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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)

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 JANUARY 1, 2011, and ending DECEMBER 31, 2011

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

C Name of organization BREVARD COUNTY TRIAD, INC.
 Doing Business As
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
PO Box 410518
 City or town, state or country, and ZIP + 4
MELBOURNE, FL 32941-0518

D Employer identification number
59-3624703

E Telephone number
(321)757-6985

G Gross receipts \$ 32,028

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list (see instructions)

F Name and address of principal officer:

H(c) Group exemption number ▶

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527

J Website: ▶

K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: 1998 **M** State of legal domicile: FL

Part I Summary

1 Briefly describe the organization's mission or most significant activities: BREVARD COUNTY TRIAD, INC. THROUGH THE BUILDING OF PARTICIPANTS SEEKS TO MOBILIZE COMMUNITY RESOURCES TO ENHANCE THE QUALITY OF LIFE OF SENIOR CITIZENS IN BREVARD COUNTY, FL.

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a) 3 5

4 Number of independent voting members of the governing body (Part VI, line 1b) 4 0

5 Total number of individuals employed in calendar year 2011 (Part V, line 2a) 5 0

6 Total number of volunteers (estimate if necessary) ESTIMATED 27

7a Total unrelated business revenue from Part VIII, column (C), line 12 0

b Net unrelated business taxable income from Form 990-T, line 34 0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	<u>0</u>	<u>0</u>
9 Program service revenue (Part VIII, line 2g)	<u>25,064</u>	<u>31,997</u>
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>32</u>	<u>31</u>
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>25,096</u>	<u>32,028</u>

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u>500</u>	<u>1,500</u>
14 Benefits paid to or for members (Part IX, column (A), line 4)		
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
16a Professional fundraising fees (Part IX, column (A), line 11e)		
b Total fundraising expenses (Part IX, column (D), line 25) ▶		

17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24a)	<u>21,294</u>	<u>24,715</u>
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u>23,033</u>	<u>24,215</u>
19 Revenue less expenses. Subtract line 18 from line 12	<u>2,063</u>	<u>5,813</u>
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	<u>33,211</u>	<u>39,025</u>
21 Total liabilities (Part X, line 26)	<u>0</u>	<u>0</u>
22 Net assets or fund balances. Subtract line 21 from line 20	<u>33,211</u>	<u>39,025</u>

Part II Signature Block

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

Sign Here

Signature of officer: *Carolyn J. Meagher* Date: APRIL 2, 2012

Type or print name and title: CAROLYN J. MEAGHER, TREASURER

Paid Preparer Use Only

Print/Type preparer's name: _____ Preparer's signature: _____ Date: _____ Check if self-employed PTIN: _____

Firm's name ▶: _____ Firm's EIN ▶: _____

Firm's address ▶: _____ Phone no.: _____

May the IRS discuss this return with the preparer shown above? (see instructions) NOT APPLICABLE Yes No

SCANNED APR 24 2012

RECEIVED
APR 11 2012
OGDEN, UT

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the organization's mission: SEE PART - #1 -- AND SUPPLEMENT AS FOLLOWS: TO SUPPLEMENT AND DEVELOP PROGRAMS TO ADDRESS THE NEEDS AND CONCERNS OF SENIOR CITIZENS IN BREVARD COUNTY, FL.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [X] Yes [] No

If "Yes," describe these new services on Schedule O. SEE SCHEDULE O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

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 and section 4947(a)(1) trusts 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 (Code: -) (Expenses \$ 8,761 including grants of \$ 0) (Revenue \$ 24,069)

• SENIOR FEST: A TRIAD SPONSORED ANNUAL EVENT HOSTING MORE THAN 90 INFORMATIONAL BOOTHS AS WELL AS A HOSPITAL SPONSORED HEALTH INITIATIVE WHERE FREE AND/OR LOW COST HEALTH SCREENINGS AND SERVICES ARE OFFERED. "FLU SHOTS" ARE ALSO AVAILABLE AND OFFERED, AT NO COST, TO ATTENDEES WHO HAVE A VALID MEDICARE ID CARD. A SUCCESSFUL AND WORTHWHILE PROJECT.

4b (Code: -) (Expenses \$ 3,133 including grants of \$ 0) (Revenue \$ 3,471)

• SENIOR SANTA: A TRIAD SPONSORED PROGRAM THAT PROVIDES GIFTS FOR SENIOR CITIZENS IN BREVARD COUNTY NURSING HOMES AT THE CHRISTMAS HOLIDAY SEASON. THIS TRIAD INITIATIVE RESULTED IN APPROXIMATELY 940 SENIOR CITIZENS RECEIVING HOLIDAY GIFTS. THIS PROGRAM AND EFFORT RECOGNIZES COMMUNITY PARTICIPATION IN SUPPORT OF THE TRIAD MISSION

4c (Code: -) (Expenses \$ 4,288 including grants of \$ 0) (Revenue \$ 2,099)

• PROJECT LIFESAVER: THIS INITIATIVE PROVIDES EQUIPMENT FOR PERSONS THAT "WANDER". TRIAD PROVIDES A TRANSMITTER THAT CAN LOCATE INDIVIDUAL(S) THROUGH EQUIPMENT PHONE AND SIGNAL, ETC. THIS PROGRAM IS IN CONJUNCTION WITH THE EFFORTS OF THE BREVARD COUNTY SHERIFF'S OFFICE (WITH LOCAL LAW ENFORCEMENT INPUT/ASSISTANCE) COUPLED WITH HELICOPTER AND OTHER SEARCH EFFORTS

4d Other program services (Describe in Schedule O.) (Expenses \$ 5,825 including grants of \$ 0) (Revenue \$ 2,389)

4e Total program service expenses ▶ \$ 22,007 --- SEE ATTACHED RECONCILIATIONS TO TOTAL TRIAD OPERATIONAL EXPENSES AND REVENUE Form 990 (2011)

Part IV Checklist of Required Schedules EIN#: 59-3624703

	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	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3 Did the organization engage in direct or indirect 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"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9 Did the organization report an amount in Part X, line 21; 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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c 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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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 Part X, line 16? If "Yes," complete Schedule D, Part IX	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12 a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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, XII, and XIII is optional	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14 a Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Part IV Checklist of Required Schedules (continued) EIN#: 59-3624703

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
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 Schedule J		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 25		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
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 Schedule L, Part I		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		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 of any of these persons? If "Yes," complete Schedule L, Part III		X
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 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		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		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		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
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		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V SEE ATTACHED SUPPL. X

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 1a through 14b regarding Form 1096, Form W-2G, backup withholding, Form W-3, unrelated business gross income, prohibited tax shelter transactions, annual gross receipts, deductible contributions, and Form 990 filings.

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 to any question in this Part VI

Section 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		5
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.		
b Enter the number of voting members included in line 1a, above, who are independent		
1b		0
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
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?		X
3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
5		X
6 Did the organization have members or stockholders?		X
6		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7a		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
8a	X	
b Each committee with authority to act on behalf of the governing body?	X	
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		X
9		X

Section 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?		X
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?	N/A	
10b	N/A	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		X
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		X
12a		X
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12b	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
12c	X	
13 Did the organization have a written whistleblower policy?		X
13		X
14 Did the organization have a written document retention and destruction policy?		X
14		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?		
a The organization's CEO, Executive Director, or top management official		X
15a		X
b Other officers or key employees of the organization		X
15b		X
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 taxable entity during the year?		X
16a		X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation 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		

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ► FLORIDA
- 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 Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► CAROLYN J. MEAGHER TELE: (321) 757-6985
 3828 ST. ARMENS CIRCLE
 MELBOURNE, FL 32934

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

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) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
SEE ATTACHED SUPPLEMENT										
(1) A. WALTERS, PRES				X			0	0	0	
(2) D. DAVIS, 1 ST V. PRES				X			0	0	0	
(3) T. GOODWIN, PUB. INFO				X			0	0	0	
(4) P. CONNER, SEC.				X			0	0	0	
(5) C. MEAGHER, TREAS				X			0	0	0	
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Sub-total							0	0	0	
c Total from continuation sheets to Part VII, Section A							0	0	0	
d Total (add lines 1b and 1c)							0	0	0	

NOT APPLICABLE

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NOT APPLICABLE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

Part VIII Statement of Revenue SEE ATTACHED

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f					
	g	Noncash contributions included in lines 1a-1f: \$						
	h	Total. Add lines 1a-1f ▶		0				
Program Service Revenue				Business Code				
	2a	SENIOR FEST		24,044				
	b	SENIOR SANTA		3,467				
	c	PROX. LIFESAVER		2,097				
	d	OTHER! SEE S.H.O.		2,389				
	e	All other program service revenue .						
	g	Total. Add lines 2a-2f ▶		31,997				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶		31				
	4	Income from investment of tax-exempt bond proceeds ▶						
	5	Royalties ▶						
	6a	Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses						
		c Rental income or (loss)						
	d	Net rental income or (loss) ▶			0			
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less: cost or other basis and sales expenses						
		c Gain or (loss)						
		d Net gain or (loss) ▶			0			
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses	b					
		c Net income or (loss) from fundraising events . . ▶			0			
	9a	Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses		b						
c Net income or (loss) from gaming activities . . ▶				0				
10a	Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b						
	c Net income or (loss) from sales of inventory . . ▶			0				
Miscellaneous Revenue			Business Code					
11a								
d	All other revenue			0				
e	Total. Add lines 11a-11d ▶			0				
12	Total revenue. See instructions. ▶			32,028	0	0	0	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question in this Part IX **SEE ATTACHED SUPPL**

Do not include amounts reported on lines 6b, 7b, 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 governments and organizations in the United States. See Part IV, line 21	1,500	1,500		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
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				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses	676	623	53	
14 Information technology	247		247	
15 Royalties				
16 Occupancy (STORAGE RENTAL)	570		570	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,215	900	315	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
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 O.)				
a SENIOR FEST	8,761	8,761		
b SENIOR SANTA	3,133	3,133		
c PRIN. LIFESAVER	4,288	4,288		
d OTHER: SEE SCHED. O	5,825	5,825		
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	26,215	25,030	1,185	
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
FOREWARD COUNTY TRIAD, INC					
Assets	1	Cash—non-interest-bearing	22,319	1	28,101
	2	Savings and temporary cash investments (INCL: INTEREST)	10,892	2	10,923
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b	Less: accumulated depreciation	10b	10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	33,211	16	39,024	
Liabilities	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25		
26	Total liabilities. Add lines 17 through 25	0	26	0	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	33,211	27	39,024
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	33,211	33	39,024
	34	Total liabilities and net assets/fund balances	33,211	34	39,024

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	32,028
2	Total expenses (must equal Part IX, column (A), line 25)	2	26,215
3	Revenue less expenses. Subtract line 2 from line 1	3	5,813
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	33,211
5	Other changes in net assets or fund balances (explain in Schedule O)	5	
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	33,024

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
- b Were the organization's financial statements audited by an independent accountant?
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b		X
2c		
3a		X
3b		

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 COUNTY TRIAD, Inc.

Employer identification number

59-3624703

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?		X
(ii) A family member of a person described in (i) above?		X
(iii) A 35% controlled entity of a person described in (i) or (ii) above?		X
 - 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) SEE: PARTS									
(B) III, IV, V									
(C) OF FORM-990									
(D)									
(E)									
Total									

EIN#: 59-3624703

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

Table with 7 columns: (a) 2007, (b) 2008, (c) 2009, (d) 2010, (e) 2011, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support SEE FORMS 990 FOR PRIOR AND CURRENT YEARS

Table with 7 columns: (a) 2007, (b) 2008, (c) 2009, (d) 2010, (e) 2011, (f) Total. Rows include: 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; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First five years.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2011; 15 Public support percentage from 2010 Schedule A; 16a 33 1/3% support test - 2011; b 33 1/3% support test - 2010; 17a 10%-facts-and-circumstances test - 2011; b 10%-facts-and-circumstances test - 2010; 18 Private foundation.

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.")						
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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support SEE FORM 990

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

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . N/A: ORGANIZATION ESTABLISHED: 3198 ▶

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%

- 19a **33 1/3% support tests—2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . ▶
- b **33 1/3% support tests—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶
- 20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶

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). EIN#: 59-3624703

SEE FORM 990 FOR YEAR 2011 FOR
DISCLOSURES, FINANCIAL INFORMATION
AND RELATIVE EXPLANATIONS AND
SUPPLEMENTS

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization
BREVARD COUNTY TRIAD, INC.

Employer identification number
59-3624703

• PART III - LINE 2: NEW PROGRAM DESCRIPTION: WEAAD

- PART III - 4e
- PART VIII - 2d

• WORLD ELDER ABUSE AWARENESS DAY (WEAAD):

AN INFORMATIONAL AND LEARNING DAY
FOR ALL CITIZENS WITH THE KEY
OBJECTIVE TO GLOBALLY RAISE
AWARENESS OF ELDER ABUSE WHICH
ENCOMPASSES NEGLECT AND MAL OR,
MISTREATMENT

• REVENUE: \$ 1,535
• EXPENSE: \$ 825

• 911 CELL PHONE PROGRAM:

A PROGRAM THAT PROVIDES SENIOR
CITIZENS WITH TELEPHONE
ACCESS TO REPORT EMERGENCY
SITUATIONS, CONCERNS, CONDITIONS,
ETC.

• REVENUE: \$ 802
• EXPENSE: 0

Name of the organization

BREVARD COUNTY TRIAD, INC.

Employer identification number

59-3624703

• INDEPENDANT LIVING PROGRAM:

A PROGRAM THAT OFFERS FREE HOME AND SECURITY SAFETY INSPECTIONS FOR FOR SENIORS IN BREVARD COUNTY THAT ARE IN NEED OF ASSISTANCE TO IMPROVE OR SAFEGUARD THEIR QUALITY OF LIFE

• REVENUE: \$ 20
 • EXPENSE: \$ 5,000 (X)

(*) NOTE:

• A TRIAD BOARD APPROVED INITIATIVE TO INCREASE SUPPORT AND ASSISTANCE TO CARRYOUT THE PROGRAM'S PURPOSE AS WELL AS, TO FURTHER CREATE THE PROGRAM'S OBJECTIVES IN ^{THE} NORTH, CENTRAL AND SOUTHERN AREAS OF BREVARD CTY, FL. A VALUABLE AND WORTHWILE INIATIVE, TO SENIOR CITIZENS.

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or 990-EZ.

Name of the organization

WREAUED COUNTY TRIAD, INC.

Employer identification number

59-3624703

• EMPTIES FOR CASH:

A TRIAD INITIATIVE AND PROGRAM TO
EDUCATE CITIZENS ON/OFF THE
IMPORTANCE AND VALUE OF INK
CARTRIDGE RECYCLING AS WELL AS,
THE NEED FOR TOTAL RE-CYCLE
EFFORTS,

• REVENUE: \$ 32

• EXPENSE: 0

• SUMMARY: SCHEDULE O (PART III - L: 4(d))

<u>PROGRAM</u>	<u>REVENUE</u>	<u>EXPENSE</u>
• WEAAD	\$ 1,535	\$ 825
• 911 CELL PROG	802	0
• INDEP. LIVING	20	5,000 *
• EMPTIES FOR CASH	32	0
<u>TOTAL:</u>	<u>\$ 2,389</u>	<u>\$ 5,825</u>

* SEE ABOVE RELATIVE TO THIS COMPONENT
RELATIVE TO THE INDEPENDANT LIVING PROGRAM.

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

Name of the organization

BREVARD COUNTY TRIAD, INC

Employer identification number

59-3624703

• PART VI -- SECTION B -- 11 (b):

AT A REGULARLY SCHEDULED CURRENT
YEAR TRIAD BOARD MEETING, IT IS
REPORTED TO THE MEMBERS THAT
THE BREVARD COUNTY TRIAD, INC,
FORM 990 HAS BEEN FILED, WITHIN
REPORTING/FILING REQUIREMENTS
AND DEAD-LINES. THIS FILING IS
AVAILABLE TO THE BOARD AS WELL
AS, CITIZENS OF BREVARD COUNTY, FL.
FOR REVIEW AND DISCUSSION.

• PART VI -- SECTION B -- L's: 13 & 14

LINE-13: TRIAD HAS NO FORMAL
POLICY IN THIS REGARD.

HOWEVER, THE ORGANIZATION'S
VOLUNTEERS, WITH COMMUNITY
INTERACTION, WILL REPORT
ACCORDINGLY.

LINE-14: THE BREVARD COUNTY TRIAD,
INC.'S RETENTION AND RECORD
DESTRUCTION POLICIES ARE

CONSISTENT AND IN COMPLIANCE
WITH THE US GOVERNMENT,
INTERNAL REVENUE SERVICE
DIRECTIVES.

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

2011

Open to Public
Inspection

▶ Attach to Form 990 or 990-EZ.

Name of the organization

BREVARD COUNTY TRIAD, INC.

Employer identification number

59-3624703

• PART IX

• SEE ATTACHED DISCLOSURE

APPLICABLE TO: PART IX -- L:19

• PART VI -- SECTION C -- L:19

THE BREVARD COUNTY TRIAD, INC.'S
DOCUMENT POLICIES AND OTHER
RELATED RECORDS ARE
AVAILABLE TO THE PUBLIC
UPON REQUEST

BREVARD COUNTY TRIAD, Inc.

EIN#: 59-3624703

FORM: 990 Year: 2011

SUPPLEMENT: Part V Line 14(b): COMPLIANCE: SUPPLEMENT to SCHEDULE O

The Brevard County TRIAD, Inc. did not solicit or receive any payments or related remuneration for such services. The referenced, is not in compliance to or with the Mission or purpose of the Brevard County, TRIAD, INC.

BREVARD COUNTY TRIAD, Inc.

EIN #: 59-3624703

FORM -- 990: Year, 2011

SUMMARY: Reconciliation -- Part III to Part VIII

PROGRAM	Revenue Part III	Less: Alloc Invest Inc.	Revenue Pt. VIII: 2a-d
Sr. FEST	\$24,069	(25)	\$24,044
Sr. SANTA	3,471	(4)	3,367
Proj. Life Save.	2,099	(2)	2,097
Other: Sch. O	2,389	-	2,389
Total	\$32,028	(31)	\$31,997

Total Revenue Reported: Part III:

Less: Alloc Invest Inc.

\$32,028

(31)

Net Revenue: Part VIII - Line: 2g

\$31,997

Plus: Invest Inc. - Pt. VIII - Line:3

31

Total Revenue: *

\$32,028

* PT III: L- 4a,b,c,d

BREVARD COUNTY TRIAD, Inc.

EIN#: 59-3624703

FORM: 990 Year, 2011

SUMMARY EXPENSE RECONCILIATION: Part IX - Line 25 (col A) to Part III - Line 4e

Total: PART IX: L-25 (col A)	Total: PART III: L- 4e
PART IX: Col A	PART III: Line 4e
Line - 1	Line - 4a
Line - 13	Line - 4b
Line - 14	Line - 4c
Line - 16	Line - 4d
Line - 19	Total
Line - 24 (a-d)	
\$1,500	\$8,761
676	3,133
247	4,288
570	5,825
1,215	
22,007	\$22,007
Total: Pt IX: Line 25	PLUS: TRIAD DIRECT/ INDIRECT: Oper Exp.
\$26,215	\$4,208
	TOTAL
	\$26,215

BREVARD COUNTY TRIAD, Inc.

EIN#: 3624703

FORM 990 -- Year, 2011

CORRECTION DISCLOSURE EXPLANATION: PART I -- Line: 20

PART I -- Line 20 was incorrectly stated for the year- end 2010 at \$31,148. This value should have been: \$33,211 (refer to Part X – Line 16 – year end 2010).

NOTE: This clerical error does not impact the reporting of TRIAD's Form 990 Filing for year- end, 2010 or 2011. The appropriate correction has been made and reflected in TRIAD's Form 990 filing for the year 2011.

Any questions concerning this reporting adjustment should be directed to:

BREVARD COUNTY TRIAD, Inc.

PO Box 410518

Melbourne, FL 32941

BREVARD COUNTY TRIAD, Inc.

EIN#: 59-3624703

FORM 990 -- Year, 2011

SUPPLEMENT TO: PART VII -- SECTION A

All Officers and key personnel of the Brevard County TRIAD, Inc., volunteer their services to lead and direct to carry out the Mission and purpose of TRIAD, Inc. through addressing needs and concerns of Senior citizens in Brevard County, FL.

NO: Wage or Salary Compensation is paid to Board Officers or volunteers for their commitment.

Any wage/compensation questions or concerns, should be directed to:

Brevard County TRIAD, Inc.
PO Box 410518
Melbourne, FL 32941 0518

Should you need or require additional information, please contact: (321) 757 - 6985