

Short Form Return of Organization Exempt From Income Tax

2011

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

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

▶ 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 June 30, 2011, and ending July 31, 2012

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization: **Brevard Nature Alliance, Inc.**

D Employer identification number: **59-3558063**

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
P. O. Box 517

E Telephone number: **321-268-5224**

City or town, state or country, and ZIP + 4
Titusville, FL 32781-0517

F Group Exemption Number: **▶**

G Accounting Method: 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: **▶ www.brevardnaturealliance.org**

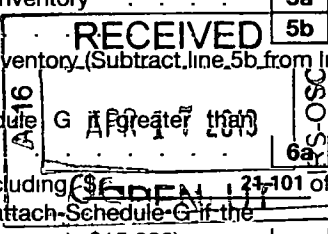
J Tax-exempt status (check only one) - 501(c)(3) 501(c) () (insert no) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

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 **▶ \$ 193,203**

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

	Description	Code	Amount
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	21,101
	2 Program service revenue including government fees and contracts	2	-0-
	3 Membership dues and assessments	3	6,660
	4 Investment income	4	-0-
	5a Gross amount from sale of assets other than inventory	5a	-0-
	b Less: cost or other basis and sales expenses	5b	-0-
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	-0-
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	-0-
	b Gross income from fundraising events (not including \$21,101 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	157,941
c Less: direct expenses from gaming and fundraising events	6c	113,156	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	44,785	
7a Gross sales of inventory, less returns and allowances	7a	-0-	
b Less: cost of goods sold	7b	-0-	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	-0-	
8 Other revenue (describe in Schedule O)	8	7,501	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	80,047	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	-0-
	11 Benefits paid to or for members	11	-0-
	12 Salaries, other compensation, and employee benefits	12	-0-
	13 Professional fees and other payments to independent contractors	13	61,452
	14 Occupancy, rent, utilities, and maintenance	14	31,223
	15 Printing, publications, postage, and shipping	15	1,264
	16 Other expenses (describe in Schedule O)	16	12,559
	17 Total expenses. Add lines 10 through 16	17	106,498
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(26,451)
	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)	19	33,199
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	-0-
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	6,748



SCANNED APR 26 2013

24

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	17,670	3,609
23 Land and buildings	-0-	-0-
24 Other assets (describe in Schedule O)	15,529	3,139
25 Total assets	33,199	6,748
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)	33,199	6,748

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? Environmental Education

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>The Annual Space Coast Birding & Wildlife Festival is a 6-day event providing a venue for birding & wildlife watching, environmental and conservation field trips and classroom presentation that bring information and insight as to how to protect and promote our local natural resources. 5,369 persons attended the 2012 event.</u> (Grants \$ <u>11,772</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	113,156
29 _____ _____ (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
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	

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 (Forms 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
<u>See attached list of Directors and Officers</u>	<u>All are volunteers</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>
<u>M. V. (Neta) Harris, Contract - 7/1/2011 - 6/30/2012</u> <u>P. Box 537 Titusville, FL 32781-0537</u>	<u>Executive Director</u> <u>30</u>	<u>23,055</u>	<u>-0-</u>	<u>Miles/Exp: 2,580</u>
<u>Barbara Hoelscher, Contract - 7/1/2011 - 6/30/2012</u> <u>7925 Windover Way, Titusville, FL 32780-2511</u>	<u>Festival Coord.</u> <u>28</u>	<u>14,879</u>	<u>-0-</u>	<u>Miles: 177</u>
<u>Dianne George, Contract - 7/1/2011 - 6/30/2=12</u> <u>2601 Shady Hammock Lane, Cocoa, FL 32926</u>	<u>Comm. Relations</u> <u>6</u>	<u>1,563</u>	<u>-0-</u>	<u>Miles/Exp: 977</u>
<u>Susan Waldron, Contract - 7/1/11 - 6/30/2012</u> <u>4037 Sterling Street, Mims, FL 32574</u>	<u>BNA Coordinator</u> <u>20</u>	<u>11,376</u>	<u>-0-</u>	<u>Miles/Exp: 582</u>

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

Table with columns for question number, description, and Yes/No checkboxes. Rows include questions 33 through 45b regarding organizational activities, financials, and compliance.

	Yes	No
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

	Yes	No
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<input type="checkbox"/>	<input checked="" type="checkbox"/>
49a Did the organization make any transfers to an exempt non-charitable related organization?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes," was the related organization a section 527 organization?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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."

(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 (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
				N/A

f Total number of other employees paid over \$100,000 ▶ N/A

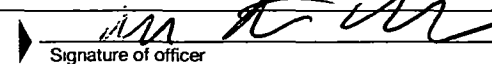
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
		N/A

d Total number of other independent contractors each receiving more than \$100,000 of compensation from the organization

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, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information provided to the preparer.

Sign Here 
 Signature of officer
Keith Winsten Chair, Board of Directors
 Type or print name and title

Paid Preparer Use Only Print/Type preparer's name Preparer's signature

Firm's name ▶
 Firm's address ▶

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Name of the organization Brevard Nature Alliance	Employer identification number 59-3558063
--	---

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?

	Yes	No
(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?	11g(i)	✓
(ii) A family member of a person described in (i) above?	11g(ii)	✓
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	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 U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									N/A

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.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						N/A

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						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
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.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	N/A
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	%
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	<input type="checkbox"/>	
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	<input type="checkbox"/>	
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	<input type="checkbox"/>	
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	<input type="checkbox"/>	
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	<input type="checkbox"/>	

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

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.")	72,688	68,444	72,918	37,618	27,761	279,429
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	113,714	116,946	122,277	149,001	157,941	659,879
3 Gross receipts from activities that are not an unrelated trade or business under section 513	-0-	-0-	-0-	-0-	-0-	-0-
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	-0-	-0-	-0-	-0-	-0-	-0-
5 The value of services or facilities furnished by a governmental unit to the organization without charge	-0-	-0-	-0-	-0-	-0-	-0-
6 Total. Add lines 1 through 5	186,402	185,390	195,195	186,619	185,702	939,308
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	-0-	-0-	-0-	-0-	-0-	-0-
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	38,500	17,500	15,500	21,000	5,000	97,500
c Add lines 7a and 7b	38,500	17,500	15,500	21,000	5,000	97,500
8 Public support (Subtract line 7c from line 6.)						841,808

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	186,402	185,390	195,195	186,619	185,702	939,308
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	-0-	-0-	-0-	-0-	-0-	-0-
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	-0-	-0-	-0-	-0-	-0-	-0-
c Add lines 10a and 10b	-0-	-0-	-0-	-0-	-0-	-0-
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	-0-	-0-	-0-	-0-	-0-	-0-
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	-0-	-0-	-0-	-0-	-0-	-0-
13 Total support. (Add lines 9, 10c, 11, and 12.)	186,402	185,390	195,195	186,619	185,702	939,308
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 ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	90 %
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	92 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	-0 %
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	-0 %
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 ▶ <input type="checkbox"/>		
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 ▶ <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ <input type="checkbox"/>		

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

Schedule O	Brevard Nature Alliance	59-3558063
Part I, Line 8	Other Revenue: 2012 - 2013 pre-pay membership dues	\$ 530.00
	Wells Fargo bank error credit	500.00
	Festival petty cash returned to account	2,395.00
	Refunds paid to Festival	1,076.00
	Wells Fargo bank correction to account	.47
	Hidden Gems program	3,000.00
	TOTAL:	\$ 7,501.47 \$7,501.00

Note: Wells Fargo Business Market Rate Savings account = \$100.00 is transferred every month from Wells Fargo Business account to this account. Total + interest earned this FY = \$1,100.47

Line 16	Other Expenses: FL Dept. of Agriculture - Annual Solicitation Certificate	\$ 125.00
	Bank fees (Merchant account fees)	3,064.00
	Dues and subscriptions	1,700.00
	Office supplies	1,900.00
	Succession planning education	495.00
	Sponsor/participate in a Community event	1,531.00
	Directors & Officers Liability Insurance	849.00
	Wells Fargo bank error debit	500.00
	Festival Petty Cash	2,395.00
	TOTAL:	\$12,559.00

Line 20 - Other charges in net assets or fund balances: -0-

Part II Line 34b - Other assets: \$3,139.00 See attached Inventory List

Line 26 - Total Liabilities: -0-

BYLAWS OF THE BREVARD NATURE ALLIANCE

ARTICLE I – NAME

The name of this organization shall be the Brevard Nature Alliance, Incorporated.

ARTICLE II – PURPOSE

Section 1: Mission

The mission of the Brevard Nature Alliance, Inc. is to build public awareness and appreciation of the value of Brevard County's natural resources by fostering and promoting ethical nature based ecotourism.

Section 2: Vision

BNA's vision is that nature and environmental systems will become an important part of everyone's life to enrich our community. The BNA will serve as one of the primary advocates of community-based nature and natural resource activities in Brevard County. It dedicates itself to the enrichment of all members of our community through an understanding and appreciation of nature, natural resources, ecosystems, environmental sciences, nature-based tourism, conservation, preservation, site visitations, education, and museums of natural sciences.

Section 3: Local Nature and Ecosystems Agency Designation

If accorded designation by the Brevard County Board of County Commissioners, the Corporation shall act as the local community affairs nature agency for Brevard County, serving as the umbrella organization for all county community-based nature and natural resource activities.

ARTICLE III – MEMBERSHIP

Section 1: Member Organizations

Any organization (scientific, civic, business, governmental, not-for-profit, etc.) may become a member of the BNA by payment of annual dues as established by the Board of Directors.

BREVARD NATURE ALLIANCE BOARD MEMBER LIST 2013 - 2014

Last Name	First Name	Board Position	Salaried	Title/Company	Address	City	Postal Code
Bankert	Stephen	Director	N	Computer Programer	365 Spoonbill Lane	Melbourne Bch	32951-3218
Barker	Virginia	Treasurer	N	Mgmt. Section Svsr./Brevard County NRMO	2725 Judge Fran Jamieson Way	Viera	32940
Beam	Carey	Director	N	Crqaig Technologies	106 River Heights Drive	Cocoa	32922
Birch	Anne	Director	N	The Nature Conservancy	2205 Sea Avenue	Indialantic	32903
Carlson	Sue	Director	N	Community Advocate	3422 Kent Avenue	Melbourne	32935
Chambliss, PhD	Karen	Director	N	Praecipio EFS, Inc	5667 Cypress Creek Drive	Grant	32949
Day, P.W.S.	Robert	Vice Chair	N	Community Advocate	114 Chipola Road	Cocoa Beach	32931-2604
Donnelly	Melinda	Director	N	Community Advocate	3855 Pennsylvania Avenue	Mims	32754
Evans	Nancy	Director	N	Fairfield Inn & Suites by Marriott	4735 Helen Houser Blvd	Titusville	32780
Gaetjens	Bart	Secretary	N	FPL Company	1535 Mallard Court	Titusville	32796
George	Don	Director	N	CCAFS	241 City Point Road	Cocoa	32926
Lamb	Vince	Director	N	Community Advocate	11590 Dragon Point Drive	Merritt Island	32952
Long	Martha	Director	N	Titusville City Council	300 York Avenue	Titusville	32796
Payne	J. Stanley	Director	N	Canaveral Port Authority	1403 Vestavia Circle	Melborne	32940
Thompson	Laurilee	Director	N	Dixie CrossRoads	1475 Garden Street	Titusville	32796
Tucker	Beth Ann	Director	N	Community Advocate	3654 Royal Oak Drive	Totusville	32780
Winsten	Keith	Chairman	N	Brevard Zoo	8225 North Wickham Road	Melbourne	32940
Yeargin	Ben	Director	N	Craig Technologies	106 River Heights Drive	Cocoa	32922
Harris	Neta	Contract		Executive Director	P. O. Box 517	Titusville	32781-0517
Harris	Rhonda	Contract		Programs Coordinator	1606 Yorktown Avenue	Titusville	32796
George	Dianne	Contract		Community Relations Coordin	241 City Point Road	Cocoa	32926

updated 3/11/2013

BREVARD NATURE ALLIANCE, INC.

The Brevard Nature Alliance, Inc. (BNA) was formed in December 1998 to provide a strategic alliance among all Brevard stakeholders for natural resource initiatives. The BNA is chartered as a not-for-profit corporation under the laws of the state of Florida and is designated by the Internal Revenue Service as a 501 (c) (3) tax-exempt, charitable organization. BNA members are a coalition of representatives from key organizations who combine their knowledge to protect the distinct ecology and raise the awareness of citizens and visitors to the value and importance of the natural resources of Brevard County, Florida.

The BNA seeks to increase citizen's awareness of the County's natural resources and work with the community toward sensible growth management. The BNA does this by offering technical and funding support to educational projects such as the annual Space Coast Birding & Wildlife Festival, organizing community workshops to form a strategic conservation plan for the County as part of the *Brevard Tomorrow* initiative, providing environmental documentation to *myregion.org* and working to assist with growth management issues within the county. BNA members and staff have been appointed to County Ordinance Working Group, Comprehensive Land Use Plan Working Group, Charter Review Commission and Parks and Recreation Commission.

The mission of the Brevard Nature Alliance, Inc. is to build public awareness and appreciation of the value of Brevard County's natural resources by fostering and promoting ethical nature based ecotourism.

The purpose of the Brevard Nature Alliance is to serve as a catalyst for community environmental development and appreciation of natural systems. The Alliance sponsors and supports educational programs and community activities to protect and enhance the natural environment, inventory natural assets of the area and maintain a database of expertise to support nature-based activities in Brevard County.

The vision of the Brevard Nature Alliance is that through education and understanding, natural resources will become an important part of everyone's life to enrich the community. The Alliance serves as one of the primary advocates of community-based nature activities in Brevard County, dedicated to the enrichment of the community through an understanding and appreciation of natural resources, nature-based tourism and ecosystem needs.

Membership is by application and extends to individuals, organizations and corporations dedicated to sound environmental practices and the preservation of natural resources for educational, recreational and research uses.

BREVARD NATURE ALLIANCE, INC.
 59-3558063
 Fiscal year ending: June 30, 2012
 Part II – Line 24 – Listed on Schedule O

OTHER ASSETS:

Item	Estimated Value
Computer (Desk top) x2	\$ 100.00
Telephone	10.00
Misc. office items (desks & chairs	70.00
Laptop x3	100.00
Dymo Label Machine	25.00
APC Powerpac x3	25.00
Software Program (to capture statistics - updated)	2,000.00
HP 7310 Printer/Copier/Fax	60.00
Envision Flat screen monitor	20.00
HP Flat screen monitor	75.00
Windows XP	30.00
120GB,etc. Hard Drive x2	60.00
External Hard Drive (backup)	30.00
HP Printer Photosmart Premier	80.00
Document Binding Machine	80.00
Misc Supplies (continuously updated as needed)	300.00
 Sub Total:	 \$ 3,139.00
 Prepaid Assets	 \$ 0.00
 TOTAL:	 \$ 3,139.00

General Notes - FY 2011-2012:

- Prepaid occupancy expense of \$11,966 was added to occupancy expense (page 2 line 14). This expense should have been reported on the fiscal year 6/30/2011 form 990EZ.

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ **File a separate application for each return.**

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

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

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

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only

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

Type or print	Name of exempt organization Brevard Nature Alliance	Employer identification number 59-3558063
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. P. O. Box 517	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Titusville, FL	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 3

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of ▶ Neta Harris, Executive Director

Telephone No. ▶ 321-268-5224 FAX No. ▶ 321-268-0921

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

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until February 15, 20 13, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year 20 ____ or

▶ tax year beginning July 1, 20 11, and ending June 30, 20 12.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

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

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

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print	Name of exempt organization or other filer, see instructions. Brevard Nature Alliance	Employer identification number (EIN) or <input checked="" type="checkbox"/> 59-3558063
	Number, street, and room or suite no. If a P.O. box, see instructions. P. O. Box 517	Social security number (SSN) <input type="checkbox"/>
File by the due date for filing your return See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Titusville, FL 32781-0517	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of **Neta Harris, Executive Director**
Telephone No. **321-268-5224** FAX No. **321-268-0921**
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

- I request an additional 3-month extension of time until May 15, 20 13.
- For calendar year _____, or other tax year beginning July 1, 20 11, and ending June 30, 20 12.
- If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period
- State in detail why you need the extension 1. Malignant Melanoma cancer surgery 8/2011 and continuing follow-up treatment
2. Pacemaker replacement 5/2012 3. Auto accident 11/15/2012 4. Passed kidney stone 1/28/2013 5. Physician reduced work hours due to medical issues. We are a small non-profit organization and I am responsible for the financial reporting which includes preparation of the 990 report.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Neta Harris Title Executive Director Date January 31, 2013