

Form 990-EZ 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 private foundations)

OMB No 1545-1150 2017 Open to Public Inspection

- A For the 2017 calendar year, or tax year beginning 01-01-2017, and ending 12-31-2017
B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending

C Name of organization: CIVILIAN MILITARY COMMUNITY RELATIONS COUNCIL INC
Number and street (or P O box, if mail is not delivered to street address): 1643 N COCOA BLVD
City or town, state or province, country, and ZIP or foreign postal code: COCOA, FL 32922

D Employer identification number: 59-3084377
E Telephone number
F Group Exemption Number

G Accounting Method: [X] Cash [] Accrual Other (specify)
I Website: N/A
J Tax-exempt status (check only one): [] 501(c)(3) [X] 501(c)(7) [] 4947(a)(1) or [] 527

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

K Form of organization: [X] Corporation [] Trust [] Association [] Other
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$87,836

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I [X]

Table with 21 rows and 3 columns: Description, Amount, Total. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21). Total revenue: 87,836. Total expenses: 113,971. Net assets at end of year: 23,623.

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	70,868	22	49,848
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	400	24	
25 Total assets	71,268	25	49,848
26 Total liabilities (describe in Schedule O).	21,510	26	26,225
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	49,758	27	23,623

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?

PROMOTE COMMUNITY RELATIONS BETWEEN CIVILIAN AND MILITARY LEADERS

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

28 See Additional Data Table			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		28a	
29 See Additional Data Table			
(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 (describe in Schedule O)			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		31a	
32 Total program service expenses (add lines 28a through 31a) <input type="checkbox"/>		32	

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV.

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
DAVID SPAIN	1 00	0		
TREASURER				
BART GAETJENS	1 00	0		
DIRECTOR				
RANDY COLEMAN	1 00	0		
DIRECTOR				
CINDY DROPESKI	1 00	0		
DIRECTOR				
WILLIAM MCCARTHY	1 00	0		
DIRECTOR/SEC				
TRAVIS PROCTOR	1 00	0		
DIRECTOR/CHA				
KEITH HOUSTON	1 00	0		
VICE CHAIR				
LEONARD SANDERSON JR	1 00	0		
DIRECTOR				
WILLIAM TAYLOR	1 00	0		
DIRECTOR				
DAVID SPAIN	1 00	0		
TREASURER				

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

Table with columns for question number, question text, and Yes/No response columns. Rows include questions 33 through 45b regarding organizational activities, financials, and foreign accounts.

	Yes	No
46		No

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47		
48		
49a		
49b		

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000 **▶** _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over _____

52 Did the organization complete Schedule A? **NOTE.** All Section 501(c)(3) organizations must complete Schedule A

Under penalties of perjury, I declare that I have examined this return, including attachments and all schedules, 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.

Sign Here
 Signature of officer: _____
 Type or print name and title: DAVID SPAIN TREASURER

Paid Preparer Use Only
 Print/Type preparer's name: STEPHEN C HOUSER CPA
 Preparer's signature: _____
 Firm's name: **▶** FPT SERVICES CPAS
 Firm's address: **▶** PO BOX 562665
 ROCKLEDGE, FL 329562665

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

Additional Data

Software ID:

Software Version:

EIN: 59-3084377

Name: CIVILIAN MILITARY COMMUNITY
RELATIONS COUNCIL INC

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

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
<p>28 MONTHLY DINNER AND AWARD EXPENSE TO PROMOTE FRIENDSHIPS BETWEEN COMMUNITY LEADERS AND MILITARY LEADERSHIP OF PATRICK AIR FORCE BASE, FLORIDA (Grants \$)</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . ► <input type="checkbox"/></p>	28a	

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

<p>Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.</p>	<p>Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)</p>	
<p>29 INDIRECT - DEPRECIATION (Grants \$)</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	<p>29a</p>	

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
CIVILIAN MILITARY COMMUNITY
RELATIONS COUNCIL INC

Employer identification number

59-3084377

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10	NAME CIV-MIL FOUNDATION, INC CASH CONTRIBUTION 25,000

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16	EXPENSES CONTRACT SERVICES 47,980 PRINTING AND COPYING 749 MISCELLANEOUS 401 INSURANCE 400 POSTAGE AND MAILING 256 OFFICE SUPPLIES 236 SHIRTS 115 STATE FILING FEE 61 WEBSITE 60 DINNER COST 32,812 JMAS 2,698 OTHER PROGRAM EXPENSES 401 PLAQUES 1,197 TOTAL 87,366

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 24	ACCOUNTS RECEIVABLE 400 0 EQUIPMENT 2,883 2,883 LESS ACCUMULATED DEPRECIATION 2,883 2,883 TOTAL 400 0

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 26	DEFERRED REVENUE 17,375 26,225 DUE TO CIV MIL FOUNDATION 4,135 0

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART III	PROMOTE COMMUNITY RELATIONS BETWEEN CIVILIAN AND MILITARY LEADERS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART III, LINE 31	INDIRECT - DEPRECIATION