2	9	4	9	3	3	6	4	1	0	3	0	2	
---	---	---	---	---	---	---	---	---	---	---	---	---	--

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For	["] 99	JU	Return of Organization Exempt From Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (a		2016
Depa	rtment of	the Treasury	Do not enter social security numbers on this form as it ma		
	nal Revenu		Information about Form 990 and its instructions is at www GRD 1 - 2016		Inspection
				AUG 31, 2017	
B	Check If applicable	C Name o	forganization	D Employer identifie	cation number
	Address change	BREV	ARD FEDERATION OF TEACHERS, INC.		
	Name change		usiness as	23-7	402773
	return		and street (or P.O. box if mail is not delivered to street address) Room/su	1 1	
	Lireturn/		FLORIDA AVENUE		636-3323
	ated Amende		own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	1,643,464.
=	,_lreturn ∏Applica-	RUCE	LEDGE, FL 32955-2143	H(a) Is this a group re	
	_ltiòn pending	F Name a	nd address of principal officer.	for subordinates H(b) Are all subordinates in	
	ax-exer	npt status			list (see instructions)
		$\geq N/A$		H(c) Group exemption	· · ·
_			X Corporation Trust Association Other ► \ L Ye	ear of formation: 1976	
	_	Summary			
a)	1 B	riefly describ	e the organization's mission or most significant activities. TO PROMO	FE, DEVELOP,	SUPPORT AND
ŭ			OUR MEMBERS, WITH INTEGRITY AND PROFI		IN ORDER TO
Activities & Governance	2 C	heck this bo	x 🕨 🛄 if the organization discontinued its operations or disposed of m	ore than 25% of its net as	sets.
OVE	3 N	umber of vo	ing members of the governing body (Part VI, line 1a)	3	14
5 8	4 N	umber of inc	ependent voting members of the governing body (Part VI, line 1b)	4	14
22	5 To	otal number	of individuals employed in calendar year 2016 (Part V, line 2a)	5	4
	6 To	otal number	of volunteers (estimate if necessary)	. 6	1(
ר ז	7 a To	otal unrelate	d business revenue from Part VIII, column (C), line 12	. 7a	0.
_	b _N	et unrelated	business taxable income from Form 990-T, line 34	7b	0.
		r	-	Prior Year	Current Year
;			and grants (Part VIII, line 1h)	1,623,394.	1,637,818.
			ce revenue (Part VIII, line 2g)	0.	0.
			come (Part VIII, column (A), lines 3, 4, and 7d)	5,391.	5,646.
			(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
-			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,628,785.	1,643,464.
			nilar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
			to or for members (Part IX, column (A), line 4)	0.	0.
			compensation, employee benefits (Part IX, column (A), lines 5-10)	372,771.	372,996.
populadv-			undraising fees (Part IX, column (A), line 11e)	0.	0.
			ng expenses (Part IX, column (D), line 25)	1 202 170	1 260 715
			es (Part IX, column (A), lines 11a-11d, 11f, 24a)	1,283,179.	1,268,715
			s Add lines 13-17 (must equal Part IX, column (REGENEL)	1,655,950.	1,641,711.
8	19 Re	evenue less	expenses Subtract line 18 from line 12	-27,165.	1,753.
d Balances	00 T-	tal assata /	Part X, line 16) DEC 18 2017	Beginning of Current Year 256, 890.	End of Year 270,669.
Ba			(Part X, line 26)	102,601.	120,637
Fund			und balances. Subtract line 21 from line 20 . OFDE	154,289.	150,032
		Signature		<u></u> <u></u>	4.50,054.
			declare that I have examined this return, ingluding accompanying schedules and stat	aments and to the best of m	knowledge and holief it is
			Beplaration of preparer fromer than officer of based on all information of which prepa		, office ge and bone, it is
<u> </u>				a st had any knowledge.	
ign		Signature	of officer		
			Bennett Presid		

Print/Type preparer's name Preparer's suggest Preparer's suggest

May the IRS discuss this return with the preparer shown above? (see instruct 632001 11-11-16 LHA For Paperwork Reduction Act Notice, see the sepa SEE SCHEDULE O FOR ORGANIZATION MI

	n 990 (2016) BREVARD FEDERATION OF TEACHERS, INC. 23-7402773 Page 2 Int III Statement of Program Service Accomplishments
L(Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO PROMOTE, DEVELOP, SUPPORT AND INSPIRE OUR MEMBERS, WITH INTEGRITY
	AAND PROFESSIONALISM, IN ORDER TO CONTINUOUSLY IMPROVE PUBLIC
	EDUCATION, WHILE BUILDING BRIDGES AMONG TEACHERS, STUDENTS, PARENTS,
	AND THE COMMUNITY.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	
чa	
	PROVIDE SUPPORT, EDUCATION AND REPRESENTATION TO OVER 2,500 TEACHERS IN
	BREVARD COUNTY, FLORIDA.
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.)
	(Expenses \$) (Revenue \$)
40	Total program service expenses
<u>- TC</u>	

632002 11-11-16

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Form **990** (2016)

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Form 990 (2016)		FEDERATION	OF	TEACHERS,	INC.
Part IV Checklist of I	Required Sche	edules			

23-7402773 Page 3

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

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	1 990 (2016) BREVARD FEDERATION OF TEACHERS, INC. 23-7402 rt IV Checklist of Required Schedules (continued)	773	P	age 4
L8			Yes	No
20-2	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	103	X
b		20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
~.	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	[]		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete]		1
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease		· .	
	any tax-exempt bonds?	24c		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		⊢
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			l i
	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			i
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			37
~~	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	07		v
	of any of these persons? If "Yes," complete Schedule L, Part III	27		<u>x</u>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	Instructions for applicable filing thresholds, conditions, and exceptions) A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		x
a b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
C	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			i
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			ł
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			ĺ
_	Note. All Form 990 filers are required to complete Schedule O	38_	X	L _

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	n 990 (2016) BREVARD FEDERATION OF TEACHERS, INC. 23-7402 Int V Statements Regarding Other IRS Filings and Tax Compliance	<u>773</u>	P	age 5
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	_	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 4			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a		3a		x
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
	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)?	4a		x
b	If "Yes," enter the name of the foreign country.			
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a		5a		x
b		5b		X
- c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a				
ou	any contributions that were not tax deductible as charitable contributions?	6a		x
b				
	were not tax deductible?	6b		l
7	Organizations that may receive deductible contributions under section 170(c).	00		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		x
a h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	10		
С	to file Form 8282?	7c		x
Ч	If "Yes," indicate the number of Forms 8282 filed during the year 7d	10		
d	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		(
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		
f	If the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			
g L		7g 7h		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	_7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	~		
~	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	•		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			į.
	amounts due or received from them)			i
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
_ b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Form	990	(2016)
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BREVARD FEDERATION OF TEACHERS, INC.

Part VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions.
	Check if Schedule O contains a response or note to any line in this Part VI
Section	A. Governing Body and Management

Jec	don A. Governing body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 14	1		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			ļ
b	Enter the number of voting members included in line 1a, above, who are independent 1b 14	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	7		1
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	_		
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			1
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			1
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		_X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			

b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	In Schedule O how this was done	. 12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14	L	X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	<u> </u>
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		1	
	taxable entity during the year?	. 16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation		ł	ļ
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed $ ightarrow FL$			_

18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available
	for public inspection. Indicate how you made these available. Check all that apply
	Own website Another's website X Upon request Other (explain in Schedule O)

						•		• •	•	
9	Describe in S	Schedule O	whether (and If	so, how) the o	organization	made its	governing doo	cuments, conflic	t of interest policy,	and financial
	statements a	vailable to	the public durin	ig the tax year	r					

20	State the name, address, and telephone number of the person who possesses the organization's books and records 🕨
	<u>VICTORIA DYER - 321-636-3323</u>

<u>1007 FLORIDA AVENUE, ROCKLEDGE, FL 32955-2143</u>	<u>_1007</u>	<u>FLORIDA</u>	<u>AVENUE,</u>	<u>ROCKLEDGE</u> ,	FL	<u>32955-214</u>	<u>.3</u>
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Form 990 (2016) BREVARD FEDERATION OF TEACHERS, INC. 23-7402773 Page 7 Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors Check if Schedule O contains a response or note to any line in this Part VII Image 7

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

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

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

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

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

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

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

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

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

(A)	(B)				C)		- Court	(D)	(E)	(F)		
Name and Title	Average hours per	box	not c , unle	heck ss pe	more rson	than Is bot	h an	Reportable compensation	Reportable compensation	Estimated amount of		
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations		
(1) DAN BENNETT	45.00	*7		77				04 010	0	0		
PRESIDENT	5.00	X		X		-		84,216.	0.	0.		
(2) WAYNE HESSLER TREASURER	5.00	x		х				0.	0.	0.		
(3) MARCY CIPOLLETTI	5.00	<u> </u>		<u> </u>		†—			0.	<u> </u>		
SECRETARY		x		х				0.	0.	0.		
(4) MATT BARRINGER	5.00											
DIRECTOR		x				Ī		0.	0.	0.		
(5) MICHELLE GAINER	5.00											
DIRECTOR		X						0.	0.	0.		
(6) JOHN CHYBION	5.00											
DIRECTOR		X						0.	0.	0.		
(7) ANTHONY COLUCCI	45.00											
1ST VICE PRESIDENT	2 00	X		X				74,163.	0.	0.		
(8) VANESSA SKIPPER	2.00	x		х				4,200.	ο.	0.		
2ND VICE PRESIDENT	5.00	~		~				4,200.				
(9) AMELIA HUNTER DIRECTOR	5.00	x						0.	Ο.	0.		
(10) DONNA ARNISTER	5.00	27										
DIRECTOR		x						0.	ο.	0.		
(11) KELSEY WATERBURY	5.00						-			<u>-</u>		
DIRECTOR		х						0.	Ο.	0.		
(12) FRED KILGALLIN	5.00											
DIRECTOR		Х						0.	0.	0.		
(13) HOPE CHYBION	5.00							_	_	_		
DIRECTOR		х						0.	0.	0.		
(14) KEVIN HOWKINS	5.00								0	0		
DIRECTOR	F 00	X						0.	0.	0.		
(15) CECILY CAIN	5.00	x				1		Ο.	Ο.	0.		
DIRECTOR		^	-				<u> </u>		<u> </u>	<u>U .</u>		
			-									

						-		ERS, INC.	23-74	027	7 <u>3</u>	Page 8
(A) Name and title	tees, Key Em (B) Average hours per week (list any	(do i box, offic	F not ch unles	(C DOSi neck r		than o s both	one 1 an	ompensated Employe (D) Reportable compensation from the	es (continued) (E) Reportable compensation from related organizations)	(F Estim amou oth comper	ated nt of er
	hours for related organizations below line)	individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MIS			
				_								
				-								
1b Sub-total c Total from continuation sheets to Part V								<u>162,579.</u> 0.		0.		0.
 d Total (add lines 1b and 1c) 2 Total number of individuals (including but n compensation from the organization 	· · · · · · · · · · · · · · · · · · ·	ose	liste	d at	Dove) wł		162,579.),000 of reportable	0.		0.
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s	uch ındıvıdual		-								Ye 3	s No X
 For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any person listed on line 1a receive or a 	0,000? If "Yes, accrue comper	" <i>cor</i> Isati	<i>nple</i> on fr	te S rom	Sche any	edule unre	J f	or such individual		-	4	<u> </u>
rendered to the organization? <i>If</i> "Yes," <i>com</i> Section B. Independent Contractors 1 Complete this table for your five highest co							rs t	hat received more than	\$100.000 of com		<u>5</u>	<u> </u>
the organization. Report compensation for (A) Name and business	the calendar ye	ear e	ndır	ng w					year.		(C)	·
		NC	NE	i								
2 Total number of independent contractors (i \$100,000 of compensation from the organi	=	ot lin	nitec	l to	thos	se lis)	ted	l above) who received n	nore than			

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Form **990** (2016)

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				ATION OF	<u>TEACHERS</u> ,	INC.	<u>23-7402</u>	<u>773 Page</u> 9
Pa	art VI	II Statement of Reve	nue					
···=		Check if Schedule O con	tains a response	or note to any lin			·····	
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues		635,909.			:	
o aŭ Oŭ	c	Fundraising events	1c					
ar /	6	Related organizations	1d		1			I.
s, (imi	е е	e Government grants (contribu	tions) 1e					
rtion S	f	All other contributions, gifts, grar	nts, and			ļ		1
ibu		similar amounts not included abo	ove <u>1f</u>	1,909.				
o tr) g	Noncash contributions included in line	s 1a-1f \$					
<u>0</u> E	h	Total. Add lines 1a-1f		►	1,637,818.			
				Business Code				
e	2 a	l						
Program Service Revenue	b							
n S en	c	;						
Jev	d	l						
rog	е							
α.	1	All other program service reve	enue	L				
		Total. Add lines 2a-2f						
	3	Investment income (including	dividends, inter-	est, and	E CAC			ECAC
		other similar amounts)			5,646.			5,646.
	4	Income from investment of ta	x-exempt bond p	proceeds				
	5	Royalties		(i) Demonstrat	· · · · · · · · · · · · · · · · · · ·			
		Orana wata	(i) Real	(ii) Personal				
		Gross rents						
	6	Less: rental expenses Rental income or (loss)		· · · · · · · · · · · · · · · · · · ·	-			
		Net rental income or (loss)	L	L				
		Gross amount from sales of	(i) Securities	(ii) Other				
	, u	assets other than inventory	() Occurrics					
	Ь	Less. cost or other basis			1		:	
	~	and sales expenses						
	с	Gain or (loss)		<u> </u>				
		Net gain or (loss)	·	•				
പ		Gross income from fundraisin	g events (not					
nua		including \$						
eve		contributions reported on line	1c). See					
Ъ		Part IV, line 18	a					
Other Revenue	b	Less: direct expenses	b					
	с	Net income or (loss) from fund	draising events					
	9 a	Gross income from gaming ad	ctivities See		}			
		Part IV, line 19	а					
	b	Less: direct expenses	b		ļ .			
		Net income or (loss) from gam	-					
	10 a	Gross sales of inventory, less	returns					
		and allowances	а					
		Less cost of goods sold	b	L	-			
ŀ	C	Net income or (loss) from sale		<u> </u>				
ŀ		Miscellaneous Revenu		Business Code				
	11 a				<u> </u>			
	b			·····	· · · · · · · · · · · · · · · · · · ·			
1	с С	All other revenue			<u> </u>	<u> </u>		
		Total. Add lines 11a-11d		L				
		Total revenue See instructions.			1,643.464.	0.	0.	5,646.

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BREVARD FEDERATION OF TEACHERS, INC.

Part IX Statement of Functional Expenses

23-7402773 Page 10

Sect	tion 501(c)(3) and 501(c)(4) organizations must com			omplete column (A).	
<u>_</u>	Check if Schedule O contains a respor			(O)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	Individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	162,579.		<u> </u>	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	132,757.			
8	Pension plan accruals and contributions (include	0 000			
•	section 401(k) and 403(b) employer contributions)	8,000.			
9	Other employee benefits	<u>47,067.</u> 22,593.			
10	Payroli taxes Fees for services (non-employees).				
11	Management				
a b		7,873.			
c c	Accounting	3,500.			·
d		,5,500.			
ц р	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	<u> </u>	<u> </u>		
g					
5	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses	17,945.			
14	Information technology				
15	Royalties				· <u> </u>
16	Occupancy .	······································			
17	Travel	18,820.			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials			ļ	
19	Conferences, conventions, and meetings	46,165.		······	
20	Interest .	·	······································		
21	Payments to affiliates	2 620		· · · · · · · · · · · · · · · · · · ·	
22	Depreciation, depletion, and amortization	3,639.			
23		66,805.			
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)				
а	PER_CAPITA DUES	1,038,454.			
b	MEMBERSHIP INCENTIVES	19,776.		<u> </u>	
C	GOVERNANCE	9,615.		<u>├ ·</u>	
d	EDUCATION	7,483.	· · · · · · · · · · · · · · · · · · ·	<u> </u>	
	All other expenses	28,640.		<u> </u>	
25	Total functional expenses. Add lines 1 through 24e	_1,641,711.		┼────┼	
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	Check here				
	NOUTING OUT 80-2 (AGU 800-720)		L	·	

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Form 990 (_]
Part X	Balance S	Sheet

BREVARD FEDERATION OF TEACHERS, INC.

23-7402773 Page 11

L		Check if Schedule O contains a response or no	te to any line	in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			3,616.	1	31,877.
	2	Savings and temporary cash investments		[2	
	3	Pledges and grants receivable, net			23,840.	3	
	4	Accounts receivable, net			59,855.	4	78,862.
	5	Loans and other receivables from current and fo	ormer officers	s, directors,			<u> </u>
		trustees, key employees, and highest compensi					
		Part II of Schedule L				5	
	6	Loans and other receivables from other disgual	fied persons	(as defined under			
		section 4958(f)(1)), persons described in section	n 4958(c)(3)(E	3), and contributing			
		employers and sponsoring organizations of sec	tion 501(c)(9)	voluntary		1 1	
S		employees' beneficiary organizations (see instr)		1		6	
Assets	7	Notes and loans receivable, net	•	. [7	
Ä	8	Inventories for sale or use	•			8	
	9	Prepaid expenses and deferred charges		· F		9	
	10a	Land, buildings, and equipment cost or other					
		basis Complete Part VI of Schedule D	10a	225,377.			
	b	Less. accumulated depreciation	10b	115,678.	113,338.	10c	109,699.
	11	Investments - publicly traded securities				11	
	12	Investments other securities See Part IV, line	•	56,241.	12	50,231.	
	13	Investments - program-related. See Part IV, line	F	····	13		
	14	Intangible assets	•	· [<u> </u>	14	
	15	Other assets. See Part IV, line 11		······································	15		
	16	Total assets. Add lines 1 through 15 (must equ	al line 34)	···	256,890.	16	270,669.
	17	Accounts payable and accrued expenses			1,850.	17	1,719.
	18	Grants payable		···· [18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	<u> </u>
	21	Escrow or custodial account liability Complete	Part IV of Scł	nedule D		21	······
s	22	Loans and other payables to current and forme	r officers, dire	ectors, trustees,			
Lıabılıties	[key employees, highest compensated employee					
abı		Complete Part II of Schedule L				22	
Ŀ	23	Secured mortgages and notes payable to unrela	ated third par	ties		23	
	24	Unsecured notes and loans payable to unrelate	d third partie	s .		24	
	25	Other liabilities (including federal income tax, pa	yables to rela	ated third			
		parties, and other liabilities not included on lines	s 17-24). Com	plete Part X of			
		Schedule D		·	100,751.	25	118,918.
	26	Total liabilities. Add lines 17 through 25			102,601.	26	120,637.
		Organizations that follow SFAS 117 (ASC 958	3), check her	e▶ 🛣 and			
ŝ		complete lines 27 through 29, and lines 33 ar	nd 34.				
nc	27	Unrestricted net assets		. [<u> 154,289.</u>	27	150,032.
3ala	28	Temporanly restricted net assets				28	
d E	29	Permanently restricted net assets	•			29	
ц Ц		Organizations that do not follow SFAS 117 (A	eck here 🕨 🗌				
P		and complete lines 30 through 34.			i i		
ets	30	Capital stock or trust principal, or current funds				30	
SS	31	Paid-in or capital surplus, or land, building, or ec		d		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in				32	
Ž	33	Total net assets or fund balances			154,289.	33	150,032.
	<u>3</u> 4	Total liabilities and net assets/fund balances	<u> </u>		256,890.	34	270,669.

	n 990 (2016) BREVARD FEDERATION OF TEACHERS, INC.	23-	7402773	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
		Į [
1	Total revenue (must equal Part VIII, column (A), line 12)	1	<u> 1,64</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,64	1 <u>,7</u>	<u>11.</u>
3	Revenue less expenses Subtract line 2 from line 1	3		1,7	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	<u> </u>	4, 2	89.
5	Net unrealized gains (losses) on investments	5	~	6,0	10.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			0.
9	9 Other changes in net assets or fund balances (explain in Schedule O)				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))10				
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u>.</u>			
				Yes	No
1	Accounting method used to prepare the Form 990.				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	: O			1
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			i i
	separate basis, consolidated basis, or both				
	X Separate basis Consolidated basis Both consolidated and separate basis				ĺ
b	Were the organization's financial statements audited by an independent accountant?		_2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis				1
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ie audit,			1
	review, or compilation of its financial statements and selection of an independent accountant?		_2c	Χ_	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O			1
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Aud	it		ļ
	Act and OMB Circular A-133?		<u>3a</u>		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	iired audi	t		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		L

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50	HEDULE D	Supplement	l Einonoial Sta	tomonte		OMB No 1545-0047		
			al Financial Sta			2016		
(ruț	m 990)	Part IV, line 6, 7, 8, 9, 10	anization answered "Yes" , 11a, 11b, 11c, 11d, 11e, 1	11f, 12a, or 12b.				
	tment of the Treasury		Attach to Form 990.		~~~ 00	Open to Public		
	al Revenue Service	Information about Schedule D (For Formation)	m 990) and its instruction	is is at www.irs.govii		oloyer identification number		
wan	ne of the organizati	on BREVARD FEDERATION	OF TEACHERS	TNC		23-7402773		
Pa	rt I Organiza	ations Maintaining Donor Advise						
	· ·	n answered "Yes" on Form 990, Part IV, Im						
	organizatio		(a) Donor advised f	unds ('b) Fur	ds and other accounts		
1	Total number at er	ad of year						
2		f contributions to (during year)						
3		f grants from (during year)				·····		
4	Aggregate value a	• • • • • • •				······		
5		on inform all donors and donor advisors in	writing that the assets held	in dopor advised fun	ds			
Ŭ	•	on's property, subject to the organization's	•			Yes No		
6	•	on inform all grantees, donors, and donor a	•	t funds can be used o	only			
Ŭ	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring							
	Impermissible priva		a denor danoon, or for drift			Yes No		
Pa		ation Easements. Complete if the org	anization answered "Yes"	on Form 990, Part IV	, line 7			
1		servation easements held by the organization						
•		of land for public use (e.g., recreation or e		vation of a historically	oamı v	tant land area		
		f natural habitat	·	vation of a certified h				
	Preservation of open space							
2		through 2d if the organization held a quali	fied conservation contributi	ion in the form of a co	onserv	ation easement on the last		
_	day of the tax year				[Held at the End of the Tax Year		
а		onservation easements			2a	· · · · · · · · · · · · · · · · · · ·		
b		ricted by conservation easements			2b			
° c	-	vation easements on a certified historic str	ucture included in (a)		20			
d		vation easements included in (c) acquired		historic structure				
ŭ	listed in the Nation				2d			
3		vation easements modified, transferred, re	leased extinguished or ter	minated by the organ		n during the tax		
•	vear ►		, added, en					
4		where property subject to conservation ea	sement is located >					
5		tion have a written policy regarding the pe		n, handling of				
	-	orcement of the conservation easements i				Yes No		
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations, and	enforcing conservati	on eas	ements during the year		
	•	с, т с,		Ť				
7	Amount of expense	es incurred in monitoring, inspecting, hand	lling of violations, and enfo	rcing conservation ea	aseme	nts during the year		
	▶\$			-				
8	Does each conserv	vation easement reported on line 2(d) abov	ve satisfy the requirements	of section 170(h)(4)(E	3)(I)			
	and section 170(h)					Yes No		
9	In Part XIII, describ	be how the organization reports conservat	on easements in its revenu	e and expense state	ment,	and balance sheet, and		
		le, the text of the footnote to the organiza						
	conservation ease	ments.						
Pa	t III Organiza	tions Maintaining Collections o	f Art, Historical Trea	sures, or Other	Simi	ar Assets.		
	Complete If	the organization answered "Yes" on Form	1990, Part IV, line 8					
1a	If the organization	elected, as permitted under SFAS 116 (AS	SC 958), not to report in its	revenue statement a	nd bal	ance sheet works of art,		
		, or other similar assets held for public ex						
		note to its financial statements that descr						
b	If the organization	elected, as permitted under SFAS 116 (AS	SC 958), to report in its reve	enue statement and b	alance	e sheet works of art, historical		
		similar assets held for public exhibition, e						
	relating to these ite		,		- •	3		
	-	ded on Form 990, Part VIII, line 1				\$		
		d in Form 990, Part X		• •	Ď	\$		
2	• •	received or held works of art, historical tre	asures, or other similar ass	ets for financial dain.	provic	le		
é.		nts required to be reported under SFAS 1			2.2.10			
~	-	on Form 990, Part VIII, line 1			►	\$		
	Assets included in				5	\$		
		eduction Act Notice, see the Instruction	s for Form 990.	<u></u>				

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	edule D (Form 990) 2016 BREVARD	FEDERATIC						<u>23-74</u> ar Asse			.ge 2
3	Using the organization's acquisition, accessi										3
-	(check all that apply);				· · · · · · · · · · · · · · · · · · ·		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
а				l oan or exc	hange progra	ams					
b	Scholarly research			Other	nange pregn						
c	Preservation for future generations	· · · ·									
4	Provide a description of the organization's co	lections and expla	in how th	ov further t	he organizati	on's avon	ant nurne	nse in Par	- XIII		
5	During the year, did the organization solicit o							550 m i an	. 7011		
5	to be sold to raise funds rather than to be ma					er sirmar	233613		Yes		No
Pa	rt IV Escrow and Custodial Arran					"Voo" on		Dort IV			<u>NU</u>
	reported an amount on Form 990, Par			organizatio	in answered	165 011	1 0111 330	J, I AILIV,	inte 3, 01		
							noludod				
1a	Is the organization an agent, trustee, custod	an or other interme	diary for	contribution	is or other as	sets not i	nciudea	Γ		[]	1
	on Form 990, Part X?				-			L	∐ Yes		No
D	If "Yes," explain the arrangement in Part XIII	and complete the to	sliowing i	able:			[— —]				<u>_</u>
									Amount		<u>_</u>
c	Beginning balance					•	10				
d	Additions during the year						_1d_				<u> </u>
е	Distributions during the year	•					_1e_				
f	Ending balance						1f		1		1
2a	Did the organization include an amount on Fe						tyv	. L	Yes		No
	If "Yes," explain the arrangement in Part XIII							<u> </u>			<u> </u>
Pa	t V Endowment Funds. Complete r		1	_							
		(a) Current year	(b) P	rior year	(c) Two yea	rs back (d) Three y	ears back	(e) Four y	years b	Dack
1a	Beginning of year balance										
b	Contributions										
с	Net investment earnings, gains, and losses		1								
d	Grants or scholarships		ļ								
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	rent year end balan	ce (line 1	g, column (a	a)) held as.						
а	Board designated or quasi-endowment	-	%								
b	Permanent endowment	%									
	Temporarily restricted endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%									
3a	Are there endowment funds not in the posse	-	zation tha	at are held a	ind administe	ered for th	e organiz	zation			
•	by									Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations		•	•			-		3a(ii)		
h	If "Yes" on line 3a(ii), are the related organiza	tions listed as requ	Irad an S	chadula B2	-		-		3b		
4	Describe in Part XIII the intended uses of the	-				•			00		
Par			owinein								<u>_</u>
	Complete if the organization answered		0 Dart IV	/ kno 112 S	Soo Form 99(Dort V I	lina 10				
	Description of property	(a) Cost or o			or other	• •	cumulate reciation		(d) Book	value	1
		basis (invest	meny		(other)	uep					= 0
	Land				7,750.		CT 1			<u>75</u>	
	Buildings			<u>1</u> 1	9,134.		<u>67,1</u>	<u>82.</u>	51	. , 94	±9.
	Leasehold improvements										
	Equipment	·			0.100	<u> </u>	10				
	Other				8,493.		48,4	93.			0.
Total.	Add lines 1a through 1e. (Column (d) must e	qual Form 990, Par	t X, colur	nn (B), line i	10c)				109		
								Schedule	D (Form	990)	2016

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Part VII Investments - Other Securities.		EACHERS, INC.	23-7402773 Page 3
Complete if the organization answered "Yes" of			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation.	Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A) CREATIVE BENEFITS			
(B) EDUCATION STOCK	50,231	END-OF-YEAR M	ARKET VALUE
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	50,231		
Part VIII Investments - Program Related. Complete if the organization answered "Yes" of			ne 13.
(a) Description of investment	(b) Book value		Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(6)			
			······
(7)			
(8)			<u> </u>
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets.			
	n Farm 000 Dart IV In	a 11d See Form 000 Port X lir	aa 15
Complete if the organization answered "Yes" of the organization and the	Description	le The See Form 390, Fart A, III	(b) Book value
		· · · · · · · · · · · · · · · · · · ·	
(1)			
(2)	<u> </u>		
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line	15)		
Part X Other Liabilities.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, Ir		irt X, line 25
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2) ACCRUED EXPENSES		31,829.	
(3) MEMBERSHIP DUES PAYABLE		87,089.	
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25)	118,918.	
 Liability for uncertain tax positions In Part XIII, provide 			statements that reports the
organization's liability for uncertain tax positions under			

Schedule D (Form 990) 2016

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Sche	dule D (Form 990) 2016 BREVARD FEDERATION OF TEACH	ERS, INC.	23-7402773 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statemen		Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
ь	Donated services and use of facilities	_2b	
с	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
с	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	nts With Expenses pe	r Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		
1	Total expenses and losses per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1	
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	_
С	Other losses	2c	_
d	Other (Describe in Part XIII)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	_ 1
b	Other (Describe in Part XIII)	4b	!
С	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	<u>·</u>	5
L	t XIII Supplemental Information.		
Drova	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV	/ lines 1h and 2h Dart V line	A Dart V line 2 Dart VI

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

PART X, LINE 2:

THE ORGANIZATION HAS ADOPTED THE PROVISIONS OF THE INCOME TAX TOPIC OF THE
ASC. THESE PROVISIONS CLARIFY THE ACCOUNTING FOR UNCERTAINTY IN TAX
POSITIONS AND PRESCRIBE GUIDANCE RELATED TO THE FINANCIAL STATEMENT
RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE
TAKEN IN A TAX RETURN. THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION IS
ONLY RECOGNIZED IN THE STATEMENT OF FINANCIAL POSITION OF THE TAX POSITION
IS MORE LIKELY THAN NOT TO BE SUSTAINED UPON AN EXAMINATION, BASED ON THE
TECHNICAL MERITS OF THE POSITION. INTEREST AND PENALTIES, IF ANY, ARE
INCLUDED IN EXPENSES IN THE STATEMENT OF ACTIVITIES. AS OF AUGUST 31,
2017, THE ORGANIZATION HAD NO UNCERTAIN TAX POSITIONS THAT QUALIFY FOR
RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.
632054 08-29-16 Schedule D (Form 990) 2016

Schedule D (Form 990) 2016 BREVARD FEDERATION OF TEACHERS, INC. 23-7402773 Page 5 Part XIII Supplemental Information (continued)

THE ORGANIZATION'S INCOME TAX RETURNS ARE SUBJECT TO REVIEW AND EXAMINATION BY FEDERAL AUTHORITIES. THE ORGANIZATION IS NOT AWARE OF ANY ACTIVITIES THAT WOULD JEOPARDIZE ITS TAX-EXEMPT STATUS. THE ORGANIZATION IS NOT AWARE OF ANY ACTIVITIES THAT ARE SUBJECT TO TAX ON UNRELATED BUSINESS INCOME, EXCISE OR OTHER TAXES. THE TAX RETURNS FOR THE FISCAL YEARS ENDED FROM 2014 TO 2016 ARE OPEN TO EXAMINATION BY FEDERAL AUTHORITIES.

SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Supplemental Infor Complete to provide inform Form 990 or 990-EZ of Attact Information about Schedule O (Form 99	nation for responses to s r to provide any addition th to Form 990 or 990-E2	specific questions on nal information. Z.	/form990	OMB No 1545-0047 2016 Open to Public Inspection
Name of the organization	BREVARD FEDERATIC	N OF TEACHERS	5, INC.		identification number
FORM 990, PAR	I, LINE 1, DESCRIP	TION OF ORGAN	NIZATION MI	SSION:	
CONTINUOUSLY	MPROVE PUBLIC EDUCA	TION, WHILE I	BUILDING BR	IDGES A	MONG
TEACHERS, STU	DENTS, PARENTS, AND	THE COMMUNITY	ζ		
FORM 990, PAR	VI, SECTION B, LIN	E 11B:			
DRAFT TAX RET	URN IS AVAILABLE TO	BOARD MEMBERS	5 TO REVIEW	UPON R	EQUEST.
FORM 990, PAR	VI, SECTION B, LIN	E 15:			
COMPENSATION	S SUBJECT TO BOARD	APPROVAL.			
FORM 990, PAR	VI, SECTION C, LIN				<u> </u>
	AVAILABLE UPON WRIT				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

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Schedule O (Form 990 or 990-EZ) (2016)

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