

**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)

Department of the Treasury  
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

**A** For the 2005 calendar year, or tax year beginning 7/01/05, and ending 6/30/06

- B** Check if applicable:
- Address change
  - Name change
  - Initial return
  - Final return
  - Amended return
  - Application pending

Please use IRS label or print or type. See Specific Instructions.

**C** Name of organization  
BREVARD ALZHEIMER'S FOUNDATION, INC

Number and street (or P O box if mail is not delivered to street address) Room/suite  
4676 NORTH WICKHAM ROAD

City or town, state or country, and ZIP + 4  
MELBOURNE FL 32935-7103

**D** Employer identification no.  
59-3369526

**E** Telephone number  
321-253-4430

**F** Accounting method:  Cash  Accrual  Other (specify)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations

**H(a)** Is this a group return for affiliates?  Yes  No

**H(b)** If "Yes," enter number of affiliates ▶

**H(c)** Are all affiliates included?  Yes  No  
(If "No," attach a list. See instr.)

**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No

**I** Group Exemption Number ▶

**M** Check  if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

**G** Website: ▶ BREVDALZHEIMERS.ORG

**J** Organization type (check only one) ▶  501(c) ( 3 ) ◀ (insert no)  4947(a)(1) or  527

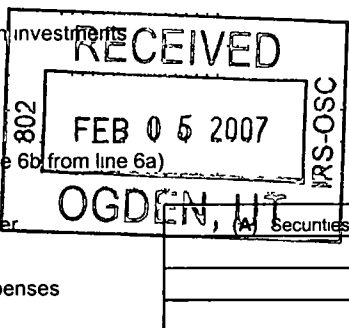
**K** Check here  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.

**L** Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 3,170,593

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

Revenue SCANNED FEB 13 2007

<b>1</b> Contributions, gifts, grants, and similar amounts received:			
<b>a</b> Direct public support	<b>1a</b>	1,410,139	
<b>b</b> Indirect public support	<b>1b</b>	94,000	
<b>c</b> Government contributions (grants)	<b>1c</b>	554,510	
<b>d</b> Total (add lines 1a through 1c) (cash \$ <u>2,058,649</u> noncash \$ _____ )	<b>1d</b>		2,058,649
<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>		671,242
<b>3</b> Membership dues and assessments	<b>3</b>		
<b>4</b> Interest on savings and temporary cash investments	<b>4</b>		
<b>5</b> Dividends and interest from securities	<b>5</b>		97,463
<b>6a</b> Gross rents	<b>6a</b>		
<b>b</b> Less: rental expenses	<b>6b</b>		
<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>		
<b>7</b> Other investment income (describe ▶ _____ )	<b>7</b>		
<b>8a</b> Gross amount from sales of assets other than inventory (A) Securities (B) Other	<b>8a</b>		
<b>b</b> Less: cost or other basis and sales expenses	<b>8b</b>		
<b>c</b> Gain or (loss) (attach schedule)	<b>8c</b>		
<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8d</b>		
<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			
<b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1a)	<b>9a</b>	343,239	
<b>b</b> Less: direct expenses other than fundraising expenses	<b>9b</b>	130,591	
<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)	<b>9c</b>		212,648
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>		
<b>b</b> Less: cost of goods sold	<b>10b</b>		
<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	<b>10c</b>		
<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>		
<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>		3,040,002
<b>13</b> Program services (from line 44, column (B))	<b>13</b>		1,782,054
<b>14</b> Management and general (from line 44, column (C))	<b>14</b>		233,242
<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>		103,780
<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>		
<b>17</b> Total expenses (add lines 16 and 44, column (A))	<b>17</b>		2,119,076
<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>		920,926
<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>		3,764,389
<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>		
<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>		4,685,315



19

**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22</b> Grants and allocations (attach schedule) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22</b>				
<b>23</b> Specific assistance to individuals (attach schedule) <input type="checkbox"/>	<b>23</b>				
<b>24</b> Benefits paid to or for members (attach schedule)	<b>24</b>				
<b>25</b> Compensation of officers, directors, etc	<b>25</b>	65,980		32,990	32,990
<b>26</b> Other salaries and wages	<b>26</b>	1,185,220	1,055,430	125,742	4,048
<b>27</b> Pension plan contributions	<b>27</b>				
<b>28</b> Other employee benefits	<b>28</b>				
<b>29</b> Payroll taxes	<b>29</b>	105,318	73,723	15,798	15,797
<b>30</b> Professional fundraising fees	<b>30</b>				
<b>31</b> Accounting fees	<b>31</b>	17,220	12,054	2,583	2,583
<b>32</b> Legal fees	<b>32</b>				
<b>33</b> Supplies	<b>33</b>	44,075	38,346	2,644	3,085
<b>34</b> Telephone	<b>34</b>	34,121	19,439	11,253	3,429
<b>35</b> Postage and shipping	<b>35</b>	9,350	4,456	580	4,314
<b>36</b> Occupancy	<b>36</b>	102,697	72,199	15,249	15,249
<b>37</b> Equipment rental and maintenance	<b>37</b>	11,340	9,223	753	1,364
<b>38</b> Printing and publications	<b>38</b>	2,448	2,042	203	203
<b>39</b> Travel	<b>39</b>				
<b>40</b> Conferences, conventions, and meetings	<b>40</b>				
<b>41</b> Interest	<b>41</b>	6,388	4,472	958	958
<b>42</b> Depreciation, depletion, etc. (attach schedule)	<b>42</b>	60,313	55,488	4,222	603
<b>43</b> Other expenses not covered above (itemize).					
<b>a</b> SEE STATEMENT 1	<b>43a</b>	474,606	435,182	20,267	19,157
<b>b</b>	<b>43b</b>				
<b>c</b>	<b>43c</b>				
<b>d</b>	<b>43d</b>				
<b>e</b>	<b>43e</b>				
<b>f</b>	<b>43f</b>				
<b>g</b>	<b>43g</b>				
<b>44</b> Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	<b>44</b>	2,119,076	1,782,054	233,242	103,780

**Joint Costs.** Check  if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No

If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_,

(iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

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

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ▶ SEE STATEMENT 2 All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	<b>Program Service Expenses</b> (Required for 501(c)(3) & (4) orgs, & 4947(a)(1) trusts, but optional for others)
<b>a</b> SEE STATEMENT 3  (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	1,117,336
<b>b</b> IN HOME RESPITE WE TRAIN VOLUNTEERS TO PROVIDE IN-HOME RELIEF TO ALZHEIMER'S CAREGIVERS WHILE PROVIDING SUPERVISION AND COMPASSION TO THE ALZHEIMER'S PATIENT, ENABLING PATIENTS AND THEIR FAMILIES TO MAINTAIN THEIR INDEPENDENCE, DIGNITY AND QUALITY OF LIFE. (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	664,718
<b>c</b>  (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
<b>d</b>  (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
<b>e</b> Other program services (attach schedule) (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) ▶	<b>1,782,054</b>

**Part IV Balance Sheets (See the instructions.)**

<b>Note:</b> Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>45</b> Cash-non-interest-bearing	186,283	<b>45</b>	224,538
	<b>46</b> Savings and temporary cash investments		<b>46</b>	
	<b>47a</b> Accounts receivable	177,682		
	<b>b</b> Less: allowance for doubtful accounts		<b>47c</b>	177,682
	<b>48a</b> Pledges receivable			
	<b>b</b> Less: allowance for doubtful accounts		<b>48c</b>	
	<b>49</b> Grants receivable	88,500	<b>49</b>	94,000
	<b>50</b> Receivables from officers, directors, trustees, and key employees (attach schedule)		<b>50</b>	
	<b>51a</b> Other notes and loans receivable (attach schedule)			
	<b>b</b> Less: allowance for doubtful accounts		<b>51c</b>	
	<b>52</b> Inventories for sale or use		<b>52</b>	
	<b>53</b> Prepaid expenses and deferred charges	5,805	<b>53</b>	5,805
	<b>54</b> Investments-securities SEE STATEMENT 4 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	1,910,504	<b>54</b>	2,038,951
	<b>55a</b> Investments-land, buildings, and equipment: basis			
	<b>b</b> Less: accumulated depreciation (attach schedule)		<b>55c</b>	
<b>56</b> Investments-other (attach schedule)	SEE STMT 5 10,000	<b>56</b>	10,000	
<b>57a</b> Land, buildings, and equipment: basis	2,596,055			
<b>b</b> Less: accumulated depreciation (attach schedule)		<b>57c</b>		
<b>57b</b>	340,615	1,628,221	<b>57c</b>	2,255,440
<b>58</b> Other assets (describe <input type="checkbox"/> )			<b>58</b>	
<b>59</b> <b>Total assets</b> (must equal line 74) Add lines 45 through 58	3,968,099	<b>59</b>	4,806,416	
<b>Liabilities</b>	<b>60</b> Accounts payable and accrued expenses	124,035	<b>60</b>	121,101
	<b>61</b> Grants payable		<b>61</b>	
	<b>62</b> Deferred revenue		<b>62</b>	
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule)		<b>63</b>	
	<b>64a</b> Tax-exempt bond liabilities (attach schedule)		<b>64a</b>	
	<b>b</b> Mortgages and other notes payable (attach schedule) SEE WORKSHEET	79,675	<b>64b</b>	
	<b>65</b> Other liabilities (describe <input type="checkbox"/> )		<b>65</b>	
<b>66</b> <b>Total liabilities.</b> Add lines 60 through 65	203,710	<b>66</b>	121,101	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.</b>			
	<b>67</b> Unrestricted	1,237,556	<b>67</b>	1,931,412
	<b>68</b> Temporarily restricted	686,840	<b>68</b>	613,840
	<b>69</b> Permanently restricted	1,839,993	<b>69</b>	2,140,063
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.</b>			
	<b>70</b> Capital stock, trust principal, or current funds		<b>70</b>	
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund		<b>71</b>	
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds		<b>72</b>	
	<b>73</b> <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	3,764,389	<b>73</b>	4,685,315
	<b>74</b> <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	3,968,099	<b>74</b>	4,806,416

**Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** (See the instructions.)

<b>a</b>	Total revenue, gains, and other support per audited financial statements		<b>a</b>	3,196,932
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 12:			
<b>1</b>	Net unrealized gains on investments	<b>b1</b>		
<b>2</b>	Donated services and use of facilities	<b>b2</b>	26,339	
<b>3</b>	Recoveries of prior year grants	<b>b3</b>		
<b>4</b>	Other (specify):	<b>b4</b>	SEE STMT 6 130,591	
	Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	156,930
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	3,040,002
<b>d</b>	Amounts included on Part I, line 12, but not on line <b>a</b> :			
<b>1</b>	Investment expenses not included on Part I, line 6b	<b>d1</b>		
<b>2</b>	Other (specify):	<b>d2</b>		
	Add lines <b>d1</b> and <b>d2</b>		<b>d</b>	
<b>e</b>	<b>Total revenue</b> (Part I, line 12). Add lines <b>c</b> and <b>d</b>		<b>e</b>	3,040,002

**Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

<b>a</b>	Total expenses and losses per audited financial statements		<b>a</b>	2,276,006
<b>b</b>	Amounts included on line <b>a</b> but not Part I, line 17:			
<b>1</b>	Donated services and use of facilities	<b>b1</b>	26,339	
<b>2</b>	Prior year adjustments reported on Part I, line 20	<b>b2</b>		
<b>3</b>	Losses reported on Part I, line 20	<b>b3</b>		
<b>4</b>	Other (specify):	<b>b4</b>	SEE STMT 7 130,591	
	Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	156,930
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	2,119,076
<b>d</b>	Amounts included on Part I, line 17, but not on line <b>a</b> :			
<b>1</b>	Investment expenses not included on Part I, line 6b	<b>d1</b>		
<b>2</b>	Other (specify):	<b>d2</b>		
	Add lines <b>d1</b> and <b>d2</b>		<b>d</b>	
<b>e</b>	<b>Total expenses</b> (Part I, line 17). Add lines <b>c</b> and <b>d</b>		<b>e</b>	2,119,076

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contrib to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
EDWARD M. FLEIS, P.E.	CHAIRMAN 0	0	0	0
DR. PAT MANNING	V. CHAIR 0	0	0	0
TRINA DOWNEY	TREASURER 0	0	0	0
MARY ELLEN SHANNON	SECRETARY 0	0	0	0

**Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)**

		Yes	No
<b>75a</b>	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings		
<b>b</b>	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	<b>75b</b>	X
<b>c</b>	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control? <b>Note.</b> Related organizations include section 509(a)(3) supporting organizations.	<b>75c</b>	X
if "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization.			
<b>d</b>	Does the organization have a written conflict of interest policy?	<b>75d</b>	X

**Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits**

(If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contrib to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
N/A				

**Part VI Other Information (See the instructions.)**

		Yes	No
<b>76</b>	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	<b>76</b>	X
<b>77</b>	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	<b>77</b>	X
<b>78a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	<b>78a</b>	X
<b>b</b>	If "Yes," has it filed a tax return on Form 990-T for this year?	<b>78b</b>	
<b>79</b>	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	<b>79</b>	X
<b>80a</b>	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	<b>80a</b>	X
<b>b</b>	If "Yes," enter the name of the organization <input type="checkbox"/> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
<b>81a</b>	Enter direct and indirect political expenditures. (See line 81 instructions.)	<b>81a</b>	
<b>b</b>	Did the organization file Form 1120-POL for this year?	<b>81b</b>	X

**Part VI Other Information (continued)**

		Yes	No
<b>82a</b> Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	<b>82a</b>	X	
<b>b</b> If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	SEE STMT 8   <b>82b</b>   26,339		
<b>83a</b> Did the organization comply with the public inspection requirements for returns and exemption applications?	<b>83a</b>	X	
<b>b</b> Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	N/A		
<b>84a</b> Did the organization solicit any contributions or gifts that were not tax deductible?	<b>84a</b>		X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A		
<b>85</b> 501(c)(4), (5), or (6) organizations. <b>a</b> Were substantially all dues nondeductible by members?	N/A		
<b>b</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	N/A		
<b>c</b> Dues, assessments, and similar amounts from members	<b>85c</b>		
<b>d</b> Section 162(e) lobbying and political expenditures	<b>85d</b>		
<b>e</b> Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	<b>85e</b>		
<b>f</b> Taxable amount of lobbying and political expenditures (line 85d less 85e)	<b>85f</b>		
<b>g</b> Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A		
<b>h</b> If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A		
<b>86</b> 501(c)(7) orgs. Enter: <b>a</b> Initiation fees and capital contributions included on line 12	<b>86a</b>		
<b>b</b> Gross receipts, included on line 12, for public use of club facilities	<b>86b</b>		
<b>87</b> 501(c)(12) orgs. Enter: <b>a</b> Gross income from members or shareholders	<b>87a</b>		
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>87b</b>		
<b>88</b> At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	<b>88</b>		X
<b>89a</b> 501(c)(3) organizations Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0, section 4912 ▶ 0; section 4955 ▶ 0	<b>89a</b>		
<b>b</b> 501(c)(3) and 501(c)(4) orgs. 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 a statement explaining each transaction	<b>89b</b>		X
<b>c</b> Enter. Amount of tax imposed on the organization managers or disqualified persons during the year sections 4912, 4955, and 4958	▶		0
<b>d</b> Enter Amount of tax on line 89c, above, reimbursed by the organization	▶		0
<b>90a</b> List the states with which a copy of this return is filed ▶ NONE			
<b>b</b> Number of employees employed in the pay period that includes March 12, 2005 (See instructions)	<b>90b</b>		20
<b>91a</b> The books are in care of ▶ BREVARD ALZHEIMER'S FOUNDATION, INC Telephone no. ▶ 4676 N. WICKHAM RD. Located at ▶ MELBOURNE, FL, ZIP + 4 ▶ 32935			
<b>b</b> 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)? 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	<b>91b</b>	Yes	No
<b>c</b> At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country ▶	<b>91c</b>		X
<b>92</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year	<b>92</b>		▶ <input type="checkbox"/>

**Part VII Analysis of Income-Producing Activities (See the instructions.)**

	Unrelated business income		Excluded by sec 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
<b>93</b> Program service revenue:					
<b>a</b> PRIVATE PAY					409,096
<b>b</b> CONTRACT SERVICES					21,310
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>f</b> Medicare/Medicaid payments					240,836
<b>g</b> Fees and contracts from government agencies					
<b>94</b> Membership dues and assessments					
<b>95</b> Interest on savings and temporary cash investments					
<b>96</b> Dividends and interest from securities					97,463
<b>97</b> Net rental income or (loss) from real estate:					
<b>a</b> debt-financed property					
<b>b</b> not debt-financed property					
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income					
<b>100</b> Gain or (loss) from sales of assets other than inventory					
<b>101</b> Net income or (loss) from special events			1	190,776	21,872
<b>102</b> Gross profit or (loss) from sales of inventory					
<b>103</b> Other revenue: <b>a</b>					
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>104</b> Subtotal (add columns (B), (D), and (E))			0	190,776	790,577
<b>105</b> Total (add line 104, columns (B), (D), and (E))					981,353

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)**

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
1	SEE STATEMENT 9

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)**

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

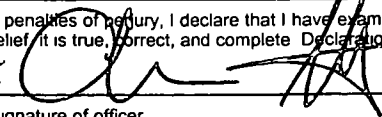
**Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)**

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No


Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

**Please Sign Here**

Under penalties of perjury, I declare that I have examined this return, including attachments, and believe it is true, correct, and complete. Declaration of preparer (other than the taxpayer) is based on all information of which preparer has any knowledge.

  
 Signature of officer  
**CHRIS STAGMAN**  
 Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature  **THOMAS P. FLAVIN, CPA**

Firm's name (or yours if self-employed), address, and ZIP + 4 **FLAVIN NELSON & ASSOCIATES  
 330 FIFTH AVENUE  
 INDIALANTIC, FL 32909**



**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),  
or 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0047

**2005**

Department of the Treasury  
Internal Revenue Service

**Supplementary Information-(See separate instructions.)**  
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

BREVARD ALZHEIMER'S FOUNDATION, INC

Employer identification number

59-3369526

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Comp	(d) Contrib to empl ben plans & deferred comp	(e) Expense account & other allowances
NONE				
Total number of other employees paid over \$50,000 ▶				

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services ▶		

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services ▶		

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2005

**Part III Statements About Activities** (See page 2 of the instructions.)

	Yes	No
<b>1</b> During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ (Must equal amounts on line 38, Part VI-A, or line I of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	<b>1</b>	X
<b>2</b> During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
<b>a</b> Sale, exchange, or leasing of property?	<b>2a</b>	X
<b>b</b> Lending of money or other extension of credit?	<b>2b</b>	X
<b>c</b> Furnishing of goods, services, or facilities?	<b>2c</b>	X
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	<b>2d</b>	X
SEE STATEMENT 10		
<b>e</b> Transfer of any part of its income or assets?	<b>2e</b>	X
<b>3a</b> Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)	<b>3a</b>	X
<b>b</b> Do you have a section 403(b) annuity plan for your employees?	<b>3b</b>	X
<b>c</b> During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	<b>3c</b>	X
<b>4a</b> Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	<b>4a</b>	X
<b>b</b> Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	<b>4b</b>	X

**Part IV Reason for Non-Private Foundation Status** (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5**  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6**  A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7**  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8**  A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9**  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ►
- 10**  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a**  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b**  A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12**  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions-subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13**  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization ►  Type 1  Type 2  Type 3

Provide the following information about the supported organizations (See page 6 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14**  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants See line 28 )	2,480,676	2,429,489	2,117,828	2,067,567	9,095,560
<b>16</b> Membership fees received		735	535	970	2,240
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					0
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	45,150	48,541	26,322	20,880	140,893
<b>19</b> Net income from unrelated business activities not included in line 18					0
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					0
<b>22</b> Other income Attach a schedule Do not include gain or (loss) from sale of capital assets					0
<b>23</b> Total of lines 15 through 22	2,525,826	2,478,765	2,144,685	2,089,417	9,238,693
<b>24</b> Line 23 minus line 17	2,525,826	2,478,765	2,144,685	2,089,417	9,238,693
<b>25</b> Enter 1% of line 23	25,258	24,788	21,447	20,894	

<b>26 Organizations described on lines 10 or 11:</b>	<b>a</b> Enter 2% of amount in column (e), line 24	▶	<b>26a</b>	0
<b>b</b> Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts		▶	<b>26b</b>	
<b>c</b> Total support for section 509(a)(1) test: Enter line 24, column (e)		▶	<b>26c</b>	
<b>d</b> Add: Amounts from column (e) for lines:	18 _____ 19 _____	▶	<b>26d</b>	
	22 _____ 26b _____	▶	<b>26e</b>	
<b>e</b> Public support (line 26c minus line 26d total)		▶	<b>26e</b>	
<b>f</b> Public support percentage (line 26e (numerator) divided by line 26c (denominator))		▶	<b>26f</b>	%

<b>27 Organizations described on line 12:</b>	<b>a</b> For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year:	(2004)	0	(2003)	0	(2002)	0	(2001)	0
<b>b</b> For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:		(2004)	0	(2003)	0	(2002)	0	(2001)	0
<b>c</b> Add: Amounts from column (e) for lines:	15 <u>9,095,560</u> 16 <u>2,240</u>	17 _____	20 _____	21 _____	▶	<b>27c</b>	9,097,800		
<b>d</b> Add: Line 27a total.	_____ and line 27b total _____	▶	<b>27d</b>						
<b>e</b> Public support (line 27c total minus line 27d total)		▶	<b>27e</b>	9,097,800					
<b>f</b> Total support for section 509(a)(2) test: Enter amount from line 23, column (e)	▶	<b>27f</b>	9,238,693						
<b>g</b> Public support percentage (line 27e (numerator) divided by line 27f (denominator))	▶	<b>27g</b>	98.4750%						
<b>h</b> Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	▶	<b>27h</b>	1.5250%						

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not file this list with your return. Do not include these grants in line 15

**Part V Private School Questionnaire (See page 7 of the instructions.)**  
**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

		N/A	Yes	No
<b>29</b>	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?			
<b>30</b>	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?			
<b>31</b>	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain (If you need more space, attach a separate statement )			
<b>32</b>	Does the organization maintain the following:			
<b>a</b>	Records indicating the racial composition of the student body, faculty, and administrative staff?			
<b>b</b>	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?			
<b>c</b>	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?			
<b>d</b>	Copies of all material used by the organization or on its behalf to solicit contributions?			
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement )				
<b>33</b>	Does the organization discriminate by race in any way with respect to:			
<b>a</b>	Students' rights or privileges?			
<b>b</b>	Admissions policies?			
<b>c</b>	Employment of faculty or administrative staff?			
<b>d</b>	Scholarships or other financial assistance?			
<b>e</b>	Educational policies?			
<b>f</b>	Use of facilities?			
<b>g</b>	Athletic programs?			
<b>h</b>	Other extracurricular activities?			
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)				
<b>34a</b>	Does the organization receive any financial aid or assistance from a governmental agency?			
<b>b</b>	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.			
<b>35</b>	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation			

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions.)  
 (To be completed **ONLY** by an eligible organization that filed Form 5768) N/A

Check  **a** if the organization belongs to an affiliated group      Check  **b** if you checked "a" and "limited control" provisions apply.

**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred )

		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>		
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>		
<b>38</b> Total lobbying expenditures (add lines 36 and 37)	<b>38</b>		
<b>39</b> Other exempt purpose expenditures	<b>39</b>		
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>		
<b>41</b> Lobbying nontaxable amount. Enter the amount from the following table-			
<b>If the amount on line 40 is-</b>	<b>The lobbying nontaxable amount is-</b>		
Not over \$500,000	20% of the amount on line 40		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	<b>41</b>	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>		
<b>43</b> Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	<b>43</b>		
<b>44</b> Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	<b>44</b>		

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.)

See the instructions for lines 45 through 50 on page 11 of the instructions )

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
<b>45</b> Lobbying nontaxable amount					
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots nontaxable amount					
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					
<b>50</b> Grassroots lobbying expenditures					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.) N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

- a** Volunteers
- b** Paid staff or management (Include compensation in expenses reported on lines through c h.)
- c** Media advertisements
- d** Mailings to members, legislators, or the public
- e** Publications, or published or broadcast statements
- f** Grants to other organizations for lobbying purposes
- g** Direct contact with legislators, their staffs, government officials, or a legislative body
- h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i** Total lobbying expenditures (Add lines through c h.)

Yes	No	Amount

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

**Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations** (See page 12 of the instructions.)

**51** Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

**a** Transfers from the reporting organization to a noncharitable exempt organization of:

- (i) Cash
- (ii) Other assets

**b** Other transactions:

- (i) Sales or exchanges of assets with a noncharitable exempt organization
- (ii) Purchases of assets from a noncharitable exempt organization
- (iii) Rental of facilities, equipment, or other assets
- (iv) Reimbursement arrangements
- (v) Loans or loan guarantees
- (vi) Performance of services or membership or fundraising solicitations

**c** Sharing of facilities, equipment, mailing lists, other assets, or paid employees

**d** If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

	Yes	No
<b>51a(i)</b>		X
<b>a(ii)</b>		X
<b>b(i)</b>		X
<b>b(ii)</b>		X
<b>b(iii)</b>		X
<b>b(iv)</b>		X
<b>b(v)</b>		X
<b>b(vi)</b>		X
<b>c</b>		X

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
N/A			

**52a** Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

►  Yes  No

**b** If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		



For calendar year 2005, or tax year beginning **7/01/05**, and ending **6/30/06**

Name **BREVARD ALZHEIMER'S FOUNDATION, INC** Employer Identification Number **59-3369526**

**FORM 990, PART IV, LINE 64B - ADDITIONAL INFORMATION**

Name of lender	Relationship to disqualified person
(1) WACHOVIA BANK, NA	NONE
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1) 100,000	5/16/01		1 YEAR TERM RENEWABLE LINE	8.250
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Security provided by borrower	Purpose of loan
(1) NONE	OPERATING FUNDS
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1) NONE	79,675	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Totals</b>	<b>79,675</b>	



## Federal Statements

Statement 1 - Form 990, Part II, Line 43 - Other Functional Expenses

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Mgt &amp; General</u>	<u>Fund- Raising</u>
EXPENSES	\$	\$	\$	\$
FOOD SERVICE	85,181	85,181		
INSURANCE	127,413	96,241	15,836	15,336
MISCELLANEOUS	25,961	18,419	4,076	3,466
STIPEND	92,546	92,546		
TRANSPORTATION	143,505	142,795	355	355
TOTAL	<u>\$ 474,606</u>	<u>\$ 435,182</u>	<u>\$ 20,267</u>	<u>\$ 19,157</u>

**Statement 2 - Form 990, Part III - Organization's Primary Exempt Purpose**

BREVARD ALZHEIMER'S FOUNDATION, INC. IS DEDICATED TO PROVIDING RESPITE AND SUPPORT TO PEOPLE IN BREVARD COUNTY WHO SUFFER FROM ALZHEIMER'S DISEASE AND TO THEIR FAMILIES AND CAREGIVERS.

**Statement 3 - Form 990, Part III, Line a - Statement of Program Service Accomplishments****Description**

ADULT DAY CARE  
BREVARD ALZHEIMER'S FOUNDATION PROVIDES CARE TO PERSONS WITH NON-TREATABLE MEMORY LOSS AND ALSO TO THEIR FAMILIES. OUR ORGANIZATION PROVIDES A CREATIVE DAY CARE ENVIRONMENT WITH THERAPEUTIC ACTIVITIES FOR PERSONS WITH ALZHEIMER'S DISEASE. WE ALSO PROVIDE RESPITE FOR FAMILIES AND CAREGIVERS OF THOSE SUFFERING WITH ALAHEIMER'S.

## Federal Statements

**Statement 4 - Form 990, Part IV, Line 54 - Investments in Securities**

Description	Beginning of Year	End of Year	Basis of Valuation
US AND STATE GOVERNMENT		158,181	MARKET
CORPORATE STOCK			
COMMON STOCKS	164,330	22,970	MARKET
MONEY MARKET FUNDS	464,201	87,861	MARKET
MUTUAL FUNDS	977,629	1,192,125	MARKET
MANAGED FUTURES		200,000	MARKET
UNIT INVESTMENT TRUSTS		103,627	MARKET
CORPORATE BONDS		274,187	MARKET
	<u>304,344</u>	<u>274,187</u>	
	<u>1,910,504</u>	<u>2,038,951</u>	

**Statement 5 - Form 990, Part IV, Line 56 - Other Investments**

Description	Beginning of Year	End of Year	Basis of Valuation
LAND HELD FOR RESALE	\$ 10,000	\$ 10,000	
TOTAL	<u>\$ 10,000</u>	<u>\$ 10,000</u>	

**Federal Statements****Statement 6 - Form 990, Part IV-A - Other Revenue Included on Financial Statements**

<u>Description</u>	<u>Amount</u>
SPECIAL EVENT EXPENSE	\$ <u>130,591</u>
TOTAL	\$ <u><u>130,591</u></u>

**Statement 7 - Form 990, Part IV-B - Other Expenses Included on Financial Statements**

<u>Description</u>	<u>Amount</u>
SPECIAL EVENT EXPENSES	\$ <u>130,591</u>
TOTAL	\$ <u><u>130,591</u></u>

Statement 8 - Form 990, Part VI, Line 82b - Donated Services

Description	Amount
DONATED SERVICES	\$ 26,339
TOTAL	\$ 26,339

**Statement 9 - Form 990, Part VIII - Relationship of Activities**

<u>Line No.</u>	<u>Description</u>
93A	PRIVATE PAYMENTS FOR CARE AND THERAPY FOR PEOPLE WHO SUFFER FROM ALZHEIMER'S DISEASE.
93F	MEDICAID PAYMENTS FOR PROVIDING CARE AND THERAPY FOR QUALIFYING PEOPLE WHO SUFFER FROM ALZHEIMER'S DISEASE.
103A	OTHER REVENUES RELATED TO PROVIDING CARE AND ASSISTANCE TO PERSONS WITH ALZHEIMER'S AND THEIR CAREGIVERS.

**Statement 10 - Schedule A, Part III, Line 2d - Payment of Compensation / Reimbursement of**  
**Exp**

Description

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SEE PART V, FORM 990

**Depreciation and Amortization**  
(Including Information on Listed Property)

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

Name(s) shown on return

BREVARD ALZHEIMER'S FOUNDATION, INC

Identifying number

59-3369526

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	105,000
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	420,000
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 instr	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 2004 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 2006. 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 certain aircraft, certain property with a long production period, and qualified NYL or GO Zone property (other than listed 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	60,313

**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 2005	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 <input type="checkbox"/>		

**Section B-Assets Placed in Service During 2005 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 2005 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	60,313
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.