

Form **990-EZ**

**Short Form**  
**Return of Organization Exempt From Income Tax**  
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-1150

**2002**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▷ For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year  
 ▷ The organization may have to use a copy of this return to satisfy state reporting requirements

**A For the 2002 calendar year, or tax year beginning** \_\_\_\_\_ **and ending** \_\_\_\_\_

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	<b>C Name of organization</b> <b>BREVARD INTERGROUP INC.</b>		<b>D Employer identification number</b> <b>59-2413928</b>
		Number and street (or P O box if mail is not delivered to street address) Room/suite <b>720 EAST NEW HAVEN AVENUE, SUITE 3</b>	<b>E Telephone number</b> <b>321-724-2247</b>	
		City or town state or country and ZIP + 4 <b>MELBOURNE FL 32901</b>		<b>F Enter 4-digit (GEN) ▷</b>

**Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)**

**G Accounting method**  Cash  Accrual  
 Other (specify) ▷ \_\_\_\_\_

**H Check**  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**I Web site** ▷ \_\_\_\_\_

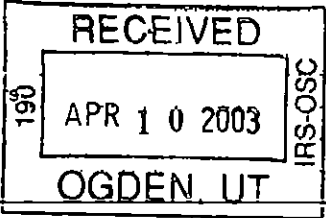
**J Organization type** (check only one)  501(c) ( 3 ) (Insert no)  4947(a)(1) or  527

**K Check**  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS but if the organization received a Form 990 Package in the mail it should file a return without financial data. **Some states require a complete return.**

**L Add lines 5b, 6b, and 7b to line 9 to determine gross receipts. If \$100,000 or more, file Form 990 instead of Form 990-EZ.** ▷ \$ **65,623**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 36 of the instructions)**

1	Contributions, gifts, grants, and similar amounts received	1	15,117
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	
4	Investment income	4	75
5a	Gross amount from sale of assets other than inventory	5a	
5b	Less cost or other basis and sales expenses	5b	
5c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)	5c	
6	Special events and activities (attach schedule)		
6a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	20,021
6b	Less direct expenses other than fundraising expenses	6b	15,535
6c	Net income or (loss) from special events and activities (line 6a less line 6b)	6c	4,486
7a	Gross sales of inventory less returns and allowances	7a	16,007
7b	Less cost of goods sold	7b	8,328
7c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)	7c	7,679
8	Other revenue (describe ▷ <u>SEE STMT 1</u> )	8	14,403
9	<b>Total revenue</b> (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) ▷	9	41,760
10	Grants and similar amounts paid (attach schedule)	10	
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	19,050
13	Professional fees and other payments to independent contractors	13	375
14	Occupancy, rent, utilities, and maintenance	14	5,685
15	Printing, publications, postage, and shipping	15	2,449
16	Other expenses (describe ▷ <u>SEE STMT 2</u> )	16	15,339
17	<b>Total expenses</b> (add lines 10 through 16) ▷	17	42,898
18	Excess or (deficit) for the year (line 9 less line 17)	18	-1,138
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	20,428
20	Other changes in net assets or fund balances (attach explanation)	20	
21	Net assets or fund balances at end of year (combine lines 18 through 20) ▷	21	19,290



**Part II Balance Sheets - If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.**

(See page 39 of the instructions)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	8,978	6,857
23 Land and buildings		
24 Other assets (describe ▷ <u>SEE STMT 3</u> )	13,538	13,021
25 <b>Total assets</b>	22,516	19,878
26 <b>Total liabilities</b> (describe ▷ <u>SEE STMT 4</u> )	2,088	588
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	20,428	19,290

SCANNED BY 172003

**Part III Statement of Program Service Accomplishments** (See page 39 of the instructions)

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

What is the organization's primary exempt purpose?

**SEE STATEMENT 5**

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner describe the services provided, the no. of persons benefited, or other relevant information for each program title.

28 **N/A**

(Grants \$ ) **28a**

29

(Grants \$ ) **29a**

30

(Grants \$ ) **30a**

31 Other program services (attach schedule)

(Grants \$ ) **31a**

**32 Total program service expenses** (add lines 28a through 31a) **32** **0**

**Part IV List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated. See page 40 of the instructions)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contrib to employee benefit plans & deferred compensation	(E) Expense account and other allowances
<b>SEE STATEMENT 6</b>				

**Part V Other Information** (Note the attachment requirement in General Instruction V, page 14)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes" attach a detailed description of each activity		<b>X</b>
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes" attach a conformed copy of the changes		<b>X</b>
35 If the organization had income from business activities such as those reported on lines 2, 6, and 7 (among others) but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T		
a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice reporting and proxy tax requirements?		<b>X</b>
b If "Yes" has it filed a tax return on Form 990-T for this year?		<b>X</b>
36 Was there a liquidation, dissolution, termination, or substantial contraction during the yr? (If "Yes" attach a stmt)		<b>X</b>
37a Enter amount of political expenditures, direct or indirect, as described in the instructions		<b>0</b>
b Did the organization file Form 1120-POL for this year?		<b>X</b>
38a Did the organization borrow from or make any loans to any officer, director, trustee, or key employee such loans made in a prior year and still unpaid at the start of the period covered by this return?		<b>X</b>
b If "Yes" attach the schedule specified in the line 38 instr. & enter the amount involved		
39 501(c)(7) organizations Enter: a Initiation fees and capital contributions included on line 9		
b Gross receipts included on line 9, for public use of club facilities		
40a 501(c)(3) organizations Enter: Amount of tax imposed on the organization during the year under section 4911 <b>0</b> section 4912 <b>0</b> section 4955 <b>0</b>		
b 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes" attach an explanation		<b>X</b>
c Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958		<b>0</b>
d Enter: Amount of tax on line 40c above reimbursed by the organization		<b>0</b>
41 List the states with which a copy of this return is filed <b>NONE</b>		
42 The books are in care of <b>KATHLEEN KELLY-MEEKER FRANCIS CASEY</b> Telephone no <b>321-724-2247</b>		
Located at <b>720 E NEW HAVEN AVE, MELBOURNE, FL 32901</b>		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 990 and enter the amount of tax-exempt interest received or accrued during the tax year		

**Please Sign Here**

Under penalties of perjury, I declare that I have examined this return, including attachments and all information furnished hereon, and I believe that it is true, correct, and complete. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

**Francis Casey**  
Signature of officer

**FRANCIS J. CASEY,**  
Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature **[Signature]**

Firm's name (or yours if self-employed) **BARNES & COMPANY, C**

address and ZIP + 4 **310 5TH AVENUE  
INDIALANTIC, FL 32**

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

**Supplementary Information-(See separate instructions )**

OMB No 1545-0047

**2002**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

Employer identification number

**BREVARD INTERGROUP INC.**

**59-2413928**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions List each one If there are none, enter "None ")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee ben plans & deferred compensation	(e) Expense account and other allowances
<b>NONE</b>				
Total number of other employees paid over \$50,000 ▷				

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instr List each one (whether individuals or firms) If there are none, enter "None ")

(a) Name and address of each independent contractor paid more than \$ 50,000	(b) Type of service	(c) Compensation
<b>NONE</b>		
Total number of others receiving over \$50,000 for professional services ▷		

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ

Schedule A (Form 990 or 990-EZ) 2002

**Part III Statements About Activities (See page 2 of the instructions)**

	Yes	No
<p><b>1</b> During the year has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities <input checked="" type="checkbox"/> _____ (Must equal amount on line 38, Part VI-A or line i of Part VI-B)</p> <p>Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.</p>	1	<b>X</b>
<p><b>2</b> During the year has the organization either directly or indirectly engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)</p>		
<p><b>a</b> Sale, exchange, or leasing of property?</p>	2a	<b>X</b>
<p><b>b</b> Lending of money or other extension of credit?</p>	2b	<b>X</b>
<p><b>c</b> Furnishing of goods, services, or facilities?</p>	2c	<b>X</b>
<p><b>d</b> Payment of compensation (or payment or reimbursement of expense if more than \$1,000)?</p>	2d	<b>X</b>
<p><b>e</b> Transfer of any part of its income or assets?</p>	2e	<b>X</b>
<p><b>3</b> Does the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below.)</p>	3	<b>X</b>
<p><b>4</b> Do you have a section 403(b) annuity plan for your employees?</p>	4	<b>X</b>

**Note:** Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments.

**Part IV Reason for Non-Private Foundation Status (See pages 3 through 5 of the instructions)**

The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5** A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6** A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7** A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8** A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9** A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state
- 10** An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a** An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b** A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12** An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13** An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6) if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14** An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10 11 or 12 ) Use cash method of accounting

**Note** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total			
15 Gifts grants and contributions received (Do not include unusual grants See line 28 )	15,117	19,334	14,594	13,800	62,845			
16 Membership fees received								
17 Gross receipts from admissions merchandise sold or services performed or furnishing of facilities in any activity that is related to the organization's charitable etc purpose	13,787	17,448	26,281	22,578	80,094			
18 Gross inc from int dividends amounts received from pymt on securities loans (section 512(a)(5)) rents royalties & unrelated busn taxable inc (less sec 511 taxes) from businesses acquired by the organization after June 30 1975	75	206	149	223	653			
19 Net income from unrelated business activities not included in line 18								
20 Tax revn levied for the organization's ben & either paid to it or expended on its behalf								
21 The value of serv or fac <sup>y</sup> furnished to the org by a governmental unit without charge Do not incl the value of serv or fac gen erally furnished to the public without charge								
22 Other income Attach a schedule Do not include gain or (loss) from sale of cap assets								
23 Total of lines 15 through 22	28,979	36,988	41,024	36,601	143,592			
24 Line 23 minus line 17	15,192	19,540	14,743	14,023	63,498			
25 Enter 1% of line 23	290	370	410	366				
26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e) line 24				▷ 26a			
	b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1998 through 2001 exceeded the amount shown in line 26a Do not file this list with your return Enter the total of all these excess amounts				▷ 26b			
	c Total support for section 509(a)(1) test Enter line 24 column (e)				▷ 26c			
	d Add Amounts from column (e) for lines	18 _____	19 _____		▷ 26d			
		22 _____	26b _____		▷ 26e			
	e Public support (line 26c minus line 26d total)				▷ 26e			
	f Public support percentage (line 26e (numerator) divided by line 26c (denominator))				▷ 26f %			
27 Organizations described on line 12	a For amounts included in lines 15 16 and 17 that were received from a "disqualified person " prepare a list for your records to show the name of and total amounts received in each year from each 'disqualified person ' Do not file this list with your return Enter the sum of such amounts for each year							
	(2001)	(2000)	(1999)	(1998)				
	b For any amount included in line 17 that was received from each person (other than "disqualified persons ) prepare a list for your records to show the name of and amount received for each year that was more than the larger of (1) the amount on line 25 for the year or (2) \$5 000 (Include in the list organizations described in lines 5 through 11 as well as individuals ) Do not file this list with your return After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year							
	(2001)	8,787	(2000)	12,448	(1999)	21,281	(1998)	17,578
	c Add Amounts from column (e) for lines	15 _____	16 _____					
		17 80,094	20 62,845	21 _____				
	d Add Line 27a total	and line 27b total		60,094				▷ 27c 142,939
	e Public support (line 27c total minus line 27d total)							▷ 27d 60,094
	f Total support for section 509(a)(2) test Enter amount on line 23, column (e)							▷ 27e 82,845
	g Public support percentage (line 27e (numerator) divided by line 27f (denominator))							▷ 27f 143,592
	h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))							▷ 27g 57.6947%
								▷ 27h 0.4548%

28 Unusual Grants For an organization described in line 10 11 or 12 that received any unusual grants during 1998 through 2001 prepare a list for your records to show for each year the name of the contributor the date and amount of the grant and a brief description of the nature of the grant Do not file this list with your return Do not include these grants in line 15

**Part V Private School Questionnaire (See page 7 of the instructions )**  
**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

		N/A	Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter bylaws, other governing instrument, or in a resolution of its governing body?			
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures catalogues and other written communications with the public dealing with student admissions programs and scholarships?			
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students or during the registration period if it has no solicitation program in a way that makes the policy known to all parts of the general community it serves? If "Yes" please describe if "No," please explain (If you need more space attach a separate statement )			
32	Does the organization maintain the following			
a	Records indicating the racial composition of the student body faculty and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures announcements and other written communications to the public dealing with student admissions programs and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?  If you answered "No" to any of the above please explain (If you need more space, attach a separate statement )	32d		
33	Does the organization discriminate by race in any way with respect to			
a	Students rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?  If you answered "Yes" to any of the above please explain (If you need more space attach a separate statement )	33h		
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement	34b		
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc. 75-50 1975-2 C B 587 covering racial nondiscrimination? If "No" attach an explanation	35		

**Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions )**  
**(To be completed ONLY by an eligible organization that filed Form 5768) N/A**

Check  a if the organization belongs to an affiliated group      Check  b if you checked "a" and "limited control" provisions apply

<b>Limits on Lobbying Expenditures</b>		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred )			
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>		
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>		
<b>38</b> Total lobbying expenditures (add lines 36 and 37)	<b>38</b>		
<b>39</b> Other exempt purpose expenditures	<b>39</b>		
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>		
<b>41</b> Lobbying nontaxable amount Enter the amount from the following table-			
<b>If the amount on line 40 is-</b>	<b>The lobbying nontaxable amount is-</b>		
Not over \$500 000	20% of the amount on line 40		
Over \$500 000 but not over \$1 000,000	\$100 000 plus 15% of the excess over \$500 000		
Over \$1 000 000 but not over \$1 500 000	\$175 000 plus 10% of the excess over \$1,000 000	<b>41</b>	
Over \$1 500 000 but not over \$17 000 000	\$225 000 plus 5% of the excess over \$1 500 000		
Over \$17 000 000	\$1 000 000		
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>		
<b>43</b> Subtract line 42 from line 36 Enter 0- if line 42 is more than line 36	<b>43</b>		
<b>44</b> Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	<b>44</b>		

**Caution** If there is an amount on either line 43 or line 44 you must file Form 4720

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below  
 See the instructions for lines 45 through 50 on page 11 of the instructions )

Calendar year (or fiscal year beginning in) <input type="checkbox"/>	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
<b>45</b> Lobbying nontaxable amount					
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots nontaxable amount					
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					
<b>50</b> Grassroots lobbying expenditures					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instr )

**N/A**

During the year did the organization attempt to influence national state or local legislation including any attempt to influence public opinion on a legislative matter or referendum through the use of

- a Volunteers
- b Paid staff or management (include compensation in expenses reported on lines c through h )
- c Media advertisements
- d Mailings to members legislators or the public
- e Publications or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators their staffs government officials or a legislative body
- h Rallies, demonstrations seminars conventions speeches, lectures or any other means
- i Total lobbying expenditures (add lines c through h )

Yes	No	Amount

If "Yes" to any of the above also attach a statement giving a detailed description of the lobbying activities

**Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 12 of the instructions)**

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527 relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of

- (i) Cash
- (ii) Other assets

b Other transactions

- (i) Sales or exchanges of assets with a noncharitable exempt organization
- (ii) Purchases of assets from a noncharitable exempt organization
- (iii) Rental of facilities, equipment, or other assets
- (iv) Reimbursement arrangements
- (v) Loans or loan guarantees
- (vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

	Yes	No
51a(i)		X
a(ii)		X
b(i)		X
b(ii)		X
b(iii)		X
b(iv)		X
b(v)		X
b(vi)		X
c		X

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
N/A			

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶  Yes  No

b If "Yes," complete the following schedule:

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		





**Federal Statements****Statement 1 - Form 990-EZ, Part I, Line 8 - Other Revenue**

<u>Description</u>	<u>Amount</u>
FUND RAISING	\$ 13,787
MISCELLANEOUS	571
SALES TAX COMMISSION	45
TOTAL	<u>\$ 14,403</u>

**Statement 2 - Form 990-EZ, Part I, Line 16 - Other Expenses**

<u>Description</u>	<u>Amount</u>
	\$
SALE MERCHANDISE	
INVENTORY ADJUSTMENT	1,948
EXPENSES	
TRAVEL	128
INSURANCE	250
FUND RAISING EXPENSE	10,375
LICENSES & TAXES	61
OFFICE EXPENSES	1,236
CASUAL LABOR	1,341
TOTAL	<u>\$ 15,339</u>

**Statement 3 - Form 990-EZ, Line 24 - Other Assets**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
ACCOUNTS RECEIVABLE	\$ 677	\$ 272
INVENTORIES FOR SALE OR USE	8,324	7,749
FURNITURE & FIXITURES	4,537	4,880
UNDEPOSITED FUNDS		120
TOTAL	<u>\$ 13,538</u>	<u>\$ 13,021</u>

**Statement 4 - Form 990-EZ, Line 26 - Other Liabilities**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$	\$ 11
SALE TAX PAYABLE	234	154
PAYROLL TAXES PAYABLE	314	419
NOTE PAYABLE GE CAPITAL	1,540	4
TOTAL	<u>\$ 2,088</u>	<u>\$ 588</u>

**Statement 5 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose**

BREVARD INTERGROUP PROVIDES SUPPORT TO THOSE MEMBERS OF THE COMMUNITY THAT SUFFER FROM ALCOHOLISM. THEY HAVE ESTABLISHED A TELEPHONE ANSWERING SERVICE AND CENTRAL A.A OFFICE TO CARRY THE MESSAGE OF A A IN ADDITION, BREVARD INTERGROUP DISTRIBUTES A MONTHLY NEWSLETTER AND PUBLISHES A DIRECTORY OF MEETING PLACES AND TIMES FOR AREA A A. GROUPS.

## Federal Statements

Statement 6 - Form 990-EZ, Part V - List of Officers, Directors, Trustees, and Key Employees

Name			Title	Average Hours	
Comp	Benefits	Expenses	Address		
BILL PEPPER	0	0	CHAIRMAN	2	
PAUL COLLINS	0	0	2010 HALLWOOD PLACE	2	MELBOURNE, FL
FRANK CASEY	0	0	VICE CHAIR	2	
JOHN JOHNSON	0	0	516 ANN AVENUE	2	MELBOURNE, FL
RICKY RAYFIELD	0	0	TREASURER	2	
DON HOWARD	0	0	3490 CHANCELLORSVILLE AVE	2	MELBOURNE, FL
SUSAN CROFT	0	0	SECRETARY	2	
			720 SPRING OAK DRIVE	2	MELBOURNE, FL
			DIRECTOR	2	
			2160 N. HWY 1A, #309	2	INDIALANTIC, FL
			DIRECTOR	2	
			200 S SYKES CREEK #606	35	MERRITT ISLAND, FL
			OFFICE MGR	35	
			2140 FEAST RD		W MELBOURNE, FL