

Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter Social Security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990.

2013
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2013 calendar year, or tax year beginning 07/01/13, and ending 06/30/14

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization BREVARD ALZHEIMER'S FOUNDATION, INC		D Employer identification number 59-3369526
	Doing Business As		E Telephone number 321-253-4430
	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 province, country, and ZIP or foreign postal code MELBOURNE FL 32935		G Gross receipts \$ 3,276,149
F Name and address of principal officer WILSON SIMS 4676 NORTH WICKHAM ROAD MELBOURNE FL 32935		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶	
J Website ▶ BREVARDALZHEIMERS.ORG			
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation	M State of legal domicile

Part I Summary

1 Briefly describe the organization's mission or most significant activities

BREVARD ALZHEIMER'S FOUNDATION, INC. MISSION IS TO PROVIDE QUALITY, COMMUNITY-BASED CARE TO FRAIL ELDERLY AND CAREGIVERS.

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	13
4	13
5	102
6	60
7a	0
7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	681,676	1,149,874
9 Program service revenue (Part VIII, line 2g)	4,488,161	1,867,400
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	79,900	232,252
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	16,298	26,623
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,266,035	3,276,149
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,102,024	1,959,200
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 218,098		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,170,375	1,596,695
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	5,272,399	3,555,895
19 Revenue less expenses Subtract line 18 from line 12	-6,364	-279,746
20 Total assets (Part X, line 16)	4,355,107	4,298,566
21 Total liabilities (Part X, line 26)	572,642	795,847
22 Net assets or fund balances. Subtract line 21 from line 20	3,782,465	3,502,719

Part II Signature Block

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

Sign Here	Signature of officer WILSON SIMS
	Type or print name and title
Paid Preparer Use Only	Print/Type preparer's name THOMAS P. FLAVIN, CPA
	Preparer's signature THOMAS P. FLAVIN
	Firm's name ▶ FLAVIN, NOONEY & PERSONA Firm's address ▶ 2200 SOUTH BABCOCK STR. MELBOURNE, FL 32901

May the IRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions.

SCANNER FEB 11 2016
Net Assets or Fund Balances
Expenses
Revenue
Activities & Governance
JAN 14 2016