

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

**2004**

**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 2004 calendar year, or tax year beginning 2004, and ending 20

<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</b> Name of organization <b>Brevard Intergroup, Inc.</b>		<b>D</b> Employer identification number <b>59-2413928</b>
		Number and street (or P O box, if mail is not delivered to street address) Room/suite <b>720 E. New Haven Avenue 3</b>		<b>E</b> Telephone number <b>(321) 724-2247</b>
		City or town, state or country, and ZIP + 4 <b>Melbourne FL 32901</b>		<b>F</b> Group Exemption Number . . . ▶

• 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) ▶

**I** Website: ▶ www.aaspacecoast.org **H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**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. ▶ \$ **64,578**

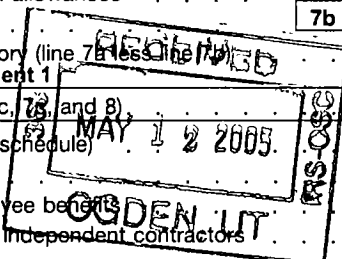
**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See page 37 of the instructions.)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	14,517
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	47
	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). If any amount is from gaming, check here <input type="checkbox"/>		
	a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	14,385
b	Less: direct expenses other than fundraising expenses	6b	8,866	
6c	Net income or (loss) from special events and activities (line 6a less line 6b)	6c	5,519	
7a	Gross sales of inventory, less returns and allowances	7a	35,501	
b	Less: cost of goods sold	7b	24,013	
7c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)	7c	11,488	
8	Other revenue (describe ▶ See Statement 1)	8	127	
9	<b>Total revenue</b> (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	31,698	
Expenses	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	20,724
	13	Professional fees and other payments to independent contractors	13	450
	14	Occupancy, rent, utilities, and maintenance	14	7,478
	15	Printing, publications, postage, and shipping	15	2,082
	16	Other expenses (describe ▶ See Statement 2)	16	1,417
17	<b>Total expenses</b> (add lines 10 through 16)	17	32,151	
Net Assets	18	Excess or (deficit) for the year (line 9 less line 17)	18	-453
	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	18,921
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	<b>Net assets or fund balances at end of year</b> (combine lines 18 through 20)	21	18,468

**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 40 of the instructions)		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	8,556	8,793
23	Land and buildings	3,560	2,570
24	Other assets (describe ▶ See Statement 3)	7,554	7,638
25	<b>Total assets</b>	19,670	19,001
26	<b>Total liabilities</b> (describe ▶ See Statement 4)	749	533
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	18,921	18,468

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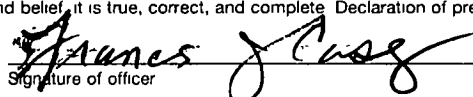
Part III Statement of Program Service Accomplishments (See page 41 of the instructions)		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)	
What is the organization's primary exempt purpose? <b>See Statement 5</b>			
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.			
28	See Statement 6		
	(Grants \$ )	28a	28,634
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	28,634

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 41 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) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
See Statement 7				

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		✓
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		✓
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	If "Yes," has it filed a tax return on Form 990-T for this year?		✓
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.)		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <b>37a</b>		0
b	Did the organization file Form 1120-POL for this year?		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		✓
b	If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved. <b>38b</b>		
39	501(c)(7) organizations. Enter. a Initiation fees and capital contributions included on line 9 <b>39a</b>		
b	Gross receipts, included on line 9, for public use of club facilities <b>39b</b>		
40a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ , section 4955 ▶		0
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.		✓
c	Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958 ▶		0
d	Enter Amount of tax on line 40c, above, reimbursed by the organization ▶		0
41	List the states with which a copy of this return is filed. ▶ <b>None</b>		
42	The books are in care of ▶ <b>Susan E. Croft, Office Manager</b> Telephone no. ▶ <b>(321) 724-2247</b> Located at ▶ <b>720 E. New Haven Avenue, Suite 3, Melbourne, Florida</b> ZIP + 4 ▶ <b>32901</b>		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990- and enter the amount of tax-exempt interest received or accrued		

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, in and belief, it is true, correct, and complete. Declaration of preparer (other than the taxpayer) is based on information furnished by the taxpayer. No part of this return was prepared by a preparer other than myself. I am not a preparer. Declaration of preparer (other than the taxpayer) is based on information furnished by the taxpayer. No part of this return was prepared by a preparer other than myself. I am not a preparer.



Signature of officer

**FRANCIS J. CASEY, Treasurer**

Type or print name and title

Paid Preparer's Use Only

Preparer's signature

Firm's name (or yours if self-employed), address, and ZIP + 4

**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

OMB No 1545-0047

**2004**

Department of the Treasury  
Internal Revenue Service

**Supplementary Information—(See separate instructions.)**

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

Name of the organization

**Brevard Intergroup Inc.**

Employer identification number

**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 benefit 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 instructions. 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 . . . . . ▶		

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

	Yes	No
<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 ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B) 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.		✓
<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.)		
<b>a</b> Sale, exchange, or leasing of property?		✓
<b>b</b> Lending of money or other extension of credit?		✓
<b>c</b> Furnishing of goods, services, or facilities?		✓
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		✓
<b>e</b> Transfer of any part of its income or assets?		✓
<b>3a</b> Do you make grants for scholarships, fellowships, student loans, etc? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)		✓
<b>b</b> Do you have a section 403(b) annuity plan for your employees?		✓
<b>4a</b> Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		✓
<b>b</b> Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		✓

**Part IV** Reason for Non-Private Foundation Status (See pages 3 through 6 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) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants See line 28).	14,678	15,117	19,334	14,594	63,723
<b>16</b> Membership fees received					0
<b>17</b> 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	34,140	13,787	17,448	26,281	91,656
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	64	75	206	149	494
<b>19</b> Net income from unrelated business activities not included in line 18					0
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					0
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	847				847
<b>23</b> Total of lines 15 through 22	49,729	28,979	36,988	41,024	156,720
<b>24</b> Line 23 minus line 17	15,589	15,192	19,540	14,743	65,064
<b>25</b> Enter 1% of line 23	497	290	370	410	
<b>26 Organizations described on lines 10 or 11:</b> a Enter 2% of amount in column (e), line 24					0
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 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					
c Total support for section 509(a)(1) test. Enter line 24, column (e)					
d Add: Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____					
e Public support (line 26c minus line 26d total)					
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					%
<b>27 Organizations described on line 12:</b> 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:  (2003) _____ (2002) _____ (2001) _____ (2000) _____					
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:  (2003) _____ (2002) _____ (2001) _____ (2000) _____					
c Add: Amounts from column (e) for lines 15 <u>63,723</u> 16 _____ 17 <u>91,656</u> 20 _____ 21 _____					
d Add Line 27a total _____ and line 27b total _____					
e Public support (line 27c total minus line 27d total)					
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e)					156,720
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					99.1443 %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					0.3152 %
<b>28 Unusual Grants:</b> For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, 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)**

		Yes	No
<b>29</b>	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? . . . . .	<b>29</b>	
<b>30</b>	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? . . . . .	<b>30</b>	
<b>31</b>	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 ) ..... ..... .....	<b>31</b>	
<b>32</b>	Does the organization maintain the following:		
<b>a</b>	Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . .	<b>32a</b>	
<b>b</b>	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? . . . . .	<b>32b</b>	
<b>c</b>	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? . . . . .	<b>32c</b>	
<b>d</b>	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 ) ..... .....	<b>32d</b>	
<b>33</b>	Does the organization discriminate by race in any way with respect to:		
<b>a</b>	Students' rights or privileges? . . . . .	<b>33a</b>	
<b>b</b>	Admissions policies? . . . . .	<b>33b</b>	
<b>c</b>	Employment of faculty or administrative staff? . . . . .	<b>33c</b>	
<b>d</b>	Scholarships or other financial assistance? . . . . .	<b>33d</b>	
<b>e</b>	Educational policies? . . . . .	<b>33e</b>	
<b>f</b>	Use of facilities? . . . . .	<b>33f</b>	
<b>g</b>	Athletic programs? . . . . .	<b>33g</b>	
<b>h</b>	Other extracurricular activities? . . . . .  If you answered "Yes" to any of the above, please explain (if you need more space, attach a separate statement.) ..... ..... .....	<b>33h</b>	
<b>34a</b>	Does the organization receive any financial aid or assistance from a governmental agency? . . . . .	<b>34a</b>	
<b>b</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	<b>34b</b>	
<b>35</b>	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 . . . . .	<b>35</b>	

**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)

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 . . . . .	<b>41</b>	—
	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		
	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) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(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 instructions.)

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	Yes	No	Amount
<b>a</b> Volunteers . . . . .			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines c through h.) . . . . .			
<b>c</b> Media advertisements . . . . .			
<b>d</b> Mailings to members, legislators, or the public . . . . .			
<b>e</b> Publications, or published or broadcast statements . . . . .			
<b>f</b> Grants to other organizations for lobbying purposes . . . . .			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body . . . . .			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means . . . . .			
<b>i</b> Total lobbying expenditures (Add lines c through h.) . . . . .			

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





BREVARD INTERGROUP INC  
59-2413928  
FYE 12/31/2004

## Schedule

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**Form 990-EZ, Part I, Line 6 - Special Events Schedule**

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for the calendar year beginning and ending in 2004

	EVENT A	EVENT B	
	NEW YEAR'S DINNER/DANCE	SPACECOAST ROUND UP	TOTAL
Gross Receipts	3,168 00	11,217 00	14,385 00
Less Contributions	0 00	0 00	0.00
Gross Revenue	3,168 00	11,217 00	14,385 00
Less Direct Expenses	2,945 00	5,921 00	8,866 00
Net Income (Loss)	223 00	5,296 00	5,519 00

## Federal Statements

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### Statement 1 – Form 990-EZ, Part I, Line 8 – Other Revenue

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Description	Amount
Rebate/Refund	80
Sales Tax Commission	<u>47</u>
TOTAL	127

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

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Description	Amount
Travel	587
Internet Expenses	301
Bank Charges	63
Insurance	405
License & Taxes	<u>61</u>
TOTAL	1,417

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### Statement 3 – Form 990-EZ, Part II, Line 24 – Other Assets

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Description	Beginning of Year	End of Year
Account Receivable	501	181
Inventories for Sale or Use	<u>7,053</u>	<u>7,457</u>
TOTAL	7,554	7,638

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### Statement 4 – Form 990-EZ, Part II, Line 26 – Other Liabilities

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Description	Beginning of Year	End of Year
Accounts Payable and Accrued Expenses	133	
Payroll Taxes Payable	435	305
Sales Tax Payable	<u>181</u>	<u>228</u>
TOTAL	749	533

## Federal Statements

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

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The purpose of Brevard Intergroup Inc. is to establish and maintain a central Alcoholics Anonymous (A.A.) service office and telephone answering service to carry the message of AA to those who suffer from alcoholism; to act as a central clearing house for providing information and literature to AA groups and to the community in accordance with the Twelve Traditions of AA and the guidelines issued by the General Service Office; to promote unity through service among member groups and to aid the groups in their common purpose of carrying the message to the alcoholic who still suffers.

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### **Statement 6 – Form 990-EZ, Part III, Line 28 – Statement of Program Service Accomplishments**

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The accomplishments of Brevard Intergroup Inc. are maintaining a central Alcoholics Anonymous (A.A.) service office and 24-hour telephone hotline service, coordinating county-wide fundraising events, providing information and literature to A.A. groups and to the community, purchasing and selling books, pamphlets and other recovery materials, publishing and distributing a monthly newsletter and directory of meeting places and times for area A.A. groups.

BREVARD INTERGROUP INC

59-2413928

FYE 12/31/2004

## Federal Statements

### Statement 7 - Form 990 EZ, Part IV - Officers, Directors, Trustees and Key Employees

TITLE	NAME	ADDRESS	COMP	BENEFITS	EXPENSES	AVER HRS
<b>CHAIRMAN</b>	Bill Pepper	2010 Hallwood Place Melbourne, FL 32901	0	0	0	VARIABLE
<b>VICE CHAIRMAN</b>	Don Howard	200 S Sykes Creek #606 Merritt Island, FL 32952	0	0	0	VARIABLE
<b>TREASURER</b>	Frank Casey	3490 Chancellorsville Avenue Melbourne, FL 32934-8304	0	0	0	VARIABLE
<b>SECRETARY</b>	Carol Mansour	1610 Darby Lane Melbourne, FL 32935	0	0	0	VARIABLE
<b>DIRECTOR - Phone Hotline</b>	Phil McKee	PO Box 511237 Melbourne Beach FL 32951	0	0	0	VARIABLE
<b>DIRECTOR - Social Events</b>	Tom Dougherty	1429 Bronco Drive Melbourne, FL 32940	0	0	0	VARIABLE
<b>OFFICE MANAGER</b>	Susan Croft	2140 Feast Rd W Melbourne, FL 32904	17,737	0	0	35 WEEKLY
<b>ASST MANAGER</b>	Maude Dougherty	1429 Bronco Drive Melbourne, FL 32940	1,515	0	0	4 5 WEEKLY

BREVARD INTERGROUP  
59-2413928  
FYE 12/31/2004

## Federal Statements

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### Statement 8 – Schedule A, Part IV-A, Line 22 – Other Income

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<u>Description</u>	<u>Amount</u>
Sales Tax Commission	47
Miscellaneous Income	<u>800</u>
TOTAL	847

## Book Asset Detail 1/01/04 - 12/31/04

Asset *	Property Description	Date In Service	Book Cost	Book Sec 179 Exp c	Book Sal Value	Book Prior Depreciation	Book Current Depreciation	Book End Depr	Book Net Book Value	Book Method	Book Period
<b>Group: Office Equipment</b>											
1	Ricoh 5535 Copier	1/02/01	4,667.29	0.00	0.00	2,000.28	666.76	2,667.04	2,000.25	S/L	7.0
2	Compac Presario Computer & Relat	7/01/01	1,369.85	0.00	0.00	684.92	273.97	958.89	410.96	S/L	5.0
3	Brothers Printer HL 1440 - Staples	2/27/03	249.98	0.00	0.00	41.66	50.00	91.66	158.32	S/L	5.0
	<b>Office Equipment</b>		<u>6,287.12</u>	<u>0.00c</u>	<u>0.00</u>	<u>2,726.86</u>	<u>990.73</u>	<u>3,717.59</u>	<u>2,569.53</u>		
	<b>Grand Total</b>		<u>6,287.12</u>	<u>0.00c</u>	<u>0.00</u>	<u>2,726.86</u>	<u>990.73</u>	<u>3,717.59</u>	<u>2,569.53</u>		