

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Open to Public Inspection

▶ Do not enter Social Security numbers on this form as it may be made public.
▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

A For the 2013 calendar year, or tax year beginning , 2013, and ending , 20

B Check if applicable: <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	C Name of organization Brevard Intergroup, Inc.		D Employer identification number 59-2413928
	Number and street (or P O box, if mail is not delivered to street address) Room/suite 720 E. New Haven Ave #3		E Telephone number 321-724-2247
	City or town, state or province, country, and ZIP or foreign postal code Melbourne FL 32901-5474		F Group Exemption Number ▶
	G Accounting Method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶		

I Website: ▶ www.aospacecoast.org

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

K Form of organization: Corporation Trust Association Other

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **91,245**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I

SCANNED MAY 15 2014 Revenue

RECEIVED
 APR 29 2014
 OGDEN, UT
 IRS-OSC
 324

Revenue	1 Contributions, gifts, grants, and similar amounts		1	22,519
	2 Program service revenue including government fees and contracts		2	
	3 Membership dues and assessments		3	
	4 Investment income		4	4
	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 Gaming and fundraising events			
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a		
b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	17,198		
c Less: direct expenses from gaming and fundraising events	6c	10,148		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)			6d	7,050
7a Gross sales of inventory, less returns and allowances	7a	51,341		
b Less: cost of goods sold	7b	36,848		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	14,493
8 Other revenue (describe in Schedule O)			8	183
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶			9	44,249
Expenses	10 Grants and similar amounts paid (list in Schedule O)		10	3,300
	11 Benefits paid to or for members		11	
	12 Salaries, other compensation, and employee benefits		12	22,223
	13 Professional fees and other payments to independent contractors		13	
	14 Occupancy, rent, utilities, and maintenance		14	8,638
	15 Printing, publications, postage, and shipping		15	2,965
	16 Other expenses (describe in Schedule O)		16	399
	17 Total expenses. Add lines 10 through 16 ▶			17
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)		18	6,724
	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	34,470
	20 Other changes in net assets or fund balances (explain in Schedule O)		20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 ▶			21

16

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	20,336	22 22,404
23 Land and buildings	2,928	23 4,633
24 Other assets (describe in Schedule O)	11,844	24 14,936
25 Total assets	35,108	25 41,973
26 Total liabilities (describe in Schedule O)	(638)	26 (779)
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	34,470	27 41,194

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? See Schedule O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

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

28 <u>See Schedule O</u>		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	37,525
29 _____		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30 _____		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	37,525

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Robert Hume 1775 Old Glory Blvd, Melbourne FL 32940	Office Manager 19	9,638	0	0
Francis Casey 3490 Chancellorsville Ave, Melbourne FL 32934	Financial Manager 20	10,142	0	0
John Embury 3015 Grace St, W. Melbourne FL 32904	Supply Manager 1	864	0	0
Cecilia Reid 728 West Ave, Cocoa FL 32927	Chairperson 4	0	0	0
Terri Coleman 1227 Creek Side Circle, Rockledge FL 32955	Vice-Chairperson 4	0	0	0
Michael Strader 300 Salida Drive, Indian Harbour Beach FL 32937	Treasurer 4	0	0	0
Pamela Lewis-Norris 3044 Pineda Crossing Drive, Melbourne FL 32940	Secretary 4	0	0	0
Dave Ruppe 615 Ward Ave, Titusville FL 32796	Social Events Dir 4	0	0	0
Shane Cassis 580 Banana Blvd, Merritt Island FL 32952	Phone Army Dir 4	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

Table with columns for question number, question text, and Yes/No checkboxes. Rows include questions 33 through 45b regarding organizational activities, financials, and reporting requirements.

46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	Yes	No
		46	✓

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	Yes	No
		47	✓
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		✓
49a	Did the organization make any transfers to an exempt non-charitable related organization?		✓
b	If "Yes," was the related organization a section 527 organization?		✓

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 title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000 ▶ _____

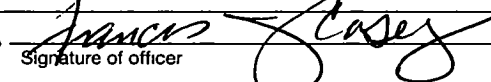
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving more than \$100,000 of compensation from the organization ▶ _____

52 Did the organization complete Schedule A? **Note.** All section 501(c)(3) nonexempt charitable trusts must attach a completed Schedule A.

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

Sign Here	
	Francis J. Casey, Financial Manager

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature
	Firm's name ▶	
	Firm's address ▶	

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2013

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization Brevard Intergroup, Inc., 720 E. New Haven Ave, Ste #3, Melbourne FL 32901-5474	Employer identification number 59-2413928
--	---

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III—Functionally integrated d Type III—Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	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 monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 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)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 33 1/3% support test—2012. 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 stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2013. 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 stop here. 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 10%-facts-and-circumstances test—2012. 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 stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
18 Private foundation. 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 or if the organization failed to qualify under Part II.
 If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	21,152	19,732	19,668	19,772	22,519	102,843
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	44,504	46,540	48,730	45,654	51,341	236,769
3 Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	0	0	0	0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
5 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
6 Total. Add lines 1 through 5	65,656	66,272	68,398	65,426	73,860	339,612
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	0	0	0	0	0	0
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	0	0	0	0	0	0
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support (Subtract line 7c from line 6.)						339,612

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6	65,656	66,272	68,398	65,426	73,860	339,612
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4	1	10	10	4	29
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	0	0
c Add lines 10a and 10b	4	1	10	10	4	29
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	0	0	0	0	0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	362	431	336	442	183	1,754
13 Total support. (Add lines 9, 10c, 11, and 12.)	66,022	66,704	68,744	65,878	74,047	341,395

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	99.4777 %
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	99.4111 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	0.0085 %
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	0.0801 %

19a 33 1/3% support tests—2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests—2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through col (c))
		<u>New Year's Dance</u> (event type)	<u>Annual Roundup</u> (event type)	(total number)	
Revenue	1 Gross receipts	2,277	14,921		17,198
	2 Less: Contributions	0	0		0
	3 Gross income (line 1 minus line 2)	2,277	14,921		17,198
Direct Expenses	4 Cash prizes	0	0		0
	5 Noncash prizes	0	0		0
	6 Rent/facility costs	540	0		540
	7 Food and beverages	565	4,995		5560
	8 Entertainment	200	220		420
	9 Other direct expenses	168	3,460		3,628
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				10,148
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				7,050	

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.

Revenue		(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. Subtract line 7 from line 1, column (d) ▶				

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? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

Brevrd Intergroup Inc., 720 E. New Haven Ave, Ste #3, Melbourne, FL 32901-5474

Employer identification number

59-2413928

Form 990-EZ, Part I, Line 8 - Other Revenue

Rebates and Refunds 114.92

Sales Tax Commission 68.51

TOTAL \$183.43=> \$183

Form 990-EZ, Part I, Line 10 - Grants and similar amounts - All to Affiliates

\$660.00 General Service Office (Alcoholics Anonymous), P.O. Box 459, Grand Central Station, New York, NY 10164-0371

\$660.00 North Florida Area Conference (Alcoholics Anonymous), P.O. Box 360831, Melbourne, FL 32936

\$660.00 District 12 Committee (Alcoholics Anonymous), P.O. Box 1153, Melbourne, FL 32902

\$660.00 District 15 Committee (Alcoholics Anonymous), 6225 N. US1, #138, Cocoa, FL, 32927

\$660.00 District 23 Committee (Alcoholics Anonymous), 1362 Fargo Drive, Melbourne, FL 32940

TOTAL \$3,300.00

Form 990-EZ, Part I, Line 16 - Other Expenses

Bad Debt 0.08

Depreciation 399.73

Reconciliation discrepancy -0.72

TOTAL \$399.09 => \$399

Form 990-EZ, Part I, Line 24 - Other Assets

Accounts Receivable 478.90

Inventory Assets 14,257.09

Undeposited Funds 200.00

TOTAL \$14,935.99 => \$14,936

Form 990-EZ, Part I, Line 26 - Other Liabilities

Payroll Tax Liabilities (362.56)

Accrued Sales Taxes (282.90)

Accounts Payable (134.00)

TOTAL (\$779.46) => (\$779)

Name of the organization

Employer identification number

Brevrd Intergroup Inc., 720 E. New Haven Ave, Ste #3, Melbourne, FL 32901-5474

59-2413928

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

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 A.A. to those who suffer from Alcoholism; to act as a central clearing house for providing information and literature to A.A. groups and to the community in accordance with the Twelve Traditions of A.A. 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.

Form 990-EZ, Part III - Line 28, Statement of Program Service Accomplishments

The accomplishments of Brevard Intergroup, Inc. are: maintaining a central Alcoholics Anonymous (A.A.) service office and 24-hour telephone hot line service; coordinating county-wide fund-raising 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 a directory of meeting places and times for area A.A. groups.