

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)

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

OMB No 1545-0047
2011
Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

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 COMMUNITY FOUNDATION FOR BREVARD INC Doing Business As COMMUNITY FOUNDATION FOR BREVARD Number and street (or P O box if mail is not delivered to street address) Room/suite 1361 BEDFORD DRIVE ROOM/SUITE 102 City or town, state or country, and ZIP + 4 MELBOURNE, FL 32940 F Name and address of principal officer SANDRA L SCANNELLI 1361 BEDFORD DRIVE SUITE 102 MELBOURNE, FL 32940	D Employer identification number 59-2114988 E Telephone number (321) 752-5505 G Gross receipts \$ 4,974,837
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(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶
J Website: ▶ CFBREVARD.ORG		L Year of formation 1981 M State of legal domicile FL

Part I Summary

1	Briefly describe the organization's mission or most significant activities THE COMMUNITY FOUNDATION FOR BREVARD IS A NOT-FOR-PROFIT PUBLIC CHARITY SERVING AS A CATALYST AND RESOURCE FOR PHILANTHROPIC INDIVIDUALS AND ORGANIZATIONS TO GROW, ENHANCE AND SUSTAIN BREVARD'S QUALITY OF LIFE WE MANAGE FUNDS THAT BENEFIT CHARITIES, WHICH INCLUDES ATTRACTING, INVESTING CHARITABLE GIFTS, PROMOTING AND INSPIRING COMMUNITY PHILANTHROPY, PROVIDING SUPPORT AND RESOURCE FOR THE CHARITABLE EDUCATIONAL, CULTURAL, CIVIC, HEALTH, SOCIAL, ENVIRONMENTAL AND ECONOMIC ORGANIZATIONS OF BREVARD COUNTY, AND SERVE AS A CATALYST IN IDENTIFYING PROBLEMS AND OPPORTUNITIES AND INITIATING COLLABORATIVE SOLUTIONS			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
3	Number of voting members of the governing body (Part VI, line 1a)	3		15
4	Number of independent voting members of the governing body (Part VI, line 1b)	4		15
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5		3
6	Total number of volunteers (estimate if necessary)	6		20
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a		0
7b	Net unrelated business taxable income from Form 990-T, line 34	7b		
8	Contributions and grants (Part VIII, line 1h)	8	Prior Year	Current Year
			321,177	167,500
9	Program service revenue (Part VIII, line 2g)	9		0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10	-31,512	280,031
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11		3,381
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12	289,665	450,912
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13	1,328,800	1,368,484
14	Benefits paid to or for members (Part IX, column (A), line 4)	14		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	15	125,439	167,138
16a	Professional fundraising fees (Part IX, column (A), line 11e)	16a		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ ⁰			
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	17	146,017	138,952
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	18	1,600,256	1,674,574
19	Revenue less expenses Subtract line 18 from line 12	19	-1,310,591	-1,223,662
20	Total assets (Part X, line 16)	20	Beginning of Current Year	End of Year
			12,977,737	11,574,259
21	Total liabilities (Part X, line 26)	21	20,012	418,494
22	Net assets or fund balances Subtract line 21 from line 20	22	12,957,725	11,155,765

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 information furnished by filer.

Sign Here	***** Signature of officer MICHAEL S CEROW TREASURER Type or print name and title	
Paid Preparer's Use Only	Preparer's signature ▶ EDWARD J BECK CPA Date 2012-05-11 Firm's name (or yours if self-employed), address, and ZIP + 4 EDWARD J BECK CPA LLC 7351 OFFICE PARK PLACE SUITE 149 MELBOURNE, FL 329408229	

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission

THE COMMUNITY FOUNDATION FOR BREVARD IS A NOT-FOR-PROFIT PUBLIC CHARITY SERVING AS A CATALYST AND RESOURCE FOR PHILANTHROPIC INDIVIDUALS AND ORGANIZATIONS TO GROW, ENHANCE AND SUSTAIN BREVARD'S QUALITY OF LIFE WE MANAGE FUNDS THAT BENEFIT CHARITIES, WHICH INCLUDES ATTRACTING, INVESTING CHARITABLE GIFTS, PROMOTING AND INSPIRING COMMUNITY PHILANTHROPY, PROVIDING SUPPORT AND RESOURCE FOR THE CHARITABLE EDUCATIONAL,CULTURAL, CIVIC, HEALTH, SOCIAL, ENVIRONMENTAL AND ECONOMIC ORGANIZATIONS OF BREVARD COUNTY, AND SERVE AS A CATALYST IN IDENTIFYING PROBLEMS AND OPPORTUNITIES AND INITIATING COLLABORATIVE SOLUTIONS

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 1,510,761 including grants of \$ 1,368,484) (Revenue \$)

CONSISTENT WITH THE COMMUNITY FOUNDATION FOR BREVARD'S MISSION, THE FOUNDATION IMPLEMENTED BOTH COMPETITIVE AND NONCOMPETITIVE GRANT-MAKING PROCESSES WITH DONOR-CONTRIBUTED RESOURCES AND GUIDED BY DONOR INTENT, WHICH INCLUDES NPO BRIEFINGS/TRAINING, AN ONLINE APPLICATION, COMMUNITY LEADER GRANT REVIEW ORIENTATION AND COORDINATION, AND PROVIDING FEEDBACK AND FOLLOWUP TO ALL APPLICANTS GRANTS AWARDED IN ALL ASPECTS OF QUALITY OF LIFE INCLUDING EDUCATION, ARTS AND CULTURE, HEALTH AND HUMAN SERVICES, ENVIRONMENTAL PROTECTION, AND ANIMAL WELFARE DURING 2011, THE FOUNDATION DISTRIBUTED OVER 90 GRANTS TO QUALIFIED CHARITABLE ORGANIZATIONS, INCLUDING 12 SCHOLARSHIP AWARDS TO FLORIDA UNIVERSITIES

4b (Code) (Expenses \$ 54,351 including grants of \$) (Revenue \$)

INDIVIDUALLY AND IN GROUPS, PROVIDED SUPPORT, ASSISTANCE, AND INFORMATION TO DONORS, ORGANIZATIONS, AND OTHER INDIVIDUALS SEEKING TO FIND AND INVEST IN COMMUNITY CAUSES, AND IN PARTNERSHIP WITH THE URBAN INSTITUTE/NCCS, THE DEVELOPMENT OF A WEB-BASED COMMUNITY PLATFORM, WWW.CONNECTBREVARD.ORG

4c (Code) (Expenses \$ 57,306 including grants of \$) (Revenue \$)

DEVELOPED, INVESTED AND MANAGED DONOR CONTRIBUTIONS FOR DISTRIBUTION TO CHARITABLE ORGANIZATIONS AND CAUSES DURING THE YEAR ENDED 12/31/2011, THE FOUNDATION MANAGED MORE THAN 50 FUNDS ESTABLISHED THROUGH DONOR CONTRIBUTIONS

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses \$ 1,622,418

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> <input checked="" type="checkbox"/>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? <input checked="" type="checkbox"/>	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>		No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>		No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i> <input checked="" type="checkbox"/>	Yes	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i> <input checked="" type="checkbox"/>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> <input checked="" type="checkbox"/>		No
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i> <input checked="" type="checkbox"/>	Yes	
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> <input checked="" type="checkbox"/>	Yes	
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> <input checked="" type="checkbox"/>	Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i> <input checked="" type="checkbox"/>		No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i> <input checked="" type="checkbox"/>		No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i> <input checked="" type="checkbox"/>		No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> <input checked="" type="checkbox"/>	Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> <input checked="" type="checkbox"/>		No
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> <input checked="" type="checkbox"/>	Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> <input checked="" type="checkbox"/>		No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Part I.</i>		No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? <i>If "Yes," complete Schedule F, Part II and IV.</i>		No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S? <i>If "Yes," complete Schedule F, Part III and IV.</i>		No
17 Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i>		No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>		No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		No
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>		No
b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements.		

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Table with columns for question number, question text, sub-column (e.g., 1a, 1b), and Yes/No columns. Rows include questions about Form 1096, W-2G forms, employee reporting, foreign accounts, tax shelter transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (15), 1b (15), 2 (No), 3 (No), 4 (No), 5 (No), 6 (No), 7a (No), 7b (No), 8a (Yes), 8b (Yes), 9 (No).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a (No), 10b, 11a (Yes), 11b, 12a (Yes), 12b (Yes), 12c (Yes), 13 (Yes), 14 (Yes), 15a (Yes), 15b (No), 16a (No), 16b.

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed FL
18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization.

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid

• List all of the organization's **current** key employees, if any See instructions for definition of "key employee "

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

• List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KURT C WEISS ESQ CHAIR	3 00	X		X				0	0	0
(2) GINA H RALL CPA VICE CHAIR	3 00	X		X				0	0	0
(3) TODD J STARKEY CFP SECRETARY	2 00	X		X				0	0	0
(4) MICHAEL S CEROW CPA TREASURER	2 00	X		X				0	0	0
(5) WILLIAM R HARRIS CFP PAST CHAIR	2 00	X						0	0	0
(6) RONALD E BRAY CPA RETIRED	15 00	X						0	0	0
(7) LINDA COLEMAN	1 00	X						0	0	0
(8) I WAYNE COOPER CPA	2 00	X						0	0	0
(9) DALE A DETTMER ESQ	2 00	X						0	0	0
(10) BRIAN FISHER CPA	2 00	X						0	0	0
(11) LINDA J MAY	1 00	X						0	0	0
(12) CHARLES IAN NASH ESQ	1 00	X						0	0	0
(13) KURT D PANOUSES ESQ	1 00	X						0	0	0
(14) TODD RUSSELL CPA	1 00	X						0	0	0
(15) MICHAEL WELCH	1 00	X						0	0	0
(16) SANDRA L SCANNELLI PRESIDENT/CE	50 00			X				108,150	0	0

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a _____					
	b	Membership dues 1b _____					
	c	Fundraising events 1c _____					
	d	Related organizations 1d _____					
	e	Government grants (contributions) 1e _____					
	f	All other contributions, gifts, grants, and similar amounts not included above 1f _____ 167,500					
	g	Noncash contributions included in lines 1a-1f \$ _____					
	h	Total. Add lines 1a-1f h ▶	167,500				
Program Service Revenue	2a	_____ Business Code _____					
	b	_____					
	c	_____					
	d	_____					
	e	_____					
	f	All other program service revenue _____					
	g	Total. Add lines 2a-2f g ▶					
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) ▶	358,199			358,199	
	4	Income from investment of tax-exempt bond proceeds ▶					
	5	Royalties ▶					
	6a		(i) Real				
			(ii) Personal				
		b	Gross rents				
		c	Less rental expenses				
	d	Net rental income or (loss) ▶					
	7a		(i) Securities				
			(ii) Other				
		b	Gross amount from sales of assets other than inventory	4,445,757			
		c	Less cost or other basis and sales expenses	4,523,882	43		
	d	Net gain or (loss) ▶	-78,168	-43		-78,125	
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a _____					
	b	Less direct expenses b _____					
c	Net income or (loss) from fundraising events ▶						
9a	Gross income from gaming activities See Part IV, line 19 a _____						
b	Less direct expenses b _____						
c	Net income or (loss) from gaming activities ▶						
10a	Gross sales of inventory, less returns and allowances a _____						
b	Less cost of goods sold b _____						
c	Net income or (loss) from sales of inventory ▶						
	Miscellaneous Revenue	Business Code					
11a	AGENCY ADMINISTRATIVE FEE	561499	3,247			3,247	
b	MISCELLANEOUS INCOME		134			134	
c	_____						
d	All other revenue						
e	Total. Add lines 11a-11d ▶		3,381				
12	Total revenue. See Instructions ▶		450,912	-43		283,455	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	1,368,484	1,368,484		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	108,150	97,300	10,850	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	42,389	33,911	8,478	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	5,167	4,504	663	
10	Payroll taxes	11,432	9,964	1,468	
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting	9,000		9,000	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	47,206	47,206		
g	Other	5,760		5,760	
12	Advertising and promotion				
13	Office expenses	6,426	5,141	1,285	
14	Information technology	11,042	8,834	2,208	
15	Royalties				
16	Occupancy	23,079	18,463	4,616	
17	Travel	5,026	4,021	1,005	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,485	1,988	497	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	13,219	10,576	2,643	
23	Insurance	3,516	2,813	703	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	DONOR DEVELOPMENT	7,431	5,945	1,486	
b	PROGRAM DEVELOPMENT	3,246	2,597	649	
c	BOARD EXPENSE	845		845	
d	ANNUITY EXPENSE	671	671		
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	1,674,574	1,622,418	52,156	0
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	172,871	1	395,880
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 43,698		
	b Less accumulated depreciation	10b 21,108	33,863	10c 22,590
	11 Investments—publicly traded securities	12,769,403	11	11,154,189
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	1,600	15	1,600
16 Total assets. Add lines 1 through 15 (must equal line 34)	12,977,737	16	11,574,259	
Liabilities	17 Accounts payable and accrued expenses	19,963	17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	407,160
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	49	25	11,334
	26 Total liabilities. Add lines 17 through 25	20,012	26	418,494
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,055,057	27	919,114
	28 Temporarily restricted net assets	11,132,360	28	10,000,802
	29 Permanently restricted net assets	770,308	29	235,849
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	12,957,725	33	11,155,765	
34 Total liabilities and net assets/fund balances	12,977,737	34	11,574,259	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	450,912
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,674,574
3	Revenue less expenses Subtract line 2 from line 1	3	-1,223,662
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	12,957,725
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-578,298
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	11,155,765

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2011

Open to Public Inspection

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization
COMMUNITY FOUNDATION
FOR BREVARD INC

Employer identification number

59-2114988

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1 A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 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 exempt 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).** (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h
 a Type I b Type II c Type III - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?
 (ii) a family member of a person described in (i) above?
 (iii) a 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	3,186,713	376,552	375,819	321,177	167,500	4,427,761
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	3,186,713	376,552	375,819	321,177	167,500	4,427,761
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						4,427,761

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	3,186,713	376,552	375,819	321,177	167,500	4,427,761
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	219,547	609,776	417,806	414,569	358,199	2,019,897
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV.) Do not include gain or loss from the sale of capital assets					3,381	3,381
11 Total support (Add lines 7 through 10)						6,451,039
12 Gross receipts from related activities, etc. (See instructions.)					12	

13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** **Section C. Computation of Public Support Percentage**

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14	68.640%
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	70.790%

16a 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization **b 33 1/3% support test—2010.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization **17a 10%-facts-and-circumstances test—2011.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization **b 10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization **18 Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12.)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	

- 19a 33 1/3% support tests—2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

Additional Data

Software ID:

Software Version:

EIN: 59-2114988

Name: COMMUNITY FOUNDATION
FOR BREVARD INC

Form 990, Special Condition Description:

Special Condition Description

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2011

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization COMMUNITY FOUNDATION FOR BREVARD INC

Employer identification number 59-2114988

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 showing total number, aggregate contributions, aggregate grants, and aggregate value.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property...
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes...

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply)
2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

Table with 2 columns: Line number, Held at the End of the Year. Rows 2a-2d.

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet...

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
1b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	4,004,233	3,810,864	11,278,317	19,365,562	
b Contributions	15,500	32,100	108,014	375,552	
c Investment earnings or losses	-27,916	451,591	2,954,045	-5,815,741	
d Grants or scholarships	110,425	140,990	2,368,685	2,392,469	
e Other expenditures for facilities and programs					
f Administrative expenses	104,424	101,446	220,057	254,587	
g End of year balance	3,776,968	4,052,121	11,751,634	11,278,317	

2 Provide the estimated percentage of the year end balance held as

- a** Board designated or quasi-endowment ▶ 0 790 %
- b** Permanent endowment ▶ 6 120 %
- c** Term endowment ▶ 93 090 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations	3a(i)	No
(ii) related organizations	3a(ii)	No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	No

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		43,698	21,108	22,590
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				22,590

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	450,912
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,674,574
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-1,223,662
4	Net unrealized gains (losses) on investments	4	-519,765
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	2
9	Total adjustments (net) Add lines 4 - 8	9	-519,763
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-1,743,425

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	-68,810
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	-519,765
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	43
e	Add lines 2a through 2d	2e	-519,722
3	Subtract line 2e from line 1	3	450,912
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12)	5	450,912

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	1,674,615
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	43
e	Add lines 2a through 2d	2e	43
3	Subtract line 2e from line 1	3	1,674,572
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	2
c	Add lines 4a and 4b	4c	2
5	Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18)	5	1,674,574

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
ESCROW LIABILITY ARRANGEMENT EXPLANATION	SCHEDULE D, PAGE 2, PART IV, LINE 2B	THE FOUNDATION HOLDS ASSETS UNDER FOUR (4) SEPARATE AGENCY FUND AGREEMENTS FOR OTHER COMMUNITY ORGANIZATIONS AND DISTRIBUTES THOSE ASSETS AS RECOMMENDED BY THE OTHER ORGANIZATIONS. AGENCY FUND ASSETS ARE REPORTED ALONG WITH THE RESPECTIVE AGENCY LIABILITIES IN THE ORGANIZATION'S BALANCE SHEET. CONTRIBUTIONS AND DISTRIBUTIONS ARE REPORTED AS INCREASES (DECREASES) IN THE RESPECTIVE AGENCY LIABILITIES.
INTENDED USES FOR ENDOWMENT FUNDS	SCHEDULE D, PAGE 2, PART V, LINE 4	AS PROVIDED IN THE FOUNDATION'S MISSION AND PURPOSE, ENDOWMENT FUNDS WILL BE USED FOR GRANTS AND DISTRIBUTIONS SOLELY FOR THE CHARITABLE PURPOSES FOR WHICH THE ENDOWMENT FUNDS ARE ESTABLISHED.
RECONCILIATION OF CHANGES - OTHER	SCHEDULE D, PAGE 4, PART XI, LINE 8	LEASE ABANDONMENT 43 LEASE ABANDONMENT -43 ROUNDING 2
REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 2D	LEASE ABANDONMENT 43
EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XIII, LINE 2D	LEASE ABANDONMENT 43
EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER	SCHEDULE D, PAGE 4, PART XIII, LINE 4B	ROUNDING 2

Schedule I (Form 990)

OMB No 1545-0047

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

2011

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. Attach to Form 990

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization COMMUNITY FOUNDATION FOR BREVARD INC

Employer identification number

59-2114988

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC Code section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Row 1 contains 'See Additional Data Table'.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
3 Enter total number of other organizations listed in the line 1 table

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS INSIDE THE UNITED STATES	SCHEDULE I, PAGE 1, PART I, LINE 2	ALL GRANTS AWARDED, EXCEPT THOSE THAT ARE UNRESTRICTED, MUST FILE A REPORT WITH THE CEO WITH DOCUMENTATION/ SOURCE DOCUMENTS OF HOW THE FUNDS AWARDED WERE SPENT, CONSISTENT WITH THE PURPOSE OF THE GRANT ANY EXCEPTIONS ARE REPORTED TO THE BOARD

Software ID:
Software Version:
EIN: 59-2114988
Name: COMMUNITY FOUNDATION
FOR BREVARD INC

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN CANCER SOCIETY 4450 WEST EAU GALLIE BLVD STE 280 MELBOURNE, FL 32934	13-1788491	3	15,000				CANCER RESEARCH
BREVARD REGIONAL ARTS GROUP INC625 EAST NEW HAVEN AVE MELBOURNE, FL 32901	59-2306612	3	13,500				HENEGAR CENTER
BREVARD SCHOOLS FOUNDATION2700 JUDGE FRAN JAMISON WAY VIERA, FL 32940	59-2895155	3	143,500				STEM PROGRAMS
BREVARD SYMPHONY ORCHESTRAPO BOX 361965 MELBOURNE, FL 32936	59-1149727	3	12,756				PERFORMING ARTS
EAST COAST ZOOLOGICAL DBA BREVARD ZOO8225 N WICKHAM FD MELBOURNE, FL 32940	59-2496749	3	125,000				ANIMAL CARE CENTER
CENTRAL BREVARD HUMANE SOCIETY1020 COX ROAD COCOA, FL 32926	59-0873109	3	7,440				ANIMAL CARE
CIRCLES OF CARE 400 EAST SHERIDAN ROAD MELBOURNE, FL 32901	59-1101553	3	11,525				BEHAVIORAL PROGRAMS
CLUB ESTEEM3316 MONROE ST MELBOURNE, FL 32901	59-3317831	3	23,500				ACADEMIC PROGRAMS
FLORIDA INSTITUTE OF TECHNOLOGY150 W UNIVERSITY BLVD MELBOURNE, FL 32901	59-6046500	3	31,480				ALZHEIMERS RESEARCH
HOLY TRINITY EPISCOPAL ACADEMY5825 HOLY TRINITY DRIVE MELBOURNE, FL 32940	59-0823947	3	8,825				SCHOLARSHIPS/DEVELOP
MELBOURNE CENTRAL CATHOLIC HIGH SCHOOL100 E FLORIDA AVE MELBOURNE, FL 32901	59-6080774	3	19,000				SCHOLARSHIPS(2)
SOUTH BREVARD WOMEN'S CENTER INC1425 AURORA ROAD MELBOURNE, FL 32935	59-1628264	3	20,000				UNRESTRICTED
SPACE COAST EARLY INTERVENTION CENT3790 DAIRY RD MELBOURNE, FL 32904	59-2858471	3	20,000				UNRESTRICTED
THE ASTRONAUTS MEMORIAL FOUNDATION/C AMF KENEDY SPACE CENTER, FL 32899	59-2637266	3	20,000				CHILDREN FACILITY
UNITED WAY OF BREVARD937 DIXON AVE COCOA, FL 32922	59-0836384	3	180,500				UNRESTRICTED
UNIVERSITY OF CENTRAL FLORIDA 4000 CENTRAL FLORIDA AVE ORLANDO, FL 32816	59-2924021	3	7,750				SCHOLARSHIPS (5)
UNIVERSITY OF FLORIDAPO BOX 114025 GAINESVILLE, FL 32611	59-6002052	3	600,000				ENGINEERING EDUCATIO
UNIVERSITY OF FLORIDAPO BOX 114025 GAINESVILLE, FL 32611	59-6002052	3	6,000				SCHOLARSHIPS (3)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ **Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
COMMUNITY FOUNDATION
FOR BREVARD INC

Employer identification number

59-2114988

Identifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990 - ORGANIZATION'S MISSION	THE COMMUNITY FOUNDATION FOR BREVARD IS A NOT-FOR-PROFIT PUBLIC CHARITY SERVING AS A CATALYST AND RESOURCE FOR PHILANTHROPIC INDIVIDUALS AND ORGANIZATIONS TO GROW, ENHANCE AND SUSTAIN BREVARD'S QUALITY OF LIFE WE MANAGE FUNDS THAT BENEFIT CHARITIES, WHICH INCLUDES ATTRACTING, INVESTING CHARITABLE GIFTS, PROMOTING AND INSPIRING COMMUNITY PHILANTHROPY, PROVIDING SUPPORT AND RESOURCE FOR THE CHARITABLE EDUCATIONAL, CULTURAL, CIVIC, HEALTH, SOCIAL, ENVIRONMENTAL AND ECONOMIC ORGANIZATIONS OF BREVARD COUNTY, AND SERVE AS A CATALYST IN IDENTIFYING PROBLEMS AND OPPORTUNITIES AND INITIATING COLLABORATIVE SOLUTIONS
ANY SIGNIFICANT NEW PROGRAM SERVICES NOT LISTED ON A PRIOR RETURN	FORM 990, PAGE 2, PART III, LINE 2	SIGNIFICANT PROGRAM SERVICES NOT LISTED IN PRIOR YEAR'S FORM 990 ARE INCLUDED IN KEY ACTIVITY 2 INDIVIDUALLY AND IN GROUPS, PROVIDED SUPPORT, ASSISTANCE, AND INFORMATION TO DONORS, ORGANIZATIONS, AND OTHER INDIVIDUALS SEEKING TO FIND AND INVEST IN COMMUNITY CAUSES, AND IN PARTNERSHIP WITH THE URBAN INSTITUTE/NCCS, THE DEVELOPMENT OF A WEB-BASED COMMUNITY PLATFORM, WWW.CONNECTBREVARD.ORG
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11B	CPA FIRM COMPILES ACCOUNTING INFORMATION AND PREPARES FORM 990, PROVIDES COPY TO PRESIDENT/CEO TO REVIEW AND COMPLETE/UPDATE, PRESIDENT/CEO MEETS WITH CPA TO REVIEW, BOARD OF DIRECTORS RECEIVES COPY OF FORM 990 AND REVIEWS IT PRIOR TO FILING --- CONTINUED ---
ENFORCEMENT OF CONFLICTS POLICY	FORM 990, PAGE 6, PART VI, LINE 12C	ALL OFFICERS, DIRECTORS, EMPLOYEES, AND VOLUNTEERS ARE REQUIRED TO COMPLETE AND SIGN AN ANNUAL DISCLOSURE OF INTERESTS THAT COULD GIVE RISE TO CONFLICTS AND AGREE TO REMOVE THEMSELVES FROM PARTICIPATION, DISCUSSION AND VOTING FROM ANY REAL OR PERCEIVED SITUATION WHERE CONFLICT MAY ARISE OFFICERS, COMMITTEE CHAIRS, AND KEY EMPLOYEES MONITOR EACH DECISION AT MEETINGS AND THOSE WITH CONFLICTS RECUSE THEMSELVES FROM PARTICIPATING OR VOTING
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	CEO PERFORMANCE AND COMPENSATION IS REVIEWED ANNUALLY BY A COMPENSATION COMMITTEE COMPRISED OF BOARD MEMBERS COMPENSATION IS REVIEWED USING COMPENSATION DATA FROM THE COUNCIL ON FOUNDATIONS, AREA COMPENSATION FOR COMPARABLE POSITIONS, AND INDIVIDUAL PERFORMANCE
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	THE COMMUNITY FOUNDATION ADOPTED IN 2010 A WRITTEN PUBLIC DISCLOSURE POLICY TO AVAIL ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICIES, AND OTHER POLICIES, AS WELL AS 990 FINANCIAL INFORMATION UPON REQUEST, EXCLUDING DONOR INFORMATION COPIES WILL BE MADE FOR A NOMINAL FEE TO COVER THE COST OF REPRODUCTION 990 INFORMATION IS ALSO AVAILABLE ON THE FOUNDATION'S SITE, CONNECTBREVARD AND OTHER PUBLIC SITES THAT POST 990 RETURNS --- CONTINUED ---
OTHER CHANGES IN NET ASSETS EXPLANATION	FORM 990, PART XI, LINE 5	UNREALIZED DEPRECIATION IN VALUE OF INVESTMENTS (519,765) ADJUST BEGINNING CRUT ANNUITY LIABILITY (13,661) ADJUST BEGINNING AGENCY FUND LIABILITIES (44,874) ROUNDING 2 ----- TOTAL OTHER CHANGES IN NET ASSETS (578,298) =====

Form 4562

Depreciation and Amortization (Including Information on Listed Property)

OMB No 1545-0172

2011

Attachment Sequence No 179

See separate instructions. Attach to your tax return.

Table with 3 columns: Name(s) shown on return, Business or activity to which this form relates, Identifying number.

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.

Table with 5 rows for Part I calculations: 1 Maximum amount, 2 Total cost, 3 Threshold cost, 4 Reduction in limitation, 5 Dollar limitation.

Table with 13 rows for Part I calculations: 6-13 including description of property, cost, elected cost, and various limitations.

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)

Table with 4 rows for Part II calculations: 14 Special depreciation allowance, 15 Property subject to section 168(f)(1) election, 16 Other depreciation.

Part III MACRS Depreciation (Do not include listed property.)

Section A

Table with 2 rows for Section A: 17 MACRS deductions for assets placed in service in tax years beginning before 2011, 18 Grouping assets.

Section B—Assets Placed in Service During 2011 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction.

Section C—Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System

Table with 4 rows for Section C: 20a Class life, b 12-year, c 40-year.

Part IV Summary (see instructions)

Table with 3 rows for Part IV: 21 Listed property, 22 Total, 23 For assets shown above and placed in service during the current year.

Part V Listed Property (Include automobiles, certain other vehicles, 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 the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No **24b** If "Yes," is the evidence written? Yes No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation/deduction, (i) Elected section 179 cost.

25 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 instructions) **25**

26 Property used more than 50% in a qualified business use

27 Property used 50% or less in a qualified business use

28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 **28**

29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 **29**

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.

Table for Section B with columns (a) through (f) for Vehicle 1 through Vehicle 6. Rows include 30-36: Total business/investment miles, Total commuting miles, Total other personal miles, Total miles driven, and availability for personal use.

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 instructions).

Table for Section C with columns Yes/No. Rows include 37-41: Written policy statement, personal use prohibition, all use as personal use, more than five vehicles, and qualified automobile demonstration use.

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

Table for Section VI with columns (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year.

42 Amortization of costs that begins during your 2011 tax year (see instructions)

43 Amortization of costs that began before your 2011 tax year **43**

44 Total. Add amounts in column (f) See the instructions for where to report **44**