

Form **990**  
Department of the Treasury  
Internal Revenue Service

# 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)

OMB No 1545-0047

**2006**

Open to Public Inspection

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

**A** For the 2006 calendar year, or tax year beginning **9/01/06**, and ending **8/31/07**

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

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

**C** Name of organization  
**BREVARD FEDERATION OF TEACHERS, INC.**

Number and street (or P O box if mail is not delivered to street address) Room/suite  
**1007 FLORIDA AVENUE**

City or town, state or country, and ZIP + 4  
**ROCKLEDGE FL 32955-2143**

**D** Employer identification number  
**23-7402773**

**E** Telephone number  
**321-636-3323**

**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 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: **▶ N/A**

**J** Organization type (check only one)  501(c) ( **5** )  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 **▶ 1,851,741**

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

Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received				
	<b>a</b> Contributions to donor advised funds	<b>1a</b>			
	<b>b</b> Direct public support (not included on line 1a)	<b>1b</b>			
	<b>c</b> Indirect public support (not included on line 1a)	<b>1c</b>			
	<b>d</b> Government contributions (grants) (not included on line 1a)	<b>1d</b>		<b>143,937</b>	
	<b>e</b> Total (add lines 1a through 1d) (cash \$ <b>143,937</b> noncash \$ )	<b>1e</b>			<b>143,937</b>
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>			<b>27,736</b>
	<b>3</b> Membership dues and assessments	<b>3</b>			<b>1,671,463</b>
	<b>4</b> Interest on savings and temporary cash investments	<b>4</b>			
	<b>5</b> Dividends and interest from securities	<b>5</b>			<b>8,605</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>				
<b>7</b> Other investment income (describe )	<b>7</b>				
<b>8a</b> Gross amount from sales of assets other than inventory	(A) Securities		(B) Other		
	<b>8a</b>				
	<b>b</b> Less cost or other basis and sales expenses	<b>8b</b>			
	<b>c</b> Gain or (loss) (attach schedule)	<b>8c</b>			
<b>d</b> Net gain or (loss). Combine line 8c, columns (A) and (B)	<b>8d</b>				
<b>9</b> Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>	<b>a</b> Gross revenue (not including \$ of contributions reported on line 1a)	<b>9a</b>			
	<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>10a</b> Gross sales of inventory less returns and allowances	<b>10a</b>				
	<b>b</b> Less cost of goods sold	<b>10b</b>			
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	<b>10c</b>			
<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>				
<b>12</b> Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	<b>12</b>			<b>1,851,741</b>	
<b>13</b> Program services (from line 44, column (B))	<b>13</b>			<b>633,480</b>	
<b>14</b> Management and general (from line 44, column (C))	<b>14</b>			<b>122,858</b>	
<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>				
<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>			<b>1,037,205</b>	
<b>17</b> Total expenses. Add lines 16 and 44, column (A)	<b>17</b>			<b>1,793,543</b>	
<b>18</b> Excess or (deficit) for the year. Subtract line 17 from line 12	<b>18</b>			<b>58,198</b>	
<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>			<b>284,531</b>	
<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>			<b>-16,407</b>	
<b>21</b> Net assets or fund balances at end of year. Combine lines 18, 19, and 20	<b>21</b>			<b>326,322</b>	

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

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**Part II. Statement of Functional Expenses**

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22a</b> Grants paid from donor advised funds (attach schedule) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a				
<b>22b</b> Other grants and allocations (attach schedule) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b				
<b>23</b> Specific assistance to individuals (attach schedule) <b>STMT 4</b>	23	4,477	4,477		
<b>24</b> Benefits paid to or for members (attach schedule) <b>STMT 5</b>	24	53,551	53,551		
<b>25a</b> Compensation of current officers, directors, key employees, etc. listed in Part V-A (attach schedule) <b>SEE STATEMENT 6</b>	25a	242,336	225,936	16,400	
<b>b</b> Compensation of former officers, directors, key employees, etc. listed in Part V-B (attach schedule)	25b				
<b>c</b> 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) (attach schedule)	25c				
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c	26	123,545	57,001	66,544	
<b>27</b> Pension plan contributions not included on lines 25a, b, and c	27				
<b>28</b> Employee benefits not included on lines 25a - 27	28				
<b>29</b> Payroll taxes	29	114,648	89,425	25,223	
<b>30</b> Professional fundraising fees	30				
<b>31</b> Accounting fees	31	12,603	9,452	3,151	
<b>32</b> Legal fees	32				
<b>33</b> Supplies	33	33,590	30,231	3,359	
<b>34</b> Telephone	34	11,892	10,703	1,189	
<b>35</b> Postage and shipping	35				
<b>36</b> Occupancy	36				
<b>37</b> Equipment rental and maintenance	37	22,166	19,949	2,217	
<b>38</b> Printing and publications	38				
<b>39</b> Travel	39				
<b>40</b> Conferences, conventions, and meetings	40	47,196	47,196		
<b>41</b> Interest	41				
<b>42</b> Depreciation, depletion, etc. (attach schedule)	42	7,748	6,973	775	
<b>43</b> Other expenses not covered above (itemize)					
<b>a</b> <b>SEE STATEMENT 7</b>	43a	82,586	78,586	4,000	
<b>b</b>	43b				
<b>c</b>	43c				
<b>d</b>	43d				
<b>e</b>	43e				
<b>f</b>	43f				
<b>g</b>	43g				
<b>44</b> Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	756,338	633,480	122,858	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 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 8**

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 PROVIDED SUPPORT, EDUCATION AND REPRESENTATION TO 2,500 TEACHERS IN BREVARD, COUNTY FLORIDA.**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶

**b**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶

**c**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶

**d**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶

**e Other program services (attach schedule)**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶

**f Total of Program Service Expenses (should equal line 44, column (B), Program services)**

**0**

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

<b>Note:</b> Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.		(A) Beginning of year		(B) End of year	
<b>Assets</b>	45 Cash-non-interest-bearing	214,834	45	334,266	
	46 Savings and temporary cash investments		46		
	47a Accounts receivable				
	b Less: allowance for doubtful accounts			47c	
	48a Pledges receivable				
	b Less: allowance for doubtful accounts			48c	
	49 Grants receivable		720	49	720
	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) <b>SEE WORKSHEET</b>				
	b Less: allowance for doubtful accounts		249	51c	
	52 Inventories for sale or use		25,841	52	12,923
	53 Prepaid expenses and deferred charges			53	
	54a Investments—publicly-traded securities	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54a	
	b Investments—other securities (attach schedule) <b>SEE STMT 9</b>	▶ <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	45,800	54b	29,393
	55a Investments-land, buildings, and equipment: basis				
	b Less accumulated depreciation (attach schedule)			55c	
	56 Investments-other (attach schedule)			56	
	57a Land, buildings, and equipment: basis		194,481		
	b Less accumulated depreciation (attach schedule) <b>SEE STATEMENT 10</b>		51,630	57c	142,851
58 Other assets, including program-related investments (describe ▶ )			58		
59 <b>Total assets</b> (must equal line 74) Add lines 45 through 58		438,043	59	520,153	
<b>Liabilities</b>	60 Accounts payable and accrued expenses	6,975	60	24,978	
	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 ▶ <b>SEE STATEMENT 11</b> )		146,537	65	168,853
	66 <b>Total liabilities.</b> Add lines 60 through 65		153,512	66	193,831
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 67 through 69 and lines 73 and 74</b>				
	67 Unrestricted		284,531	67	326,322
	68 Temporarily restricted			68	
	69 Permanently restricted			69	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 70 through 74.</b>				
	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 and column (B) must equal line 21)		284,531	73	326,322	
74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73		438,043	74	520,153	

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

<b>a</b>	Total revenue, gains, and other support per audited financial statements		<b>a</b>	1,835,334
<b>b</b>	Amounts included on line a but not on Part I, line 12			
<b>1</b>	Net unrealized gains on investments	<b>b1</b>	-16,407	
<b>2</b>	Donated services and use of facilities	<b>b2</b>		
<b>3</b>	Recoveries of prior year grants	<b>b3</b>		
<b>4</b>	Other (specify):	<b>b4</b>		
	Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	-16,407
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	1,851,741
<b>d</b>	Amounts included on Part I, line 12, but not on line <b>a</b> :			
<b>1</b>	Investment expenses not included on Part I, line 6b	<b>d1</b>		
<b>2</b>	Other (specify):	<b>d2</b>		
	Add lines <b>d1</b> and <b>d2</b>		<b>d</b>	
<b>e</b>	<b>Total revenue</b> (Part I, line 12). Add lines <b>c</b> and <b>d</b>		<b>e</b>	1,851,741

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

<b>a</b>	Total expenses and losses per audited financial statements		<b>a</b>	1,793,543
<b>b</b>	Amounts included on line a but not Part I, line 17.			
<b>1</b>	Donated services and use of facilities	<b>b1</b>		
<b>2</b>	Prior year adjustments reported on Part I, line 20	<b>b2</b>		
<b>3</b>	Losses reported on Part I, line 20	<b>b3</b>		
<b>4</b>	Other (specify):	<b>b4</b>		
	Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	1,793,543
<b>d</b>	Amounts included on Part I, line 17 but not on line <b>a</b> :			
<b>1</b>	Investment expenses not included on Part I, line 6b	<b>d1</b>		
<b>2</b>	Other (specify):	<b>d2</b>		
	Add lines <b>d1</b> and <b>d2</b>		<b>d</b>	
<b>e</b>	<b>Total expenses</b> (Part I, line 17) Add lines <b>c</b> and <b>d</b>		<b>e</b>	1,793,543

**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
ANN SPENCER 14 SOUTH STREET COCOA FL 32922	PRESIDENT 40	85,674	0	0
JOHN RUSSO 4510 WESTVIEW LANE TITUSVILLE FL 32780	1ST VP 40	81,702	0	0
JANET EASTMAN 4745 BROOKHAVEN STREET COCOA FL 32927	2ND VP 40	74,960	0	0



Part VI Other Information (continued)		Yes	No								
<b>82a</b>	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		<b>X</b>								
	<b>b</b> If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III ) <table border="1" style="float: right; margin-left: 20px;"> <tr><td style="width: 5%;"><b>82b</b></td><td style="width: 15%;"></td></tr> </table>	<b>82b</b>									
<b>82b</b>											
<b>83a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?	<b>X</b>									
	<b>b</b> Did the organization comply with the disclosure requirements relating to quid pro quo contributions? <table border="1" style="float: right; margin-left: 20px;"> <tr><td style="width: 5%;"></td><td style="width: 15%; text-align: center;"><b>N/A</b></td></tr> </table>		<b>N/A</b>								
	<b>N/A</b>										
<b>84a</b>	Did the organization solicit any contributions or gifts that were not tax deductible?		<b>X</b>								
	<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? <table border="1" style="float: right; margin-left: 20px;"> <tr><td style="width: 5%;"></td><td style="width: 15%; text-align: center;"><b>N/A</b></td></tr> </table>		<b>N/A</b>								
	<b>N/A</b>										
<b>85</b>	501(c)(4), (5), or (6) organizations <b>a</b> Were substantially all dues nondeductible by members?		<b>X</b>								
	<b>b</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year <table border="1" style="float: right; margin-left: 20px;"> <tr><td style="width: 5%;"><b>85c</b></td><td style="width: 15%; text-align: center;">0</td></tr> <tr><td style="width: 5%;"><b>85d</b></td><td style="width: 15%; text-align: center;">0</td></tr> <tr><td style="width: 5%;"><b>85e</b></td><td style="width: 15%; text-align: center;">0</td></tr> <tr><td style="width: 5%;"><b>85f</b></td><td style="width: 15%; text-align: center;">0</td></tr> </table>	<b>85c</b>	0	<b>85d</b>	0	<b>85e</b>	0	<b>85f</b>	0		
<b>85c</b>	0										
<b>85d</b>	0										
<b>85e</b>	0										
<b>85f</b>	0										
	<b>c</b> Dues, assessments, and similar amounts from members <table border="1" style="float: right; margin-left: 20px;"> <tr><td style="width: 5%;"><b>85c</b></td><td style="width: 15%; text-align: center;">0</td></tr> <tr><td style="width: 5%;"><b>85d</b></td><td style="width: 15%; text-align: center;">0</td></tr> <tr><td style="width: 5%;"><b>85e</b></td><td style="width: 15%; text-align: center;">0</td></tr> <tr><td style="width: 5%;"><b>85f</b></td><td style="width: 15%; text-align: center;">0</td></tr> </table>	<b>85c</b>	0	<b>85d</b>	0	<b>85e</b>	0	<b>85f</b>	0		
<b>85c</b>	0										
<b>85d</b>	0										
<b>85e</b>	0										
<b>85f</b>	0										
	<b>d</b> Section 162(e) lobbying and political expenditures <table border="1" style="float: right; margin-left: 20px;"> <tr><td style="width: 5%;"><b>85d</b></td><td style="width: 15%; text-align: center;">0</td></tr> <tr><td style="width: 5%;"><b>85e</b></td><td style="width: 15%; text-align: center;">0</td></tr> <tr><td style="width: 5%;"><b>85f</b></td><td style="width: 15%; text-align: center;">0</td></tr> </table>	<b>85d</b>	0	<b>85e</b>	0	<b>85f</b>	0				
<b>85d</b>	0										
<b>85e</b>	0										
<b>85f</b>	0										
	<b>e</b> Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices <table border="1" style="float: right; margin-left: 20px;"> <tr><td style="width: 5%;"><b>85e</b></td><td style="width: 15%; text-align: center;">0</td></tr> <tr><td style="width: 5%;"><b>85f</b></td><td style="width: 15%; text-align: center;">0</td></tr> </table>	<b>85e</b>	0	<b>85f</b>	0						
<b>85e</b>	0										
<b>85f</b>	0										
	<b>f</b> Taxable amount of lobbying and political expenditures (line 85d less 85e) <table border="1" style="float: right; margin-left: 20px;"> <tr><td style="width: 5%;"><b>85f</b></td><td style="width: 15%; text-align: center;">0</td></tr> </table>	<b>85f</b>	0								
<b>85f</b>	0										
	<b>g</b> Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? <table border="1" style="float: right; margin-left: 20px;"> <tr><td style="width: 5%;"></td><td style="width: 15%; text-align: center;"><b>N/A</b></td></tr> </table>		<b>N/A</b>								
	<b>N/A</b>										
	<b>h</b> If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? <table border="1" style="float: right; margin-left: 20px;"> <tr><td style="width: 5%;"></td><td style="width: 15%; text-align: center;"><b>N/A</b></td></tr> </table>		<b>N/A</b>								
	<b>N/A</b>										
<b>86</b>	501(c)(7) orgs Enter <b>a</b> Initiation fees and capital contributions included on line 12										
	<b>b</b> Gross receipts, included on line 12, for public use of club facilities <table border="1" style="float: right; margin-left: 20px;"> <tr><td style="width: 5%;"><b>86a</b></td><td style="width: 15%;"></td></tr> <tr><td style="width: 5%;"><b>86b</b></td><td style="width: 15%;"></td></tr> </table>	<b>86a</b>		<b>86b</b>							
<b>86a</b>											
<b>86b</b>											
<b>87</b>	501(c)(12) orgs Enter <b>a</b> Gross income from members or shareholders										
	<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) <table border="1" style="float: right; margin-left: 20px;"> <tr><td style="width: 5%;"><b>87a</b></td><td style="width: 15%;"></td></tr> <tr><td style="width: 5%;"><b>87b</b></td><td style="width: 15%;"></td></tr> </table>	<b>87a</b>		<b>87b</b>							
<b>87a</b>											
<b>87b</b>											
<b>88a</b>	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		<b>X</b>								
	<b>b</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 <table border="1" style="float: right; margin-left: 20px;"> <tr><td style="width: 5%;"></td><td style="width: 15%;"></td></tr> </table>				<b>X</b>						
<b>89a</b>	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <table border="1" style="float: right; margin-left: 20px;"><tr><td style="width: 5%;"></td><td style="width: 15%;"></td></tr></table> , section 4912 <table border="1" style="float: right; margin-left: 20px;"><tr><td style="width: 5%;"></td><td style="width: 15%;"></td></tr></table> , section 4955 <table border="1" style="float: right; margin-left: 20px;"><tr><td style="width: 5%;"></td><td style="width: 15%;"></td></tr></table>										
	<b>b</b> 501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction <table border="1" style="float: right; margin-left: 20px;"> <tr><td style="width: 5%;"></td><td style="width: 15%;"></td></tr> </table>										
	<b>c</b> Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <table border="1" style="float: right; margin-left: 20px;"> <tr><td style="width: 5%;"></td><td style="width: 15%;"></td></tr> </table>										
	<b>d</b> Enter Amount of tax on line 89c, above, reimbursed by the organization <table border="1" style="float: right; margin-left: 20px;"> <tr><td style="width: 5%;"></td><td style="width: 15%;"></td></tr> </table>										
	<b>e</b> All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? <table border="1" style="float: right; margin-left: 20px;"> <tr><td style="width: 5%;"></td><td style="width: 15%;"></td></tr> </table>				<b>X</b>						
	<b>f</b> All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract? <table border="1" style="float: right; margin-left: 20px;"> <tr><td style="width: 5%;"></td><td style="width: 15%;"></td></tr> </table>				<b>X</b>						
	<b>g</b> 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? <table border="1" style="float: right; margin-left: 20px;"> <tr><td style="width: 5%;"></td><td style="width: 15%;"></td></tr> </table>				<b>X</b>						
<b>90a</b>	List the states with which a copy of this return is filed <table border="1" style="float: right; margin-left: 20px;"><tr><td style="width: 5%;"></td><td style="width: 15%; text-align: center;"><b>FL</b></td></tr></table>		<b>FL</b>								
	<b>FL</b>										
	<b>b</b> Number of employees employed in the pay period that includes March 12, 2006 (See instructions ) <table border="1" style="float: right; margin-left: 20px;"> <tr><td style="width: 5%;"><b>90b</b></td><td style="width: 15%; text-align: center;">5</td></tr> </table>	<b>90b</b>	5								
<b>90b</b>	5										
<b>91a</b>	The books are in care of <table border="1" style="float: right; margin-left: 20px;"><tr><td style="width: 5%;"></td><td style="width: 15%; text-align: center;"><b>VICTORIA DYER</b></td></tr></table> <table border="1" style="float: right; margin-left: 20px;"> <tr><td style="width: 5%;"></td><td style="width: 15%; text-align: center;"><b>1007 FLORIDA AVENUE</b></td></tr> <tr><td style="width: 5%;"></td><td style="width: 15%; text-align: center;"><b>Located at ROCKLEDGE, FL</b></td></tr> </table>		<b>VICTORIA DYER</b>		<b>1007 FLORIDA AVENUE</b>		<b>Located at ROCKLEDGE, FL</b>	Telephone no <table border="1" style="float: right; margin-left: 20px;"><tr><td style="width: 5%;"></td><td style="width: 15%; text-align: center;"><b>321-636-3323</b></td></tr></table>		<b>321-636-3323</b>	
	<b>VICTORIA DYER</b>										
	<b>1007 FLORIDA AVENUE</b>										
	<b>Located at ROCKLEDGE, FL</b>										
	<b>321-636-3323</b>										
		ZIP + 4 <table border="1" style="float: right; margin-left: 20px;"><tr><td style="width: 5%;"></td><td style="width: 15%; text-align: center;"><b>32955</b></td></tr></table>		<b>32955</b>							
	<b>32955</b>										
	<b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? <table border="1" style="float: right; margin-left: 20px;"> <tr><td style="width: 5%;"></td><td style="width: 15%;"></td></tr> </table>										
	If " Yes," enter the name of the foreign country <table border="1" style="float: right; margin-left: 20px;"><tr><td style="width: 5%;"></td><td style="width: 15%;"></td></tr></table>										
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts										

**Part VI Other Information (continued)**

<b>c</b> At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country ▶	<b>91c</b>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>92</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶	<b>92</b>	<input type="checkbox"/>	

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

**Note:** Enter gross amounts unless otherwise indicated

	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	
<b>93</b> Program service revenue.					
<b>a</b> <b>THEME PARK TICKET SALES</b>					27,736
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>f</b> Medicare/Medicaid payments					
<b>g</b> Fees and contracts from government agencies					
<b>94</b> Membership dues and assessments					1,671,463
<b>95</b> Interest on savings and temporary cash investments					
<b>96</b> Dividends and interest from securities					8,605
<b>97</b> Net rental income or (loss) from real estate					
<b>a</b> debt-financed property					
<b>b</b> not debt-financed property					
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income					
<b>100</b> Gain or (loss) from sales of assets other than inventory					
<b>101</b> Net income or (loss) from special events					
<b>102</b> Gross profit or (loss) from sales of inventory					
<b>103</b> Other revenue					
<b>a</b>					
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>104</b> Subtotal (add columns (B), (D), and (E))		0		0	1,707,804
<b>105</b> Total (add line 104, columns (B), (D), and (E))					1,707,804

**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)
<b>93A</b>	<b>TICKETS ARE SOLD TO TEACHERS AT COST</b>
<b>94</b>	<b>DUES PAID TO NATIONAL AND STATE ORGANIZATION</b>
<b>96</b>	<b>INVESTMENT INCOME USED TO DECREASE TEACHER'S DUES</b>

**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
<b>N/A</b>	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with**

- (a) Did the organization, during the year, receive any funds, directly or indirectly from a disqualified person?
- (b) Did the organization, during the year, pay premiums, directly or indirectly from a disqualified person?

**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
	<b>X</b>

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

**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
	<b>X</b>

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

**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.

Signature of officer: ANN SPENCER Date: PRESIDENT

Type or print name and title

---

**Paid Preparer's Use Only**

Preparer's signature: Gay Runyan CPS Date: 1/12/08 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: RUNYAN & TAYLOR, PA  
3960 SOUTH BANANA RIVER BLVD.  
COCOA BEACH, FL 32931

EIN: 59-2519864 Phone no: 321-784-4515

Forms <b>990 / 990-PF</b>	<b>Other Notes and Loans Receivable</b>	<b>2006</b>
For calendar year 2006, or tax year beginning		8/31/07
9/01/06		and ending

Name <b>BREVARD FEDERATION OF TEACHERS</b>	Employer Identification Number <b>23-7402773</b>
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**FORM 990, PART IV, LINE 51A - ADDITIONAL INFORMATION**

Name of borrower	Relationship to disqualified person
(1) <b>HURRICANE LOAN</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>249</b>		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
<b>Totals</b>	<b>249</b>		

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

<u>Description</u>	<u>Amount</u>
TEACHERS' DUES	<u>\$1,671,463</u>
TOTAL	<u><u>\$1,671,463</u></u>

## 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	Deprec	Gain/-Loss
COPIER								
	PURCHASE		8/01/99	4/01/07	\$	\$ 8,648	\$ 8,648	\$
TOTAL					\$ 0	\$ 8,648	\$ 8,648	\$ 0

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

Bus Name Address	Purpose	Amount
FLORIDA EDUCATION ASSOCIATION 213 S. ADAMS STREET TALLAHASSEE AK 32301	TEACHER'S DUES	\$ 1,034,750
TIGER 1007 S. FLORIDA AVE ROCKLEDGE FL 32927	TEACHER'S DUES	2,455
TOTAL		<u>\$ 1,037,205</u>

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

<u>Description</u>	<u>Amount</u>
NET UNREALIZED GAINS ON INVESTMENTS	\$ <u>-16,407</u>
TOTAL	\$ <u><u>-16,407</u></u>

**Statement 4 - Form 990, Part II, Line 23 - Specific Assistance to Individuals**

<u>Description</u>	<u>Amount</u>
DONATIONS	\$ 2,159
SCHOLARSHIPS	2,318
TOTAL	\$ <u>4,477</u>

**Statement 5 - Form 990, Part II, Line 24 - Benefits Paid to or for Members**

<u>Description</u>	<u>Amount</u>
THEME PARK TICKETS COST	\$ 28,371
MEMBER INCENTIVE	22,329
NEGOTIATIONS	2,851
TOTAL	\$ <u>53,551</u>

Statement 6 - Form 990, Part II, Line 25a - Compensation of Current Officers

<u>Name</u>	<u>Program Services</u>	<u>Management &amp; General</u>	<u>Fundraising</u>
EXPENSES	\$	\$	\$
COMPENSATION	225,936	16,400	
TOTAL	<u>\$ 225,936</u>	<u>\$ 16,400</u>	<u>\$ 0</u>

Statement 7 - Form 990, Part II, Line 43 - Other Functional Expenses

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
	\$	\$	\$	\$
EXPENSES				
MILEAGE AND COURIER	24,306	21,875	2,431	
INSURANCE	8,761	7,885	876	
UTILITIES	6,416	5,774	642	
TAXES & LICENSES	510	459	51	
EDUCATIONAL RESEARCH & DEV.	27,587	27,587		
TEACHER APPRECIATION	11,792	11,792		
GOVERNANCE	3,214	3,214		
TOTAL	<u>\$ 82,586</u>	<u>\$ 78,586</u>	<u>\$ 4,000</u>	<u>\$ 0</u>



**Statement 8 - 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.

FYE: 8/31/2007

**Statement 9 - Form 990, Part IV, Line 54b - Other Securities**

Description	Beginning of Year	End of Year	Basis of Valuation
US AND STATE GOVERNMENT CORPORATE STOCK	\$	\$	
CREATIVE BENEFITS EDUCATION STOCK	45,800	29,393	MARKET
CORPORATE BONDS			
TOTAL	\$ 45,800	\$ 29,393	

**Statement 10 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment**

Description	Beginning of Year	Accum Deprec	End of Year	Accum Deprec
OFFICE EQUIPMENT	\$ 38,052	\$ 52,530	\$ 29,404	\$ 51,630
BUILDING	107,327		107,327	
LAND	57,750		57,750	
TOTAL	\$ 203,129	\$ 52,530	\$ 194,481	\$ 51,630

**Statement 11 - Form 990, Part IV, Line 65 - Other Liabilities**

Description	Beginning of Year	End of Year
ACCRUED EXPENSES	\$ 77,248	\$ 82,980
DUES PAYABLE	69,289	85,873
TOTAL	\$ 146,537	\$ 168,853

# Depreciation and Amortization

(Including Information on Listed Property)

OMB No 1545-0172

## 2006

Attachment  
Sequence No **67**

Form **4562**  
Department of the Treasury  
Internal Revenue Service

▶ See separate instructions ▶ Attach to your tax return.

Name(s) shown on return <b>BREVARD FEDERATION OF TEACHERS</b>	Identifying number <b>23-7402773</b>
--	---

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	108,000
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	430,000
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	
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 2005 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 2007 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) 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	

**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 2006	17	7,748
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 2006 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

**Section C-Assets Placed in Service During 2006 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 <b>Total.</b> 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	7,748
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.

Form 4562 (2006)

Asset	Description	Date In Service	Cost	Bus Sec % 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
<b>Prior MACRS:</b>								
1	Building	4/27/95	107,327		107,327	39 MMS/L	31,304	2,752
3	Copier	8/01/99	8,648		8,648	7 HY 200DB	8,648	0
	Sold/Scrapped 4/01/07							
4	Savian copier	8/01/04	9,667	X	4,833	5 MQ200DB	8,014	661
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
7	Air Cond	7/06/06	15,735		15,735	7 MQ200DB	562	4,335
			<u>145,379</u>		<u>140,545</u>		<u>52,530</u>	<u>7,748</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>		203,129		198,295		52,530	7,748
	<b>Less: Dispositions</b>		8,648		8,648		8,648	0
	<b>Net Grand Totals</b>		<u>194,481</u>		<u>189,647</u>		<u>43,882</u>	<u>7,748</u>

# Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box
  - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II (on page 2 of this form)
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**

## Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

Section 501(c) corporations required to file Form 990-T and requesting an automatic 6-month extension-check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c) corporations required to file Form 990-T) However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits

Type or print  File by the due date for filing your return See instructions	Name of Exempt Organization  <b>BREVARD FEDERATION OF TEACHERS</b>	Employer Identification number  <b>23-7402773</b>
	Number, street, and room or suite no. If a P.O. box, see instructions <b>1007 FLORIDA AVE</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>ROCKLEDGE FL 32955-2143</b>	

Check type of return to be filed (file a separate application for each return):

- |  |  |                                    |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)     | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                             | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ **VICTORIA DYER**

Telephone No ▶ **321-636-3323** FAX No. ▶

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6 months for a section 501(c) corporation required to file Form 990-T) extension of time until **4/15/08**, to file the exempt organization return for the organization named above The extension is for the organization's return for.

- ▶  calendar year or
- ▶  tax year beginning **9/01/06**, and ending **8/31/07**.

2 If this tax year is for less than 12 months, check reason  Initial return  Final return  Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit	3b	\$
c <b>Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	3c	\$

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.