

**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)

**2004**

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

**A** For the 2004 calendar year, or tax year beginning **9/01/04**, and ending **8/31/05**

<p><b>B</b> Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Final return</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p>Please use IRS label or print or type. See Specific Instructions</p>	<p><b>C</b> Name of organization <b>BREVARD FEDERATION OF TEACHERS</b></p> <p>Number and street (or P O box if mail is not delivered to street address) Room/suite <b>1007 FLORIDA AVE</b></p> <p>City or town, state or country, and ZIP + 4 <b>ROCKLEDGE FL 32955-2143</b></p>	<p><b>D</b> Employer identification no <b>23-7402773</b></p> <p><b>E</b> Telephone number <b>321-636-3323</b></p> <p><b>F</b> Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify)</p>
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● 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," att 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: ▶ **N/A**

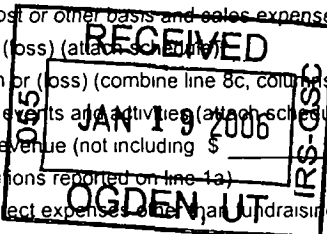
**J** Organization type (check only one) ▶  501(c) ( **5** ) ◁ (insert no)  4947(a)(1) or  527

**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 received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return**

**L** Gross receipts Add lines 6b, 8b, 9b and 10b to line 12 ▶ **1,599,375**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions)**

	<p><b>1</b> Contributions, gifts, grants, and similar amounts received</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:5%;"><b>a</b> Direct public support</td><td style="width:10%;"></td><td style="width:10%;"><b>1a</b></td><td style="width:10%;"></td></tr> <tr><td><b>b</b> Indirect public support</td><td></td><td><b>1b</b></td><td></td></tr> <tr><td><b>c</b> Government contributions (grants)</td><td></td><td><b>1c</b></td><td align="right"><b>109,809</b></td></tr> <tr><td><b>d</b> Total (add lines 1a through 1c) (cash \$ <b>109,809</b> noncash \$ _____ )</td><td></td><td><b>1d</b></td><td align="right"><b>109,809</b></td></tr> </table>	<b>a</b> Direct public support		<b>1a</b>		<b>b</b> Indirect public support		<b>1b</b>		<b>c</b> Government contributions (grants)		<b>1c</b>	<b>109,809</b>	<b>d</b> Total (add lines 1a through 1c) (cash \$ <b>109,809</b> noncash \$ _____ )		<b>1d</b>	<b>109,809</b>		
<b>a</b> Direct public support		<b>1a</b>																	
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	<p><b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)</p> <p><b>3</b> Membership dues and assessments <b>See Statement 1</b></p>		<b>25,719</b>																
	<p><b>4</b> Interest on savings and temporary cash investments</p> <p><b>5</b> Dividends and interest from securities</p>		<b>1,435,171</b>																
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:5%;"><b>6a</b> Gross rents</td><td style="width:10%;"></td><td style="width:10%;"><b>6a</b></td><td style="width:10%;"></td></tr> <tr><td><b>b</b> Less rental expenses</td><td></td><td><b>6b</b></td><td></td></tr> <tr><td><b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)</td><td></td><td><b>6c</b></td><td></td></tr> </table>	<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>17,373</b>				
<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>																	
Revenue	<p><b>7</b> Other investment income (describe _____ )</p>																		
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:5%;"><b>8a</b> Gross amount from sales of assets other than inventory</td><td style="width:10%;"></td><td style="width:10%;"><b>8a</b></td><td style="width:10%;"></td></tr> <tr><td><b>b</b> Less cost or other basis and sales expenses</td><td></td><td><b>8b</b></td><td></td></tr> <tr><td><b>c</b> Gain or (loss) (attach schedule)</td><td></td><td><b>8c</b></td><td></td></tr> <tr><td><b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))</td><td></td><td><b>8d</b></td><td></td></tr> </table>	<b>8a</b> Gross amount from sales of assets other than inventory		<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>			
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<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))		<b>8d</b>																	
	<p><b>9</b> Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:5%;"><b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1a)</td><td style="width:10%;"></td><td style="width:10%;"><b>9a</b></td><td style="width:10%;"></td></tr> <tr><td><b>b</b> Less direct expenses other than fundraising expenses</td><td></td><td><b>9b</b></td><td></td></tr> <tr><td><b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)</td><td></td><td><b>9c</b></td><td></td></tr> </table>	<b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1a)		<b>9a</b>		<b>b</b> Less direct expenses other than fundraising expenses		<b>9b</b>		<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)		<b>9c</b>							
<b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1a)		<b>9a</b>																	
<b>b</b> Less direct expenses other than fundraising expenses		<b>9b</b>																	
<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)		<b>9c</b>																	
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:5%;"><b>10a</b> Gross sales of inventory, less returns and allowances</td><td style="width:10%;"></td><td style="width:10%;"><b>10a</b></td><td style="width:10%;"></td></tr> <tr><td><b>b</b> Less cost of goods sold</td><td></td><td><b>10b</b></td><td></td></tr> <tr><td><b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)</td><td></td><td><b>10c</b></td><td></td></tr> </table>	<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>11,303</b>				
<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>																	
	<p><b>11</b> Other revenue (from Part VII, line 103)</p> <p><b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)</p>		<b>1,599,375</b>																
Expenses	<p><b>13</b> Program services (from line 44, column (B))</p> <p><b>14</b> Management and general (from line 44, column (C))</p> <p><b>15</b> Fundraising (from line 44, column (D))</p> <p><b>16</b> Payments to affiliates (attach schedule) <b>See Statement 2</b></p> <p><b>17</b> Total expenses (add lines 16 and 44, column (A))</p>		<b>562,133</b>																
	<p><b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)</p> <p><b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))</p> <p><b>20</b> Other changes in net assets or fund balances (attach explanation) <b>See Statement 3</b></p> <p><b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)</p>		<b>107,641</b>																
			<b>932,967</b>																
			<b>1,602,741</b>																
			<b>-3,366</b>																
			<b>220,652</b>																
			<b>8,204</b>																
			<b>225,490</b>																



SCANNED JAN 31 2006

**Part II Statement of**

All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations

**Functional Expenses**

and section 4947(a)(1) nonexempt charitable trusts but optional for others (See page 22 of 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	
22	Grants and allocations (attach schedule) (cash \$ _____ non-cash \$ _____ )	22				
23	Specific assistance to individuals	23				
24	Benefits paid to or for members <b>Stmt 4</b>	24	80,589	80,589		
25	Compensation of officers, directors, etc	25	185,510	148,408	37,102	
26	Other salaries and wages	26	122,957	73,269	49,688	
27	Pension plan contributions	27				
28	Other employee benefits	28	37,734	33,961	3,773	
29	Payroll taxes	29	56,726	51,053	5,673	
30	Professional fundraising fees	30				
31	Accounting fees	31				
32	Legal fees	32	5,516	4,964	552	
33	Supplies	33	35,346	35,346		
34	Telephone	34	8,868	7,981	887	
35	Postage and shipping	35				
36	Occupancy	36				
37	Equipment rental and maintenance	37	15,734	14,161	1,573	
38	Printing and publications	38				
39	Travel	39				
40	Conferences, conventions, and meetings	40	31,516	31,516		
41	Interest	41	9,171	8,254	917	
42	Depreciation, depletion, etc (attach schedule)	42	5,361	5,361		
43	Other expenses not covered above (itemize) a	43a				
	b See Statement 5	43b	74,746	67,270	7,476	
	c	43c				
	d	43d				
	e	43e				
44	<b>Total functional expenses</b> (add lines 22 - 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	669,774	562,133	107,641	0

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 page 25 of the instructions)

What is the organization's primary exempt purpose?

**See Statement 6**

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) & (4) orgs. & 4947(a)(1) trusts, but optional for others)

a	Provided support, education and representation to 2,500 teachers in Brevard, County Florida.	(Grants and allocations \$ _____ )	562,133
b		(Grants and allocations \$ _____ )	
c		(Grants and allocations \$ _____ )	
d		(Grants and allocations \$ _____ )	
e	Other program services (attach schedule)	(Grants and allocations \$ _____ )	
f	<b>Total of Program Service Expenses</b> (should equal line 44, column (B) Program services)		562,133

**Part IV Balance Sheets** (See page 25 of the instructions.)

			(A)		(B)
Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only			Beginning of year		End of year
45	Cash-non-interest-bearing		280,660	45	317,969
46	Savings and temporary cash investments		4,589	46	
47a	Accounts receivable	47a			
b	Less allowance for doubtful accounts	47b		47c	
48a	Pledges receivable	48a			
b	Less allowance for doubtful accounts	48b		48c	
49	Grants receivable			49	720
50	Receivables from officers, directors, trustees, and key employees (attach schedule)			50	
51a	Other notes and loans receivable (attach schedule) <b>See Worksheet</b>	51a	1,305		
b	Less allowance for doubtful accounts	51b	5,000	51c	1,305
52	Inventories for sale or use		22,067	52	18,858
53	Prepaid expenses and deferred charges			53	
54	Investments-securities <b>See Statement 7</b> <input type="checkbox"/> Cost <input type="checkbox"/> FMV		8,114	54	16,318
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	187,394		
b	Less accumulated depreciation (attach schedule)	57b	47,728		
58	Other assets (describe _____ )		145,027	57c	139,666
59	<b>Total assets</b> (add lines 45 through 58) (must equal line 74)		465,457	59	494,836
60	Accounts payable and accrued expenses		89,747	60	1,573
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) <b>See Worksheet</b>		122,628	64b	114,898
65	Other liabilities (describe <b>See Statement 8</b> )		32,430	65	152,875
66	<b>Total liabilities</b> (add lines 60 through 65)		244,805	66	269,346
Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74					
67	Unrestricted		220,652	67	225,490
68	Temporarily restricted			68	
69	Permanently restricted			69	
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	<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)		220,652	73	225,490
74	<b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)		465,457	74	494,836

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.  
DAA

<b>Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See page 27 of the instructions)</b>	<b>Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return</b>
<p><b>a</b> Total revenue, gains, and other support per audited financial statements ▶ <b>a</b> <b>1,607,579</b></p> <p><b>b</b> Amounts included on line <b>a</b> but not on line 12, Form 990</p> <p>(1) Net unrealized gains on investments \$ <b>8,204</b></p> <p>(2) Donated services and use of facilities \$</p> <p>(3) Recoveries of prior year grants \$</p> <p>(4) Other (specify)</p> <p style="text-align: right;">\$</p> <p>Add amounts on lines (1) through (4) ▶ <b>b</b> <b>8,204</b></p> <p><b>c</b> Line <b>a</b> minus line <b>b</b> ▶ <b>c</b> <b>1,599,375</b></p> <p><b>d</b> Amounts included on line 12, Form 990 but not on line <b>a</b>:</p> <p>(1) Investment expenses not included on line 6b, Form 990 \$</p> <p>(2) Other (specify)</p> <p style="text-align: right;">\$</p> <p>Add amounts on lines (1) and (2) ▶ <b>d</b></p> <p><b>e</b> Total revenue per line 12, Form 990 (line <b>c</b> plus line <b>d</b>) ▶ <b>e</b> <b>1,599,375</b></p>	<p><b>a</b> Total expenses and losses per audited financial statements ▶ <b>a</b> <b>1,602,741</b></p> <p><b>b</b> Amounts included on line <b>a</b> but not on line 17, Form 990</p> <p>(1) Donated services and use of facilities \$</p> <p>(2) Prior year adjustments reported on line 20, Form 990 \$</p> <p>(3) Losses reported on line 20, Form 990 \$</p> <p>(4) Other (specify)</p> <p style="text-align: right;">\$</p> <p>Add amounts on lines (1) through (4) ▶ <b>b</b></p> <p><b>c</b> Line <b>a</b> minus line <b>b</b> ▶ <b>c</b> <b>1,602,741</b></p> <p><b>d</b> Amounts included on line 17, Form 990 but not on line <b>a</b>:</p> <p>(1) Investment expenses not included on line 6b, Form 990 \$</p> <p>(2) Other (specify)</p> <p style="text-align: right;">\$</p> <p>Add amounts on lines (1) and (2) ▶ <b>d</b></p> <p><b>e</b> Total expenses per line 17, Form 990 (line <b>c</b> plus line <b>d</b>) ▶ <b>e</b> <b>1,602,741</b></p>

**Part V List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated, see page 27 of the instructions)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contrib to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Ann Spencer Rockledge FL	President 40	71,083	7,975	4,241
John Russo Rockledge FL	VP 40	58,752	5,944	1,916
Janet Eastman Rockledge FL	2ND VP 40	55,675	5,444	4,068
Victoria Dyer Rockledge FL	OFFICE MAN. 40	50,012	4,885	1,633

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? ▶  Yes  No  
If "Yes," attach schedule-see page 28 of the instructions

Part VI Other Information (See page 28 of the instructions.)		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		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		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		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?	X	
b	If "Yes," enter the name of the organization <b>American Federation of Teachers</b> and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81a	Enter direct and indirect political expenditures See line 81 instructions		
b	Did the organization file Form 1120-POL for this year?		X
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)		
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	
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	
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?		X
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		X
c	Dues, assessments, and similar amounts from members	85c	0
d	Section 162(e) lobbying and political expenditures	85d	0
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	0
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	0
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	
88	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
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 _____, section 4912 _____, section 4955 _____		
b	501(c)(3) and 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		
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	Enter Amount of tax on line 89c, above, reimbursed by the organization		
90a	List the states with which a copy of this return is filed <b>FL</b>		
b	Number of employees employed in the pay period that includes March 12, 2004 (See instructions)	90b	5
91	The books are in care of <b>Victoria Dyer</b> Located at <b>1007 Florida Ave Rockledge, FL</b>		
	Telephone no <b>321-636-3323</b> ZIP + 4 <b>32955</b>		
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		

**Part VII Analysis of Income-Producing Activities** (See page 33 of 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>Note:</b> Enter gross amounts unless otherwise indicated					
93 Program service revenue					
a <b>THEME PARK TICKET SALES</b>					25,719
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					1,435,171
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities					17,373
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					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a					
b <b>Other Income</b>					11,303
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		0	1,489,566
105 Total (add line 104, columns (B), (D), and (E))					1,489,566

**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 page 34 of 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)
93b	Tickets are sold to teachers at cost
94	Dues paid to national and state organization
96	Investment income used to decrease teacher's dues
103b	Other income used to decrease teacher's dues

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 34 of 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 page 34 of 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 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.

*Ann Spencer* Signature of officer 1/12/06 Date

**ANN SPENCER** PRESIDENT

Type or print name and title

Paid Preparer's Use Only

Preparer's signature: *[Signature]* Date: 1/12/06

Check if self-employed:

Preparer's SSN or PTIN (See Gen Instr W): P00366795

Firm's name (or yours if self-employed), address and ZIP + 4: **Runyan & Taylor, CPA, PA**  
3960 South Banana River Blvd.  
Cocoa Beach, FL 32931

EIN: 59-2519864

Phone no: 321-784-4515

For calendar year 2004, or tax year beginning **9/01/04**, and ending **8/31/05**

Name **BREVARD FEDERATION OF TEACHERS** Employer Identification Number **23-7402773**

**Form 990, Part IV, Line 51a - Additional Information**

Name of borrower	Relationship to disqualified person
(1) <b>Loan receivable</b>	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Security provided by borrower	Purpose of loan
(1)	
(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	Fair market value (990-PF only)
(1)	<b>5,000</b>	<b>1,305</b>	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
<b>Totals</b>	<b>5,000</b>	<b>1,305</b>	

Name **BREVARD FEDERATION OF TEACHERS** Employer Identification Number **23-7402773**

**Form 990, Part IV, Line 64b - Additional Information**

Name of lender	Relationship to disqualified person
(1) <b>Brevard Federation of Teachers</b>	<b>None</b>
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1) <b>165,000</b>		<b>3/01/17</b>	<b>Monthly</b>	<b>6.500</b>
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Security provided by borrower	Purpose of loan
(1) <b>Land &amp; Building</b>	
(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) <b>Mortgage</b>	<b>122,628</b>	<b>114,898</b>
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Totals</b>	<b>122,628</b>	<b>114,898</b>



**Depreciation and Amortization**

(Including Information on Listed Property)

**2004**

Department of the Treasury  
Internal Revenue Service

▶ See separate instructions

▶ Attach to your tax return.

Attachment Sequence No **67**

Name(s) shown on return

**BREVARD FEDERATION OF TEACHERS**

Identifying number

**23-7402773**

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 page 2 of the instructions for a higher limit for certain businesses	1	102,000
2	Total cost of section 179 property placed in service (see page 3 of the instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	410,000
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 page 3 of the instructions	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 2003 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 2005 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)**

14	Special depreciation allowance for qualified prop (other than listed prop) placed in service during the tax year (see pg 3 of the instructions)	14	
15	Property subject to section 168(f)(1) election (see page 4 of the instructions)	15	
16	Other depreciation (including ACRS) (see page 4 of the instructions)	16	

**Part III MACRS Depreciation (Do not include listed property) (See page 5 of the instructions)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2004	17	5,361
18	If you are electing under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here		

**Section B-Assets Placed in Service During 2004 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			39 yrs	MM	S/L	

**Section C-Assets Placed in Service During 2004 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 page 8 of the 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	5,361
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

**Part V Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note. For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a-24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

**Section A-Depreciation and Other Information** (Caution: See page 9 of the instructions for limits for passenger automobiles)

<b>24a</b> Do you have evidence to support the business/investment use claimed?				Yes	No	<b>24b</b> If "Yes," is the evidence written?				Yes	No
(a) Type of prop (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost			
<b>25</b> Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see page 8 of the instructions)								<b>25</b>			
<b>26</b> Property used more than 50% in a qualified business use (see page 8 of the instructions)											
		%									
		%									
<b>27</b> Property used 50% or less in a qualified business use (see page 8 of the instructions)											
		%				S/L-					
		%				S/L-					
<b>28</b> Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1								<b>28</b>			
<b>29</b> Add amounts in column (i), line 26. Enter here and on line 7, page 1								<b>29</b>			

**Section B-Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

<b>30</b> Total business/investment miles driven during the year (do not include commuting miles-See page 2 of the instructions)	(a)	(b)	(c)	(d)	(e)	(f)
	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	Vehicle 5	Vehicle 6
<b>31</b> Total commuting miles driven during the year						
<b>32</b> Total other personal (noncommuting) miles driven						
<b>33</b> Total miles driven during the year Add lines 30 through 32						
<b>34</b> Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person?	Yes	No	Yes	No	Yes	No
<b>36</b> Is another vehicle available for personal use?	Yes	No	Yes	No	Yes	No

**Section C-Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see page 10 of the instructions)

<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See page 10 of the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
<b>39</b> Do you treat all use of vehicles by employees as personal use?		
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use? (See page 10 of the instructions)		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
<b>42</b> Amortization of costs that begins during your 2004 tax year (see page 11 of the instructions)					
<b>43</b> Amortization of costs that began before your 2004 tax year					<b>43</b>
<b>44</b> Total. Add amounts in column (f). See page 12 of the instructions for where to report					<b>44</b>

**Statement 1 - Form 990, Part I, Line 3 - Membership Dues and Assessments**

<u>Description</u>	<u>Amount</u>
Teachers' dues	<u>\$1,435,171</u>
Total	<u><u>\$1,435,171</u></u>

## Federal Statements

Statement 2 - Form 990, Part I, Line 16 - Payments to affiliates

<u>Bus Name</u>	<u>Addr</u>	<u>Purpose</u>	<u>Amount</u>
Florida Education Association	213 S. Adams Street	Teacher's Dues	\$ 911,775
Space Coast AFL	PO Box 3787	Teacher's Dues	9,384
AGLIC	PO Box 4840	Teacher's Dues	7,958
TIGER	1007 S. Florida Ave		<u>3,850</u>
Total			<u>\$ 932,967</u>

Statement 3 - Form 990, Line 20 - Other Changes in Net Assets or Fund Balances

Description	Amount
Net Unrealized Gains on Investments	\$ 8,204
Total	\$ 8,204

## Federal Statements

**Statement 4 - Form 990, Part II, Line 24 - Benefits Paid to or for Members**

Description	Amount
	\$ 80,589
Total	\$ 80,589

**Statement 5 - Form 990, Part II, Line 43 - Other Functional Expenses**

Description	Total Expenses	Program Service	Mgt & General	Fund-Raising
	\$	\$	\$	\$
Expenses				
Office	27,847	25,062	2,785	
Milage and courier	27,316	24,584	2,732	
Insurance	9,297	8,367	930	
Utilities	6,566	5,909	657	
Taxes & Licenses	3,720	3,348	372	
Total	\$ 74,746	\$ 67,270	\$ 7,476	\$ 0

**Statement 6 - Form 990, Part III - Organization's Primary Exempt Purpose**

To promote, develop, support, and inspire our members, with integrity and professionalism, in order to continuously improve public education, while building bridges among teachers, students, parents, and community.

## Federal Statements

Statement 7 - Form 990, Part IV, Line 54 - Investments in Securities

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>	<u>Basis of Valuation</u>
Corporate Stock	8,114	16,318	
	<u>8,114</u>	<u>16,318</u>	

Statement 8 - Form 990, Part IV, Line 65 - Other Liabilities

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
Accrued expenses	\$ 32,430	\$ 77,780
Dues Payable		75,095
Total	<u>\$ 32,430</u>	<u>\$ 152,875</u>

# Federal Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Sec 168(k)	Basis for Depr	PerConv Meth	Prior	Current
<b>Prior MACRS:</b>										
1	Building	4/27/95	107,327				107,327	39 MMS/L	25,800	2,752
3	Copier	8/01/99	8,648				8,648	7 HY 200DB	7,490	772
4	Savian copier	8/01/04	9,667		X		4,833	5 MQ200DB	5,075	1,837
5	Laser Printer	8/01/89	1,775				1,775	7 HY 200DB	1,775	0
6	Think Pad	8/01/96	2,227				2,227	7 HY 200DB	2,227	0
			<u>129,644</u>				<u>124,810</u>		<u>42,367</u>	<u>5,361</u>
<b>Other Depreciation:</b>										
2	Land	4/27/95	57,750				57,750	0 -- Land	0	0
	<b>Total Other Depreciation</b>		<u>57,750</u>				<u>57,750</u>		<u>0</u>	<u>0</u>
	<b>Total ACRS and Other Depreciation</b>		<u>57,750</u>				<u>57,750</u>		<u>0</u>	<u>0</u>
	<b>Grand Totals</b>		187,394				182,560		42,367	5,361
	<b>Less: Dispositions</b>		<u>0</u>				<u>0</u>		<u>0</u>	<u>0</u>
	<b>Net Grand Totals</b>		<u>187,394</u>				<u>182,560</u>		<u>42,367</u>	<u>5,361</u>