

Form **990-EZ**

Department of the Treasury  
Internal Revenue Service

## 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)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

2009

Open to Public Inspection

**A For the 2009 calendar year, or tax year beginning** \_\_\_\_\_, **2009, and ending** \_\_\_\_\_, **20**

<p><b>B</b> Check if applicable:</p> <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<p>Please use IRS label or print or type. See Specific Instructions.</p>	<p><b>C Name of organization</b> <b>Brevard Intergroup, Inc</b></p> <p>Number and street (or P O box, if mail is not delivered to street address) Room/suite  <b>720 E. New Haven Ave 3</b></p> <p>City or town, state or country, and ZIP + 4  <b>Melbourne FL 32901-5474</b></p>	<p><b>D Employer identification number</b> <b>59-2413928</b></p> <p><b>E Telephone number</b> <b>321-724-2247</b></p> <p><b>F Group Exemption Number</b> ▶</p>
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• 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](http://www.aaspacecoast.org)

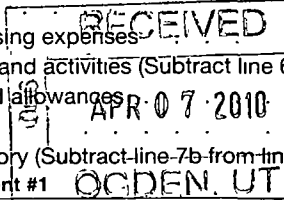
**J Tax-exempt status** (check only one) -  501(c) ( 3 ) ◀ (insert no )  4947(a)(1) or  527

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

**K Check** ▶  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ** ▶ \$ **82,774**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)			
	1 Contributions, gifts, grants, and similar amounts received . . . . .	1	21,152
	2 Program service revenue including government fees and contracts . . . . .	2	
	3 Membership dues and assessments . . . . .	3	
	4 Investment income . . . . .	4	4
Revenue	5a Gross amount from sale of assets other than inventory . . . . .	5a	
	b Less: cost or other basis and sales expenses . . . . .	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	5c	
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ▶ <input type="checkbox"/>		
	a Gross revenue (not including \$ _____ of contributions reported on line 1) . . . . .	6a	16,752
b Less direct expenses other than fundraising expenses . . . . .	6b	12,812	
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . . .	6c	3,940	
7a Gross sales of inventory, less returns and allowances . . . . .	7a	44,504	
b Less: cost of goods sold . . . . .	7b	32,787	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	7c	11,717	
8 Other revenue (describe ▶ See Statement #1 OGDEN, UT ) . . . . .	8	362	
9 <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 . . . . .	9	37,175	
Expenses	10 Grants and similar amounts paid (attach schedule) . . . . .	10	131
	11 Benefits paid to or for members . . . . .	11	
	12 Salaries, other compensation, and employee benefits . . . . .	12	27,251
	13 Professional fees and other payments to independent contractors . . . . .	13	
	14 Occupancy, rent, utilities, and maintenance . . . . .	14	8,304
	15 Printing, publications, postage, and shipping . . . . .	15	1,585
	16 Other expenses (describe ▶ See Statement #2 ) . . . . .	16	2,548
17 <b>Total expenses.</b> Add lines 10 through 16 . . . . .	17	39,819	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18	(2,644)
	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	24,032
	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	21,388



Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ (See the instructions for Part II )			
		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments . . . . .	14,036	22 10,804
23	Land and buildings . . . . .	4,160	23 3,164
24	Other assets (describe ▶ See Statement #3 ) . . . . .	9,055	24 8,930
25	<b>Total assets</b> . . . . .	27,251	25 22,898
26	<b>Total liabilities</b> (describe ▶ See Statement #4 ) . . . . .	3,218	26 1,510
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) . . . . .	24,032	27 21,388

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form **990-EZ** (2009)

SCANNED APR 28 2010

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<b>Part III Statement of Program Service Accomplishments</b> (See the instructions for Part III.)		<b>Expenses</b> (Required for section 501(c)(3) and 501(c)(4) organizations and section 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, and other relevant information for each program title.			
<b>28</b>	See Statement #6		
	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>	<b>39,819</b>
<b>29</b>			
	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>	
<b>30</b>			
	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>	
<b>31</b>	Other program services (attach schedule)		
	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>	
<b>32</b>	<b>Total program service expenses</b> (add lines 28a through 31a)	<b>32</b>	<b>39,819</b>

<b>Part IV List of Officers, Directors, Trustees, and Key Employees.</b> List each one even if not compensated. (See the instructions for Part IV.)				
(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
Penny Doyle 3042 Chica Circle, Melbourne FL 32904	Office Manager - 32	19,173	0	0
Bob Hume 1775 Old Glory Blvd, Melbourne FL 32940	Asst Office Mgr - 10	4,685	0	0
Frank Casey 3490 Chancellorsville Ave, Melbourne FL 32934	Financial Manager - 4	1,877	0	0
John Embury 3015 Grace St, W. Melbourne FL 32904	Supply Manager - 4	1,516	0	0
Phyllis Brannen 146 San Juan Cir, Melbourne FL 32935	Chairperson - 4	0	0	0
Gordon Wood 115 Browning Ave, Palm Bay FL 32907	Vice Chairperson - 4	0	0	0
Joe Warren 2956 Finsterwald Dr, Titusville FL 32780	Treasurer - 4	0	0	0
Janis Clark 675 Tobias St SE, Palm Bay FL 32909	Secretary - 4	0	0	0
David Ruppe 615 Ward Ave, Titusville FL 32796	Phone Army Dir - 4	0	0	0
Leslie Jordan 418 Lincoln Ave, Cape Canervial FL 32920	Social Events Dir - 4	0	0	0

**Part V Other Information** (Note the statement requirements in the instructions for Part V.)

		Yes	No
<b>33</b>	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		✓
<b>34</b>	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		✓
<b>35</b>	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
<b>a</b>	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		✓
<b>b</b>	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?		✓
<b>35a</b>			
<b>35b</b>			
<b>36</b>	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		
<b>37a</b>	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <b>37a</b>		
<b>b</b>	Did the organization file <b>Form 1120-POL</b> for this year?		✓
<b>37b</b>			
<b>38a</b>	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 outstanding at the end of the period covered by this return?		✓
<b>b</b>	If "Yes," complete Schedule L, Part II and enter the total amount involved	<b>38b</b>	
<b>39</b>	Section 501(c)(7) organizations Enter		
<b>a</b>	Initiation fees and capital contributions included on line 9	<b>39a</b>	
<b>b</b>	Gross receipts, included on line 9, for public use of club facilities	<b>39b</b>	
<b>40a</b>	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____; section 4912 ▶ _____; section 4955 ▶ _____		
<b>b</b>	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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	<b>40b</b>	✓
<b>c</b>	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
<b>d</b>	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		
<b>e</b>	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	<b>40e</b>	✓
<b>41</b>	List the states with which a copy of this return is filed. ▶ _____		
<b>42a</b>	The organization's books are in care of ▶ _____ Telephone no. ▶ _____ Located at ▶ _____ ZIP + 4 ▶ _____		
<b>b</b>	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>42b</b>	✓
	If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</b>		
<b>c</b>	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶ _____	<b>42c</b>	✓
<b>43</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ <b>43</b>		
<b>44</b>	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	<b>44</b>	✓
<b>45</b>	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	<b>45</b>	✓

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	Yes	No
<b>46</b> 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"/>
<b>47</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes," was the related organization a section 527 organization? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

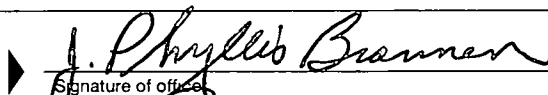
**f** Total number of other employees paid over \$100,000 . . . . .

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

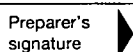
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

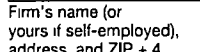
**d** Total number of other independent contractors each received . . . . .

Under penalties of perjury, I declare that I have examined this return, and believe, 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.

**Sign Here**  Signature of officer

**J, Phyllis Brannen, Chairperson** 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 

May the IRS discuss this return with the preparer shown above? See instructions.

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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.

OMB No 1545-0047

**2009**

**Open to Public Inspection**

<b>Name of the organization</b> Brevard Intergroup, Inc, 720 E. New Haven Ave, Melbourne FL 32901-5474	<b>Employer identification number</b> 59 : 2413928
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**Part III 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?

- (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?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants") . . . . .						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4 Total.</b> Add lines 1 through 3 . . . . .						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>7</b> Amounts from line 4 . . . . .						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
<b>11 Total support.</b> Add lines 7 through 10 . . . . .						
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13 First five years.</b> 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 <b>stop here</b> . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	%
<b>15</b> Public support percentage from 2008 Schedule A, Part II, line 14 . . . . .	<b>15</b>	%
<b>16a 33 1/3 % support test—2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b 33 1/3 % support test—2008.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test—2009.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b 10%-facts-and-circumstances test—2008.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ►		<input type="checkbox"/>

**Part III** **Support Schedule for Organizations Described in Section 509(a)(2)**  
(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	19,604	15,129	19,826	18,977	21,152	94,688
<b>2</b> 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	44,665	42,492	49,616	43,107	44,504	224,384
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5	64,269	57,621	69,442	62,084	65,656	319,072
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6)						319,072

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6	64,269	57,621	69,442	62,084	65,656	319,072
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	150	298	417	239	4	1,108
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	150	298	417	239	4	1,108
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	143	78	94	107	362	784
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12)	64,562	57,997	69,953	62,430	66,022	320,964
<b>14 First five years.</b> 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 <b>stop here</b> ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	99.4105 %
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15	16	99.4678 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	.00345 %
<b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17	18	.00360 %

- 19a 33½ % support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33½ %, and line 17 is not more than 33½ %, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶
- b 33½ % support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33½ %, and line 18 is not more than 33½ %, 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. Provide any other additional information. See instructions.

See Statement #7

*[Area with horizontal dashed lines for supplemental information.]*



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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

**2009**

**Open To Public  
Inspection**

Name of the organization

**Brevard Intergroup, Inc., 720 E. New Haven Ave, Melbourne FL 32901**

Employer identification number

**59 : 2413928**

**Part I**

**Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17  
Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply
- |  |   |
|--|---|
| <b>a</b> <input type="checkbox"/> Mail solicitations               | <b>e</b> <input type="checkbox"/> Solicitation of non-government grants |
| <b>b</b> <input type="checkbox"/> Internet and email solicitations | <b>f</b> <input type="checkbox"/> Solicitation of government grants     |
| <b>c</b> <input type="checkbox"/> Phone solicitations              | <b>g</b> <input type="checkbox"/> Special fundraising events            |
| <b>d</b> <input type="checkbox"/> In-person solicitations          |   |
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>Total</b>						

**3** List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

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**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>New Year's Dance</u>	<u>Annual Roundup</u>		(add col (a) through col (c))
		(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	1,724	15,028	16,752
	2	Less Charitable contributions	0	0	0
	3	Gross income (line 1 minus line 2)	1,724	15,028	16,752
Direct Expenses	4	Cash prizes	0	0	0
	5	Noncash prizes	0	0	0
	6	Rent/facility costs	0	0	0
	7	Food and beverages	3,266	4,452	7,718
	8	Entertainment	400	0	400
	9	Other direct expenses	78	4,616	4,694
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Combine line 3, column (d), and line 10				3,940

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)				( )
8	Net gaming income summary. Combine line 1, column d, and line 7				

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: _____		
a Is the organization licensed to operate gaming activities in each of these states? _____	9a	
b If "No," explain. _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? _____	10a	
b If "Yes," explain _____		
11 Does the organization operate gaming activities with nonmembers? _____	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? _____	12	

		Yes	No
<b>13</b> Indicate the percentage of gaming activity operated in:	<b>a</b> The organization's facility	<b>13a</b>	%
	<b>b</b> An outside facility	<b>13b</b>	%
<b>14</b> Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
Name ▶ .....			
Address ▶ .....			
<b>15a</b> Does the organization have a contract with a third party from whom the organization receives gaming revenue?	<b>15a</b>		
<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ ..... and the amount of gaming revenue retained by the third party ▶ \$ .....			
<b>c</b> If "Yes," enter name and address of the third party			
Name ▶ .....			
Address ▶ .....			
<b>16</b> Gaming manager information.			
Name ▶ .....			
Gaming manager compensation ▶ \$ .....			
Description of services provided ▶ .....			
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
<b>17</b> Mandatory distributions:			
<b>a</b> Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	<b>17a</b>		
<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ .....			

BREVARD INTERGROUP INC  
59-2413928  
FYE 12/31/2009

## Schedule

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

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	EVENT A	EVENT B	
	NEW YEAR'S DINNER/DANCE	SPACECOAST ROUND UP	TOTAL
Gross Receipts	1,724	15,028	16,752
Less Contributions	0	0	0
Gross Revenue	1,724	15,028	16,752
Less Direct Expenses	3,744	9,068	12,812
Net Income (Loss)	-2,020	5,959	3,940

BREVARD INTERGROUP INC.  
59-2413928  
FYE: 12/31/2009

## Schedule

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**Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid - Schedule**

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GRANTEE	AFFILIATION	DONATION	
General Service Office A A World Services, Inc , P O Box 459, New York, NY 10163	AA Organization	\$43 70	
North Florida Area Conference of Alcoholics Anonymous Gainesville FL	AA Organization	43 70	
District 23, Area 14 Of Alcoholics Anonymous Brevard County FL	AA Organization	43 70	
<b>TOTAL</b>		<b>\$131.10</b>	<b>=&gt; \$131</b>

## Federal Statements

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

Description	Amount
Rebate/Refund	\$128
Sales Tax Commission	52
Returned Funds	182
<b>TOTAL</b>	<b>\$362</b>

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

Description	Amount
Insurance	\$1,058
Depreciation	1,490
<b>TOTAL</b>	<b>\$2,548</b>

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

Description	Beginning of Year	End of Year	
Accounts Receivable	\$1,153	\$1,127.39	
Inventories for Sale or Use	7,902	7,802.32	
<b>TOTAL</b>	<b>\$9,055</b>	<b>\$8,929.71</b>	=> \$8,930

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

Description	Beginning of Year	End of Year	
Accounts Payable and Accrued Expenses	\$490	\$702.88	
Copier Lease	1,865	266.46	
Payroll Taxes Payable	500	294.28	
Sales Tax Payable	363	246.17	
<b>TOTAL</b>	<b>\$3,218</b>	<b>\$1,509.79</b>	=> \$1,510

## 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.

## Federal Statements

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### Statement 7 – Schedule A, Part III, Line 12 – Other Income

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<u>Description</u>		<u>Amount</u>
Rebate/Refund	\$128	
Sales Tax Commission	52	
<u>Returned Funds</u>	<u>182</u>	
TOTAL	\$362	



Brevard Intergroup, Inc  
 59-2413928  
 FYE: 12/31/2009

**TAX ASSET DETAIL**  
**Depreciation**

Asset	Property Description	Date In Service	Tax Cost	Sec 179 Exp Current=c	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depreciation	Tax Net Book Value	Tax Method	Tax Period
Group Office Equipment										
1	CopyStar CS3035 Copier 2/03/05		7,201.75	0.00	5,641.37	1,440.35	7,081.72	120.03	S/L	5
2	Brother HL-2140 Laser Pnnter 3/01/09		123.44	0.00	0.00	12.44	12.44	111.00	S/L	5
3	Compac Presano Computer SR5710Y 7/01/09		369.99	0.00	0.00	37.00	37.00	332.99	S/L	5
<b>GRAND TOTAL</b>			<b>7,695.18</b>	<b>0.00</b>	<b>5,641.37</b>	<b>1,489.79</b>	<b>7,131.16</b>	<b>564.02</b>		