

**MONROE COUNTY  
HUMAN SERVICES ADVISORY BOARD  
Application for Funding  
Fiscal Year 2012  
October 1, 2011 – September 30, 2012**

Agency Name	Big Pine Athletic Association
Physical Address	Blue Heron Park, 30451 Lyttons Way, Big Pine Key, FL
Mailing Address	Po Box 30089
City, State, Zip	Big Pine Key. FL 33043
Phone	305 395 2575
Fax	
Email	<a href="mailto:BPKPark@aol.com">BPKPark@aol.com</a>
Who should we contact with questions about this application?	Scott Wade

Amount received for prior fiscal year ending 09/30/10	\$44,000.00
Amount received for current fiscal year ending 09/30/11	\$44,000.00
Amount requested for upcoming fiscal year ending 09/30/12	\$44,000.00

## CERTIFICATION

To the best of our knowledge and belief, the information contained in this application and attachments is true and correct. Monroe County is hereby authorized to verify all information contained herein, and we understand that any inaccuracies, omissions, or any other information found to be false may result in rejection of this application. This certifies that this request for funding is consistent with our organization's Articles of Incorporation and Bylaws and has been approved by a majority of the Board of Directors.

We affirm that the Agency will use Monroe County funds for the purposes as submitted in this Application for Funding. Any change will require written approval from the Monroe County Board of County Commissioners.

We understand that the agency must substantially meet the eligibility criteria to be considered for Monroe County funding and that any applicable attachments not included disqualify the agency's application.

We understand that all funding received through this opportunity must be spent for the benefit of Monroe County.

We further understand that meeting the Eligibility Criteria in no way ensures that the agency will be recommended for funding by the Human Services Advisory Board. These recommendations are determined by service needs of the community, availability of funds, etc. HSAB funding recommendations must be approved by the Monroe County Board of County Commissioners.

Typed Name of Executive Director: Scott Wade

Signature 

Date: 4/21/11

Typed Name of Board President/Chairman: Steve Miller

Signature 

Date: 4/21/11

Detailed instructions for each question appear in the separate instruction document.

1. Insert your agency's board-approved mission statement below.

The purpose of the BPAA shall be to organize and promote sports activities in the island community and to actively encourage the people of the community to participate in local and inter-island sports activities by:

- A. Organizing and supporting sports teams for both club competition and for competition within the existing individual island sports organizations.
- B. Promoting sports within the community and providing organizational assistance/advice to those special interest sports needs of the community for the purpose of organizing same.
- C. Assuring a continuity of pre-season, season and post-season sports programs and services for youth.
- D. Assuring the availability of playing fields/facilities for all sanctioned activities.
- E. The filing and maintenance of all state forms to obtain and maintain a nonprofit organization.
- F. The solicitation of funds to pay registration fees and buy sports equipment for players who cannot afford the personal expenses.

Working with appropriate local, state and federal officials for additional playing fields and facilities and for youth sports related services.

2. List the services your agency provides.

The BPAA provides After school Daycare at Blue Heron Park, Youth Baseball, Softball, Tee Ball, Youth Football and Cheerleading, Swimming Club, Tennis Club, AYSO soccer, Adult Bocce League, is providing an overseeing agency for the formation of a Dog Park at Watson Field, BPK nad oversees the Skatepark at the Big Pine Community Park

3. What services will be funded by this request?

The same as #2 with the exception of the Skate park management

4. Funding category: If you have been previously funded by HSAB, do you request to have the HSAB consider changing your funding category? Please circle yes or no: Yes **No**

If yes, please circle the new category for which you would like to be considered:

Medical                      Core Services                      **Quality of Life**

If you have not been previously funded, please circle the funding category that you believe best matches your services:    Medical                      Core Services                      **Quality of Life**

5. Will County HSAB funds be used as match for a grant?

**NO**

6. If you answered "yes" to number four, please specify the:

- a. grant award title, granting agency, and purpose:
- b. grant amount:
- c. match percentage requirement and amount:

7. If your organization was funded with HSAB funds last year, please briefly and specifically explain:

a. how the funds were spent

Last Year the BPAA was funded by Line Item from the Monroe County Budget not HSAB funds

b. how they were used to leverage additional funding.

8. Do you plan to allocate any part of this HSAB grant, if awarded, as a sub-grant to another organization? *If yes, please list the recipient(s), the purpose(s), and amount(s). Please make sure these are included on Attachment D, under "Grants to Other Organizations."*

**NO**

9. Does your organization allocate sub-grants to other organizations using other sources (non County) of funding? *If yes, please list the recipient(s), the purpose(s), and amount(s). Please make sure these are included on Attachment E, under "Grants to Other Organizations."*

**NO**

10. Will you or have you applied for other sources of County funding? If yes, please list source(s) and amount(s). *Also be sure to reflect this information on Attachment F.*

*Previous funding was from line item at \$44,000.00 per year and a separate Contract with Monroe County for managing the Skate Park at \$46,756.00*

11. What needs or problems in this community does your agency address?

*Provides supervised, wholesome and healthy activities for youth and adults*

12. What statistical data support the needs listed in number nine?

*(If applying for \$5,000 or less, a response to question #12 is not required.)*

Research shows exactly why **young athletes** should stay in sports.

That's the word from Paul Caccamo, the Harvard-educated executive director of Up2Us, a national coalition of community sports programs that teaches young athletes life lessons.

"Sports are more than a game; they are a set of life lessons. Kids growing up without them are really disadvantaged," he says.

The statistics tell you all you need to know about the advantages of participating in athletics, says Caccamo, who received one of Harvard's most prestigious graduate awards for innovation in social-service program design.

"Kids who participate in sports attend school more, are more community and civic minded, get in less trouble, and tend to be more successful in the workplace. They have done studies from corporate leaders in the country: The number who made honor role was less than 20% but those who played sports was 70% – 80%."

**Young athletes** learn to work together, acquire leadership skills, get a sense of discipline and learn communication skills, Caccamo says. "All of these things are keys to success in the workplace."

13. What are the causes (not the symptoms) of these problems?

*(If applying for \$5,000 or less, a response to question #13 is not required.)*

The days of just sending the children out to roam the neighborhood looking for entertainment are gone. In this world of drug use, gangs and pedophiles children need activities that are supervised, wholesome and healthy.

14. Describe your target population as specifically as possible.

The target population is youth under the age of 16, both male and female. No child is turned away regardless of family situation. With the addition of the Bocce league adults of all genders and situations are now included.

14. How are clients referred to your agency?

*Clients are referred through advertising, word of mouth and making available sign up forms at local schools.*

What steps are taken to be sure that prospective clients are eligible and that the neediest clients are given priority?

15. *No screening process occurs as no child is turned away.*

16. Describe any networking arrangements that are in place with other agencies.

*Networking occurs with the various sports organizations in both Marathon and Key West. The BPAA utilizes these areas to expand the teams available to compete with.*

17. List all sites and hours of operation.

18. What financial challenges do you expect in the next two years, and how do you plan to respond to them?

*(If applying for \$5,000 or less, a response to question #19 is not required.)*

*Blue Heron Park, BPK, Watson Field, BPK, Big Pine Community Park, BPK, St Peters Soccer Field, BPK, Key west Baseball Complex, KW, Key West Football Field, KW, Sugarloaf school, Athletic Fields.. Hours are variable due to practice and Game Schedules*

19. What organizational challenges do you expect in the next two years, and how do you plan to respond to them?

*(If applying for \$5,000 or less, a response to question #20 is not required.)*

*Economic pressures will be caused by budget shortfalls due to reduced state funding and reduced funding from Monroe County*

20. How are clients represented in the operation of your agency?

*Clients are represented on the Board by the lead officer within the various sports groups*

21. Is your agency monitored by an outside entity? If so, by whom and how often?

*(If applying for \$5,000 or less, a response to question #22 is not required.)*

*No*

22. 2850 hours of program service were contributed by \_\_\_57\_ volunteers in the last year.

23. Will any services funded by the County be performed under subcontract by another agency? If so, what services, and who will perform them?

**NO**

24. What measurable outcomes do you plan to accomplish in the next funding year?

*Add additional teams or activities*

25. How will you measure these outcomes?

*(If applying for \$5,000 or less, a response to question #26 is not required.)*

*Totaling the number of teams and activities and informal interviews with the parents of our clients.*

26. Provide information about units of service below. *(If applying for \$5,000 or less, a response to question #26 is not required.)*

Service	Unit (hour, session, day,	Cost per unit (current year)
---------	---------------------------	------------------------------

	etc.)	
Athletic teams or activities	45 teams	2500

27. In 300 words or less, address any topics not covered above (optional).

**Required Attachments**

*Required attachments were distributed to you as a separate document. Be sure to include these with your application. Please note: the required attachments A through F are only available in Microsoft Excel format. We require that you use this format, since it will automatically expand rows, generate totals and percentages, and align figures for easier reading.*

## ATTACHMENT CHECKLIST

LABEL AND ATTACH THE FOLLOWING IN THE ORDER SHOWN, AFTER THIS PAGE IF NOT APPLICABLE, PLEASE SO INDICATE AND EXPLAIN	ATTACHED?		COMMENTS You must explain any "NO" answers
	YES	NO	
A. Board Information Form	x		
B. Agency Compensation Detail	x		
C. Profile of Clients and Services	x		
D – F. Financial Information	x		
G. Copy of Audited Financial Statement from most recent fiscal year if organization's expenses are \$150,000 or greater.		x	Less than 150,000
H. Copy of IRS Form 990 from most recent fiscal year	x		
I. Copy of current fee schedule	x		
J. Copy of IRS Letter of Determination indicating 501 C 3 status	x		
K. Copy of Current Monroe County and City Occupational Licenses		x	does not apply
L. Copy of Florida Dept. of Children And Families License or Certification		x	Does not apply
M. Copy of any other Federal or State Licenses	x		
N. Copy of Florida Dept. of Health Licenses/Permits		x	Does not apply
O. Copy of front page of Agency's EEO Policy/Plan	x		
P. Copy of Summary Report of most current Evaluation/Monitoring *		X	Does not apply
Q. Data showing need for your program (optional, see question 7)			
R. Other (specify) TWO PAGE LIMIT			

\* must include summary of deficiencies and suggested corrective action; may include your responses and actions taken.





## Attachment A-2

Big Pine Athletic Association Board Meeting  
Dec 10, 2010

Call to Order: 6:00 PM

Members in Attendance: Jason O'Brian, Susan Miller, Scott Wade, Steve Miller, Sara Maschal, Bob Mock, Michele Adams, Jacqui Norman

Meetings of Last Meeting: Attached

Treasurer's Report: Attached

Program Reports:

- Blue Heron Park: Attached
- Little League: No report
- Swim Team: Will start up again in April.
- AYSO: Verbal report
- Football: No report
- Bocce: on hiatus

Old Business:

The new officer election was held today. It was put into motion to keep the same board with agreement from all officers. Steve seconded the motion and all were in favor.

Board Members for 2011 are as follows:

President: Steve Miller

Vice President: Jacqui Norman

Treasurer: Jason O'Brian

Secretary: Susan Bishop Miller

Little League : Sean MacDonald

Swim :Sarah Mashcal

AYSO: Bob Mock

Football: Seam MacDonald

Bocce:Nicole Koppen-Price

Bark Park: Michele Adams

New Business: Scott has been paid in full. It was suggested a request for a monthly payment be submitted.











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)

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

Department of the Treasury Internal Revenue Service

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

Form header section containing B (Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending), C (Name of organization: BIG PINE ATHLETIC ASSOCIATION INC, PO BOX 430089, BIG PINE KEY FL 33043), and D (Employer identification number: 59-2255760, E Telephone number: 305-872-0292, F 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: [X] Cash [ ] Accrual Other (specify)

I Website: H Check [ ] if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

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

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 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. \$ 121,243.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Table with 3 main sections: Revenue (lines 1-9), Expenses (lines 10-17), and Net Assets (lines 18-21). Revenue total: 121,243. Expenses total: 121,499. Net Assets total: 13,131.

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.

Table with 3 columns: Description, (A) Beginning of year, (B) End of year. Rows include Cash, savings, and investments; Land and buildings; Other assets; Total assets; Total liabilities; Net assets or fund balances.

For Privacy Act and Paperwork Reduction Act Notice, see the separate instruction. Form 990-EZ (2009)



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

		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		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		X
35	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.		
a	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?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	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		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0
b	Did the organization file Form 1120-POL for this year?	37b	
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 outstanding at the end of the period covered by this return?	38a	X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		
	section 4911; section 4912; section 4955		
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	40b	X
c	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.		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		
e	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	40e	X
41	List the states with which a copy of this return is filed.		
42a	The organizations books are in care of <u>BLUE HERON PARK</u> Telephone no. <u>305-872-0292</u> Located at <u>30415 LYTTONS WAY FL BIG PINE KEY</u> ZIP + 4 <u>33043-</u>		
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)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	X
c	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:	42c	X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year	43	
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	X
45	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	45	X

**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		X
<b>47</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization?		X
<b>b</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 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
NONE				

**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
NONE		

**d** Total number of other independent contractors each receiving over \$100,000

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

**Sign Here**  
 Signature of officer: STEVE MILLER  
 Title: PRESIDENT  
 Date: 04/23/2010

**Paid Preparer's Use Only**  
 Preparer's signature: *Michelle Baldoni*  
 Date: 04/19/2010  
 Check if self-employed:   
 Preparer's Identifying No. (See instr.): P00041453  
 Firm's name (or yours if self-employed): BIG PINE TAX SERVICE INC  
 EIN: 65-1073940  
 address, and ZIP + 4: 14 PALMETTO AVENUE  
 BIG PINE KEY FL 33043-  
 Phone no.: 305-872-3096

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No



**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.")	65152.	58479.	51983.	63886.	89611.	329111.
<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	5695.	5696.	41785.	31033.	22341.	106550.
<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	70847.	64175.	93768.	94919.	111952.	435661.
<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.)						435661.

**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	70847.	64175.	93768.	94919.	111952.	435661.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<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						
<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.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, & 12.)	70847.	64175.	93768.	94919.	111952.	435661.

**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**

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	100.00 %
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15	<b>16</b>	100.00 %

**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))	<b>17</b>	0.00 %
<b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17	<b>18</b>	0.00 %

**19a 33 1/3 % support tests - 2009.** 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 - 2008.** 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

**Name of the organization**

BIG PINE ATHLETIC ASSOCIATION INC

**Employer identification number**

59-2255760

**Organization type (check one):**

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.)

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater **(1)** \$5,000 or **(2)** 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year) ▶ \$ \_\_\_\_\_

**Caution.** Organization that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

**For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.**  
These instructions will be issued separately.

**Schedule B (Form 990, 990-EZ, or 990-PF) (2009)**

Name of organization BIG PINE ATHLETIC ASSOCIATION INC	Employer identification number 59-2255760
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**Part I Contributors (see instructions)**

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	MONROE COUNTY  PO BOX 1026  KEY WEST FL 33041-1026	\$ 80,911.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	UNITED WAY OF MONROE CNTY  PO BOX 2910  KEY WEST FL 33045-2910	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
—	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
—	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
—	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
—	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

# Depreciation and Amortization (Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return <b>BIG PINE ATHLETIC ASSOCIATION</b>	Business or activity to which this form relates <b>FORM 990</b>	Identifying number <b>59-2255760</b>
---	--	---

**Part I Election To Expense Certain Property Under Section 179**

**Note:** If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount. See the instructions for a higher limit for certain businesses	1	250,000.
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	800,000.
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
<b>6 (a) Description of property (b) Cost (business use only) (c) Elected cost</b>		
7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8.	9	
10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12	▶ 13	

**Note:** Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)**

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**

**Section A**

17 MACRS deductions for assets placed in service in tax years beginning before 2009	17	1,142.
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B-Assets Placed In Service During 2009 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depr. (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

**Section C-Assets Placed In Service During 2009 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

**Part IV Summary (See instructions)**

21 Listed property. Enter amount from line 28	21	
22 <b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	1,142.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**For Paperwork Reduction Act Notice, see separate instructions.**

## 2009 ASSET DETAIL REPORT

Description	Date Acqd	Cost	Bus. Use	179+ Spec.	Basis	Method	Rec. Per.	Cv	Prior Depr.	Current Depr.	Next Year	Prior AMT	Current AMT	Gain/Price	Sales Price	Date Sold
<b>Form: FORM 990</b>																
<b>Rental Property: N/A</b>																
<b>Depreciation Class: N/A</b>																
<b>In Service Year: 1982</b>																
BUILDING	06/82	7383	100		7383	SL	25.0	HY	7081			1918				
GROUND IMPRO	01/82	8880	100		8880	SL	20.0	HY	8436			666				
		16263							15517			2584				
<b>In Service Year: 1983</b>																
GROUND IMPRO	06/83	4358	100		4358	SL	20.0	HY	4352			545				
BLDG IMPROV	01/83	2175	100		2175	SL	20.0	HY	2056			272				
		6533							6408			817				
<b>In Service Year: 1984</b>																
GROUND IMPRO	06/84	1966	100		1966	SL	18.0	HY	1963			164				
<b>In Service Year: 1999</b>																
FURNISHINGS	03/99	2724	100		2724	SL	7.0	HY	2723			2197				
TV VCR	04/99	1059	100		1059	SL	7.0	HY	1058			831				
PRINTER	10/99	400	100		400	SL	5.0	HY	400			280				
		4183							4181			3308				
<b>In Service Year: 2000</b>																
COMPUTER PRI	06/00	1737	100		1737	MACRS	5.0	HY	1737			1476				
SCOREBOARDS	06/00	4441	100		4441	MACRS	7.0	HY	4441			3965				
		6178							6178			5441				

2009 ASSET DETAIL REPORT

Description	Date Acqd	Cost	Bus. Use	Spec. 179+	Basis	Method	Rec. Per.	Cv	Prior Depr.	Current Depr.	Next Year	Prior AMT	Current AMT	Gain/Price	Sales Price	Date Sold
<b>In Service Year: 2001</b>																
DIGITAL CAME	06/01	205	100		205	SL	5.0	HY	205			205				
FAX COPY MAC	10/01	1183	100		1183	SL	5.0	HY	1183			1183				
2 COMPUTERS	07/01	1891	100		1891	SL	5.0	HY	1890			1890				
GAME TABLES	06/01	3673	100		3673	SL	7.0	HY	3673			3673				
OFFICE FURNI	07/01	420	100		420	SL	7.0	HY	420			420				
CURTAIN CANO	08/01	4588	100		4588	SL	5.0	HY	4588			4588				
REFRIGERATOR	07/01	769	100		769	SL	7.0	HY	769			769				
VCR	06/01	90	100		90	SL	5.0	HY	90			90				
		-----			-----				-----			-----				
		12819			12819				12818			12818				
<b>In Service Year: 2002</b>																
SWING SET	03/02	500	100		500	SL	7.0	HY	462	36		462	36			
CONCRETE BCH	07/02	700	100		700	SL	7.0	HY	650	50		650	50			
		-----			-----				-----			-----				
		1200			1200				1112	86		1112	86			
<b>In Service Year: 2003</b>																
BOOKCASE	03/03	200	100		200	SL	7.0	HY	159	29	12	159	29			
CLOSET 48 IN	07/03	89	100		89	SL	7.0	HY	71	13	5	71	13			
2 COMPUTERS	12/03	1200	100		1200	SL	5.0	HY	1200	17	6	1200	17			
CLOSET 30 IN	12/03	116	100		116	SL	7.0	HY	93	17		93	17			
MONITOR	01/03	137	100		137	SL	5.0	HY	136	300		136	300			
NATURAL HIST	06/03	2097	100		2097	SL	7.0	HY	1648	300	149	1648	300			
		-----			-----				-----			-----				
		3839			3839				3307	359	172	3307	359			
<b>In Service Year: 2004</b>																

2009 ASSET DETAIL REPORT

Description	Date Acqd	Cost	Bus. Use	179+ Spec.	Basis	Method	Rec. Per. Cv	Prior Depr.	Current Depr.	Next Year	Prior AMT	Current AMT	Gain/Price	Sales Price	Date Sold
NATURAL HIST	08/04	581	100		581	SL	7.0 HY	373	83	83	373	83			
<b>In Service Year: 2005</b>															
NATURAL HIST	06/05	779	100		779	SL	7.0 HY	389	111	111	389	111			
<b>In Service Year: 2006</b>															
REFRIGERATOR	02/06	743	100		743	SL	7.0 HY	265	106	106	265	106			
ICE MACHINE	02/06	2781	100		2781	SL	7.0 HY	993	397	397	993	397			
		---			---			---	---	---	---	---			
		3524			3524			1258	503	503	1258	503			
		---			---			---	---	---	---	---			
Form Totals:		57865			57865			53504	1142	869	31571	1142			

**US 990****Other Liabilities****2009**

Description	Beginning of year book amount	End of year book amount
CREDIT CARD	3,607.	
PAYROLL TAXES	281.	1,043.
	3,888.	1,043.

**US 990****Other Expenses****2009**

Description	Expenses per books	Net investment income	Adjusted net income	Charitable purposes
ADVERTISING	120.			
BANK CHARGES	60.			
DEPRECIATION EXPENSE	1,142.			
INSURANCE	9,853.			
INTEREST PAID	181.			
LICENSES	136.			
MEET FEEES	1,119.			
OFFICE EXPENSE	1,900.			
REGISTRATION FEES	3,500.			
SNACKS & SOCIALS	1,380.			
SPONSOR FEE	50.			
SPORTS EQUIPMENT & UNIFORMS	10,314.			
TELEPHONE	1,629.			
TOURNAMENT FEES	3,100.			
TROPHIES & PRIZES	849.			
UMPIRE & SCOREKEEPER FEES	4,000.			
	39,333.			

Attachment I

BPAA Fee Schedule - 2011

\$150.00 per year .....After school care  
\$75.00 per season .....Baseball  
\$75.00 per season.....Football  
\$80.00 per season.....Swimming  
\$70.00 per season.....Soccer  
\$25.00 per season.....Bocce  
\$15.00 per lesson.....Tennis



## Consumer's Certificate of Exemption

Issued Pursuant to Chapter 212, Florida Statutes

DR-14  
R. 04/05  
11/13/09

85-8012529060C-8	11/30/2009	11/30/2014	ORG BENEFITTING MINORS
Certificate Number	Effective Date	Expiration Date	Exemption Category

This certifies that

BIG PINE ATHLETIC ASSOCIATION INC  
30415 LYHONS WAY  
BIG PINE KEY FL 33043-0000

is exempt from the payment of Florida sales and use tax on real property rented, transient rental property rented, tangible personal property purchased or rented, or services purchased.



## Important Information for Exempt Organizations

DR-14  
R. 04/05

1. You must provide all vendors and suppliers with an exemption certificate before making tax-exempt purchases. See Rule 12A-1.038, Florida Administrative Code (FAC).
2. Your *Consumer's Certificate of Exemption* is to be used solely by your organization for your organization's customary nonprofit activities.
3. Purchases made by an individual on behalf of the organization are taxable, even if the individual will be reimbursed by the organization.
4. This exemption applies only to purchases your organization makes. The sale or lease to others by your organization of tangible personal property, sleeping accommodations or other real property is taxable. Your organization must register, and collect and remit sales and use tax on such taxable transactions. Note: Churches are exempt from this requirement except when they are the lessor of real property (Rule 12A-1.070, FAC).
5. It is a criminal offense to fraudulently present this certificate to evade the payment of sales tax. Under no circumstances should this certificate be used for the personal benefit of any individual. Violators will be liable for payment of the sales tax plus a penalty of 200% of the tax, and may be subject to conviction of a third degree felony. Any violation will necessitate the revocation of this certificate.
6. If you have questions regarding your exemption certificate, please contact the Exemption Unit of Central Registration at 850-487-4130. The mailing address is PO BOX 6480, Tallahassee, FL 32314-6480.

ATTACHMENT M

0005391 11/11/10



**2011 Florida Annual Resale Certificate for Sales Tax**

DR-13A  
R. 01/11

**THIS CERTIFICATE EXPIRES ON DECEMBER 31, 2011**

Business Name and Location Address

BIG PINE ATHLETIC ASSOCIATION INC  
WATSON FIELD  
BIG PINE KEY FL 33043

Certificate Number

54-8012085108-6

This is to certify that all tangible personal property purchased or rented, real property rented, or services purchased by the above business are being purchased or rented for one of the following purposes:

- Resale as tangible personal property.
- Re-rental as real property.
- Incorporation as a material, ingredient, or component part of tangible personal property that is being produced for sale by manufacturing, compounding, or processing.
- Re-rental as tangible personal property.
- Incorporation into and sale as part of the repair of tangible personal property by a repair dealer.
- Re-rental as transient rental property.
- Resale of services.

This certificate cannot be reassigned or transferred. This certificate can only be used by the active registered dealer or its authorized employees. Misuse of this *Annual Resale Certificate* will subject the user to penalties as provided by law. **Use signed photocopy for resale purposes.**

Presented to: \_\_\_\_\_  
(Insert name of seller on photocopy) (date)

Presented by: \_\_\_\_\_  
Authorized Signature (Purchaser) (date)



*ATTACHMENT M*

Florida Department of Agriculture & Consumer Services  
CHARLES H. BRONSON, Commissioner  
Tallahassee, Florida

September 2, 2010

Division of Consumer Services  
2005 Apalachee Pkwy  
Tallahassee FL 32399-6500  
Phone: 1-800-HELP-FLA  
URL: <http://www.800helpfla.com>

**Refer To: CH7783**

BIG PINE ATHLETIC ASSOCIATION, INC.  
PO BOX 430089  
BIG PINE KEY, FL 33043-0089

RE: BIG PINE ATHLETIC ASSOCIATION, INC.  
REGISTRATION#: CH7783  
EXPIRATION DATE: October 10, 2011

Dear Sir or Madam:

The above-named organization/sponsor has complied with the registration requirements of Chapter 496, Florida Statutes, the Solicitation of Contributions Act. A COPY OF THIS LETTER SHOULD BE RETAINED FOR YOUR RECORDS.

Every charitable organization or sponsor which is required to register under s. 496.405 must conspicuously display the registration number issued by the Department and in capital letters the following statement on every printed solicitation, written confirmation, receipt, or reminder of a contribution:

"A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE (800-435-7352) WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE."

The Solicitation of Contributions Act requires an annual renewal statement to be filed on or before the date of expiration of the previous registration. The Department will send a renewal package approximately 60 days prior to the date of expiration as shown above.

Thank you for your cooperation. If we may be of further assistance, please contact the Solicitation of Contributions section.

Sincerely,

*Sherni Neal*

Sherni Neal  
Senior Analyst  
850-410-3680  
Fax: 850-410-3804  
E-mail: [neals@doacs.state.fl.us](mailto:neals@doacs.state.fl.us)

**BPAA Employee**  
**Anti-Discrimination and Harassment Policy**

The Big Pine Athletic Association is an "equal opportunity employer." The employer will not discriminate in employment, recruitment, advertisements for employment, compensation, termination, upgrading, promotions, and other conditions of employment against any employee or job applicant on the bases of race, creed, color, national origin, gender or sexual orientation.

The Big Pine Athletic Association is committed in all areas to providing a work environment that is free from harassment. Harassment based upon an individual's sex, race, ethnicity, national origin, age, religion or any other legally protected characteristics will not be tolerated. All employees, including supervisors and other management personnel, are expected and required to abide by this policy. No person will be adversely affected in employment with the employer as a result of bringing complaints of unlawful harassment.