

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

Agency Name	Heart of the Keys Recreation Association, Inc. (a.k.a.) Marathon Recreation Center
Physical Address	810 33 <sup>rd</sup> Street Gulf
Mailing Address	P.O. Box 500836
City, State, Zip	Marathon, FL 33050-0836
Phone	305-743-4164
Fax	
Email	<a href="mailto:marathonreccenter@comcast.net">marathonreccenter@comcast.net</a>
Who should we contact with questions about this application?	Diane Culver

Amount received for prior fiscal year ending 09/30/10	\$30,400.00
Amount received for current fiscal year ending 09/30/11	\$30,400.00
Amount requested for upcoming fiscal year ending 09/30/12	\$30,400.00

## 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.

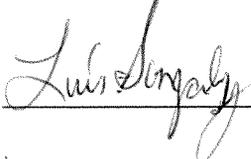
We further understand that meeting the Eligibility Criteria in no way ensures that the agency will be recommended for funding by the Human Services Advisory Board. These recommendations are determined by service needs of the community, availability of funds, etc. HSAB funding recommendations must be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

Typed Name of Executive Director: Anthony Culver

Signature  \_\_\_\_\_

Date: 4/20/11 \_\_\_\_\_

Typed Name of Board President/Chairman: Luis Gonzalez

Signature  \_\_\_\_\_

Date: 4/20/11 \_\_\_\_\_

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

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

To provide safe, drug-free supervised activities and programs of an athletic, cultural and educational nature for the youth of the Middle Florida Keys.

2. List the services your agency provides.

*Afterschool & Summer Programs, Homework assistance & academic improvement programs, basketball, volleyball, kickball, flag football, dodgeball, book club, spelling bees, board games, billiards/pool, table hockey, ping pong, shuffleboard & horse shoe, playstation video, arts-n-crafts, fashion & interior design club, movies, cheer & dance performance team, theme dances for teens, fun night events for elementary ages, talent & fashion show, dance fitness classes, community volunteer for; events, parent liaison for School Advisory Council, TSIC mentor, Be The Change Facilitator, youth workshops. Serves as community center hosting youth birthday & celebration parties, club meetings, rehearsals, cultural programs, youth awards banquets & family night events. Participates with Marathon High School Apprenticeship program & college student interns interested in youth program careers.*

3. What services will be funded by this request?

*"Same" as number two*

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
- 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.*

No

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

The lack of supervision and activities for school-age children in the afternoon, early evening and summer hours. We also address the need to close the gap between minority students.

Currently the rate at which minority students are pushed out of school and into the pipeline to prison far exceeds the rate at which they are graduating.

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.)*

*(Answer pertains to number eleven)*

The afterschool hours are the peak time for juvenile crime and experimentation with drugs, alcohol, cigarettes and sex. (Source: Bureau, Urban Institute Estimate, 2000) Fight Crime:

Invest in Kids, 2002) The hours between 3-6 p.m. on school days (referred to by law enforcement officials as a "danger zone") are also the time period during which kids are most likely to become victims of violent crime. Statistics from the Schott 50 State Report on Public Education and Minorities show that on average 47% in the U.S. do not graduate from high school, for the State of Florida that number is 37%.

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 parents of more than 28 million school-age children work outside the home, and as many as 15 million "latchkey children" go to an empty house. Lack of adult supervision and participation in self-care for both children and adolescents have been linked to: increased likelihood of accidents, injuries, self competence, lower GPAS, lower achievement test scores and teen pregnancy. The economy has also created a problem whereas, families are experiencing serious financial situations. Many of them must make tough choices in reference to household budgets and childcare costs.

14. Describe your target population as specifically as possible.

Our target population is "at risk" or "economically disadvantaged" youth ages 8 – 18 years.

15. How are clients referred to your agency?

*Mostly by school counselors and teachers, Wesley House, Department of Children & Families Guidance Clinic, and parents or student members in the program.*

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

Each member is required to complete an application.

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

The Recreation Center works closely with the area schools, and other childcare agencies, along with law enforcement and other community organizations. United Way of Monroe County is also a very vital partner of the Recreation Center.

18. List all sites and hours of operation.

Marathon Recreation Center located at  
810 33<sup>rd</sup> Street Gulf adjacent to Switlik School  
Hours of operation: 3-6 p.m. or 11:30 a.m. – 6 p.m. (School Early Release Days)  
8-5 p.m. & 7-10 p.m. Summer Prgm.  
Various times for other programs & activities

19. 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.)*

*Due to the recent recession and bad economy contributions are on the decline, although enrollment has increased. Parents are struggling; therefore donations and membership fees collected are scarce. The center is researching ways to cut costs and identifying more effective fundraising ideas.*

20. 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.)*

Salaries may need to be reduced and the center will have to appeal to more volunteers.

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

*Our student members are represented by themselves through an informal youth advisory group.*

22. 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

23.1000 \_\_\_\_\_ hours of program service were contributed by \_\_\_\_\_20\_\_\_volunteers in the last year.

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

No

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

To improve our clients physical fitness, display of character and academic achievement.

26. How will you measure these outcomes?

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

Clients participation in physical activity that requires skill, the number of conflicts or incidents they're involved in, successful progress reports and citizenship awards.

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

The Recreation Center pays staff to supervise recreation activities, programs are not based on units of service, staff is paid by hours worked. The cost of the center's operations are from salary expenses, supplies, athletic equipment, uniforms, accounting fees, insurance and taxes.

Service	Unit (hour, session, day, etc.)	Cost per unit (current year)
All programs	Annually - 1 staff member	\$30720
All programs	Annually - 1 staff member	\$10190

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

The Recreation Center is very vital to a number of families whom depend on a safe affordable place for their children. Our program is steadily growing as the need for supervised care is so prevalent. Almost any program, school sponsored or community based involves money. We have managed (barely) to continue to offer this program and it's benefits to the citizens of Marathon since 1989 at little to no cost, which has become a life preserver for parents, kids, and the community that we serve.

### **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	N/A under \$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		
L. Copy of Florida Dept. of Children And Families License or Certification		X	N/A not required
M. Copy of any other Federal or State Licenses	X		
N. Copy of Florida Dept. of Health Licenses/Permits		X	N/A not required
O. Copy of front page of Agency's EEO Policy/Plan	X		
P. Copy of Summary Report of most current Evaluation/Monitoring *		X	N/A
Q. Data showing need for your program (optional, see question 7)	X		
R. Other (specify) TWO PAGE LIMIT	X		

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



Minutes of Annual Meeting of Board of Directors  
Heart of the Keys Recreation Association, Inc. aka Marathon Recreation Center

Held at the Marathon Recreation Center, 33<sup>rd</sup> Street Gulf, Marathon, Florida on  
September 1, 2010 at 7:00 pm

Present: Anthony Culver, Katrina Young, Paul Davis, Luis Gonzalez, Thomas Bottomley  
(not present) & Alex Symington (not present)  
being all of the Board of Directors of the corporation.

The meeting was called to order by the Executive Director. The Secretary reported that the Waiver of Notice of the Annual Meeting of the Board of Directors had been signed by all of the Board of Directors, and a copy of said Waiver of Notice was ordered appended to these minutes. The Executive Director then stated that the meeting was ready to transact business.

The main order of business was for the Executive Director to present a report on the condition of the business of the corporation. The Executive Director reported that the business was in sound financial condition, and the same was unquestioned by those present.

The following resolution was adopted:

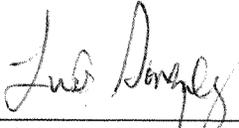
RESOLVED, that pursuant to S607.1620, Florida Statutes, the Board of Directors of this corporation stated that it is unnecessary to include the corporate record book copies of the year-end balance sheet and profit and loss statement for this corporation and waive this requirement under the aforesaid Statute for the current year.

RESOLVED, that TIB Bank of the Keys be and hereby is designated to continue as a depository of this corporation and that the Officers and agents of this corporation be and hereby are, and each of them hereby is, authorized to deposit any of the funds of this corporation in said bank either at it's head office or any of it's branches.

The next order of business was that officers of the corporation were elected to hold the offices which they had previously held for the same term, except for the office of President and Vice President, Luis Gonzalez was nominated for President and Thomas Bottomley Vice President by which they were unanimously elected to office by those present.

There being no further business, upon motion duly made and carried, the meeting was adjourned.

Dated: September 1, 2010

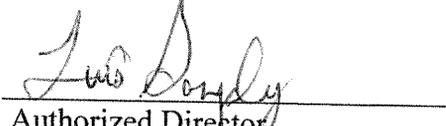
  
\_\_\_\_\_  
Authorized Director

  
\_\_\_\_\_  
Authorized Director

WAIVER OF NOTICE OF ANNUAL MEETING OF  
BOARD OF DIRECTORS OF  
HEART OF THE KEYS RECREATION ASSOCIATION, INC.

We, the undersigned, being all of the Board of Directors of HEART OF THE KEYS RECREATION ASSOCIATION, INC., a corporation organized under the laws of Florida, do hereby waive all statutory requirements as to notice of the time, place and purpose of the Annual Meeting of the Board of Directors of said corporation; and do consent that the meeting shall be held at 7:00 pm on September 1, 2010, at the Marathon Recreation Center, 33<sup>rd</sup> Street Gulf, Marathon, Florida; and we consent to the transaction of any and all business that may properly come before the meeting.

Dated: September 1, 2010

  
\_\_\_\_\_  
Authorized Director  
\_\_\_\_\_  
Authorized Director



## ATTACHMENT C - PROFILE OF CLIENTS AND SERVICES (Performance Report)

FY12

ABC non-profit

*This attachment has changed; please note asterisked information at the bottom of page.  
Delete or type over sample information shown.*

List Services Here	Target Population	# of Persons in Target Population	Area	Days/Hours	Total Number of Clients Served during most recent completed fiscal year	3/30/2011
afterschool program	boys & girls 8-13 "at risk" economically disadvantaged	130	Middle Keys	5 days/3-6pm	50	40
summer program	boys & girls 8-13 "at risk" economically disadvantaged	130	Middle Keys	weekdays 8:00 AM - 5:00 PM	40	0
Dances	middle & high school boys/girls	600	Middle Keys	8pm - 12pm	300	145
Fun Night	elementary boys/girls	100	Middle Keys	6pm - 8pm	75	60
Cheer & Performance	girls with a desire for cheerleading & dance 8-18 yrs.	50	Middle Keys	Various	20	20
Dance Fitness	boys/girls desiring physical fitness	40	Middle Keys	Various	15	10
Aerobics/Zumba	adults 18-up including client parents	50	Middle Keys	Various	25	20
Sports Skill Instruction	boys/girls training for specific sport for college, school or youth tryouts	40	Middle Keys	Various	18	15
<b>Unduplicated Clients for Entire Agency</b>						
<i>(see instructions - this is not a total of the numbers above)</i>						
					200	75

All Monroe County Residents

Please list or describe achieved outcomes for your target populations:

#### After-school Program

Members achieved academic success through our homework assistance also took on leadership roles at school as they were encouraged and assisted in running for student government positions we had a majority of members running to represent their classes one of our members were named Pres. another was named Secretary and 4 others as class representatives. Self esteem and character building was achieved by all as fights were there were no very minimal suspensions.

#### Summer Program

Members were able to enjoy 8 wks. of fun activities including swimming at Jacobs Aquatic and weekly field trips that served as most participants summer vacation.

#### Dances

provided a safe place allowing the participants to enjoy friends and physical fitness as they dance continuously all night...

#### Fun Night

provided a safe place for younger members and peers to engage in creative activities.

#### Cheer & Performance Team

Did not achieve level of success for competition. members are still in training learning basic skills as skilled members have all graduated team is in rebuilding stage.

#### Dance Fitness

Achieved a great level of success participating members trimmed down and became more fit would not participate in any outdoor activities, now they are more active and play most sports.

## Aerobics/Zumba

Original aerobics class has scaled back due to seasonal residents, however Zumba has become the new craze it attracts younger participants and parents achieved a level of success in this area as members were able to train and earn positions on sports team they were interested in, also were able to use teachable moments to dispell the stereotypes of athletes emphasized the importance of education as they both go hand in hand.

## Sports Skills Instruction



## ATTACHMENT E - AGENCY EXPENSES

FY12

Complete this worksheet for the entire agency.  
Please round all amounts to the nearest dollar.

ABC non-profit

	Proposed Expense Budget for Upcoming Year Ending:		Projected Expenses for Current Year Ending:	
	8/31/2012		8/1/2011	
	Total	%		%
<b>Expenditures</b>				
Salaries	40,910	78%	41,072	79%
Payroll Taxes		0		0
Employee Benefits		0		0
<b>Subtotal Personnel</b>	<b>40,910</b>	<b>78%</b>	<b>41,072</b>	<b>79%</b>
Postage	50	0%	28	0%
Office Supplies	2,020	4%	1,978	4%
Telephone & Internet	1,400	3%	1,380	3%
Professional Fees	1,000	2%	1,000	2%
Rent		0		0
Utilities		0		0
Repair and Maint.	520	1%	462	1%
Travel		0		0
Miscellaneous		0		0
Grants to Other Organizations		0		0
List others below		0		0
Program Expenses	3,900	7%	3,782	7%
Liability Insurance	1,150	2%	1,064	2%
Licenses and permits	75	0%	75	0%
Concession Supplies	1,000	2%	960	2%
Depreciation Expense		0	328	1%
Tangible Taxes	90	0%	86	0%
		0		0
		0		0
		0		0
		0		0
		0		0
		0		0
		0		0
		0		0
		0		0
		0		0
		0		0
<b>Total Expenses</b>	<b>52,115</b>	<b>100%</b>	<b>52,215</b>	<b>100%</b>
Revenue Over/(Under) Expenses	0		0	



Heart of the Keys Recreation a.k.a. Marathon Rec Center

Attachment H

Copy of IRS 990

**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)

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

**A** For the 2009 calendar year, or tax year beginning **09/01/09** and ending **08/31/10**

- B** Check if applicable:
- Address change
  - Name change
  - Initial return
  - Termination
  - Amended return
  - Application pending

Please use IRS label or print or type. See Specific Instructions.

**C** Name of organization **HEART OF THE KEYS RECREATION ASSOCIATION, INC**  
 Doing Business As \_\_\_\_\_  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**810 33RD STREET, GULF**  
 City or town, state or country, and ZIP + 4  
**MARATHON FL 33050**

**D** Employer identification number  
**65-0394817**  
**E** Telephone number  
**305-743-7926**  
**G** Gross receipts \$ **82,116**

**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** Are all affiliates included?  Yes  No  
 If "No," attach a list. (see instructions)

**I** Tax-exempt status:  501(c) ( **3** ) (insert no.)  4947(a)(1) or  527

**J** Website: **N/A**

**K** Type of organization:  Corporation  Trust  Association  Other

**H(c)** Group exemption number

**L** Year of formation: **1993** **M** State of legal domicile: **FL**

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities:

**PROVIDE STRUCTURED/SUPERVISED ACTIVITIES FOR YOUTHS**

**2** Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets.

**3** Number of voting members of the governing body (Part VI, line 1a)

**4** Number of independent voting members of the governing body (Part VI, line 1b)

**5** Total number of employees (Part V, line 2a)

**6** Total number of volunteers (estimate if necessary)

**7a** Total gross unrelated business revenue from Part VIII, column (C), line 12

**b** Net unrelated business taxable income from Form 990-T, line 34

3	5
4	5
5	0
6	5
7a	
7b	0

**8** Contributions and grants (Part VIII, line 1h)

**9** Program service revenue (Part VIII, line 2g)

**10** Investment income (Part VIII, column (A), lines 3, 4, and 7d)

**11** Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

**12** Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)

**13** Grants and similar amounts paid (Part IX, column (A), lines 1-3)

**14** Benefits paid to or for members (Part IX, column (A), line 4)

**15** Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)

**16a** Professional fundraising fees (Part IX, column (A), line 11e)

**b** Total fundraising expenses (Part IX, column (D), line 25)

**17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)

**18** Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)

**19** Revenue less expenses. Subtract line 18 from line 12

**20** Total assets (Part X, line 16)

**21** Total liabilities (Part X, line 26)

**22** Net assets or fund balances. Subtract line 21 from line 20

	Prior Year	Current Year
8	47,830	80,411
9		1,665
10		
11		40
12	47,830	82,116
13		
14		
15	22,283	
16a		
16b		
17	30,796	56,017
18	53,079	56,017
19	-5,249	26,099
20	8,920	35,020
21	44,480	44,481
22	-35,560	-9,461

**Part II Signature Block**

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.

Signature of officer: *Anthony Calver*

Type or print name and title: *Anthony Calver Executive Director*

Date: *1/15/11*

Sign Here

Paid Preparer's Use Only

Preparer's signature: **MARLENE CRUZ MORATO**  
 Date: **01/15/11**  
 Check if self-employed:   
 Preparer's identifying number (see instructions): **P00380741**  
 Firm's name (or yours if self-employed), address, and ZIP + 4: **CRUZ MORATO & ASSOCIATES CPA&CONSULTANTS**  
**17 SHIPS WAY**  
**BIG PINE KEY, FL 33043**  
 EIN: **65-0958914**

**TAXPAYER COPY 3200**

May the IRS discuss this return with the preparer shown above? (see instructions)

Yes  No

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

PROVIDE STRUCTURED/SUPERVISED ACTIVITIES FOR YOUTHS

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

If "Yes," describe these new services on Schedule O.

Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

If "Yes," describe these changes on Schedule O.

Yes No

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 55,855 including grants of \$ ) (Revenue \$ )

SUMMER REC PROGRAM, BASKETBALL AND SAILING CLUB PROVIDED STRUCTURED AND SUPERVISED ACTIVITIES FOR YOUTHS IN THE COMMUNITY.

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 55,855

TAXPAYER COPY Form 990 (2009)

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	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
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
5	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
	<ul style="list-style-type: none"> <li>Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.</li> <li>Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.</li> <li>Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.</li> <li>Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.</li> <li>Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.</li> <li>Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.</li> </ul>		
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.		
		Yes	No
12A			X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization 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		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		X
36 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.		X

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>1a</b>	4		
<b>1b</b>			
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X
<b>1c</b>			
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
<b>2a</b>	0		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)		
<b>2b</b>			
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
<b>3a</b>			
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
<b>3b</b>			
<b>4a</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)?		X
<b>4a</b>			
<b>b</b>	If "Yes," enter the name of the foreign country: <b>▶</b> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>5a</b>			
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>5b</b>			
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
<b>5c</b>			
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
<b>6a</b>			
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>6b</b>			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
<b>7a</b>			
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>7b</b>			
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
<b>7c</b>			
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7d</b>			
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
<b>7e</b>			
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
<b>7f</b>			
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7g</b>			
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
<b>7h</b>			
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>8</b>			
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?		
<b>9a</b>			
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>9b</b>			
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	

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**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body		
<b>1b</b>	Enter the number of voting members that are independent		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		<b>X</b>
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		<b>X</b>
<b>4</b>	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		<b>X</b>
<b>5</b>	Did the organization become aware during the year of a material diversion of the organization's assets?		<b>X</b>
<b>6</b>	Does the organization have members or stockholders?		<b>X</b>
<b>7a</b>	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		<b>X</b>
<b>7b</b>	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		<b>X</b>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	<b>X</b>	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	<b>X</b>	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		<b>X</b>

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Does the organization have local chapters, branches, or affiliates?		<b>X</b>
<b>10b</b>	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
<b>11</b>	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?		<b>X</b>
<b>12a</b>	Does the organization have a written conflict of interest policy? If "No," go to line 13		<b>X</b>
<b>12b</b>	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
<b>12c</b>	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done		
<b>13</b>	Does the organization have a written whistleblower policy?		<b>X</b>
<b>14</b>	Does the organization have a written document retention and destruction policy?		<b>X</b>
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official		<b>X</b>
<b>15b</b>	Other officers or key employees of the organization		<b>X</b>
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<b>X</b>
<b>16b</b>	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website     Another's website     Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **CRUZ MORATO CPA**  
**5800 OVERSEA HIGHWAY SUITE 6**  
**MARATHON FL 33050**

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**305-743-4599**





**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns					
	1b	Membership dues					
	1c	Fundraising events					
	1d	Related organizations					
	1e	Government grants (contributions)	60,800				
	1f	All other contributions, gifts, grants, and similar amounts not included above	19,611				
	g	Noncash contributions included in lines 1a-1f: \$					
	h	<b>Total.</b> Add lines 1a-1f	80,411				
Program Service Revenue	2a	SUMMER PROGRAMS	1,590	1,590			
	b	MEMBERSHIP DUES	75	75			
	c						
	d						
	e						
	f	All other program service revenue					
	g	<b>Total.</b> Add lines 2a-2f	1,665				
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)				
4		Income from investment of tax-exempt bond proceeds					
5		Royalties					
6a		Gross Rents	(i) Real				
			(ii) Personal				
b		Less: rental exps.					
c		Rental inc. or (loss)					
d		Net rental income or (loss)					
7a		Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
b		Less: cost or other basis & sales exps.					
c		Gain or (loss)					
d	Net gain or (loss)						
8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18						
b	Less: direct expenses						
c	Net income or (loss) from fundraising events						
9a	Gross income from gaming activities. See Part IV, line 19						
b	Less: direct expenses						
c	Net income or (loss) from gaming activities						
10a	Gross sales of inventory, less returns and allowances						
b	Less: cost of goods sold						
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Busn. Code					
11a	MISCELLANEOUS INCOME		40	40			
b							
c							
d	All other revenue						
e	<b>Total.</b> Add lines 11a-11d		40				
12	<b>Total Revenue.</b> See instructions.		82,116	1,705	0	0	

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**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.  
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	1,000	1,000		
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses	28	28		
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	329	329		
23 Insurance	1,064	1,064		
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a SUBCONTRACTORS	43,968	43,968		
b SUPPLIES	1,799	1,799		
c TELEPHONE AND INTERNET	1,382	1,382		
d PROGRAM EXPENSES VAN RENT	1,299	1,299		
e CONCESSION SUPPLIES	961	961		
f All other expenses	4,187	4,025	162	
25 Total functional expenses. Add lines 1 through 24f	56,017	55,855	162	162
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

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**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	1	Cash—non-interest bearing	8,586	1	35,015
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	13,238		
	10b	Less: accumulated depreciation	13,238	329	10c
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		5	5
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	8,920	16	35,020	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	44,480	17	44,481
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D		25	
	26	<b>Total liabilities.</b> Add lines 17 through 25	44,480	26	44,481
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	-35,560	27	-9,461
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	<b>Total net assets or fund balances</b>	-35,560	33	-9,461	
34	<b>Total liabilities and net assets/fund balances</b>	8,920	34	35,020	

**Part XI Financial Statements and Reporting**

**1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

**2a** Were the organization's financial statements compiled or reviewed by an independent accountant? .....

**b** Were the organization's financial statements audited by an independent accountant? .....

**c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

**d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis

**3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. ....

	Yes	No
<b>2a</b>		<b>X</b>
<b>2b</b>		<b>X</b>
<b>2c</b>		
<b>3a</b>		
<b>3b</b>		

Form **990** (2009)

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2009**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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.

Name of the organization **HEART OF THE KEYS RECREATION ASSOCIATION, INC**

Employer identification number  
**65-0394817**

**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—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>									

For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

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**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
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	60,518	65,612	48,597	47,830	80,411	302,968
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 <b>Total.</b> Add lines 1 through 3	60,518	65,612	48,597	47,830	80,411	302,968
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 <b>Public support.</b> Subtract line 5 from line 4						302,968

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	60,518	65,612	48,597	47,830	80,411	302,968
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					0	
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	3,404	173	972			4,549
11 <b>Total support.</b> Add lines 7 through 10						307,517
12 Gross receipts from related activities, etc. (see instructions)						1,705
13 <b>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 stop here					<input checked="" type="checkbox"/>	

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

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	98.52%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	98.00%
16a <b>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 stop here. The organization qualifies as a publicly supported organization		<input checked="" 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 stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a <b>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 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 <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 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 <b>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
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 <b>Total.</b> Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 <b>Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 <b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

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

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

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

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**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.

**PART II, LINE 10 - OTHER INCOME DETAIL**

**OTHER** \$ 4,549

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Schedule of Contributors  
▶ Attach to Form 990, 990-EZ, or 990-PF.

2009

Name of the organization

HEART OF THE KEYS RECREATION  
ASSOCIATION, INC

Employer identification number

65-0394817

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

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions 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 990-EZ that received from any one contributor, during the year, 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.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box in the heading of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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Name of organization

**HEART OF THE KEYS RECREATION**

Employer identification number  
**65-0394817**

**Part I** Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	UNITED WAY PO BOX 1616  KEY WEST FL 33040	\$ 19,500	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.)
		\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Attach to Form 990. See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

HEART OF THE KEYS RECREATION ASSOCIATION, INC

Employer identification number

65-0394817

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 2 columns: \$, \$, \$, \$, \$, \$. Rows include: 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items., 1b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X, 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X

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**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.**

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

- c Beginning balance
- d Additions during the year
- e Distributions during the year
- f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.**

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ▶ \_\_\_\_\_ %
- b Permanent endowment ▶ \_\_\_\_\_ %
- c Term endowment ▶ \_\_\_\_\_ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.**

Description of investment

(a) Cost or other basis (investment)

(b) Cost or other basis (other)

(c) Accumulated depreciation

(d) Book value

1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
<b>Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)</b>		<b>13,238</b>	<b>13,238</b>	



Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

Table with 10 rows for reconciliation of net assets. Rows include: 1 Total revenue, 2 Total expenses, 3 Excess or (deficit) for the year, 4 Net unrealized gains, 5 Donated services, 6 Investment expenses, 7 Prior period adjustments, 8 Other, 9 Total adjustments, 10 Excess or (deficit) for the year per audited financial statements.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Table with 5 main rows for revenue reconciliation. Sub-rows include: 2a Net unrealized gains, 2b Donated services, 2c Recoveries, 2d Other, 2e Add lines 2a-2d, 4a Investment expenses not included, 4b Other, 4c Add lines 4a and 4b.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Table with 5 main rows for expense reconciliation. Sub-rows include: 2a Donated services, 2b Prior year adjustments, 2c Other losses, 2d Other, 2e Add lines 2a-2d, 4a Investment expenses not included, 4b Other, 4c Add lines 4a and 4b.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Series of horizontal dashed lines provided for entering supplemental information.

**Part XIV** Supplemental Information (continued)

Area with horizontal dashed lines for supplemental information.

**TAXPAYER COPY** Schedule D (Form 990) 2009

**SCHEDULE O**

(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

▶ Attach to Form 990.

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

**HEART OF THE KEYS RECREATION  
ASSOCIATION, INC**

Employer identification number

**65-0394817**

**FORM 990, PART III, LINE 4D - ALL OTHER ACHIEVEMENTS**

**SUMMER REC PROGRAM, BASKETBALL AND SAILING CLUB PROVIDED**

**STRUCTURED AND SUPERVISED ACTIVITIES FOR YOUTHS IN THE COMMUNITY**

**FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990**

**NO REVIEW WAS OR WILL BE CONDUCTED.**

**FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION**

**NO DOCUMENTS AVAILABLE TO THE PUBLIC**

**TAXPAYER COPY**

**Depreciation and Amortization**  
(Including Information on Listed Property)

(99) **See separate instructions.** **Attach to your tax return.**

Name(s) shown on return **HEART OF THE KEYS RECREATION ASSOCIATION, INC**

Identifying number  
**65-0394817**

Business or activity to which this form relates

**INDIRECT DEPRECIATION**

**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	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
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 instr.)**

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	329

**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	0
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 depreciation (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					
h	Residential rental property		25 yrs.		S/L	
			27.5 yrs.	MM	S/L	
i	Nonresidential real property		27.5 yrs.	MM	S/L	
			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					
b	12-year				S/L	
c	40-year		12 yrs.		S/L	
			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	329
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.

**TAXPAYER COPY**

## Federal Statements

Form 990, Part IX, Line 24f - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
CASUAL LABOR	\$ 898	\$ 898		
PROGRAM EXPENSES SUMMER P	773	773		
PROGRAMS EXPENSES FOOD	680	680		
PROGRAM EXPENSES CHEERLEA	660	660		
REPAIRS & MAINTENANCE PRO	463	463		
PROGRAM EXPENSES OTHER	371	371		
OFFICE SUPPLIES	180	180		
TANGIBLE TAXES	87		87	
LICENSES AND PERMITS	75		75	
TOTAL	\$ 4,187	\$ 4,025	\$ 162	\$ 0

Heart of the Keys Recreation a.k.a. Marathon Rec Center

Attachment I

Copy of current fee schedule

N/A

The recreation center has no formal fee schedule the membership application states there is a membership fee of \$5.00 for an individual or \$10.00 per family.

Heart of the Keys Recreation a.k.a. Marathon Rec Center

Attachment J

Copy of IRS Letter of Determination

**Internal Revenue Service**

**Department of the Treasury**

P. O. Box 2508  
Cincinnati, OH 45201

Date January 11, 2000:

Heart of the Keys Recreation Association, Inc.  
% Rosemary Stayduhar  
P. O. Box 500836  
Marathon, FL 33050

Person to Contact:  
Dalphine Naegele 31-04012  
Customer Service Representative  
Telephone Number:  
877-829-5500  
Fax Number:  
513-263-3756  
Federal Identification Number:  
65-0394817

Dear Sir or Madam:

This letter is in response to your telephone request on January 11, 2000, for a copy of your organization's determination letter. This letter will take the place of the copy you requested.

Our records indicate that a determination letter issued in June 1993, granted your organization exemption from federal income tax under section 501(c)(3) of the Internal Revenue Code. That letter is still in effect.

Based on information subsequently submitted, we classified your organization as one that is not a private foundation within the meaning of section 509(a) of the Code because it is an organization described in section 509(a)(1) and 170(b)(1)(A)(vi).

This classification was based on the assumption that your organization's operations would continue as stated in the application. If your organization's sources of support, or its character, method of operations, or purposes have changed, please let us know so we can consider the effect of the change on the exempt status and foundation status of your organization.

Your organization is required to file Form 990, Return of Organization Exempt from Income Tax, only if its gross receipts each year are normally more than \$25,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of the organization's annual accounting period. The law imposes a penalty of \$20 a day, up to a maximum of \$10,000, when a return is filed late, unless there is reasonable cause for the delay.

All exempt organizations (unless specifically excluded) are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more paid to each employee during a calendar year. Your organization is not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the excise taxes under Chapter 42 of the Code. However, these organizations are not automatically exempt from other federal excise taxes.

Donors may deduct contributions to your organization as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to your organization or for its use are deductible for federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Heart of the Keys Recreation Association, Inc.  
65-0394817

Your organization is not required to file federal income tax returns unless it is subject to the tax on unrelated business income under section 511 of the Code. If your organization is subject to this tax, it must file an income tax return on the Form 990-T, Exempt Organization Business Income Tax Return. In this letter, we are not determining whether any of your organization's present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

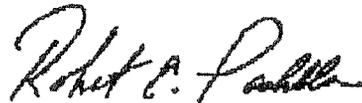
The law requires you to make your organization's annual return available for public inspection without charge for three years after the due date of the return. You are also required to make available for public inspection a copy of your organization's exemption application, any supporting documents and the exemption letter to any individual who requests such documents in person or in writing. You can charge only a reasonable fee for reproduction and actual postage costs for the copied materials. The law does not require you to provide copies of public inspection documents that are widely available, such as by posting them on the Internet (World Wide Web). You may be liable for a penalty of \$20 a day for each day you do not make these documents available for public inspection (up to a maximum of \$10,000 in the case of an annual return).

Because this letter could help resolve any questions about your organization's exempt status and foundation status, you should keep it with the organization's permanent records.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

This letter affirms your organization's exempt status.

Sincerely,



Robert C. Padilla  
Manager, Customer Service

Heart of the Keys Recreation a.k.a. Marathon Rec Center

Attachment K

Copy of Current Monroe County & City Occupational Licenses

**2010 / 2011  
MONROE COUNTY BUSINESS TAX RECEIPT  
EXPIRES SEPTEMBER 30, 2011**

Business Name: MARATHON TEEN CENTER HEART OF KEYS RECREATION INC

RECEIPT# 47161-30157

Owner Name: STAYDUHAR ROSE PRES &  
Mailing Address: BOTTOMLEY TOM VP  
810 33RD ST  
MARATHON, FL 33050

Business Location: 810 33RD ST  
MARATHON, FL 33050  
Business Phone: 305-743-4164  
Business Type: MISCELLANEOUS SERVICE (YOUTH SERVICES RECREATION)

**Rooms                      Seats                      Employees                      Machines                      Stalls**

5

Tax Amount	Number of Machines:				Vending Type:		Total Paid
	Transfer Fee	Sub-Total	Penalty	Prior Years	Collection Cost		
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Paid 203-10-00000535 04/20/2011 0.00

**THIS RECEIPT MUST BE POSTED CONSPICUOUSLY IN YOUR PLACE OF BUSINESS**

THIS BECOMES A TAX RECEIPT  
WHEN VALIDATED

**Danise D. Henriquez, CFC, Tax Collector**  
PO Box 1129, Key West, FL 33041

THIS IS ONLY A TAX.  
YOU MUST MEET ALL  
COUNTY AND/OR  
MUNICIPALITY PLANNING  
AND ZONING REQUIREMENTS.

**2010 / 2011  
MONROE COUNTY BUSINESS TAX RECEIPT  
EXPIRES SEPTEMBER 30, 2011**

RECEIPT# 49110-30156

Business Name: MARATHON TEEN CENTER HEART OF KEYS  
RECREATION INC

Owner Name: STAYDUHAR ROSE PRES &  
Mailing Address: BOTTOMLEY TOM VP  
810 33RD ST  
MARATHON, FL 33050

Business Location: 810 33RD ST  
MARATHON, FL 33050

Business Phone: 305-743-4164  
Business Type: INSTRUCTION NON-REGULATED  
(RECREATIONAL INSTRUCTION)

**Rooms                      Seats                      Employees                      Machines                      Stalls**

		For Vending Business Only					
		Number of Machines:		Vending Type:			
Tax Amount	Transfer Fee	Sub-Total	Penalty	Prior Years	Collection Cost	Total Paid	
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Paid 203-10-00000536 04/20/2011 0.00

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COUNTY AND/OR  
MUNICIPALITY PLANNING  
AND ZONING REQUIREMENTS.

Heart of the Keys Recreation a.k.a. Marathon Rec Center

Attachment L

Copy of Florida Dept. of Children & Families License or Certification

N/A

The recreation center is not licensed through the above agency.

Heart of the Keys Recreation a.k.a. Marathon Rec Center

Attachment M

Copy of other Federal or State Licenses

N/A

The recreation center has no federal or state licenses it is registered as a corporation of the State of Florida. (see attached)

# *State of Florida*

## *Department of State*

I certify from the records of this office that HEART OF THE KEYS RECREATION ASSOCIATION, INC. is a corporation organized under the laws of the State of Florida, filed on March 25, 1993.

The document number of this corporation is N93000001376.

I further certify that said corporation has paid all fees due this office through December 31, 2004, that its most recent annual report/uniform business report was filed on March 16, 2004, and its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

*Given under my hand and the Great Seal of Florida, at Tallahassee, the Capital, this the Twenty First day of April, 2004*

*Glenda E. Hood*  
**Secretary of State**



Authentication ID: 900033488379-042104-N93000001376

To authenticate this certificate, visit the following site, enter this ID, and then follow the instructions displayed.

[www.sunbiz.org/auth.html](http://www.sunbiz.org/auth.html)

Heart of the Keys Recreation a.k.a. Marathon Rec Center

Attachment N

Copy of Fla. Department of Health Licenses/Permit

N/A

Heart of the Keys Recreation a.k.a. Marathon Rec Center

Attachment O

Copy of Agency's EEO Policy

#### D. Equal Employment Opportunities

HKRA is an equal employment opportunity employer. We are committed to providing equal employment opportunity to you and all other persons without regard to race, color, religion, national origin, sex, marital status, age, veteran status, or handicap status.

Furthermore, we will not condone any form of discriminatory harassment of our employees, including harassment because of one's sex, race, national origin, or religion. This commitment extends to our policies on recruiting, advertising, hiring, placement, promotion, transfer, wages, benefits, termination, and all other privileges, terms, and conditions of employment.

#### E. Communication Philosophy

you may bring any work-related question, problem, suggestion, or complaint to your immediate supervisor who will respond as thoroughly and as promptly as possible.

If unsatisfied with the result of your communication you may request a meeting with your supervisor and their supervisor.

#### F. Rules of Conduct

Employees are expected to demonstrate good judgment, ethical personal behavior, and common sense. If your conduct as an employee or volunteer comes into question, HKRA will make an effort to resolve the matter fairly. A few of the actions which may require discipline are listed below and may result in disciplinary action up to and including termination of employee or volunteer. The rules are not intended to limit the proper rights of anyone. They are intended to protect the rights of everyone.

1. Employees or volunteers are expected to be at their work places and ready to work at the established starting time and expected to remain at these positions and perform their work assignments until the end of their work shift.
2. employees or volunteers are not to gather on HKRA premises to conduct personal business during working hours.
3. Employees or Volunteers must report all injuries or accidents to their supervisors at once.
4. Employees or volunteers are not to cause shoddy or defective work.
5. Employees must be physically and mentally capable of performing their work assignments.

Heart of the Keys Recreation a.k.a. Marathon Rec Center

Attachment P

Copy of Summary Report of most current Evaluation/Monitoring

N/A

Heart of the Keys Recreation a.k.a. Marathon Rec Center

Attachment Q

Copy of Statistical Data Support

Information for question obtained from this document

# Attachment Q

## Factoids

- AFTER-SCHOOL ALL-STARS Three Hours Can Change A Life.
- Kids with nowhere to go, end up... going nowhere.
- In America today, millions of young people are alone and unsupervised in the hours after school, before parents return home from work. This situation places children and teens at grave risk for juvenile crime, substance abuse, teen pregnancy, and other problems. It means students are wasting precious time when they could be learning. And it leaves millions of working parents worried about their children when they should be focused on their jobs. This unproductive, untenable and unacceptable situation would be remedied if our nation invested more fully in the after school programs that keep kids safe, support working families, and help young people succeed in school and in life.
- The after school hours are the peak time for juvenile crime and experimentation with drugs, alcohol, cigarettes and sex. (Source: Bureau, Urban Institute Estimate, 2000) Fight Crime: Invest in Kids, 2002)
- The parents of more than 28 million school-age children work outside the home. As many as 15 million "latchkey children" go to an empty house on any given afternoon. (Source: U.S. Department of Labor; U.S. Census Bureau, Urban Institute estimate, 2000)
- Teens who do not participate in after school programs are nearly three times more likely to skip classes or use marijuana or other drugs; they are also more likely to drink alcohol, smoke cigarettes and engage in sexual activity. (YMCA of the USA, March 2001)
- Fight Crime: Invest in Kids, a bipartisan anti-crime organization led by police chiefs, sheriffs, prosecutors, victims of violence and leaders of police officer associations, has found through a series of studies that violent juvenile crime is most likely to occur between 3 pm and 6 pm, and that youth are more likely to engage in risky behaviors - smoke, drink, or do drugs - during these hours. Unsupervised youth are also most likely to get in car accidents during these hours. These points are not lost on voters. Clearly their opinions related to the supervision and safety of youth are affected by what they see during the after school hours in their own communities.
- As many as 15 million kids have no place to go after school. (Source: U.S.Census)
- More than 28 million kids have parents who work outside the home. (Source: U.S. Department of Labor)
- Parents themselves admit to regularly leaving more than 4 million middle school kids under the age of 13 to care for themselves for a few hours each week. (Source: Child Trends)
- The hours between 3-6 p.m. on school days (referred to by law enforcement officials as a "danger zone") are the prime time for violent juvenile crime; this is also the time period during which kids are most likely to become victims of violent crime, be involved in all kinds of accidents, experiment with drugs or alcohol, and become pregnant
- Working mothers report that 3 -6 p.m. is the time of day when they most worry about their children's safety.
- A disconnected community is in jeopardy of becoming an unsafe community. Criminologist Robert J. Sampson asserts, "communities characterized by (a) anonymity and sparse acquaintanceship networks among residents, (b) unsupervised teenage peer groups and attenuated control of public space, and (c) a weak organizational base and low social participation in local activities face an increased risk of crime and violence."
- Within the past three decades the number of overweight children between the ages of 6 and 12 has doubled. Only two percent of children within this age group meet the recommended minimum number of daily servings from all five food groups. The number of overweight teens (12-19years) has tripled in the past 30 years. As a result of being overweight, these children and youth are at an increased risk of developing Type 2 diabetes, elevated blood pressure and low self esteem.
- Rates of participation in physical activity have declined in the past 30 years for both children and youth. Baker et al reported that between the ages of 6 and 18 boys decrease participation in physical activities by 24% while girls decrease participation by 36% between these same ages.

- "Young people need the influence of caring adults and positive role models in their lives. Good after-school programs can accomplish that by helping youngsters develop the knowledge, skills and healthy habits to achieve their greatest potential." - US Secretary of Education Rod Paige and After school Advocate Arnold Schwarzenegger at the 2003 After school Summit hosted by the US Department of Education and Arnold Schwarzenegger.
- Students in a statewide program in California improved their standardized test scores (SAT-9) in both reading and math by percentages almost twice that of other students and also had better school attendance. (University of California Irvine, May 2001)
- Children in the Quantum Opportunities afterschool program were half as likely to drop out of high school, and two and one half times more likely to pursue higher education, than students not selected to participate. (Fight Crime: Invest in Kids 2000)
- Kids who participate in after-school programs earn higher grades, have improved attendance, behave better in school and are more apt to graduate
- After-school programs keep kids safe
- Kids in after-school program show an increased interest in school
- Kids in after-school programs express greater hope for the future.
- After-school programs reduce juvenile crime. (Source: America's After-School Choice a report from Fight Crime: Invest in Kids)
- After-school programs alleviate childcare worries for working parents.
- 94 percent of voters agree that there should be some type of organized activity or place for children and youth to go after school every day that provides opportunities for them to learn. (Source: After-School Alliance Poll, October 2003)
- The average cost of a quality after-school program is between \$1500 and \$2500 per child annually.
- Experts agree that investing money in after-school programs saves lives and tax dollars over time - one study conclude every dollar spent on an after-school program produced three dollars in benefits to the public.
- There is growing evidence that quality out of school opportunities matter- that they complement environments created by schools and families and provide important nutrients that deter failure and promote success - and that they matter in ways that are observable and measurable.
- After school programs can offer intangibles such as - the opportunity to engage in activities that help young people realize they have something to contribute to the group; the opportunity to work with diverse peers and adults to create projects, performances, and presentations that receive accolades from their families and the larger community; and the opportunity to develop a vision of life's possibilities that with commitment and persistence, are attainable.
- Drug activity decreased 22%, juvenile arrests dropped 135 and vandalism in the public housing developments decreased 12.5%. At the same time, parental involvement increased compared to public housing development not selected to implement the after school programs.
- Links have been found consistently between teen's well-being and environments that are emotionally positive and warm and that provide support for developing adolescent autonomy. Some research suggests that positive experiences in one are (for example, in the family, among peers, at school, through community service...) may lessen the effect of negative experiences in other areas. Adolescents who spend time in communities that are rich in developmental opportunities for them experience less risk and show evidence of higher rates of positive development.

- Opportunities for recess and physical education are disappearing from urban schools and fewer than 1 in 3 teens get an adequate amount of regular physical activity.
- Juvenile crime rates for females have been steadily rising. On a national level delinquency cases involving girls increased by 83% between 1988 and 1997.
- The Children's Defense Fund reported that an American child or teen is killed by gunfire every two hours and 40 minutes; that results in 9 American children dying from gunfire every day.
- 3.3 million children between the ages of 6 and 12 regularly spend time without adult supervision. Ten percent of all children between the ages of 6 and 12 use self-care as the primary child care arrangement.
- Lack of adult supervision and participation in self-care for both children and adolescents have been linked to: increased likelihood of accidents, injuries, lower social competence, lower GPAs, lower achievement test scores and greater likelihood of participation in delinquent or other high risk activities such as experimentation with alcohol, tobacco, drugs and sex. Teens who are unsupervised during after school hours are 37% more likely to become teen parents.
- About one third of 8th graders, one fourth of 10th graders and one-fifth of 12th graders watched four or more hours of television on weekdays in 2000. Researchers have associated watching TV to an increased likelihood that children and teens will display physically aggressive behaviors, exhibit relational aggression behaviors (behaviors that harm others through damage or threat of damage to relationships, feelings of friendship or group inclusion) and assume the worst in their interaction with others.
- Young people with nothing to do during out-of-school hours miss a valuable chance for growth and development. The odds are high that your child with nothing positive to do and nowhere to go will find things to do that negatively influence their development and futures.
- "Kids with someplace to go, end up...going places!"
- After school programs keep kids safe, help working families and inspire success among youth.
- "Americans value after school programs and recognize the many benefits they provide. The public recognizes that after school programs reduce juvenile crime, help working families and give kids needed help with their schoolwork. Federal, state and local lawmakers can learn a lot about what matters to their constituents by looking at this research." - Mayor John De Stefano, President of the National League of Cities and Mayor of New Haven, Connecticut
- After school programs have the power to reduce crime, increase safety, bring neighbors together, and foster community pride and ownership.
- After school programs are proven to lower juvenile crime rates and generally improve neighborhoods and not just by keeping youth occupied for a few hours everyday. After school programs help young people succeed by providing academic support and the chance to form meaningful relationships with adults from their community, and by encouraging them to get involved in their neighborhood through service projects. This support, these relationships and the benefits to the community create a mutually beneficial relationship of immeasurable value.
- After the implementation of the city-wide San Diego 6 to 6 program, the San Diego Police Department's 2001 report indicated that...juvenile arrests during after school hours were down 13.1%. The police chief specifically cited the 6 to 6 program as one of the primary factors responsible for this decrease. Additionally the rates of juveniles as victims of violent crime during after school hours decreased 11.7% from the previous year. - Ferrin & Amick, 2002
- Evaluations of the first two years of The After-School Corporation (TASC) programming found that students felt that participating in after school improved their ability to maintain self-control and avoid fights. - Friedman & Bleiberg, 2002
- "In communities where at least 50 percent of the kids are participating in after-school programs, that community is five times more likely to be a healthy community because they are putting resources behind

Heart of the Keys Recreation a.k.a. Marathon Rec Center

Attachment R

Photos of Recreation Center Members

Attachment R  
Heart of the Keys Recreation Association, Inc. a.k.a. Marathon Recreation Center  
Photos of Recreation programs, Dances & Community Events.....



Over →

Attachment R  
Heart of the Keys Recreation Association, Inc. a.k.a. Marathon Recreation Center  
Photos of Recreation programs, Dances & Communi



OVER ↓