

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

2004

Open to Public Inspection

A For the 2004 calendar year, or tax year beginning 07-01-2004 and ending 06-30-2005

- 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 SCHOOLS FOUNDATION INC
Number and street (or P O box if mail is not delivered to street address) Room/suite
2700 JUDGE FRAN JAMIESON WAY
City or town, state or country, and ZIP + 4
VIERA, FL 329406601

D Employer identification number
59-2895155
E Telephone number
3216311911
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).

G Web site: BSF BREVARD K12 FL US

J Organization type (check only one) 501(c)(3) (insert no) 4947(a)(1) or 527

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 2,036,100



H and I are not applicable to section 527 organizations
H(a) Is this a group return for affiliates? Yes No
H(b) If "Yes" enter number of affiliates
H(c) Are all affiliates included? Yes No
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No
I Group Exemption Number
M Check if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

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

Table with columns for Revenue, Expenses, and Net Assets. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments; 5 Dividends and interest from securities; 6a Gross rents; 6b Less rental expenses; 6c Net rental income; 7 Other investment income; 8a Gross amount from sales of assets; 8b Less cost or other basis and sales expenses; 8c Gain or (loss); 8d Net gain or (loss); 9 Special events and activities; 9a Gross revenue; 9b Less direct expenses; 9c Net income; 10a Gross sales of inventory; 10b Less cost of goods sold; 10c Gross profit; 11 Other revenue; 12 Total revenue; 13 Program services; 14 Management and general; 15 Fundraising; 16 Payments to affiliates; 17 Total expenses; 18 Excess or (deficit) for the year; 19 Net assets or fund balances at beginning of year; 20 Other changes in net assets; 21 Net assets or fund balances at end of year.


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 page 22 of the instructions.)

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule)  (cash \$ <u>814,727</u> noncash \$ _____)	814,727	814,727		
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc				
26	Other salaries and wages	140,294	93,477	46,817	
27	Pension plan contributions				
28	Other employee benefits	10,257	9,785	472	
29	Payroll taxes	11,907	7,865	4,042	
30	Professional fundraising fees				
31	Accounting fees	10,400		10,400	
32	Legal fees				
33	Supplies	37,915	35,771	2,144	
34	Telephone	1,240		1,240	
35	Postage and shipping				
36	Occupancy	3,000	3,000		
37	Equipment rental and maintenance	6,019		6,019	
38	Printing and publications	6,593	5,802	791	
39	Travel	19,458	17,670	1,788	
40	Conferences, conventions, and meetings				
41	Interest				
42	Depreciation, depletion, etc (attach schedule) 	1,595		1,595	
43	Other expenses not covered above (itemize)				
a	See Additional Data Table				
b					
c					
d					
e					
44	Total functional expenses (add lines 22 through 43) <i>Organizations completing columns (B)-(D), carry these totals to lines 13-15.</i>	1,282,406	1,195,178	87,228	0

Joint Costs. Check if you are following SOP 98-2
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____, (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See page 25 of the instructions.)

What is the organization's primary exempt purpose?  PROMOTE EDUCATION IN BREV CO	Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others.)
a EDUCATION PROGRAMS-SCHOOL BASED (Grants and allocations \$ 592,266)	827,664
b CLASSROOM STUDY GRANTS - 110 AWARDED (Grants and allocations \$ 59,405)	59,405
c SCHOLARSHIPS AND STUDENT AWARDS - 106 AWARDED (Grants and allocations \$ 159,706)	270,833
d TEACHER/EMPLOYEE RECOGNITION (Grants and allocations \$ 3,350)	37,276
e Other program services (attach schedule) (Grants and allocations \$)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	1,195,178

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

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
Assets	45 Cash—non-interest-bearing	29,291	45	51,966
	46 Savings and temporary cash investments	770,220	46	1,037,464
	47a Accounts receivable			
	b Less allowance for doubtful accounts	5,402	47c	0
	48a Pledges receivable	21,104		
	b Less allowance for doubtful accounts	105,292	48c	21,104
	49 Grants receivable	40,000	49	30,268
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a Other notes and loans receivable (attach schedule)			
	b Less allowance for doubtful accounts		51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	
	54 Investments—securities (attach schedule) <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	621,219	54	716,617
	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	24,406			
b Less accumulated depreciation (attach schedule)	21,697	4,303	57c	2,709
58 Other assets (describe <input type="checkbox"/> _____)	734,252	58	880,737	
59 Total assets (add lines 45 through 58)(must equal line 74)	2,309,979	59	2,740,865	
Liabilities	60 Accounts payable and accrued expenses	7,962	60	105,971
	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 <input type="checkbox"/> _____)	0	65	8,399
66 Total liabilities (add lines 60 through 65)	7,962	66	114,370	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	486,410	67	499,246
	68 Temporarily restricted	1,558,429	68	1,784,585
	69 Permanently restricted	257,178	69	342,664
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	2,302,017	73	2,626,495	
74 Total liabilities and net assets / fund balances (add lines 66 through 73)	2,309,979	74	2,740,865	

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.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (see page 27 of the instructions.)

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

a	Total revenue, gains, and other support per audited financial statements	a	2,123,021
b	Amounts included on line a but not on line 12, Form 990		
(1)	Net unrealized gains on investments . . . \$ 34,918		
(2)	Donated services and use of facilities \$ 52,004		
(3)	Recoveries of prior year grants . . . \$		
(4)	Other (specify) <input type="checkbox"/>		
	\$ 464,133		
	Add amounts on lines (1) through (4) ▶	b	551,055
c	Line a minus line b ▶	c	1,571,966
d	Amounts included on line 12, Form 990 but not line a :		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify)		
	\$		
	Add amounts on lines (1) and (2) ▶	d	
e	Total revenue per line 12, Form 990 (line c plus line d) ▶	e	1,571,966

a	Total expenses and losses per audited financial statements ▶	a	1,798,543
b	Amounts included on line a but not on line 17, Form 990		
(1)	Donated services and use of facilities \$ 52,004		
(2)	Prior year adjustments reported on line 20, Form 990 . . . \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify) <input type="checkbox"/>		
	\$ 464,133		
	Add amounts on lines (1) through (4) ▶	b	516,137
c	Line a minus line b ▶	c	1,282,406
d	Amounts included on line 17, Form 990 but not line a :		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify)		
	\$		
	Add amounts on lines (1) and (2) ▶	d	
e	Total expenses per line 17, Form 990 (line c plus line d) ▶	e	1,282,406

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
See Additional Data Table				

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

Part VI Other Information (See page 28 of the instructions.)

		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	No
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77	No
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	No
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	No
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	No
b	If "Yes," enter the name of the organization ▶ _____ _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81a	Enter direct or indirect political expenditures See line 81 instructions	81a	
b	Did the organization file Form 1120-POL for this year?	81b	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	Yes
b	If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)	82b	
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	Yes
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	Yes
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	
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 the prior year	85b	
c	Dues assessments, and similar amounts from members	85c	
d	Section 162(e) lobbying and political expenditures	85d	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	
86	501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12	86a	
b	Gross receipts, included on line 12, for public use of club facilities	86b	
87	501(c)(12) orgs. Enter a Gross income from members or shareholders	87a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	No
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____		
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	No
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
d	Enter Amount of tax on line 89c, above, reimbursed by the organization ▶ _____		
90a	List the states with which a copy of this return is filed ▶ FL		
b	Number of employees employed in the pay period that includes March 12, 2004 (See instructions)	90b	5
91	The books are in care of ▶ BREVARD SCHOOLS FDN Telephone no ▶ 3216311911 2700 JUDGE FRAN JAMIESON WAY Located at ▶ VIERA, FL ZIP + 4 ▶ 329406601		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 —Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ _____	92	

Part VII Analysis of Income-Producing Activities (See page 33 of 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	
93 Program service revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	17,163	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b non debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			1	9,566	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				26,729	
105 Total (add line 104, columns (B), (D), and (E))					26,729

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 34 of the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds)
1	
2	
3	
4	
5	

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	Nature of business
	%	
	%	
	%	
	%	

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

NOTE: If "Yes" to (b), file Form 8870 **and** Form 4720 (see instructions).

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

Please Sign Here

***** | 2006-03-29
 Signature of officer | Date

LYNN CLIFTON EXECUTIVE DIRECTOR
 Type or print name and title

Paid Preparer's Use Only

Preparer's signature	LARK JANES	Date	2006-03-30	Check if self-employed	<input type="checkbox"/>	Preparer's SSN or PTIN (See Gen Inst W)
Firm's name (or yours if self-employed), address, and ZIP + 4	JANES KEY & DINHO PA 2717 NORTH WICKHAM ROAD SUITE 3 MELBOURNE, FL 32935			EIN		
				Phone no	3217526000	

SCHEDULE A
(Form 990 or 990EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0047

2004

Supplementary Information—(See separate instructions.)

MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

Department of the Treasury
Internal Revenue Service

Name of the organization
BREVARD SCHOOLS FOUNDATION INC

Employer identification number

59-2895155

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$50,000				

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individual or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of others receiving over \$50,000 for professional services		

Part III Statements About Activities (See page 2 of the instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, include any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ►\$ _____ (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities		No
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		No
a	Sale, exchange, or leasing property?	2a	No
b	Lending of money or other extension of credit?	2b	No
c	Furnishing of goods, services, or facilities?	2c	No
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	Yes
e	Transfer of any part of its income or assets?	2e	No
3a	Do you make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments)	3a	Yes
b	Do you have a section 403(b) annuity plan for your employees?	3b	No
4a	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a	No
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b	No

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)	
The organization is not a private foundation because it is (Please check only ONE applicable box)	
5	<input type="checkbox"/> A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
6	<input type="checkbox"/> A school Section 170(b)(1)(A)(ii) (Also complete Part V)
7	<input type="checkbox"/> A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
8	<input type="checkbox"/> A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
9	<input type="checkbox"/> A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ► _____
10	<input type="checkbox"/> An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the Support Schedule in Part IV-A)
11a	<input type="checkbox"/> An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)
11b	<input type="checkbox"/> A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)
12	<input type="checkbox"/> An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc , functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the Support Schedule in Part IV-A)
13	<input checked="" type="checkbox"/> An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (see page 5 of the instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above
SCHOOL BOARD OF BREVARD COUNTY FLORIDA	8

14	<input type="checkbox"/> An organization organized and operated to test for public safety Section 509(a)(4) (See page 5 of the instructions)
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Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) **Use cash method of accounting.****Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)					
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc , purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22					
24 Line 23 minus line 17					
25 Enter 1% of line 23					
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts					26a
c Total support for section 509(a)(1) test Enter line 24, column (e)					26b
d Add Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____					26c
e Public support (line 26c minus line 26d total)					26d
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26e
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person " Do not file this list with your return. Enter the sum of such amounts for each year (2003) _____ (2002) _____ (2001) _____ (2000) _____					26f
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2) , enter the sum of these differences (the excess amounts) for each year (2003) _____ (2002) _____ (2001) _____ (2000) _____					
c Add Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c
d Add Line 27a total _____ and line 27b total _____					27d
e Public support (line 27c total minus line 27d total)					27e
f Total support for section 509(a)(2) test Enter amount from line 23, column (e)					27f
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not file this list with your return. Do not include these grants in line 15					

Part V Private School Questionnaire (See page 7 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)	31	
<hr/>			
<hr/>			
<hr/>			
32	Does the organization maintain the following	32a	
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)			
<hr/>			
<hr/>			
33	Does the organization discriminate by race in any way with respect to	33a	
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities?	33h	
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
<hr/>			
<hr/>			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement	34b	
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)
(To be completed ONLY by an eligible organization that filed Form 5768)

Check **a** if the organization belongs to an affiliated group Check **b** if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred)

(a)
Affiliated group
totals

(b)
To be completed
for ALL electing
organizations

36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38	Total lobbying expenditures (add lines 36 and 37)	38		
39	Other exempt purpose expenditures	39		
40	Total exempt purpose expenditures (add lines 38 and 39)	40		
41	Lobbying nontaxable amount Enter the amount from the following table— If the amount on line 40 is— The lobbying nontaxable amount is— Not over \$500,000 20% of the amount on line 40 Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000	41		
42	Grassroots nontaxable amount (enter 25% of line 41)	42		
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43		
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44		

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below
 See the instructions for lines 45 through 50 on page 11 of the instructions)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a** Volunteers
- b** Paid staff or management (Include compensation in expenses reported on lines **c** through **h**.)
- c** Media advertisements
- d** Mailings to members, legislators, or the public
- e** Publications, or published or broadcast statements
- f** Grants to other organizations for lobbying purposes
- g** Direct contact with legislators, their staffs, government officials, or a legislative body
- h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i** Total lobbying expenditures (Add lines **c** through **h**.)

Yes	No	Amount

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 11 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of

- (i)** Cash
- (ii)** Other assets

b Other transactions

- (i)** Sales or exchanges of assets with a noncharitable exempt organization
- (ii)** Purchases of assets from a noncharitable exempt organization
- (iii)** Rental of facilities, equipment, or other assets
- (iv)** Reimbursement arrangements
- (v)** Loans or loan guarantees
- (vi)** Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

	Yes	No
51a(i)		No
a(ii)		No
b(i)		No
b(ii)		No
b(iii)		No
b(iv)		No
b(v)		No
b(vi)		No
c		No

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No

b If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Form 4562

Depreciation and Amortization (Including Information on Listed Property)

OMB No 1545-0172

2004

Attachment Sequence No 67

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 3 columns: Line number, Description, Amount.

Table with 3 columns: (a) Description of property, (b) Cost (business use only), (c) Elected cost.

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 3 columns: Line number, Description, Amount.

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

Section A

Table with 3 columns: Line number, Description, Amount.

Section B—Assets Placed in Service During 2004 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 2004 Tax Year Using the Alternative Depreciation System

Table with 6 columns: Line number, Description, Recovery period, Convention, Method, Amount.

Part IV Summary (see page 8 of the instructions)

Table with 3 columns: Line number, Description, Amount.

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

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

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

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

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation/deduction	(i) Elected section 179 cost
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 page 8 of the instructions)						25		
26 Property used more than 50% in a qualified business use (see page 8 of the instructions)								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use (see page 8 of the instructions)								
		%			S/L -			
		%			S/L -			
		%			S/L -			
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.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total Business/investment miles driven during the year (do not include commuting miles- See page 2 of the instructions												
31 Total commuting miles driven during the year												
32 Total other personal(noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available 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 page 10 of the instructions)

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

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

Part VI Amortization

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

TY 2004 Other Changes in Net Assets Schedule**Name:** BREVARD SCHOOLS FOUNDATION INC**EIN:** 59-2895155

Description	Amount
NET UNREALIZED GAINS ON INVESTMENTS	34,918

TY 2004 Special Events Schedule

Name: BREVARD SCHOOLS FOUNDATION INC

EIN: 59-2895155

Event Name	Gross Receipts	Contributions	Gross Revenue	Direct Expense	Net Income (Loss)
COUPON BOOK SALES	418,600		418,600	386,565	32,035
GOLF TOURNAMENT	76,923	53,485	23,438	51,057	-27,619
TEACHER OF THE YEAR	36,520	32,300	4,220	8,835	-4,615
VARIOUS	40,092	12,650	27,442	17,677	9,765

TY 2004 Cash Grants Paid Schedule

Name: BREVARD SCHOOLS FOUNDATION INC

EIN: 59-2895155

Class of Activity	Recipient's name	Address	Amount	Relationship
	AWARDS		592,266	
	SCHOOL GRANTS		59,405	
	SCHOLARSHIPS		159,706	
	TEACHER GRANTS		3,350	

TY 2004 Investments - Securities Schedule

Name: BREVARD SCHOOLS FOUNDATION INC

EIN: 59-2895155

Description	Book Value	Cost/FMV
	546,708	F
	169,909	F

TY 2004 Land etc. Schedule

Name: BREVARD SCHOOLS FOUNDATION INC

EIN: 59-2895155

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
SOFTWARE	21,700	21,156	21,156
COMPUTER EQUIPMENT	2,706	541	541

TY 2004 Other Assets Schedule

Name: BREVARD SCHOOLS FOUNDATION INC

EIN: 59-2895155

Description	Beginning of Year Amount	End of Year Amount
FLORIDA PREPAID TUITION CONTRACTS	734,252	880,737

TY 2004 Other Expenses Included Schedule

Name: BREVARD SCHOOLS FOUNDATION INC

EIN: 59-2895155

Description	Amount
SPECIAL EVENTS DIRECT EXPENSES	464,133

TY 2004 Other Liabilities Schedule

Name: BREVARD SCHOOLS FOUNDATION INC

EIN: 59-2895155

Description	Beginning of Year Amount	End of Year Amount
REFUNDABLE ADVANCE		8,399

TY 2004 Other Revenues Included Schedule

Name: BREVARD SCHOOLS FOUNDATION INC

EIN: 59-2895155

Description	Amount
SPECIAL EVENTS DIRECT EXPENSES	464,133

TY 2004 Scholarship Award Statement

Name: BREVARD SCHOOLS FOUNDATION INC

EIN: 59-2895155

Statement: BREVARD SCHOOLS FOUNDATION SCHOLARSHIP PROGRAM THE FOUNDATION BOARD OF DIRECTORS OVERSEES THE PROGRAM. THE PROCESS FOR SELECTING STUDENT SCHOLARSHIP RECIPIENTS IS NON-DISCRIMINATORY. COMMUNITY VOLUNTEERS AT EACH OF THE DISTRICT'S HIGH SCHOOLS CONDUCT THE SELECTION OF SCHOLARSHIP RECIPIENTS. AMONG THE CRITERIA CONSIDERED ARE: 1) ACADEMIC ACHIEVEMENTS, 2) EXTRACURRICULAR ACTIVITIES AND COMMUNITY INVOLVEMENT, 3) FINANCIAL NEED AND 4) SPECIAL CAREER/STUDY FIELD INTEREST, TALENT OR APTITUDE. "BRIGHT IDEAS" MINI-GRANTS THE FOUNDATION BOARD HAS ESTABLISHED MINI-GRANT COMMITTEES OF GRANT SPONSORS AND NATIONAL BOARD CERTIFIED TEACHERS. GRANTS ARE EVALUATED BASED UPON THEIR POTENTIAL BENEFIT TO STUDENTS, THE NUMBER OF STUDENTS INVOLVED, PROJECT CREATIVITY AND INNOVATION, EFFECTIVE USE OF RESOURCES, POTENTIAL SPONSOR INTEREST AND OTHER CRITERIA ESTABLISHED BY THE COMMITTEES.

TY 2004 Self Dealing Statement

Name: BREVARD SCHOOLS FOUNDATION INC

EIN: 59-2895155

Line Number	Explanation
2d	<p>THE EXECUTIVE DIRECTOR OF THE FOUNDATION IS AN EMPLOYEE OF THE SCHOOL BOARD OF BREVARD COUNTY. DURING FISCAL 2005, THE FOUNDATION RECOGNIZED APPROXIMATELY 28,000, REPRESENTING THE PORTION OF HER TIME SPENT CONDUCTING FOUNDATION BUSINESS, AS A CONTRIBUTION OF DONATED SERVICES AND AS SALARY EXPENSE. THIS AMOUNT OF REVENUE AND EXPENSE IS NOT REFLECTED IN FORM 990, AS CONTRIBUTED SERVICES ARE REQUIRED TO BE REMOVED FOR TAX PURPOSES.</p>

Form 990, Part V - List of Officers, Directors, Trustees, and Key Employees:

(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	(E) Expense account and other allowances
DAVID BROCK 1030 S US 1 ROCKLEDGE, FL 32955	DIRECTOR 000 0	0	0	0
WAYNE CORBIN PO BOX 21233 MC 721-B-L403 KSC, FL 328150233	DIRECTOR 000 0	0	0	0
FRED GALEY PO BOX 410819 MELBOURNE, FL 329410819	DIRECTOR 000 0	0	0	0
GUILLE ERASO 2000 W NASA BLVD DEPT 8716/E01-221 MELBOURNE, FL 329029650	DIRECTOR 000 0	0	0	0
JAMIE GROFIK 1700 NEW HAVEN AVE MELBOURNE, FL 32904	PRESIDENT 000 0	0	0	0
JIM PLATMAN PO BOX 361016 MELBOURNE, FL 32936	DIRECTOR 000 0	0	0	0
JOE LANGLOIS 1441 N HARBOR CITY BLVD MELBOURNE, FL 32935	DIRECTOR 000 0	0	0	0
JOHN ANDERSON 1835 S ATLANTIC AVE 701 COCOA BEACH, FL 32931	DIRECTOR 000 0	0	0	0
JUDY SPENCER 712 FLORIDA AVE COCOA, FL 32922	DIRECTOR 000 0	0	0	0
LINDA DALE 280 N TROPICAL TRAIL MERRITT ISLAND, FL 32953	PAST PRESIDE 000 0	0	0	0
MASON WILLIAMS III PO BOX 1870 MELBOURNE, FL 32902	TREASURER 000 0	0	0	0
MAX SNIDER 3275 SUNTREE BLVD MELBOURNE, FL 32940	VICE PRES 000 0	0	0	0
MEL BROOM 760 MONTCLAIR RD NE PALM BAY, FL 32905	DIRECTOR 000 0	0	0	0
MEREDITH GIBSON PO BOX 419001 MELBOURNE, FL 329419001	DIRECTOR 000 0	0	0	0
MICHAEL WAGNER 3951 SARNO RD MELBOURNE, FL 32934	DIRECTOR 000 0	0	0	0
RICHARD DIPATRI 2700 JUDGE FRAN JAMIESON WAY VIERA, FL 329406699	SECRETARY 000 0	0	0	0
ROSS SUTTON 270 BARNES BLVD ROCKLEDGE, FL 32955	DIRECTOR 000 0	0	0	0
SARA STERN 2700 JUDGE FRAN JAMIESON WAY VIERA, FL 329406699	DIRECTOR 000 0	0	0	0
STEVE JOHNSON 7380 MURRELL RD SUITE 201 VIERA, FL 32940	DIRECTOR 000 0	0	0	0
SUSAN NEWTON 8226 N WICKHAM RD MELBOURNE, FL 32940	DIRECTOR 000 0	0	0	0
TJ SHAW 311 SAGAMORE ST WEST MELBOURNE, FL 32904	DIRECTOR 000 0	0	0	0
TERRY EBERLE 1 GANNETT PLAZA MELBOURNE, FL 32940	DIRECTOR 000 0	0	0	0
THOMAS HOLLINGSWORTH 150 W UNIVERSITY BLVD MELBOURNE, FL 329016988	DIRECTOR 000 0	0	0	0
WENDY KALOSKI 415 FORTENBERRY RD MERRITT ISLAND, FL 32952	DIRECTOR 000 0	0	0	0
ROCHELLE A SCHWINDT 7315 N ATLANTIC AVE CAPE CANAVERAL, FL 32920	DIRECTOR 000 0	0	0	0
SHEILA KING 3085 KNOX MCRAE DR TITUSVILLE, FL 329358724	DIRECTOR 000 0	0	0	0
DEAN STEWART 801 E HIBISCUS BLVD MELBOURNE, FL 32901	DIRECTOR 000 0	0	0	0
LYNN CLIFTON 2700 JUDGE FRAN JAMIESON WAY VIERA, FL 32940	EXEC DIRECTO 40 00	0	0	0

Additional Data**Software ID:****Software Version:****EIN:** 59-2895155**Name:** BREVARD SCHOOLS FOUNDATION INC**Form 990, Part II, Line 43 - Other expenses not covered above (itemize):**

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
a EXPENSES	43a				
b ADVERTISING	43b	608	122	486	
c CONTRACT LABOR	43c	4,125	2,950	1,175	
d TRAINING	43d	8,561	6,111	2,450	
e DUES, FEES, MEMBERSHIP	43e	35,297	32,033	3,264	
f INSURANCE	43f	2,189		2,189	
g EQUIPMENT	43g	17,324	16,219	1,105	
h MISCELLANEOUS	43h	12,736	11,485	1,251	
i EVENT EXPENSES	43i	138,161	138,161		