ANNED JAN 0 5 2015

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 private foundations)

2013

OMB No 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service ▶ Do not enter Social Security numbers on this form as it may be made public.
 ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A	For the	2013 calenda	ar year, or tax year beginning , 2013, and ending	-	, 20		
В	Check if applicable C Name of organization		C Name of organization D Er	D Employer identification number			
	Address ch	The Carrier of City Contestantian Controls			59-3208022		
	Name char	-	Telephone number				
=	Initial return Terminated		(321) 631-2600				
=	Amended		City or town, state or province, country, and ZIP or foreign postal code	F Group Exemption			
_	Application pending Cocoa, FL 32922				Number ▶		
G	Account	ing Method:	Check ▶ ☐ if the organization is no				
i 1	Website	:► <u>N/A</u>	requi	red to at	tach Schedule B		
<u>J 1</u>	Tax-exem	npt status (che	eck only one) — 501(c)(3)	990, 99	90-EZ, or 990-PF).		
			✓ Corporation ☐ Trust ☐ Association ☐ Other				
			7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total asset	ets			
<u> </u>			v) are \$500,000 or more, file Form 990 instead of Form 990-EZ	<u> </u>	\$		
P	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see the inst				
	, .		the organization used Schedule O to respond to any question in this Part I				
	1		ons, gifts, grants, and similar amounts received		0		
	2		ervice revenue including government fees and contracts	2	0		
	3		ip dues and assessments	3	0		
	4	Investment		4	0		
	5a		ount from sale of assets other than inventory	0			
	þ		or other basis and sales expenses	0			
	6 6	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)					
ē	а		ome from gaming (attach Schedule G if greater than	0			
Revenue	Ь		me from fundraising events (not including \$ 0 of contributions	~			
ě	1 -		aising events reported on line 1) (attach Schedule G if the				
			ch gross income and contributions exceeds \$15,000)	0			
	С	Less: direc	et expenses from gaming and fundraising events 6c	ō			
			e or (loss) from gaming and fundraising events (add lines 6a and 6b and subtrac	t			
		line 6c)		6d	0		
	7a	Gross sale	s of inventory, less returns and allowances	0			
	Ь	Less: cost	of goods sold	0	1		
	С	Gross prof	it or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0		
	8	Other reve	nue (describe in Schedule O)	8	0		
	9	Total reve	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	0		
	10	Grants and	d similar amounts paid (list in Schedule-O)	10	0		
	11		aid to or for members	11	0		
nses	12		ther compensation, and employee benefits	12	0		
ens	13	Profession	al fees and other payments to independent contractors	13	0		
Expe	. 14		y, rent, utilities, and maintenance 5.2014.	14	0		
ш	1	Printing, p	ublications, postage, and shipping	15	0		
	16	Other expe	enses (describe in Schedule O)	16	0		
	17	Total expe	enses. Add lines 10 through 16		0		
ş	18		(deficit) for the year (Subtract line 17 from line 9)		0		
SSe	19		s or fund balances at beginning of year (from line 27, column (A)) (must agree with	- 1			
Net Assets	000		ar figure reported on prior year's return)		0		
	20		nges in net assets or fund balances (explain in Schedule O)		0		
_	21	Net assets	or fund balances at end of year. Combine lines 18 through 20	21	0		

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form 990-EZ (2013)



	rt II Balance Sheets (see the instructions					
	Check if the organization used Schedule	e O to respond to a			<u></u>	<u> D</u>
			_	(A) Beginning of year		B) End of year
22	Cash, savings, and investments				22	0
23					23	0
24	Other assets (describe in Schedule O)				24	0
25	Total assets				25	0
26	Total liabilities (describe in Schedule O)	- (D)			26	0
27 Day	Net assets or fund balances (line 27 of colum III Statement of Program Service Accon				27	0
i ei	Check if the organization used Schedule	•		•		Expenses
Wha	It is the organization's primary exempt purpose?		ny question in this i	aitiii L		ired for section)(3) and 501(c)(4)
	, , , ,		£ 25 thurs laws st.			izations and section
as n	cribe the organization's program service accompl neasured by expenses. In a clear and concise r ons benefited, and other relevant information for e	manner, describe th			4947(for ot	a)(1) trusts, optional hers)
28						
			•			
	(Grants \$ 0.00) If this amoun				28a	0
29						
		A				_
20		t includes foreign gr			29a	0
30						
	(Grants \$ 0.00) If this amoun	t includes foreign gr	ents check here	▶ □	30a	0
31	Other program services (describe in Schedule O)		· · · · · · · · · · · · · · · · · · ·		-	
•		t includes foreign gr		▶ □	31a	0
32	Total program service expenses (add lines 28a				32	0
Par	t IV List of Officers, Directors, Trustees, and Ke	ey Employees (list eac	h one even if not comp	ensated-see the i	nstruc	tions for Part IV)
	Check if the organization used Schedul	e O to respond to a	ny question in this l	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 employ	ot	Estimated amount of her compensation
		hours per week	compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employ benefit plans, and	ot	
 Dext	(a) Name and title	hours per week	compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employ benefit plans, and	ot	
Dext		hours per week devoted to position	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and	n ot	her compensation
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Part	Other Information (Note the Schedule A and personal benefit contract statement requirements	in th	e	
instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V				
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	}	✓
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		_/
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	34		
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		<u>√</u>
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	-	<u> </u>
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		✓
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N			1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0.00			_
b 38a	Did the organization file Form 1120-POL for this year?	37b 38a		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		✓
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		√
41	List the states with which a copy of this return is filed ▶ Florida			
42a	The organization's books are in care of ▶ Mt. Carmel Missionary Baptist Church Telephone no. ▶ (3)	321) 63	31-260	0
_	Located at ► 3670 West Railroad Avenue, Cocoa FI ZIP + 4 ►	329	$\overline{}$	
ь	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)?	42b	Yes	No ✓
	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	,		
C	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. 1	▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year			0.00
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		✓
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		1
С	Did the organization receive any payments for indoor tanning services during the year?	44c		✓
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O	44d	ļ	1
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		✓
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		1
	\-\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	, ~~~		

46	Did the organization engage, directly or it to candidates for public office? If "Yes,"	ndirectly, in political c complete Schedule C	ampaign activities on , Part I	behalf of or in opposi	tion 46		
Part		1(c)(3) organizations only 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines					
	Check if the organization used So	hedule O to respond	to any question in t	nis Part VI	<u> </u>		
47	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Par		section 501(h) electio	•	1 1 Y		
48 49a b 50	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E						
	(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			
-A-+							
14	UNC						
••							
		1			:		
f 51	Total number of other employees paid ov Complete this table for the organization \$100,000 of compensation from the organization	's five highest compo	ensated independent	contractors who eac	h received more than		
	(a) Name and business address of each independent		(b) Type of serv	ice (c	c) Compensation		
M	DNL		•				
			-{				
			 				
			l .				
d	Total number of other independent contr	actors each receivin					
d	Did the organization complete Schedule	A? Note. All section					
52 (30) Under p	•	A? Note. All section a completed Sched return, including accomp					
52 (30) Under p	Did the organization complete Schedule nonexempt charitable trusts must attach enalties of perjury, I declare that I have examined this	A? Note. All section a completed Sched return, including accomp					
Under p true, co	Did the organization complete Schedule nonexempt charitable trusts must attach renalties of perjury, I declare that I have examined this rect, and complete. Declaration of preparer (other that I have examined this rect, and complete. Declaration of preparer (other that I have examined this rect, and complete. Declaration of preparer (other that I have examined this rect, and complete preparer of print name and title Print/Type preparer's name	A? Note. All section a completed Sched return, including accomp					
Under p true, coo	Did the organization complete Schedule nonexempt charitable trusts must attach renalties of perjury, I declare that I have examined this rect, and complete. Declaration of preparer (other that signature of officer by Declaration of preparer (other that signature of officer Type of print name and title Print/Type preparer's name	A? Note. All section a completed Sched return, including accomp in officer) is based on all it					