

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 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.

OMB No 1545-1150

2006

Open to Public  
Inspection

<b>A</b> For the 2006 calendar year, or tax year beginning and ending		<b>D</b> Employer identification number	
<b>B</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	<b>Please use IRS label or print or type. See Specific Instructions.</b>	<b>C</b> Name of organization	
		HARRY T and HARRIETTE V MOORE CULTURAL CENTER	
		Number and street (or P.O. box, if mail is not delivered to street address) Room/suite	
		Post Office Box 817	
		City, town, or country State ZIP + 4	
Mims FL 32754		59-3756228	
		<b>E</b> Telephone number	
		321-385-1264	
		<b>F</b> Group Exemption Number	
		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: ► www.harryharrietteemoore.org

**J** Organization type (check only one) — ☒ 501(c) ( 3 ) ◀ (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. ► \$ 17,615

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

Revenue	1	Contributions, gifts, grants, and similar amounts received . . . . .	1	4,330
	2	Program service revenue including government fees and contracts . . . . .	2	
	3	Membership dues and assessments . . . . .	3	1,652
	4	Investment income . . . . .	4	
	5a	Gross amount from sale of assets other than inventory . . . . .	5a	0
	5b	Less: cost or other basis and sales expenses . . . . .	5b	0
	5c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule) . . . . .	5c	0
	6	Special events and activities (attach schedule). If any amount is from gaming, check here <input checked="" type="checkbox"/> . . . . .		
	6a	Gross revenue (not including \$ 0 of contributions reported on line 1) . . . . .	6a	11,568
Expenses	6b	Less: direct expenses other than fundraising expenses . . . . .	6b	0
	6c	Net income or (loss) from special events and activities (line 6a less line 6b) . . . . .	6c	11,568
	7a	Gross sales of inventory, less returns and allowances . . . . .	7a	65
	7b	Less: cost of goods sold . . . . .	7b	
	7c	Gross profit or (loss) from sales of inventory (line 7a less line 7b) . . . . .	7c	65
	8	Other revenue (describe ► ) . . . . .	8	0
	9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) . . . . .	9	17,615
	10	Grants and similar amounts paid (attach schedule) . . . . .	10	0
	11	Benefits paid to or for members . . . . .	11	
	Net Assets	12	Salaries, other compensation, and employee benefits . . . . .	12
13		Professional fees and other payments to independent contractors . . . . .	13	
14		Occupancy, rent, utilities, and maintenance . . . . .	14	
15		Printing, publications, postage, and shipping . . . . .	15	
16		Other expenses (describe ► See attached statement ) . . . . .	16	17,539
17		Total expenses (add lines 10 through 16) . . . . .	17	17,539
18		Excess or (deficit) for the year (line 9 less line 17) . . . . .	18	76
Net Assets	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	3,106
	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	3,182

### 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 51 of the instructions.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments . . . . .	1,068	1,105
23 Land and buildings . . . . .		
24 Other assets (describe ► INVENTORY ) . . . . .	2,038	2,077
25 Total assets . . . . .	3,106	3,182
26 Total liabilities (describe ► See attached statement ) . . . . .	0	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21) . . . . .	3,106	3,182

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

Form 990-EZ (2006)

(HTA)

64

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

What is the organization's primary exempt purpose? \_\_\_\_\_

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.

(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others )

<b>28</b>	_____	
	(Grants \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>
<b>29</b>	_____	
	(Grants \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>
<b>30</b>	_____	
	(Grants \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>
<b>31</b>	Other program services (attach schedule) _____	
	(Grants \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>
<b>32</b>	<b>Total program service expenses</b> (add lines 28a through 31a) _____	<b>32</b> 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
Name	Str		Title			
City	ST	ZIP	Hr/WK			
Name	Str		Title			
City	ST	ZIP	Hr/WK			
Name	Str		Title			
City	ST	ZIP	Hr/WK			
Name	Str		Title			
City	ST	ZIP	Hr/WK			

**Part V Other Information** (Note the statement requirement in General Instruction V.)**Yes No**

<b>33</b>	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .	<b>33</b>		
<b>34</b>	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 . . . . .	<b>34</b>		
<b>35</b>	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 . . . . .			
<b>35a</b>	<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements? . . . . .	<b>35a</b>		
<b>35b</b>	<b>b</b> If "Yes," has it filed a tax return on Form 990-T for this year? . . . . .	<b>35b</b>		
<b>36</b>	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.) . . . . .	<b>36</b>		
<b>37a</b>	<b>a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions . . . . .	<b>37a</b>		
<b>37b</b>	<b>b</b> Did the organization file Form 1120-POL for this year? . . . . .	<b>37b</b>		
<b>38a</b>	<b>a</b> 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? . . . . .	<b>38a</b>		
<b>38b</b>	<b>b</b> If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved . . . . .	<b>38b</b>		
<b>39</b>	<b>501(c)(7) organizations</b> Enter:			
<b>39a</b>	<b>a</b> Initiation fees and capital contributions included on line 9 . . . . .	<b>39a</b>		
<b>39b</b>	<b>b</b> Gross receipts, included on line 9, for public use of club facilities . . . . .	<b>39b</b>		

**Part V Other Information** (Note the statement requirement in General Instruction V.) (Continued)**40 a** 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.

	Yes	No
<b>40b</b>		

**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? 

<b>40e</b>		
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**41** List the states with which a copy of this return is filed. **42 a** The books are in care of  Name MILDRED WHITEHEAD Telephone no. Located at  2224 CATAWBA STREET City COCOA ST FL ZIP + 4  32926**b** At any time during the calendar year, did the organization have a bank account or other financial account in a foreign country (such as a bank account)? If "Yes," enter the name of the foreign country: 

See the instructions for exceptions and filing requirements for Form 990-EZ.

**c** At any time during the calendar year, did the organization maintain a bank account or other financial account 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. Enter the amount of tax-exempt interest received or accrued during the 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.

 Signature of officer William E. Gary, President-Paid  
Preparer's  
Use OnlyPreparer's  
signatureFirm's name (or yours  
if self-employed),  
address, and ZIP + 4 self-  
employed ☐EIN Phone no

**Line 1 (990-EZ) - Contributions, gifts, grants, and similar amounts received**

1	Contributions . . . . .	1	4,330
2	Non Cash Contributions . . . . .	2	
3	Membership dues and assessments (contributions from the public) . . . . .	3	
4	Government contributions (grants) . . . . .	4	
5	Commercial co-venture . . . . .	5	
6	Special events contributions (Line 6 - Special Events). . . . .	6	0
7	-----	7	
8	-----	8	
9	-----	9	
10	Total . . . . .	10	4,330

**Line 6 (990-EZ) - Special events and activities**

	Event A	Event B	Event C	All others	Totals
1	Special event name	-----	-----	-----	
1a	Number of special events	-----	-----	-----	
2	Gross receipts	10,225	1,343		11,568
3	Less contributions				0
4	Gross revenue	10,225	1,343	0	11,568
5	Less direct expenses				0
6	Net income or (loss)	10,225	1,343	0	11,568

**Line 16 (990-EZ) - Other expenses**

1	MOORE HERITAGE FESTIVAL	1	12,687
2	FLORIDA DEPT OF STATE CORP FEES	2	500
3	SALES TAX	3	13
4	Interest	4	269
5	OFFICE EXPENSE	5	83
6	PUBLIC RELATIONS	6	237
7	JAZZ IN THE PARK	7	1,016
8	TRAVEL	8	858
9	GRANT WRITING	9	400
10	FESTIVAL PRINTING	10	128
11	WEB SITE	11	472
12	MEETING EXPENSE	12	876
13	Total other expenses	13	17,539

**Line 24 (990-EZ) - Other assets**

		2,038	2,077
		Beginning	End
1	INVENTORY	2,038	2,077
2			
3			
4			
5			
6			
7			
8			
9			
10			