

Form **990-EZ**

**Short Form
Return of Organization Exempt From Income Tax**

OMB No 1545-1150

2007

Department 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 2007 calendar year, or tax year beginning _____, and ending _____

<p><input type="checkbox"/> Check if applicable</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Termination</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p>Please use IRS label or print or type. See Specific Instructions.</p>	<p>C Name of organization CIVILIAN MILITARY COMMUNITY RELATIONS COUNCIL, INC.</p> <p>Number and street (or P O box, if mail is not delivered to street address) Room/suite PO BOX 562665</p> <p>City or town, state or country, and ZIP + 4 ROCKLEDGE FL 32956-2665</p>	<p>D Employer identification number 59-3084377</p> <p>E Telephone number 321-631-5051</p> <p>F Group Exemption Number ▶</p>
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● 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)

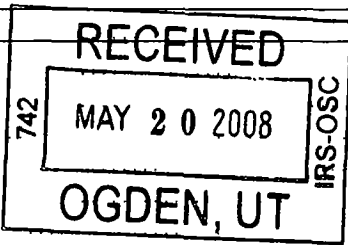
K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

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 ▶ \$ **84,304**

SCANNED JUN 23 2008 Revenue

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 55 of the instructions.)

	1 Contributions, gifts, grants, and similar amounts received		
	2 Program service revenue including government fees and contracts		3,875
	3 Membership dues and assessments	See Statement 1	78,541
	4 Investment income		1,888
	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 Subtract line 5b from line 5a (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 Subtract line 6b from line 6a	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 Subtract line 7b from line 7a	7c	
	8 Other revenue (describe ▶ _____)	8	
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	84,304
Expenses	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	1,400
	14 Occupancy, rent, utilities, and maintenance	14	96
	15 Printing, publications, postage, and shipping	15	588
	16 Other expenses (describe ▶ See Statement 2)	16	77,599
	17 Total expenses. Add lines 10 through 16	17	79,683
Net Assets	18 Excess or (deficit) for the year Subtract line 17 from line 9	18	4,621
	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	20,495
	20 Other changes in net assets or fund balances (attach explanation) See Statement 3	20	319
	21 Net assets or fund balances at end of year Combine lines 18 through 20	21	25,435



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 60 of the instructions)		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	45,076	54,787
23	Land and buildings	144	48
24	Other assets (describe ▶ See Statement 4)		525
25	Total assets	45,220	55,360
26	Total liabilities (describe ▶ See Statement 5)	24,725	29,925
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	20,495	25,435

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

Form **990-EZ** (2007)

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Part III Statement of Program Service Accomplishments (See page 60 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 6		
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) See Statement 7 (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 61 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 8				

Part V Other Information (Note the statement requirement in General Instruction V.)		Yes	No
33	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change		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	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?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		X
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instr <input type="checkbox"/> 37a	0	
b	Did the organization file Form 1120-POL for this year?		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?		X
b	If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved <input type="checkbox"/> 38b		
39	501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9 <input type="checkbox"/> 39a	0	
b	Gross receipts, included on line 9, for public use of club facilities <input type="checkbox"/> 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 **FPT SERVICES, CPA'S** Telephone no **321-631-5051**
1017 PATHFINDER WAY
 Located at **ROCKLEDGE, FL**

- b At any time during the calendar year, did the organization have an interest in over a financial account in a foreign country (such as a bank account, security account)?
 If "Yes," enter the name of the foreign country
- c At any time during the calendar year, did the organization maintain an office 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 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 information furnished by the taxpayer. No part of the tax shown hereon was withheld or otherwise paid on behalf of the taxpayer.

Don Beck
 Signature of officer
DON BECK
 Type or print name and title

Paid Preparer's Use Only

Preparer's signature *Eugene Burkett* **EUGENE BURKETT, CPA** **5/07/08** self-employed **P00649848**

Firm's name (or yours if self-employed), **FPT Services, CPAs** EIN **20-4070478**
 address, and ZIP + 4 **PO Box 562665** Phone **321-631-0383**
 Rockledge, FL 32956-2665 no

Form **4562**
 Department of the Treasury
 Internal Revenue Service

Depreciation and Amortization
 (Including Information on Listed Property)

OMB No 1545-0172

2007

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	125,000
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	500,000
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 instructions	5	
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	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2006 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 2008 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) and cellulosic biomass ethanol plant 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 2007	17	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		

Section B-Assets Placed in Service During 2007 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	
			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 2007 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	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.

Form **4562** (2007)

59-3084377

Federal Statements

FYE: 12/31/2007

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

<u>Description</u>	<u>Amount</u>
MEMBERSHIP DUES	\$ 78,541
Total	\$ 78,541

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

<u>Description</u>	<u>Amount</u>
Expenses	\$
SUPPLIES	71
CLUB FUNCTION EXPENSE	2,575
CONTRACT SERVICES	34,744
DINNER COST	39,041
DONATIONS	141
INSURANCE	966
LICENSES	61
Total	\$ 77,599

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

<u>Description</u>	<u>Amount</u>
PRIOR YEAR CORRECTION	\$ 319
Total	\$ 319

Statement 4 - Form 990-EZ, Part II, Line 24 - Other Assets

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
DUE FROM CIV-MIL FOUNDATION	\$	\$ 525
Total	\$ 0	\$ 525

Statement 5 - Form 990-EZ, Part II, Line 26 - Total Liabilities

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
PREPAID DUES	\$ 23,725	\$ 29,925
DUE TO FOUNDATION	1,000	
Total	\$ 24,725	\$ 29,925

Federal Statements

Statement 6 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose

Description

PROMOTE COMMUNITY RELATIONS BETWEEN CIVILIAN AND MILITARY LEADERS.

Statement 7 - Form 990-EZ, Part III, Line 31 - Statement of Program Service Accomplishments

Description

INDIRECT - DEPRECIATION

59-3084377

Federal Statements

FYE 12/31/2007

Statement 8 - 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>
KENDAL MOORE 429 COBBLEWOOD DR ROCKLEDGE FL 32955	CHAIRMAN	0	0	0	0
LEONARD SANDERSON 3630 KILDEER CT. WEST MELBOURNE FL 32904	VICE CHAIRMA	0	0	0	0
WILLIAM HOSKINSON 2231 ALEXANDER DR TITUSVILLE FL 32796	TREASURER	0	0	0	0
WILLIAM ELLIS 1823 CRANE CREEK BLVD MELBOURNE FL 32940	SECRETARY	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 25 WEST POINT DR COCOA BEACH FL 32931-3070	DIRECTOR	0	0	0	0
KEITH HOUSTON 1370 MARSHALL ST MERRITT ISLAND FL 32953	DIRECTOR	0	0	0	0
CHARLES ROBERTS 1800 BARTON BLVD ROCKLEDGE FL 32955		0	0	0	0