

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)

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

A For the 2007 calendar year, or tax year beginning 7/01/07, and ending 6/30/08

- B** Check if applicable:
 Address change
 Name change
 Initial return
 Termination
 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

D Employer identification number
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 instructions.)

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

G Website: **BREVARDALZHEIMERS.ORG**

J Organization type

(check only one) 501(c) (3) (insert no.) 4947(a)(1) or 527

K Check here if the organization is not a 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.

I Group Exemption Number

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

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **2,457,722**

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

Revenue					
1	Contributions, gifts, grants, and similar amounts received				
a	Contributions to donor advised funds	1a			
b	Direct public support (not included on line 1a)	1b	404,332		
c	Indirect public support (not included on line 1a)	1c	97,000		
d	Government contributions (grants) (not included on line 1a)	1d	406,104		
e	Total (add lines 1a through 1d) (cash \$ 907,436 noncash \$)	1e		907,436	
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		932,642	
3	Membership dues and assessments	3			
4	Interest on savings and temporary cash investments	4			
5	Dividends and interest from securities	5		124,425	
6a	Gross rents	6a			
b	Less: rental expenses	6b			
c	Net rental income or (loss). Subtract line 6b from line 6a	6c			
7	Other investment income (describe)	7			
8a	Gross amount from sales of assets other than inventory	(A) Securities	(B) Other		
b	Less: cost or other basis and sales expenses	8a			
c	Gain or (loss) (attach schedule)	8b			
d	Net gain or (loss). Combine line 8c, columns (A) and (B)	8c			
8d		8d			
9	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 1b)	9a	467,185		
b	Less: direct expenses other than fundraising expenses	9b	84,200		
c	Net income or (loss) from special events. Subtract line 9b from line 9a	9c		382,985	
10a	Gross sales of inventory, less returns and allowances	10a			
b	Less: cost of goods sold	10b			
c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c			
11	Other revenue (from Part VII, line 103)	11		26,034	
12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12		2,373,522	
Expenses					
13	Program services (from line 44, column (B))	13		1,820,174	
14	Management and general (from line 44, column (C))	14		355,625	
15	Fundraising (from line 44, column (D))	15		139,843	
16	Payments to affiliates (attach schedule)	16			
17	Total expenses. Add lines 16 and 44, column (A)	17		2,315,642	
18	Excess or (deficit) for the year. Subtract line 17 from line 12	18		57,880	
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		4,654,330	
20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 1	20		-230,626	
21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21		4,481,584	

SCANNED FEB 26 2009

RECEIVED
 FEB 09 2009
 OGDEN, UT

Handwritten initials/signature

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
22a Grants paid from donor advised funds (attach schedule) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a			
22b Other grants and allocations (attach schedule) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a			
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b			
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c			
26 Salaries and wages of employees not included on lines 25a, b, and c	26 1,193,842	957,950	235,892	
27 Pension plan contributions not included on lines 25a, b, and c	27			
28 Employee benefits not included on lines 25a - 27	28			
29 Payroll taxes	29 98,618	78,386	19,139	1,093
30 Professional fundraising fees	30			
31 Accounting fees	31 39,704	17,194	16,554	5,956
32 Legal fees	32			
33 Supplies	33 36,776	16,562	12,525	7,689
34 Telephone	34 31,529	21,620	9,909	
35 Postage and shipping	35 17,293	3,155	1,564	12,574
36 Occupancy	36 111,508	97,135	12,395	1,978
37 Equipment rental and maintenance	37 19,931	17,183	2,194	554
38 Printing and publications	38 6,331	1,552		4,779
39 Travel	39			
40 Conferences, conventions, and meetings	40			
41 Interest	41 2,023	1,666	357	
42 Depreciation, depletion, etc. (attach schedule)	42 69,411	59,013	6,933	3,465
43 Other expenses not covered above (itemize):				
a SEE STATEMENT 2	43a 688,676	548,758	38,163	101,755
b	43b			
c	43c			
d	43d			
e	43e			
f	43f			
g	43g			
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 2,315,642	1,820,174	355,625	139,843

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 3 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.)	Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others)
a SEE STATEMENT 4 (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	1,514,401
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"/>	246,760
c (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
d (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
e Other program services (attach schedule) SEE STMT 5 (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	59,013
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	1,820,174

Part IV Balance Sheets (See the instructions.)

Note: 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	
Assets	45 Cash—non-interest-bearing		128,132	45	242,578
	46 Savings and temporary cash investments			46	
	47a Accounts receivable	47a	177,885		
	b Less allowance for doubtful accounts	47b		177,902	47c 177,885
	48a Pledges receivable	48a			
	b Less allowance for doubtful accounts	48b			48c
	49 Grants receivable		94,000	49	97,000
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)			50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (att. schedule)			50b	
	51a Other notes and loans receivable (attach schedule)	51a			
	b Less allowance for doubtful accounts	51b			51c
	52 Inventories for sale or use			52	
	53 Prepaid expenses and deferred charges		9,525	53	11,197
	54a Investments—publicly-traded securities SEE STATEMENT 6	<input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	2,170,472	54a	1,933,508
	b Investments—other securities (attach schedule)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b	
55a Investments—land, buildings, and equipment: basis	55a				
b Less accumulated depreciation (attach schedule)	55b			55c	
56 Investments—other (attach schedule)			56		
57a Land, buildings, and equipment: basis	57a	2,582,270			
b Less accumulated depreciation (attach schedule) SEE STATEMENT 7	57b	469,247	2,181,969	57c 2,113,023	
58 Other assets, including program-related investments (describe ▶)			58		
59 Total assets (must equal line 74). Add lines 45 through 58		4,762,000	59	4,575,191	
Liabilities	60 Accounts payable and accrued expenses		107,670	60	93,607
	61 Grants payable			61	
	62 Deferred revenue			62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)			63	
	64a Tax-exempt bond liabilities (attach schedule)			64a	
	b Mortgages and other notes payable (attach schedule)			64b	
	65 Other liabilities (describe ▶)			65	
	66 Total liabilities . Add lines 60 through 65		107,670	66	93,607
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67 Unrestricted		1,870,178	67	1,831,140
	68 Temporarily restricted		613,840	68	717,097
	69 Permanently restricted		2,170,312	69	1,933,347
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74				
	70 Capital stock, trust principal, or current funds			70	
	71 Paid-in or capital surplus, or land, building, and equipment fund			71	
	72 Retained earnings, endowment, accumulated income, or other funds			72	
73 Total net assets or fund balances . Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)		4,654,330	73	4,481,584	
74 Total liabilities and net assets/fund balances . Add lines 66 and 73		4,762,000	74	4,575,191	

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

a	Total revenue, gains, and other support per audited financial statements		a	2,227,311
b	Amounts included on line a but not on Part I, line 12:			
1	Net unrealized gains on investments	b1	-230,411	
2	Donated services and use of facilities	b2		
3	Recoveries of prior year grants	b3		
4	Other (specify) SEE STATEMENT 8	b4	84,200	
	Add lines b1 through b4		b	-146,211
c	Subtract line b from line a		c	2,373,522
d	Amounts included on Part I, line 12, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify)	d2		
	Add lines d1 and d2		d	
e	Total revenue (Part I, line 12). Add lines c and d		e	2,373,522

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

a	Total expenses and losses per audited financial statements		a	2,400,057
b	Amounts included on line a but not Part I, line 17:			
1	Donated services and use of facilities	b1		
2	Prior year adjustments reported on Part I, line 20	b2		
3	Losses reported on Part I, line 20	b3		
4	Other (specify): SEE STATEMENT 9	b4	84,415	
	Add lines b1 through b4		b	84,415
c	Subtract line b from line a		c	2,315,642
d	Amounts included on Part I, line 17, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify):	d2		
	Add lines d1 and d2		d	
e	Total expenses (Part I, line 17). Add lines c and d		e	2,315,642

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) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
EDWARD M. FLEIS, P.E. 1275 S PATRICK DR FL 32937	SATELLITE BCH TREASURER	0	0	0
DR. PAT MANNING 2975 LA CITA LANE FL 32780	TITUSVILLE CHAIR	0	0	0
WILLIAM JOHNSON 21 SUNTREE PLACE, SUITE 100 FL 32940	MELBOURNE VICE CHAIR	0	0	0
RICHARD ROSSELL 4676 N WICKHAM RD FL 32935	MELBOURNE SECRETARY	0	0	0
FLOYD TROGDON 1596 PIONEER DRIVE FL 32940	MELBOURNE CHAIRMAN EM.	0	0	0
CHRIS STAGMAN 5421 BRIDGE ROAD FL 32927	COCOA EXECUTIVE DR	0	75,000	0

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)		Yes	No
75a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings		
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)	75b	X
c	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 the organization? See the instructions for the definition of "related organization" If "Yes," attach a statement that includes the information described in the instructions.	75c	X
d	Does the organization have a written conflict of interest policy?	75d	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 (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
JOSEPH STECKLER 154 LANTERNBACK IS DR 32937	0	41,000	0	0

Part VI Other Information (See the instructions.)		Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76	X
77	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	77	X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80a	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?	80a	X
b	If "Yes," enter the name of the organization		
	and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81a	Enter direct and indirect political expenditures. (See line 81 instructions)	81a	0
b	Did the organization file Form 1120-POL for this year?	81b	X

Part VI Other Information (continued)

		Yes	No
82a	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?	X	
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.)		
	82b		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	N/A	
83b			
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
84b			
85a	501(c)(4), (5), or (6) Were substantially all dues nondeductible by members?	N/A	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	N/A	
c	Dues, assessments, and similar amounts from members		
	85c		
d	Section 162(e) lobbying and political expenditures		
	85d		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
	85e		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
	85f		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	
85g			
h	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	
85h			
86	501(c)(7) orgs Enter: a Initiation fees and capital contributions included on line 12		
	86a		
b	Gross receipts, included on line 12, for public use of club facilities		
	86b		
87	501(c)(12) orgs Enter: a Gross income from members or shareholders		
	87a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
	87b		
88a	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		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		X
88b			
89a	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	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		X
89b			
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶ 0		
89c			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
89e			
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
89f			
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
89g			
90a	List the states with which a copy of this return is filed ▶ NONE		
b	Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)	90b	64
91a	The books are in care of ▶ CHRIS STAGMAN 4676 N. WICKHAM RD. Located at ▶ MELBOURNE, FL	Telephone no. ▶ 321-253-4430 ZIP + 4 ▶ 32935	
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.	91b	X

Part VI Other Information (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States?

91c Yes No

If "Yes," enter the name of the foreign country ▶

92 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

▶ 92 |

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

Note: Enter gross amounts unless otherwise indicated.

93 Program service revenue:

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
a PRIVATE PAY					448,107
b CONTRACT SERVICES					258,165
c					
d					
e					
f Medicare/Medicaid payments					226,370
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities					124,425
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			1	301,753	81,232
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b OTHER REVENUE					26,034
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		301,753	1,164,333
105 Total (add line 104, columns (B), (D), and (E))					1,466,086

Note: Line 105 plus line 1e, 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).
▼	SEE STATEMENT 10

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).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

106 Did the reporting organization **make** any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

107 Did the reporting organization **receive** any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
	X

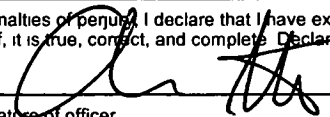
	(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No


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 officer) is based on all information of which preparer has any knowledge.


Date 2-3-09

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

Paid Preparer's Use Only

Preparer's signature	 THOMAS P. FLAVIN, CPA <i>TF</i>	Date	Check if	Preparer's SSN or PTIN (See Gen. Instr. Y)
Firm's name (or yours if self-employed), address, and ZIP + 4	THOMAS P. FLAVIN & 330 FIFTH AVENUE INDIALANTIC, FL 32			

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

2007

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) Compensation	(d) Contributions to empl benefit plans & deferred comp	(e) Expense account and 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) 2007

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

Yes No

<p>1 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.)</p> <p>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</p>	1		X
<p>2 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.)</p>			
<p>a Sale, exchange, or leasing of property?</p>	2a		X
<p>b Lending of money or other extension of credit?</p>	2b		X
<p>c Furnishing of goods, services, or facilities?</p>	2c		X
<p>d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p>	2d	X	
<p>e Transfer of any part of its income or assets?</p>	2e		X
<p>3a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments)</p>	3a		X
<p>b Did the organization have a section 403(b) annuity plan for its employees?</p>	3b		X
<p>c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement</p>	3c		X
<p>d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?</p>	3d		X
<p>4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g</p>	4a		X
<p>b Did the organization make any taxable distributions under section 4966?</p>	4b		
<p>c Did the organization make a distribution to a donor, donor advisor, or related person?</p>	4c		
<p>d Enter the total number of donor advised funds owned at the end of the tax year ► _____</p>			
<p>e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ► _____</p>			
<p>f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ► _____</p>	0		
<p>g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ► _____</p>	0		

**SEE PART V-A, FORM 990
SEE STATEMENT 11**

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions.)

I certify that 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 otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 - Type I
 - Type II
 - Type III-Functionally Integrated
 - Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 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) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	738,734	1,964,649	2,480,676	2,429,489	7,613,548
16 Membership fees received				735	735
17 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		866,186			866,186
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	278,359	97,463	45,150	48,541	469,513
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
21 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
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets					0
23 Total of lines 15 through 22	1,017,093	2,928,298	2,525,826	2,478,765	8,949,982
24 Line 23 minus line 17	1,017,093	2,062,112	2,525,826	2,478,765	8,083,796
25 Enter 1% of line 23	10,171	29,283	25,258	24,788	

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24	26a	0
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 2003 through 2006 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts	26b	
c Total support for section 509(a)(1) test: Enter line 24, column (e)	26c	
d Add: Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____	26d	
e Public support (line 26c minus line 26d total)	26e	
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	26f	%

27 Organizations described on line 12: a 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: (2006) 0 (2005) 0 (2004) 0 (2003) 0		
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: (2006) 0 (2005) 0 (2004) 0 (2003) 0		
c Add: Amounts from column (e) for lines 15 <u>7,613,548</u> 16 <u>735</u> 17 <u>866,186</u> 20 _____ 21 _____	27c	8,480,469
d Add: Line 27a total _____ and line 27b total _____	27d	
e Public support (line 27c total minus line 27d total)	27e	8,480,469
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) <u>8,949,982</u>	27f	
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	27g	94.7540%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	27h	5.2460%

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, 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 9 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	N/A	Yes	No
29 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?	29		
30 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?	30		
31 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.)	31		
32 Does the organization maintain the following:			
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
33 Does the organization discriminate by race in any way with respect to:			
a Students' rights or privileges?	33a		
b Admissions policies?	33b		
c Employment of faculty or administrative staff?	33c		
d Scholarships or other financial assistance?	33d		
e Educational policies?	33e		
f Use of facilities?	33f		
g Athletic programs?	33g		
h Other extracurricular activities?	33h		
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
34a Does the organization receive any financial aid or assistance from a governmental agency?	34a		
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.	34b		
35 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	35		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 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
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	
41 Lobbying nontaxable amount. Enter the amount from the following table-	41	
If the amount on line 40 is- The lobbying nontaxable amount is-		
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		
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	42	
42 Grassroots nontaxable amount (enter 25% of line 41)	42	
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

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 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 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 14 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 c through 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 c through 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 14 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
51a(i)		X
a(ii)		X
b(i)		X
b(ii)		X
b(iii)		X
b(iv)		X
b(v)		X
b(vi)		X
c		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		

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	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	
(a) Description of property		(b) Cost (business use only)	(c) Elected cost
6			
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	67,637

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	1,774
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 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	
i	Nonresidential real property		27.5 yrs.	MM	S/L	
			39 yrs.	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	69,411
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.

Federal Statements

Form 990, Part I, Line 8c - Sale of Assets Other Than Inventory - Other

Desc	How Rec'd	Whom Sold	Date Acquired	Date Sold	Sale Price	Cost & Expense	Depr	Gain/-Loss
GATEWAY COMPUTER AND ACCES. PURCHASE			6/15/01	12/31/07	\$	\$ 903	\$ 903	\$
CANON PURCHASE			10/02/00	12/31/07		2,495	2,495	
TOTAL					\$ 0	\$ 3,398	\$ 3,398	\$ 0

Statement 1 - Form 990, Line 20 - Other Changes in Net Assets or Fund Balances

<u>Description</u>	<u>Amount</u>
NET UNREALIZED GAINS ON INVESTMENTS	\$ -230,411
EVENT DIRECT COSTS	84,200
EVENT DIRECT COSTS	-84,200
BOOK / TAX DEPREC DIFFERENCE	-215
TOTAL	<u>\$ -230,626</u>

Federal Statements

Statement 2 - Form 990, Part II, Line 43 - Other Functional Expenses

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
	\$	\$	\$	\$
ALZHEIMER'S WALK				
FOOD/BEVERAGE	49			49
ADVERTISING	722			722
BBQ & CAR DRAWING				
FOOD AND ENTERTAINMENT	3,280			3,280
MISCELLANEOUS	6,055			6,055
ADVERTISING	30,085			30,085
GOLF TOURNAMENTS				
FEES	3,061			3,061
FOOD AND BEVERAGE	2,265			2,265
MISCELLANEOUS	576			576
SPLASH OF COLOR				
FOOD AND BEVERAGE	643			643
MISCELLANEOUS	13,960			13,960
WINE TASTING/ART AUCTION				
FOOD AND BEVERAGE	110			110
EQUIPMENT	1,190			1,190
MISCELLANEOUS	7,428			7,428
ANNUAL APPEAL/AWARENESS				
MISCELLANEOUS	2,365			2,365
EXPENSES				
FOOD SERVICE	102,468	102,468		
INSURANCE	115,489	79,005	19,554	16,930
MISCELLANEOUS	42,064	29,231	6,317	6,516
STIPEND	98,399	98,399		
TRANSPORTATION	155,605	149,833	5,772	
ADVERTISING AND OUTREACH	59,396	59,396		
BAD DEBTS	43,466	30,426	6,520	6,520
TOTAL	<u>\$ 688,676</u>	<u>\$ 548,758</u>	<u>\$ 38,163</u>	<u>\$ 101,755</u>

Statement 3 - Form 990, Part III - Organization's Primary Exempt Purpose**Description**

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 4 - 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.

Statement 5 - Form 990, Part III, Line e - Other Program Services**Description**

SUPPORT FOR INDIRECT EXPENSES NECESSARY TO ADMINISTER AND SUPPLEMENT PROGRAMS.

Federal Statements

Statement 6 - Form 990, Part IV, Line 54a - Publicly Traded Securities

Description	Beginning of Year	End of Year	Basis of Valuation
US AND STATE GOVERNMENT GOVERNMENT SECURITIES	\$ 105,908	\$ 74,411	MARKET
CORPORATE STOCK			
COMMON STOCKS	23,810	18,520	MARKET
MONEY MARKET FUNDS	174,118	116,675	MARKET
MUTUAL FUNDS	1,243,370	1,143,607	MARKET
MANAGED FUTURES	210,421	228,312	MARKET
UNIT INVESTMENT TRUSTS	130,933	72,138	MARKET
CORPORATE BONDS			
	281,912	279,845	MARKET
TOTAL	\$ 2,170,472	\$ 1,933,508	

Statement 7 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment

Description	Beginning of Year	Accum Depr	End of Year	Accum Depr
BUILDINGS, EQUIPMENT AND FURNISHINGS	\$ 2,065,703	\$ 403,234	\$ 2,062,770	\$ 469,247
LAND	519,500		519,500	
TOTAL	\$ 2,585,203	\$ 403,234	\$ 2,582,270	\$ 469,247

Federal Statements**Statement 8 - Form 990, Part IV-A - Other Revenue Included on Financial Statements**

<u>Description</u>	<u>Amount</u>
EVENT DIRECT COSTS	\$ 84,200
TOTAL	\$ <u>84,200</u>

Statement 9 - Form 990, Part IV-B - Other Expenses included on Financial Statements

<u>Description</u>	<u>Amount</u>
EVENT DIRECT COSTS	\$ 84,200
BOOK / TAX DEPREC DIFFERENCE	<u>215</u>
TOTAL	\$ <u>84,415</u>

Statement 10 - 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 11 - Schedule A, Part III, Line 2d - Payment of Compensation / Reimbursement of
Exp**

Description

SEE PART V, FORM 990

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179B	Basis for Depr	PerConv Meth	Prior	Current
Prior MACRS:									
93	Misc Equip	6/30/99	4,949			4,949	7 HY 200DB	4,949	0
95	Titusville - building final	8/21/06	16,687			16,687	39 MM S/L	374	428
96	Computer - Titusville	7/04/06	1,237			1,237	5 MQ200DB	433	322
97	Laptop - BAFI admin	4/06/07	749			749	5 MQ200DB	37	285
98	Laptop & printer BAFI admin	6/04/07	945			945	5 MQ200DB	47	359
99	Laptop - T Downey	6/04/07	1,000			1,000	5 MQ200DB	50	380
			<u>25,567</u>			<u>25,567</u>		<u>5,890</u>	<u>1,774</u>
Other Depreciation:									
3	Building	5/01/98	650,091			650,091	30 MO S/L	198,639	21,670
4	Building	7/01/98	12,734			12,734	39 MO S/L	2,939	326
5	Granite Monument	4/15/01	2,136			2,136	15 MO S/L	890	142
9	Compaq CPU	4/01/97	2,000			2,000	5 MO S/L	2,000	0
14	GE VCR	5/01/97	200			200	5 MO S/L	200	0
15	IBM CPU	6/01/97	300			300	5 MO S/L	300	0
16	IBM CPU	6/01/97	300			300	5 MO S/L	300	0
17	IBM CPU	6/01/97	300			300	5 MO S/L	300	0
18	IBM CPU	6/01/97	300			300	5 MO S/L	300	0
19	IBM Printer	6/01/97	100			100	5 MO S/L	100	0
21	IBM Keyboard	6/01/97	100			100	5 MO S/L	100	0
22	IBM Keyboard	6/01/97	100			100	5 MO S/L	100	0
23	IBM Keyboard	6/01/97	100			100	5 MO S/L	100	0
24	IBM PSI Monitor	6/01/97	300			300	5 MO S/L	300	0
25	IBM PSI Monitor	6/01/97	300			300	5 MO S/L	300	0
26	IBM PSI Monitor	6/01/97	300			300	5 MO S/L	300	0
27	CTX Color Monitor	1/01/97	300			300	5 MO S/L	300	0
33	DFI CPU	1/01/97	300			300	5 MO S/L	300	0
34	Hammond Organ	4/01/97	2,000			2,000	7 MO S/L	2,000	0
38	Hayes smart mode	11/01/97	375			375	5 MO S/L	375	0
39	Omega Phone ADIX	6/01/97	5,000			5,000	5 MO S/L	5,000	0
40	Toshiba TV	7/01/97	1,400			1,400	5 MO S/L	1,400	0
41	Bunn Coffee Maker	10/01/97	200			200	5 MO S/L	200	0
42	Sharp Stereo	9/01/97	150			150	5 MO S/L	150	0
43	Clone CPU	7/01/97	1,000			1,000	5 MO S/L	1,000	0
44	GE VCR	4/01/97	150			150	5 MO S/L	150	0
45	GE Telephone	4/01/97	100			100	5 MO S/L	100	0
46	IBM Slectric III	4/01/97	100			100	5 MO S/L	100	0
47	IBM CPU	4/01/97	300			300	5 MO S/L	300	0
49	Ge Telephone	4/01/97	100			100	5 MO S/L	100	0
50	GE Telephone	4/01/97	100			100	5 MO S/L	100	0
51	BOSE stereo speakers	4/01/97	100			100	5 MO S/L	100	0
52	Vector Research	4/01/97	300			300	5 MO S/L	300	0
53	Realistic Turntable	4/01/97	100			100	5 MO S/L	100	0
54	ound Design Stereo	4/01/97	125			125	5 MO S/L	125	0
55	Panasonic Microwave	4/01/97	200			200	5 MO S/L	200	0
56	Whirlpool Fridge	4/01/97	500			500	5 MO S/L	500	0
57	Gateway Computer and Acces.	6/15/01	903			903	5 MO S/L	903	0
	Sold/Scrapped: 12/31/07								
58	Canon	10/02/00	2,495			2,495	5 MO S/L	2,495	0
	Sold/Scrapped: 12/31/07								
59	Refridgerator, Sears	4/18/02	510			510	5 MO S/L	510	0
60	Titusville Copier	7/10/00	3,500			3,500	4 MO S/L	3,500	0
62	Arcade Carpet	2/24/98	2,497			2,497	5 MO S/L	2,497	0
63	Art Kraft Sign	2/04/98	4,465			4,465	5 MO S/L	4,465	0
64	Dinnette- Palm Casual	2/25/98	1,291			1,291	5 MO S/L	1,291	0
65	Chairs- Blackwell	10/13/98	2,253			2,253	7 MO S/L	2,253	0
66	American Vertica	1/15/98	500			500	5 MO S/L	500	0
67	Madden Floor Coverng	2/04/98	1,400			1,400	5 MO S/L	1,400	0
68	American Vertica	2/04/98	429			429	5 MO S/L	429	0
69	Arcade Carpet	2/04/98	2,497			2,497	5 MO S/L	2,497	0
70	Madden Floor covering	2/06/98	1,123			1,123	5 MO S/L	1,123	0
71	GCO Carpet	5/12/98	504			504	7 MO S/L	504	0
72	Vinyl Sofa	1/14/00	678			678	5 MO S/L	678	0
73	Land- Melbourne	11/26/96	250,000			250,000	0 -- Land	0	0
74	Land- Micco Center	7/01/01	134,500			134,500	0 -- Land	0	0
75	Cabinet Job	11/12/99	1,778			1,778	3 MO S/L	1,778	0
76	Tile	1/03/00	2,582			2,582	3 MO S/L	2,582	0
77	Building- Micco	8/05/02	640,315			640,315	30 MO S/L	106,250	21,344

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
78	Phone System	7/01/02	434			434	5 MO S/L	434	0
79	Indian river Colony Club	7/02/02	4,388			4,388	5 MO S/L	4,388	0
80	Telephone System	7/11/02	610			610	5 MO S/L	610	0
81	Bronze Casting	7/11/02	657			657	7 MO S/L	469	94
82	Blinds	8/30/02	385			385	5 MO S/L	372	13
83	Sign	8/30/02	2,972			2,972	7 MO S/L	2,052	425
84	Water Garden	4/15/01	2,259			2,259	5 MO S/L	2,259	0
85	Chairs	1/07/03	1,280			1,280	7 MO S/L	823	183
86	Brother Fax Machine	2/14/03	50			50	5 MO S/L	44	6
87	Office Equipment	3/12/03	469			469	5 MO S/L	406	63
88	Office Equipment	6/04/03	588			588	5 MO S/L	480	108
89	Office Equipment	6/13/03	806			806	5 MO S/L	658	148
90	End Tables	6/24/03	70			70	7 MO S/L	40	10
91	Land - Titusville Center	12/14/04	135,000			135,000	0 -- Land	0	0
92	Building - Titusville Daycare	4/01/06	655,162			655,162	30 MO S/L	27,601	21,839
94	Titusville - landscape	8/24/06	17,725			17,725	15 MO S/L	985	1,181
100	Refrigerators - (2)	7/01/06	0			0	0 HY	0	0
101	Freezers - (2)	7/01/06	0			0	0 HY	0	0
102	TV & DVD (2)	7/01/06	0			0	0 HY	0	0
103	FAX machine	7/01/06	0			0	0 HY	0	0
104	Stove	7/01/06	0			0	0 HY	0	0
105	Stereo portable	7/01/06	0			0	0 HY	0	0
106	Desktop comp & peripherals (2)	7/01/06	0			0	0 HY	0	0
107	Laptop comp	7/01/06	0			0	0 HY	0	0
108	Freezer	7/23/07	465			465	5 MO S/L	0	85
Total Other Depreciation			<u>2,560,101</u>			<u>2,560,101</u>		<u>397,344</u>	<u>67,637</u>
Total ACRS and Other Depreciation			<u>2,560,101</u>			<u>2,560,101</u>		<u>397,344</u>	<u>67,637</u>
Grand Totals			2,585,668			2,585,668		403,234	69,411
Less: Dispositions			3,398			3,398		3,398	0
Less: Start-up/Org Expensed			0			0		0	0
Net Grand Totals			<u>2,582,270</u>			<u>2,582,270</u>		<u>399,836</u>	<u>69,411</u>