

Form **990-EZ**

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

OMB No 1545-1150

2005

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2005 calendar year, or tax year beginning , and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input 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.	C Name of organization CIVILIAN-MILITARY COMMUNITY RELATIONS COUNCIL, INC.		D Employer identification number 59-3084377
		Number and street (or P O box, if mail is not delivered to street address) Room/suite P.O. BOX 3		E Telephone number 321-631-5051
		City or town, state or country, and ZIP + 4 COCOA FL 32923-0003		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: ▶ **H Check** if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

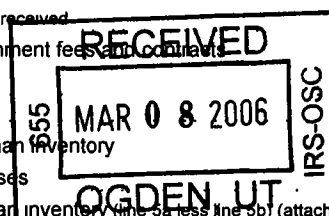
J Organization type (check only one)- 501(c) (7) (insert no) 4947(a)(1) or 527

K Check 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 chooses to file a return, be sure to file a complete return. **Some states require 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 ▶ \$ **86,200**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 38 of the instructions.)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	20
	2	Program service revenue including government fees and contracts	2	5,270
	3	Membership dues and assessments	3	80,178
	4	Investment income	4	732
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less: cost or other basis and sales expenses	5b	
	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"/>		
	a	Gross revenue (not including \$ of contributions reported on line 1)	6a	
	b	Less: direct expenses other than fundraising expenses	6b	
	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	
	b	Less: cost of goods sold	7b	
	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	86,200
	Net Assets	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	1,788
14		Occupancy, rent, utilities, and maintenance	14	131
15		Printing, publications, postage, and shipping	15	
16		Other expenses (describe ▶ SEE STATEMENT 2)	16	78,858
17		Total expenses (add lines 10 through 16) ▶	17	80,777
18		Excess or (deficit) for the year (line 9 less line 17)	18	5,423
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	22,951
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	28,374	



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 41 of the instructions)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	22 22,580	22 50,409
23 Land and buildings	23 371	23 240
24 Other assets (describe ▶)	24	
25 Total assets	25 22,951	25 50,649
26 Total liabilities (describe ▶ SEE STATEMENT 3)	26 0	26 22,275
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	27 22,951	27 28,374

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

Form **990-EZ** (2005)

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Part III Statement of Program Service Accomplishments (See page 42 of the instructions)	Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)
What is the organization's primary exempt purpose? SEE STATEMENT 4	
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 MONTHLY DINNER AND AWARD EXPENSE TO PROMOTE FRIENDSHIPS BETWEEN COMMUNITY LEADERS AND MILITARY LEADERSHIP OF PATRICK AIR FORCE BASE, FLORIDA. (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)	32 0

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 42 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) Contrib to employee benefit plans & deferred compensation	(E) Expense account and other allowances
SEE STATEMENT 5				

Part V Other Information (Note the attachment requirement in General Instruction V, page 14.)		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, att. 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		X
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 instr <input type="checkbox"/> 37a _____ 0	37a		
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 schedule specified in the line 38 instructions and enter the amount involved	38b		
39 501(c)(7) organizations Enter			
a Initiation fees and capital contributions included on line 9	39a	0	
b Gross receipts, included on line 9, for public use of club facilities	39b	0	
40a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> _____, section 4912 <input type="checkbox"/> _____, section 4955 <input type="checkbox"/> _____			
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	40b		
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="checkbox"/> _____			
d Enter amount of tax on line 40c reimbursed by the organization <input type="checkbox"/> _____			

Part V Other Information (Note the attachment requirement in General Instruction V, page 14.) (Continued)

- 41 List the states with which a copy of this return is filed **FL**
- 42a The books are in care of **DONALD T BECK** Telephone no **321-631-5051**
817 DIXON BLVD, 6-B
 Located at **COCOA, FL** ZIP + 4 **32922**
- b 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)?
 If "Yes," enter the name of the foreign country: _____
 See the instructions for exceptions and filing requirements for Form TD F 90-22 1
- | | | |
|-----|-----|----|
| | Yes | No |
| 42b | | X |
| 42c | | X |
- c At any time during the calendar year, did the organization maintain an office outside of the U.S ?
 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
 and enter the amount of tax-exempt interest received or accrued during the tax year **43**

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Signature of officer: *William Hoskinson, Treasurer* Date: *2-28-06*
 Type of print name and title: *William Hoskinson, Treasurer*

Paid Preparer's Use Only

Preparer's signature: *[Signature]* Date: *2/23/06* Check if self-employed: Preparer's SSN or PTIN (See Gen Instr W): **P00047191**

Firm's name (or yours if self-employed), address, and ZIP + 4: **DAVIES, HOUSER & SECREST, CPA, P.A.**
P.O. BOX 129
COCOA, FL 32923-0129

EIN: _____ Phone no: **321-636-0426**

Federal Statements**Statement 1 - Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments**

<u>Description</u>	<u>Amount</u>
MEMBERSHIP DUES	\$ 80,178
TOTAL	<u>\$ 80,178</u>

Statement 2 - Form 990-EZ, Part I, Line 16 - Other Expenses

<u>Description</u>	<u>Amount</u>
EXPENSES	\$
CLUB FUNCTION EXPENSE	10,303
CONTRACT SERVICES	34,244
DINNER COST	33,158
DONATIONS	-500
INSURANCE	958
OFFICE	695
TOTAL	<u>\$ 78,858</u>

Statement 3 - Form 990-EZ, Line 26 - Other Liabilities

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
PREPAID DUES	\$	\$ 21,075
DUE TO FOUNDATION		1,200
TOTAL	<u>\$ 0</u>	<u>\$ 22,275</u>

Statement 4 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose

PROMOTE COMMUNITY RELATIONS BETWEEN CIVILIAN AND MILITARY
LEADERS.

Federal Statements

Statement 5 - Form 990EZ, Part IV - List of Officers, Directors, Trustees and Key Employees

Name	Address	Average Hours	Compensation	Benefits	Expenses
	City, State, Zip	Title			
JERRY ALLENDER	118 COUNTRY CLUB DRIVE TITUSVILLE FL 32780	CHAIRMAN	0	0	0
BILL ELLIS	6450 US HWY 1 ROCKLEDGE FL 32955	SECRETARY	0	0	0
BILL HOSKINSON	3600 W. KING STREET, SUITE 1 COCOA FL 32926	TREASURER	0	0	0
GLEN OUTLAW	1230 N. HARBOR CITY BLVD MELBOURNE FL 32935	DIRECTOR	0	0	0
JOY GILLILAND	P.O. BOX 536 MELBOURNE FL 32902	DIRECTOR	0	0	0
ROBI ROBERTS	5220 SOUTH WASHINGTON AVE TITUSVILLE FL 32780	DIRECTOR	0	0	0
DAVID SPAIN	3901 N ATLANTIC AVENUE COCOA BEACH FL 32931-3505	DIRECTOR	0	0	0
WILLIAM TAYLOR	277 N SYKES CREEK PARKWAY MERRITT ISLAND FL 32953	DIRECTOR	0	0	0
KENDALL MOORE	429 COBBLEWOOD DRIVE ROCKLEDGE FL 32955	DIRECTOR	0	0	0

Form **4562**
(Rev. January 2006)
Department of the Treasury
Internal Revenue Service

Depreciation and Amortization
(Including Information on Listed Property)

OMB No 1545-0172

2005

Attachment
Sequence No **67**

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return **CIVILIAN-MILITARY COMMUNITY
RELATIONS COUNCIL, INC.** Identifying number **59-3084377**

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	102,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	420,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instr	5	
(a) Description of property		(b) Cost (business use only)	(c) Elected cost
6			
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2004 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2006. Add lines 9 and 10, less line 12	▶ 13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14	Special allowance for certain aircraft, certain property with a long production period, and qualified NYL or GO Zone property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	96

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2005	17	35
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	▶ <input type="checkbox"/>	

Section B-Assets Placed in Service During 2005 Tax Year Using the General Depreciation System

(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) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property					
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs		S/L	
h	Residential rental property		27 5 yrs	MM	S/L	
i	Nonresidential real property		39 yrs.	MM	S/L	
				MM	S/L	

Section C-Assets Placed in Service During 2005 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	40-year		40 yrs	MM	S/L	

Part IV Summary (see instructions)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations-see instr	22	131
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2005) (Rev. 1-2006)

Forms 990 / 990-EZ Return Summary

For calendar year 2005, or tax year beginning _____, and ending _____

**CIVILIAN-MILITARY COMMUNITY
RELATIONS COUNCIL, INC.**

59-3084377

Net Asset / Fund Balance at Beginning of Year		<u>22,951</u>
Revenue		
Contributions	<u>20</u>	
Program service revenue	<u>85,448</u>	
Investment income	<u>732</u>	
Capital gain / loss		
Special events		
Gross revenue		
Direct expenses		
Net income		
Other income		
Total revenue	<u>86,200</u>	
Expenses		
Program services		
Management and general		
Fundraising		
Payments to affiliates		
Total expenses	<u>80,777</u>	
Excess / (deficit)		<u>5,423</u>
Other changes		
Net Asset / Fund Balance at End of Year		<u><u>28,374</u></u>

Reconciliation of Revenue

Reconciliation of Expenses

Total revenue per financial statements	_____
Less:	
Unrealized gains	_____
Donated services	_____
Recoveries	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
Total revenue per return	<u>_____</u>

Total expenses per financial statements	_____
Less:	
Donated services	_____
Prior year adjustments	_____
Losses	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
Total expenses per return	<u>_____</u>

	Beginning	Balance Sheet Ending
Assets	<u>22,951</u>	<u>50,649</u>
Liabilities	_____	<u>22,275</u>
Net assets	<u><u>22,951</u></u>	<u><u>28,374</u></u>

Differences
<u>5,423</u>

Miscellaneous Information
Return / extended due date 5/15/06