

Short Form Return of Organization Exempt From Income Tax

2011

Department of the Treasury Internal Revenue Service

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions) All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form The organization may have to use a copy of this return to satisfy state reporting requirements



A For the 2011 calendar year, or tax year beginning 2011, and ending 2012

B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending. C Name of organization: Brevard County Police Athletic League Inc. D Employer identification number: 59-3441257. E Telephone number. F Group Exemption Number.

G Accounting Method: [X] Cash [] Accrual Other (specify). H Check [] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website. J Tax-exempt status (check only one) - [X] 501(c)(3) [] 501(c)() (insert no) [] 4947(a)(1) or [] 527.

K Check [] if the organization is not a section 509(a)(3) supporting organization or section 527 organization and its gross receipts are normally not more than \$50,000. L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ 77,147

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I [X]

Table with 21 rows and 3 columns. Rows include: 1 Contributions, gifts, grants, and similar amounts received (71,074); 2 Program service revenue including government fees and contracts; 3 Membership dues and assessments; 4 Investment income (80); 5a Gross amount from sale of assets other than inventory (779); 5b Less: cost or other basis and sales expenses (400); 5c Gain or (loss) from sale of assets other than inventory (379); 6 Gaming and fundraising events; 6a Gross income from gaming (attach Schedule G if greater than \$15,000); 6b Gross income from fundraising events (not including \$ of contributions of contributions) (5,214); 6c Less: direct expenses from gaming and fundraising events (792); 6d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) (4,422); 7a Gross sales of inventory, less returns and allowances; 7b Less cost of goods sold; 7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a); 8 Other revenue (describe in Schedule O); 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 (75,955); 10 Grants and similar amounts paid (list in Schedule O); 11 Benefits paid to or for members; 12 Salaries, other compensation, and employee benefits; 13 Professional fees and other payments to independent contractors (14,641); 14 Occupancy, rent, utilities, and maintenance (40,007); 15 Printing, publications, postage, and shipping (204); 16 Other expenses (describe in Schedule O) (29,647); 17 Total expenses. Add lines 10 through 16 (84,499); 18 Excess or (deficit) for the year (Subtract line 17 from line 9) ((8,544)); 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) (99,504); 20 Other changes in net assets or fund balances (explain in Schedule O); 21 Net assets or fund balances at end of year. Combine lines 18 through 20 (90,960).

983

Part II Balance Sheets (see the instructions for Part II.)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	44,193	39,896
23 Land and buildings	38,931	37,905
24 Other assets (describe in Schedule O)	16,380	12,584
25 Total assets	99,504	90,385
26 Total liabilities (describe in Schedule O)	0	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	99,504	90,385

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? ATHLETIC & EDUC ACTIVITIES AGES 8-21

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28 <u>Camp Chance is designed to teach respect, team building, increase self esteem, promote drug & alcohol free living. Show them people who care when they are in need.</u> (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	55,759
29 <u>Sponsoring several educational and athletic programs; expanded into Cape Canaveral in 2010, teaching leadership & responsibility through explorer and youth director programs.</u> (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	20,019
30 _____ (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O) _____ (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	75,778

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Form W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
See 990 OFOV				
Ronald Chabot P O Box 40, Sharpes FL 32959-0040	President 5	0	0	0
Glenda Brown P O Box 40, Sharpes FL 32959-0040	Vice President 2	0	0	0
Amber Arnold P O Box 40, Sharpes FL 32959-0040	Secretary 2	0	0	0
Denise Postlethweight P O Box 40, Sharpes FL 32959-0040	Treasurer 5	0	0	0
Buzz Petsos P O Box 40, Sharpes FL 32959-0040	Vice President 2	0	0	0
Jack Parker P O Box 40, Sharpes FL 32959-0040	Sheriff 2	0	0	0
Alan Moros P O Box 40, Sharpes FL 32959-0040	Director 1	0	0	0
Andrew Walters P O Box 40, Sharpes FL 32959-0040	Director 1	0	0	0
Don Frantzen P O Box 40, Sharpes FL 32959-0040	Director 1	0	0	0
Grady Rios P O Box 40, Sharpes FL 32959-0040	Director 1	0	0	0
Jeff Thompson P O Box 40, Sharpes FL 32959-0040	Director 1	0	0	0
Lori Chabot P O Box 40, Sharpes FL 32959-0040	Director 1	0	0	0
John Mellick P O Box 40, Sharpes FL 32959-0040	Director 1	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)
35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?
35 b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35 c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions
37 b Did the organization file Form 1120-POL for this year?
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
38 b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
39 a Initiation fees and capital contributions included on line 9
39 b Gross receipts, included on line 9, for public use of club facilities
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955
40 b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I
40 c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
40 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization
40 e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T
41 List the states with which a copy of this return is filed. FL
42 a The organization's books are in care of Brevard County Sheriff's Office Telephone no. 321-264-5331 Located at 700 Park Ave Titusville, FL ZIP + 4 32780
42 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)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.
42 c At any time during the calendar year, did the organization maintain an office outside of the U S? If "Yes," enter the name of the foreign country:
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here and enter the amount of tax-exempt interest received or accrued during the tax year
44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44 b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44 c Did the organization receive any payments for indoor tanning services during the year?
44 d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45 b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

Table with Yes/No columns and a checked 'X' in the No column for line 46.

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

Table with Yes/No columns and a checked 'X' in the No column for line 47.

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

Table with Yes/No columns and a checked 'X' in the No column for line 48.

49a Did the organization make any transfers to an exempt non-charitable related organization?

Table with Yes/No columns and a checked 'X' in the No column for line 49a.

b If "Yes," was the related organization a section 527 organization?

Table with Yes/No columns and a checked 'X' in the No column for line 49b.

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

Table with 5 columns: (a) Name and address of each employee paid more than \$100,000; (b) Title and average hours per week devoted to position; (c) Reportable compensation; (d) Health benefits, contributions to employee benefit plans, and deferred compensation; (e) Estimated amount of other compensation. All cells contain 'NONE'.

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$100,000; (b) Type of service; (c) Compensation. All cells contain 'NONE'.

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

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, this return and all such schedules and statements are true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which he or she has any knowledge.

Sign Here: Signature of officer (Denise Z. Postlethwait) and Type or print name and title (Denise Z. Postlethwait).

Paid Preparer Use Only: Print/Type preparer's name (Mary Louise E Young CPA), Preparer's signature, Firm's name (Mary Louise E Young CPA), Firm's address (1353 N Courtenay Parkway Ste 0 Merritt Island FL 32953).

May the IRS discuss this return with the preparer shown above? See Instructions

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2011

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

Brevard County Police Athletic League Inc

59-3441257

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III-Functionally integrated
 - d Type III-Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

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

h Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")	55,037	75,668	45,612	65,314	39,074	280,705
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge			61,808	32,000	32,000	125,808
4 Total. Add lines 1 through 3	55,037	75,668	107,420	97,314	71,074	406,513
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						49,039
6 Public support. Subtract line 5 from line 4						357,474

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	55,037	75,668	107,420	97,314	71,074	406,513
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,057	3,021	1,168	411	80	7,737
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)			3,385	4,593	5,993	13,971
11 Total support. Add lines 7 through 10						428,221

12 Gross receipts from related activities, etc. (see instructions) **12**

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	83.48	%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	87.83	%

16a **33 1/3% support test - 2011.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b **33 1/3% support test - 2010.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a **10%-facts-and-circumstances test - 2011.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b **10%-facts-and-circumstances test - 2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.

If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2007, (b) 2008, (c) 2009, (d) 2010, (e) 2011, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or bus. under sec 513; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: (a) 2007, (b) 2008, (c) 2009, (d) 2010, (e) 2011, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.)

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, Percentage. Row 15: Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2010 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 3 columns: Line number, Description, Percentage. Row 17: Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2010 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2011

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or 990-EZ.

**Open to Public
Inspection**

Name of the organization

Brevard County Police Athletic League Inc

Employer identification number

59-3441257

01. Description of other expenses (Part I, line 16)

Description	Amount
Cape Canaveral program expenses	1,063
Camp Chance program expenses	7,956
Depreciation	4,744
Dues and memberships	1,450
Explorer Program general expenses	3,464
General administrative expenses	1,294
Insurance	1,696
Licenses and permits	186
Marketing	505
Office supplies	18
Shop with a Deputy Program	6,200
Storage	596
Telephone	475

02. Description of other assets (Part II, line 24)

Category	Beginning	
	of Year	End of Year
Sports Equipment	15,152	12,214
Computer Equipment	1,228	945

Federal Supporting Statements**2011 PG 01**

Name(s) as shown on return

Employer Identification Number

Brevard County Police Athletic League Inc

59-3441257

Form 990EZ, Part I, Line 5(c)

Statement #100

Gain(Loss) from Sale of Other Assets Schedule

Name	Jeep Cherokee
Date Acquired	2011-09
How Acquired	donated
Date Sold	2011-09
Purchaser	
Gross Sales	\$279
Basis	\$400
Accumulated Depreciation	\$
Sales Expense	\$
Total Net	\$(121)

Name	Trailor
Date Acquired	OUS -VA
How Acquired	donated
Date Sold	2011-04
Purchaser	Canaveral YMCA
Gross Sales	\$500
Basis	\$
Accumulated Depreciation	\$
Sales Expense	\$
Total Net	\$500

Name	Basketball Goal
Date Acquired	2002-08
How Acquired	purchased
Date Sold	2011-12
Purchaser	lost
Gross Sales	\$
Basis	\$100
Accumulated Depreciation	\$100
Sales Expense	\$
Total Net	\$

Name	Floor Stand Electronic Clock
Date Acquired	2002-12
How Acquired	purchased
Date Sold	2011-12
Purchaser	lost
Gross Sales	\$
Basis	\$190
Accumulated Depreciation	\$190
Sales Expense	\$
Total Net	\$

Federal Supporting Statements

2011 PG 02

Name(s) as shown on return

Employer Identification Number

Brevard County Police Athletic League Inc

59-3441257

Form 990EZ, Part I, Line 5(c)

Statement #100

Gain(Loss) from Sale of Other Assets Schedule

Name	Floor Stand Electronic Clock
Date Acquired	2002-12
How Acquired	purchased
Date Sold	2011-12
Purchaser	lost
Gross Sales	\$
Basis	\$190
Accumulated Depreciation	\$190
Sales Expense	\$
Total Net	\$
Name	Carry Bag for Electronic Clock
Date Acquired	2002-12
How Acquired	purchased
Date Sold	2011-12
Purchaser	lost
Gross Sales	\$
Basis	\$56
Accumulated Depreciation	\$56
Sales Expense	\$
Total Net	\$
Name	Carry Bag for Electronic Clock
Date Acquired	2002-12
How Acquired	purchased
Date Sold	2011-12
Purchaser	lost
Gross Sales	\$
Basis	\$56
Accumulated Depreciation	\$56
Sales Expense	\$
Total Net	\$

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Overflow Statement

2011
Page 1

Name(s) as shown on return

FEIN

Brevard County Police Athletic League Inc

59-3441257

990-EZ, Part I, Line 14 Occupancy

Description	Amount
Facility in-kind lease	\$ 32,000
Utilities	8,007
Total:	\$ 40,007