

Form 990
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

2007

Open to Public Inspection

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

A For the 2007 calendar year, or tax year beginning 07-01-2007 and ending 06-30-2008

- 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

(321) 631-1911

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 is not a 509(a)(3) supporting organization and its gross receipts are normally not more than 25,000

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 2,618,709

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes" enter number of affiliates

H(c) Are all affiliates included? Yes No (If "No," attach a list See instructions)

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 the instructions.)

Table with columns for Revenue, Expenses, and Net Assets. Rows include Contributions, Program service revenue, Membership dues, Interest on savings, Dividends, Gross rents, Other investment income, Gross amount from sales of assets, Special events and activities, Gross sales of inventory, Other revenue, Total revenue, Program services, Management and general, Fundraising, Payments to affiliates, Total expenses, Excess or (deficit) for the year, Net assets or fund balances at beginning of year, Other changes in net assets or fund balances, 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 the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.

	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising	
22a Grants paid from donor advised funds (attach Schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a				
22b Other grants and allocations (attach schedule) (cash \$ 1,587,130 noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b	1,587,130	1,587,130		
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25a Compensation of current officers, directors, key employees etc Listed in Part V-A (attach schedule)	25a				
b Compensation of former officers, directors, key employees etc listed in Part V-B (attach schedule)	25b				
c Compensation and other distributions not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c				
26 Salaries and wages of employees not included on lines 25a, b and c	26	234,340	142,652	91,688	
27 Pension plan contributions not included on lines 25a, b and c	27	940		940	
28 Employee benefits not included on lines 25a - 27	28	22,385	15,345	7,040	
29 Payroll taxes	29	20,305	11,319	8,986	
30 Professional fundraising fees	30				
31 Accounting fees	31	11,169		11,169	
32 Legal fees	32				
33 Supplies	33	87,609	75,212	12,397	
34 Telephone	34				
35 Postage and shipping	35				
36 Occupancy	36				
37 Equipment rental and maintenance	37	5,088		5,088	
38 Printing and publications	38	5,522	3,304	2,218	
39 Travel	39	50,733	43,879	6,854	
40 Conferences, conventions, and meetings	40				
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42	541		541	
43 Other expenses not covered above (itemize)					
a See Additional Data Table	43a				
b	43b				
c	43c				
d	43d				
e	43e				
f	43f				
g	43g				
44 Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	2,298,927	2,101,233	197,694	0

Joint Costs. Check if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No



If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____, (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

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

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? PROMOTE EDUCATION IN BREV CO All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others.)
a EDUCATION PROGRAMS-SCHOOL BASED (Grants and allocations \$ 1,298,490) If this amount includes foreign grants, check here <input type="checkbox"/>	1,789,442
b CLASSROOM STUDY GRANTS - 50 AWARDED (Grants and allocations \$ 36,215) If this amount includes foreign grants, check here <input type="checkbox"/>	36,215
c SCHOLARSHIPS AND STUDENT AWARDS - 58 AWARDED (Grants and allocations \$ 252,425) If this amount includes foreign grants, check here <input type="checkbox"/>	252,552
d TEACHER/EMPLOYEE RECOGNITION (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	23,024
e Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	2,101,233

Part IV Balance Sheets (See 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	20,356	45	45,076
	46 Savings and temporary cash investments	1,001,754	46	851,443
	47a Accounts receivable	47a 22,849		
	b Less allowance for doubtful accounts	47b	28,075	47c 22,849
	48a Pledges receivable	48a 28,369		
	b Less allowance for doubtful accounts	48b	31,753	48c 28,369
	49 Grants receivable	54,800	49	33,468
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a	
	b Receivables from other disqualified persons (as defined under section 4958(c)(3)(B) (attach schedule)		50b	
	51a Other notes and loans receivable (attach schedule)	51a		
	b Less allowance for doubtful accounts	51b		51c
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	7,452
	54a Investments—publicly-traded securities <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	837,432	54a	629,501
	b Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b	
55a Investments—land, buildings, and equipment basis	55a			
b Less accumulated depreciation (attach schedule)	55b		55c	
56 Investments—other (attach schedule)	50,348	56	52,595	
57a Land, buildings, and equipment basis	57a 24,406			
b Less accumulated depreciation (attach schedule)	57b 23,865	1,082	57c  541	
58 Other assets, including program-related investments (describe <input type="checkbox"/> _____)	1,099,043	58 	1,185,604	
59 Total assets (must equal line 74) Add lines 45 through 58	3,124,643	59	2,856,898	
Liabilities	60 Accounts payable and accrued expenses	109,413	60	21,236
	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"/> _____)	15,437	65	
66 Total liabilities Add lines 60 through 65	124,850	66	21,236	
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	405,914	67	300,979
	68 Temporarily restricted	2,213,780	68	2,156,877
	69 Permanently restricted	380,099	69	377,806
	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 and column (B) must equal line 21)	2,999,793	73	2,835,662	
74 Total liabilities and net assets / fund balances Add lines 66 and 73	3,124,643	74	2,856,898	

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

a	Total revenue, gains, and other support per audited financial statements	a	2,671,941
b	Amounts included on line a but not on Part I, line 12		
1	Net unrealized gains on investments	b1	-119,978
2	Donated services and use of facilities	b2	261,162
3	Recoveries of prior year grants	b3	
4	Other (specify) <input type="checkbox"/> _____	b4	275,983
	Add lines b1 through b4	b	417,167
c	Subtract line b from line a	c	2,254,774
d	Amounts included on Part I, line 12, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify) _____	d2	
	Add lines d1 and d2	d	417,167
e	Total revenue (Part I, line 12) Add lines c and d	e	2,254,774

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

a	Total expenses and losses per audited financial statements	a	2,836,072
b	Amounts included on line a but not on Part I, line 17		
1	Donated services and use of facilities	b1	261,162
2	Prior year adjustments reported on Part I, line 20	b2	
3	Losses reported on Part I, line 20	b3	
4	Other (specify) <input type="checkbox"/> _____	b4	275,983
	Add lines b1 through b4	b	537,145
c	Subtract line b from line a	c	2,298,927
d	Amounts included on Part I, line 17, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify) _____	d2	
	Add lines d1 and d2	d	
e	Total expenses (Part I, line 17) Add lines c and d	e	2,298,927

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

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

Part V-A Current Officers, Directors, Trustees, and Key Employees *(continued)*

75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings <u>25</u>			
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b		No
c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization" If "Yes," attach a statement that includes the information described in the instructions	75c		No
d Does the organization have a written conflict of interest policy?	75d	Yes	

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (If not paid enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances

Part VI Other Information *(See the instructions.)*

76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	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) <u>81a</u>	81a		
b Did the organization file Form 1120-POL for this year?	81b		No

Part VI Other Information (continued)

		Yes	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?	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?	Yes	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	Yes	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		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?		
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.		
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	
88a	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		No
b	At any time during the year, did the organization directly or indirectly own a controlled entity within the meaning of section 512(b)(13)? If yes complete Part XI		No
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> _____, section 4912 <input type="checkbox"/> _____, section 4955 <input type="checkbox"/> _____		
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 <input type="checkbox"/> _____		
d	Enter Amount of tax on line 89c, above, reimbursed by the organization <input type="checkbox"/> _____		
e	All organizations. At any time during the tax year was the organization a party to a prohibited tax shelter transaction?	89e	No
f	All organizations. Did the organization acquire direct or indirect interest in any applicable insurance contract?	89f	No
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	No
90a	List the states with which a copy of this return is filed <input type="checkbox"/> FL		
b	Number of employees employed in the pay period that includes March 12, 2007 (See instructions)	90b	8
91a	The books are in care of <input type="checkbox"/> BREVARD SCHOOLS FDN Telephone no <input type="checkbox"/> (321) 631-1911 2700 JUDGE FRAN JAMIESON WAY Located at <input type="checkbox"/> VIERA, FL ZIP + 4 <input type="checkbox"/> 329406601		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b	No
	If "Yes," enter the name of the foreign country <input type="checkbox"/> _____		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and Financial Accounts		

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States?	91c	Yes		No
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If "Yes," enter the name of the foreign country

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year 92

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

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
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	39,753	
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					12,048
101 Net income or (loss) from special events			1	225,809	
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))				265,562	12,048
105 Total (add line 104, columns (B), (D), and (E))					277,610

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

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

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

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

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See 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).

Part XI Information Regarding Transfers To and From Controlled Entities Complete only if the organization is a controlling organization as defined in section 512(b)(13)

				Yes	No
106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity					No
	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a					
b					
c					
Totals					

				Yes	No
107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity					No
	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a					
b					
c					
Totals					

		Yes	No
108 Did the organization have a binding written contract in effect on August 17, 2006 covering the interests, rents, royalties and annuities described in question 107 above?			

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer

2009-01-16
Date

LYNN CLIFTON EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer's Use Only

Preparer's signature: LARK JANES

Date: 2009-01-16

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

**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 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

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

OMB No 1545-0047

2007

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-A 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 II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individual or firms. If there are none, enter "None". See page 2 for instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of other contractors receiving over \$50,000 for other 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	1		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.) 	2a		No
a Sale, exchange, or leasing property?	2b		No
b Lending of money or other extension of credit?	2c		No
c Furnishing of goods, services, or facilities?	2d	Yes	
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? 	2e		No
e Transfer of any part of its income or assets?	3a	Yes	
3a Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments) 	3b	Yes	
b Did the organization have a section 403(b) annuity plan for its employees?	3c		No
c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment , historic land areas or structures? If "Yes" attach a detailed statement	3d		No
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	4a	Yes	
4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g	4b		
b Did the organization make any taxable distributions under section 4966?	4c		
c Did the organization make a distribution to a donor, donor advisor, or related person?			
d Enter the total number of donor advised funds owned at the end of the tax year ► _____			
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ► _____			
f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ► 0 _____			
g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ► 0 _____			

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)

I certify that the organization is not a private foundation because it is (Please check only **ONE** applicable box)

- 5 A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6 A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7 A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8 A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9 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 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 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 A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 12 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 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization
 Type I Type II Type III - Functionally Integrated Type III - Other

Provide the following information about the supported organizations. (see page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support?
			Yes	No	
Total					

- 14 An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 of the instructions)

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) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	1,773,216	1,606,812	1,461,960	1,281,317	6,123,305
16 Membership fees received					0
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	554,211	499,091	473,700	593,614	2,120,616
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	47,242	33,656	17,163	12,796	110,857
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
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	21,586	8,679	7,443	5,455	43,163
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets					0
23 Total of lines 15 through 22	2,396,255	2,148,238	1,960,266	1,893,182	8,397,941
24 Line 23 minus line 17	1,842,044	1,649,147	1,486,566	1,299,568	6,277,325
25 Enter 1% of line 23	23,963	21,482	19,603	18,932	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					125,547
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 2002 through 2005 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts					289,226
c Total support for section 509(a)(1) test Enter line 24, column (e)					6,277,325
d Add Amounts from column (e) for lines					
18 110,857 19 0					
22 26 b 289,226					400,083
e Public support (line 26c minus line 26d total)					5,877,242
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					93.63%
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 (2006) _____ (2005) _____ (2004) _____ (2003) _____					
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 11b, 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 (2006) _____ (2005) _____ (2004) _____ (2003) _____					
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 2002 through 2005, 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?		
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?		
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) 		
32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement) 		
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement) 		
34a	Does the organization receive any financial aid or assistance from a governmental agency?		
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		
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		

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		(a) Affiliated group totals	(b) To be completed for all electing organizations
(The term "expenditures" means amounts paid or incurred)			
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)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(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	Yes	No	Amount
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 .)			
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 12 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

2007

Department of the Treasury Internal Revenue Service

See separate instructions. Attach to your tax return.

Attachment Sequence No 67

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 II calculations: 6-13 (a) Description of property, (b) Cost, (c) Elected cost, 7-13 (a) Description of property, (b) Cost, (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 4 rows for Part II calculations: 14-16 (a) Description of property, (b) Cost, (c) Elected cost.

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

Section A

Table with 2 rows for Part III Section A: 17 MACRS deductions, 18 Grouping assets.

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 2007 Tax Year Using the Alternative Depreciation System

Table with 6 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.

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 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 allowance for qualified New York Liberty or Gulf Opportunity Zone 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								
		%			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)												
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 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 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 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 2007 tax year (see instructions)					
43 Amortization of costs that began before your 2007 tax year					43
44 Total. Add amounts in column (f) See the instructions for where to report					44

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	3,187	2,500	687	
c AWARDS AND PRIZES	43c	11,035	11,035		
d CONTRACT LABOR	43d	9,782	5,900	3,882	
e DUES, FEES, MEMBERSHIP	43e	44,752	37,663	7,089	
f EVENT EXPENSES	43f	198,526	164,879	33,647	
g INSURANCE	43g	4,670		4,670	
h MISCELLANEOUS	43h	373		373	
i TRAINING	43i	840	415	425	

Form 990, Part V-A - Current 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 plans	(E) Expense account and other allowances
DAVID BROCK 1030 S US 1 ROCKLEDGE, FL 32955	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
JIM PLATMAN PO BOX 361016 MELBOURNE, FL 32936	DIRECTOR 000 0	0	0	0
JOHN ANDERSON 1835 S ATLANTIC AVE 701 COCOA BEACH, FL 32931	DIRECTOR 000 0	0	0	0
LINDA DALE 280 N TROPICAL TRAIL MERRITT ISLAND, FL 32953	DIRECTOR 000 0	0	0	0
MASON WILLIAMS III PO BOX 1870 MELBOURNE, FL 32902	VICE PRES 000 0	0	0	0
MAX SNIDER 3275 SUNTREE BLVD MELBOURNE, FL 32940	PRESIDENT 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	TREASURER 000 0	0	0	0
RICHARD DIPATRI 2700 JUDGE FRAN JAMIESON WAY VIERA, FL 329406699	DIRECTOR 000 0	0	0	0

Form 990, Part V-A - Current 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 plans	(E) Expense account and other allowances
ROSS SUTTON 270 BARNES BLVD ROCKLEDGE, FL 32955	DIRECTOR 000 0	0	0	0
TOM SPEIGNER 375 COMMERCE PKWY ROCKLEDGE, FL 32955	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	SECRETARY 000 0	0	0	0
STEVE JOHNSON 7380 MURRELL ROAD STE 201 ROCKLEDGE, FL 32955	DIRECTOR 000 0	0	0	0
ROCHELLE A SCHWINDT 7315 N ATLANTIC AVE CAPE CANAVERAL, FL 32920	DIRECTOR 000 0	0	0	0
CINDY KANE 1025 W NASA BLVD MELBOURNE, FL 32919	DIRECTOR 000 0	0	0	0
DEAN STEWART 801 E HIBISCUS BLVD MELBOURNE, FL 32901	DIRECTOR 000 0	0	0	0
JULIE JORDAN 1700 DIRECTORS ROW ORLANDO, FL 32809	DIRECTOR 000 0	0	0	0
GEORGE BOVELL 2955 PINEDA CAUSEWAYSTE 122 MELBOURNE, FL 32940	DIRECTOR 000 0	0	0	0

Form 990, Part V-A - Current 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 plans	(E) Expense account and other allowances
HEATHER LEWIS 3850 S BANANA RIVER BLVD COCOA BEACH, FL 32931	DIRECTOR 000 0	0	0	0
LYNN CLIFTON 2700 JUDGE FRAN JAMIESON WAY VIERA, FL 32940	EXECUTIVE DI 000 0	45,214	0	0
JANICE DOLAN 150 TERRIER TRIAL SOUTH TITUSVILLE, FL 32780	DIRECTOR 000 0	0	0	0
LARRY HUGHES 7972 TIMBERLAKE DR WEST MELBOURNE, FL 32904	DIRECTOR 000 0	0	0	0
KEVIN TRAINOR PO BOX 547369 ORLANDO, FL 32854	DIRECTOR 000 0	0	0	0
YVONNE MCGUIRE-INGRAM 1970 W NEW HAVEN AVE MELBOURNE, FL 32904	DIRECTOR 000 0	0	0	0

TY 2007 Cash Grants Paid Schedule

Name: BREVARD SCHOOLS FOUNDATION INC

EIN: 59-2895155

Class of Activity	Recipient's name	Address	Amount	Relationship
	AWARDS		1,298,490	
	SCHOOL GRANTS		36,215	
	SCHOLARSHIPS		252,425	

TY 2007 Gain/Loss from Sale of Public Securities Schedule**Name:** BREVARD SCHOOLS FOUNDATION INC**EIN:** 59-2895155**Gross Sales Price:** 100,000**Basis:** 87,952**Sales Expenses:****Total (net):** 12,048

TY 2007 Land etc. Schedule

Name: BREVARD SCHOOLS FOUNDATION INC

EIN: 59-2895155

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
SOFTWARE	21,700	21,700	
COMPUTER EQUIPMENT	2,706	2,165	541

TY 2007 Other Assets Schedule

Name: BREVARD SCHOOLS FOUNDATION INC

EIN: 59-2895155

Description	Beginning of Year Amount	End of Year Amount
FLORIDA PREPAID TUITION CONTRACTS	1,099,043	1,185,604

TY 2007 Other Changes in Net Assets Schedule

Name: BREVARD SCHOOLS FOUNDATION INC

EIN: 59-2895155

Description	Amount
NET UNREALIZED GAINS ON INVESTMENTS	-119,978
SPECIAL EVENTS EXPENSES	275,983
SPECIAL EVENTS EXPENSES	-275,983

TY 2007 Other Expenses Included Schedule

Name: BREVARD SCHOOLS FOUNDATION INC

EIN: 59-2895155

Description	Amount
SPECIAL EVENTS EXPENSES	275,983

TY 2007 Other Liabilities Schedule

Name: BREVARD SCHOOLS FOUNDATION INC

EIN: 59-2895155

Description	Beginning of Year Amount	End of Year Amount
REFUNDABLE ADVANCE	13,543	
AGENCY LIABILITY	1,894	

TY 2007 Other Revenues Included Schedule

Name: BREVARD SCHOOLS FOUNDATION INC

EIN: 59-2895155

Description	Amount
SPECIAL EVENTS EXPENSES	275,983

TY 2007 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	393,829		393,829	236,818	157,011
GOLF TOURNAMENT	102,621		102,621	37,253	65,368
TEACHER OF THE YEAR	43,795	40,403	3,392	324	3,068
VARIOUS	22,455	20,505	1,950	1,588	362
TOTAL	562,700	60,908	501,792	275,983	225,809

TY 2007 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 NONDISCRIMINATORY. 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" MINIGRANTS THE FOUNDATION BOARD HAS ESTABLISHED MINIGRANT 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 2007 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 2007, THE FOUNDATION RECOGNIZED 45,214, REPRESENTING THE PORTION OF HER TIME SPENT CONDUTING 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>