.) (Continued)

- 40 a** 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 (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.
- 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. ▶ FL

	Yes	No
<b>40b</b>		X
<b>40e</b>		X

**42 a** The books are in care of ▶ Name Rev. Lawrence Thompson Telephone no. ▶ 321-268-1861  
 Located at ▶ 190 E. Olmstead Dr. City Titusville ST FL ZIP + 4 ▶ 32780

- b** At any time during the calendar year, did the organization have over a financial account in a foreign country (such as a bank account)?  
 If "Yes," enter the name of the foreign country: ▶  
 See the instructions for exceptions and filing requirements for F
- c** At any time during the calendar year, did the organization maintain a financial account in a foreign country?  
 If "Yes," enter the name of the foreign country: ▶

**43** Section 4947(a)(1) nonexempt charitable trusts filing Form 990 and enter the amount of tax-exempt interest received or accrued

**Please Sign Here**

Under penalties of perjury, I declare that I have examined this return, including attachments, if any, and believe it is true, correct, and complete. Declaration of preparer (other than officer) if one has been prepared.  
 Signature of officer  
 Rev. Lawrence Thompson, President  
 Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature ▶ Jim Thornton  
 Date ▶ 6/14/2007 self-employed  P00221187  
 Firm's name (or yours if self-employed) ▶ Thornton Tax & Bookkeeping Service EIN ▶  
 address, and ZIP + 4 ▶ 2825 Starlight Dr., Titusville, Fla. 32796 Phone no ▶ -321-269-1195

**Line 16 (990-EZ) - Other expenses**

1 Telephone	1	1,370
2 Utilities - Water, Sewer, Garbage	2	807
3 Insurance	3	2,834
4 Utilities - Electric	4	865
5 Broadcasting Fees	5	2,200
6 Lawn Care	6	650
7 Total other expenses	7	8,726