

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2006

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

Department of the Treasury
Internal Revenue Service

A For the 2006 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		E Telephone number 321-631-5051
		City or town, state or country, and ZIP + 4 COCOA FL 32922		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: _____

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

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

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 ▶ \$ **87,131**

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

1	Contributions, gifts, grants, and similar amounts received	1	
2	Program service revenue including government fees and contracts	2	5,187
3	Membership dues and assessments	3	81,191
4	Investment income	4	753
5a	Gross amount from sale of assets other than inventory	5a	
5b	Less cost or other basis and sales expenses	5b	
5c	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"/>	6	
6a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
6b	Less direct expenses other than fundraising expenses	6b	
6c	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	Less cost of goods sold	7b	
7c	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	87,131
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	860
14	Occupancy, rent, utilities, and maintenance	14	96
15	Printing, publications, postage, and shipping	15	1,223
16	Other expenses (describe ▶ SEE STATEMENT 2)	16	92,831
17	Total expenses (add lines 10 through 16) ▶	17	95,010
18	Excess or (deficit) for the year (line 9 less line 17)	18	-7,879
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	28,374
20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 3	20	
21	Net assets or fund balances at end of year (combine lines 18 through 20) ▶	21	20,495

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)

	(A) Beginning of year	(B) End of year			
22	Cash, savings, and investments	22	50,409	22	45,076
23	Land and buildings	23	240	23	144
24	Other assets (describe _____)	24		24	
25	Total assets	25	50,649	25	45,220
26	Total liabilities (describe ▶ SEE STATEMENT 4)	26	22,275	26	24,725
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	27	28,374	27	20,495

SCANNED APR 30 2007

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IRS-052

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

Form **990-EZ** (2006)

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Part III Statement of Program Service Accomplishments (See page 51 of the instructions)

What is the organization's primary exempt purpose?
SEE STATEMENT 5

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

		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)
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) SEE STATEMENT 6 (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 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
SEE STATEMENT 7				

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	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	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 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 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

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

- 40a** 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 , section 4912 , section 4955
- 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
- d** Enter amount of tax on line 40c reimbursed by the organization
- e** All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?

	Yes	No
40b		
40e		X

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 over a financial account in a foreign country (such as a bank account, security account)?
 If "Yes," enter the name of the foreign country
- See the instructions for exceptions and filing requirements for Form TD F 90-25.4
- c** At any time during the calendar year, did the organization maintain an office or place of business in a foreign country?
 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 990-EZ and enter the amount of tax-exempt interest received or accrued during the tax year

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 the taxpayer) is based on all information of which the preparer has any knowledge.

William Hoskinson
 Signature of officer

William Hoskinson
 Type or print name and title

Paid Preparer's Use Only

Preparer's signature *B. Eugene Burkett*
B. EUGENE BURKETT, CPA

Firm's name (or yours if self-employed), address, and ZIP + 4 **FPT SERVICES**
 PO BOX 562665
 ROCKLEDGE, FL 32956-2665

EIN **20-4070478**

Phone no **321-631-0383**

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

<u>Description</u>	<u>Amount</u>
MEMBERSHIP DUES	\$ 81,191
TOTAL	\$ <u>81,191</u>

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

<u>Description</u>	<u>Amount</u>
EXPENSES	\$
SUPPLIES	413
CLUB FUNCTION EXPENSE	4,458
CONTRACT SERVICES	34,243
DINNER COST	42,286
DONATIONS	10,412
INSURANCE	958
LICENSES	61
TOTAL	\$ <u>92,831</u>

Statement 3 - Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances

<u>Description</u>	<u>Amount</u>
TOTAL	\$ <u>0</u>

Statement 4 - Form 990-EZ, Part II, Line 26 - Other Liabilities

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
PREPAID DUES	\$ 21,075	\$ 23,725
DUE TO FOUNDATION	1,200	1,000
TOTAL	\$ <u>22,275</u>	\$ <u>24,725</u>

Federal Statements

Statement 5 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose

PROMOTE COMMUNITY RELATIONS BETWEEN CIVILIAN AND MILITARY LEADERS.

Statement 6 - Form 990-EZ, Part III, Line 31 - Statement of Program Service Accomplishments

Description

INDIRECT - DEPRECIATION

Federal Statements

Statement 7 - Form 990EZ, Part IV - List of Officers, Directors, Trustees and Key Employees

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

Depreciation and Amortization
(Including Information on Listed Property)

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

Name(s) shown on return CIVILIAN MILITARY COMMUNITY RELATIONS COUNCIL, INC.	Identifying number 59-3084377
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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		108,000
2	Total cost of section 179 property placed in service (see instructions)		
3	Threshold cost of section 179 property before reduction in limitation		430,000
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-		
5	Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions		
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
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		
9	Tentative deduction Enter the smaller of line 5 or line 8		
10	Carryover of disallowed deduction from line 13 of your 2005 Form 4562		
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)		
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11		
13	Carryover of disallowed deduction to 2007 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 qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) placed in service during the tax year (see instructions)		
15	Property subject to section 168(f)(1) election		
16	Other depreciation (including ACRS)		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 2006		0
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 2006 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	

Section C-Assets Placed in Service During 2006 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		
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		96
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.