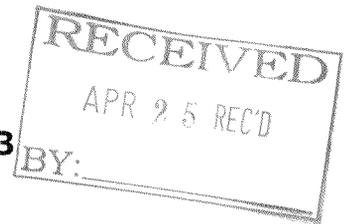


**MONROE COUNTY
HUMAN SERVICES ADVISORY BOARD
Application for Funding
Fiscal Year 2013
October 1, 2012 – September 30, 2013**



Agency Name	Anchors Aweigh Club, Inc. (AACI)
Physical Address	404 Virginia Street,
Mailing Address	404 Virginia Street
City, State, Zip	Key West, Florida 33040
Phone	305-296-7888
Fax	N/A
Email	AnchorsAweighKeyWest@gmail.com
Who should we contact with questions about this application?	Judy Blumenkranz

Amount received for prior fiscal year ending 09/30/11	\$0.00
Amount received for current fiscal year ending 09/30/12	\$0.00
Amount requested for upcoming fiscal year ending 09/30/13	\$12,600

ORIGINAL APPLICATION

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.

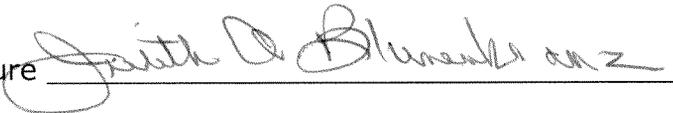
We affirm that the Agency will use Monroe County funds for the purposes as submitted in this Application for Funding. Any change will require written approval from the Monroe County Board of County Commissioners.

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: Judy Blumenkranz

Signature 

Title: Club Manager

Date: 4-17-12

Typed Name of Board President/Chairman: Stephen Isherwood

Signature 

Title: Chairman

Date: 04/17/12

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

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

The Purpose and Mission of the organization is to provide a place for meetings of Alcohol Anonymous, Al-Anon, Narcotics Anonymous and other Twelve-Step groups as approved by the Board of Directors, and to provide space for education, rehabilitation and social activities that will foster the interest of members in the aforementioned organizations.

2. List the services your agency provides.

- Anchors Aweigh Club, Inc. (AACI) provides a safe and anonymous refuge for person in recovery and those individual seeking to maintain recovery from alcohol or substance abuse.
- AACI provides meeting and gathering space for a variety of meetings for members and visitors.
- Currently provides space for direct service programs including:
 - Alcohol Anonymous,
 - Narcotics Anonymous,
 - Al-Anon,
 - Double Trouble,
 - Co-Dependents Anonymous
 - Overeaters Anonymous
 - SLAA
 - Women in Recovery
 - Felony & Misdemeanor Court
 - Criminal Court
 - Teen Drug Court
 - Family Treatment Court
- AACI works closely with many social service organizations within Monroe County including:
 - Florida Keys Outreach
 - The Care Center
 - Guidance Clinic of the Middle keys
 - A.H. of Monroe County, Inc.
 - Veterans Clinic and VA Homeless Outreach
 - Salvation Army
 - Help Line
 - Samuel's House
 - Sunrise House
 - Southernmost Homeless Assistance League, Inc.
 - Monroe County Court System
 - Adult Drug Courts
 - Family Dependency Drug Courts
 - Juvenile Drug Courts

3. What specific services will be funded by this request?

In addition to services in Question #2 above, this proposal provides for:

- Education services to include purchase of books and pamphlets such as *The Big Book of Alcoholics Anonymous*, *The Living Sober Book*, *The Twelve Steps and Twelve Traditions*, *As Bill Sees It*, and various brochures and flyers approved by narcotics Anonymous World Services, Inc., and other approved materials that come into distribution.
- Information & Referral Coach to work with very low-income and homeless self-referrers and collect basic demographic data to build organizational capacity
- Substance Abuse Assessment and Follow-Up Counseling Services for very low-income and homeless self-referrers.

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?

Yes, in the near future as grant programs are developed

6. If you answered "yes" to Question #5, please specify the following for each grant:

a. grant award title, granting agency, and purpose: The Florida Keys United Way

b. grant amount: \$7,200 (Amount Requested 2012-2013)

c. match percentage requirement and amount: N/A

d. expected award date: October 2012 (estimated)

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

a. how the funds were spent N/A

b. how they were used to leverage additional funding N/A

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."

If funded, part of funds will be spent for services under a Memorandum of Agreement (MOA) with a Certified Alcohol and Substance Abuse Counselor

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."

N/A

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.

N/A

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

AACI was incorporated in 1983 as a Twelve Step program venue where those seeking freedom from addiction could find a safe, welcoming, and anonymous place to develop their recovery and rebuild their lives in order to live clean, sober, and addiction free lives. The AACI club house serves over 65,000+ members and visitors, over a third living in Monroe County, Florida. These individuals are a part of the 41.5 million people living in the United States suffering from a mental illness, with one in five also experiencing a substance abuse disorder, according to the Substance Abuse and Mental Health Services Administration (SAMHSA).

In Monroe County there are over twenty recovery and addiction related meetings occurring on any day. Every day, on average, 250 people visit the Anchors Aweigh Club House on Virginia Street, Key West. The facility is open from 7:00a.m. to 9:30a.m., 7 days per week and 365 days per year. The programs and meetings require a full scope of educational materials including books, magazines, pamphlets and informational brochures. The books and materials are specific to the recovery programs are expensive, *The Big Book of Alcohol Anonymous*, for example, costs \$86 per case of ten books.

The organization is also desperately in need of increasing service capacity. Front desk personnel at the 3,500 square foot club house are available on a part-time basis and their presence should be increased to serve a growing population of men and women seeking refuge. Even as the AACI becomes more successful, the number of individuals attending meetings grows larger and requires greater services.

The organization would also like to refer members for a substance abuse assessment and counseling by a Certified Substance Abuse Counselor (SAC), if they agree to such an assessment and counseling regime (self-referrers). The Information and Referral Coach will help identify very low-income and homeless clients and provide information and assistance to individuals who want to enter into mental health counseling that will be paid by the organization through an MOA with the Certified SAC.

The organization would also like to begin collecting reliable demographic and trend data in order that the Board of Directors can evaluate programs and activities and plan future programs.

12. What statistical data support the needs listed in Question #11?
(If applying for \$5,000 or less, a response is not required.)

Data on the mental health and substance abuse issues at the national level mentioned in Question #11 above was developed by the federal SAMHSA administration. Local data was collected by Anchors Aweigh staff that is on site throughout the day. The average attendance of members and visitors at the club house meetings and events is 250+ per day throughout the calendar year. A non-scientific survey of hotel, motel and guesthouse front desks personnel found that the most asked question of visitors was "Where is the local AA meeting held?" (1991). Since that time thousands of visitors to the Florida Keys have found our meetings and activities through our Website at www.anchorsaweighclub.com.

13. What are the causes (not the symptoms) of these problems?
(If applying for \$5,000 or less, a response is not required.)

SAMHSA estimates that over 45.5 million persons in the United States suffer from some sort of mental illness; while as many as 9 million have a dual diagnosis involving alcohol or another substance abuse problem. The problem is exacerbated by an economy in crisis, a cut back in social problems, increasing poverty destabilizing families, an increase in depression among recent military veterans, and the curse of homelessness that has plagued cities across the nation.

Another cause is the increased use of pharmaceuticals and illegal substances by a teen and young adult- the problem is epidemic in the nation and growing rapidly throughout the Florida

Keys. The AACI is hosting several Monroe County Court System Programs where these populations can receive support on their way to recovery.

14. Describe your target population as specifically as possible.

Gender: Male 64%

Gender: Female 36%

Race/Ethnicity: Caucasian 80%

Race/Ethnicity: African American 7%

Race/Ethnicity Hispanic 11%

Race/Ethnicity: Other 2%

Ages: 18 – 65+

15. How are clients referred to your agency?

A large percentage of clients at AACI are "self-referrers" who come to the agency seeking refuge and support for their alcohol, substance abuse and additive issues.

Clients are referred by many agencies throughout Monroe County- referring agencies can be found in item #2 on page 3. However, the individual must be willing to participate in any of the programs as listed in item #2, page 3 of this application. AACI can afford a safe refuge for programs, meetings and activities, but it cannot force individuals to participate in any program.

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

Any individual in recovery or beginning recovery activity can participate in AACI club house meetings and activities.

For the pilot/test counseling program as proposed herein, a means test will be applied to those clients wishing to have a Substance Abuse and Mental Health Assessment and continue counseling with the certified SAC.

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

AACI has official arrangements and understandings with many area agencies that identify persons with alcohol and substance abuse problems, or those in need of a place to secure their recovery. The Clubhouse has a particularly close relationship with the Monroe County Court System including the Adult Drug Courts, Family Dependency Drug Courts and the Juvenile Drug Courts. The AACI has been serving the community since 1983 and has established contact with many social service agencies as they established themselves in Key West and the Florida Keys.

AACI has created a Website that locals and visitors alike can quickly access and learn of the clubhouse location, working hours and multiple services offered.

18. List all sites and hours of operation. Please note which of these sites will be using HSAB funding.

The Anchors Aweigh Club House, a 3,500 square foot facility, is located at 404 Virginia Street, Key West, Florida. The Club house is open to all from 7:00a.m. to 9:30p.m., 7-days per week, 365-days per year. Member events and special meetings often occur during extended hours.

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 is not required.)

Over the next two years our agency is expecting an increase in persons needing refuge and educational services. High unemployment, increase in homeless individuals and families, and a startling increase in alcohol and illegal substances by teen age and young adults will mean greater challenges for the AACI staff and organization. The Board of Directors recently developed a fundraising component to the budget with a target of \$12,500. In addition, the Board has established a grants committee, which will also serve as a funds solicitation committee.

The AACI has recently developed a Website that tracks visits and it has been highly successful. The Website encourages donations and will also offer various products for sale that will be of interest to Website visitors.

An All-Day-Coffee-Cup Campaign is currently being developed and will solicit help from various nightclubs, bars and hotels throughout the area.

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 is not required.)

A new Board of Directors and Officers was recently elected at the AACI. The Board has welcomed "outside" members to serve as "advisory members. These advisory members include individuals with skills that will help develop a management capacity.

Several members of the Board and the Club Manager recently attended the Community Foundation of the Florida Keys Leadership Training. It was the first such training attended by any member or officer of the AACI. In response, the Board of Directors will hold their first Strategic Planning Session on March 11, 2012.

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

The vast majority of the Board of Directors and advisors are clients of the AACI. The Club Manager and Front Desk personnel have been successful recovery members of the club.

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 is not required.)

The agency is not "monitored" by any outside agency. As grants are received, the AACI will comply with any and all requirements for monitoring and reporting.

23. ___830___ hours of program service were contributed by ___62___ 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?

Mental Health Assessments and Counseling by a Certified Substance Abuse and Mental Health Counselor. Upon notification of funding, a memorandum of agreement will be developed. No contract has yet been developed with a certified vendor in Monroe County.

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

The AACI intends to accomplish three measurable outcomes:

1. To purchase up to approximately 400 educational text books to be used by members and visitors.
2. To provide refuge, meeting space, and activities for a minimum of 240 persons per day (average).
3. To develop a basic demographic collection and reporting system on an estimated 65,000 persons who will use the AACI club house.
4. To pilot test a Substance Abuse and Mental Health Assessment and Counseling Program for willing clients of the club.

26. How will you measure these outcomes?

(If applying for \$5,000 or less, a response is not required.)

Outcomes data will be collected and reported to the AACI Board of Directors on a monthly basis. Staff of the club house, under the direction of the club manager, will collect data that will be entered into a computer based system by the club manager on a daily basis.

The club manager, Ms. Judy Blumenkranz, will oversee the purchase of all educational materials and keep accurate records for reporting to the AACI Board and funding agent(s) for reimbursement.

The AACI Board will develop an MOA with a Certified Substance Abuse and Mental Health Counselor. The club manager will meet with the CSAMHC on a bi-weekly basis to receive reports on participants and report outcome data to the Board on a monthly basis. The club manager will also process invoices from the CSAMHC and submit reimbursement requests to funding agent(s) on a monthly basis.

27. Provide information about units of service below.

(If applying for \$5,000 or less, a response is not required.)

Service	Unit (hour, session, day, etc.)	Cost per unit (current year)
Purchase of literature	120 books	\$5.00
Mental Health Counseling	28 Assessments	\$50.00
Assessment Services	32 Sessions	\$50.00
Life Skills Facilitator	789 hours	\$8.20
Audit	1	\$400
Utilities	12 months	\$97
Office Supplies/Postage	12 months	\$17
Life Skills Program	12 months	\$603

NOTE: The above chart reflects units of service for the HSAB project.

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

Required Attachments

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

ATTACHMENT CHECKLIST

LABEL AND ATTACH THE FOLLOWING IN THE ORDER SHOWN, AFTER THIS PAGE IF NOT APPLICABLE, PLEASE SO INDICATE AND EXPLAIN	ATTACHED?		COMMENTS <i>You must explain any "NO" answers</i>
	YES	NO	
A-1. Current Board Information Form	X		
B. Agency Compensation Detail	X		
C. Profile of Clients, Client Numbers and Services (Performance Report)	X		
D. County HSAB Funding Budget	X		
E. Agency Expenses	X		
F. Agency Revenue	X		
G. Copy of Audited Financial Statement from most recent fiscal year (2010) if organization's expenses are \$150,000 or greater.		X	Form 990 completed and submitted. No audit required.
H. Copy of filed IRS Form 990 from most recent fiscal year (2010)	X		
I. Copy of current fee schedule		X	No fees charged
J. Copy of IRS Letter of Determination indicating 501 C 3 status & Copy of GUIDESTAR printout	X		
K. Copy of Current Monroe County and City Occupational Licenses	X		See Attachment K Licenses in process
L. Copy of Florida Dept. of Children And Families License or Certification		X	Not applicable
M. Copy of any other Federal or State Licenses		X	Not applicable
N. Copy of Florida Dept. of Health Licenses/Permits		X	Not applicable
O. Copy of front page of Agency's EEO Policy/Plan	X		
P. Copy of Summary Report of most current Evaluation/Monitoring *		X	None performed by outside agencies
Q. Data showing need for your program (See Question 12)	X	X	
R. Other (specify) TWO PAGE LIMIT			

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

ATTACHMENT D - COUNTY HSAB FUNDING BUDGET

2012

(Insert organization's name)

Show the proposed budget detail for the County HSAB funds requested.
The total must match with the total funding requested.

	Proposed Expense Budget for Upcoming Year Ending:	
	12/31/2012	
	Total	%
Expenditures		
Salaries - <i>Information/Referral Coach</i>	6,468	0.513333333
Payroll Taxes - <i>Program</i>	768	0
Employee Benefits - <i>Program</i>		0
Salaries - <i>Administrative</i>		0
Payroll Taxes - <i>Administrative</i>		0
Employee Benefits - <i>Administrative</i>		0
Subtotal Personnel	7,236	57.4%
Postage		0
Office Supplies	200	1.6%
Telephone		0
Professional Fees	400	3.2%
Rent		0
Utilities	1,164	9.2%
Repair and Maint.		0
Travel		0
Miscellaneous		0
Grants to Other Organizations		0
<i>List others below</i>		0
Mental Health/Substance Abuse Counseling	1,600	12.7%
Mental Health/Substance Abuse Counseling	1,400	11.1%
12 Step Books, Literature, Flyers, Brochures	600	4.8%
		0
		0
		0
		0
		0
		0
		0
		0
Total Expenses	12,600	100.0%

ATTACHMENT E - AGENCY EXPENSES

2012

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

(Insert organization's name)
Anchors Aweigh Clubhouse, Inc.,

	Proposed Expense Budget for Upcoming Year Ending:		Projected Expenses for Current Year Ending:	
	12 / 31 /12		12 / 31 /11	
Expenditures	Total	%	Total	%
Salaries - Program	35,285	29%	0	0
Payroll Taxes - Program	4,361	4%	0	0
Employee Benefits - Program	0	0	0	0
Salaries - Administrative	4,802	4%		0
Payroll Taxes - Administrative	528	0%		0
Employee Benefits - Administrative		0		0
Subtotal Personnel	44,976	37%	0	0
Postage	120	0%	0	0
Office Supplies	1,080	1%	0	0
Telephone	1,440	1%	1,183	1%
Professional Fees- Audit	4,519	4%	36,734	33%
Rent- Mortgage	20,960	17%	21,668	19%
Utilities	11,247	9%	10,309	9%
Repair and Maint.	2,400	2%	2,867	3%
Travel	0	0	0	0
Miscellaneous	0	0	0	0
Grants to Other Organizations	0	0	0	0
List others below		0		0
Cost of Gift Shop Items	23,070	19%	25,738	23%
Sales Tax	3,367	3%	4,309	4%
Insurance Escrow	9,600	8%	6,749	6%
Loan Expenses	0	0	1,050	1%
Equipment	0	0	620	1%
Bank Charges	0	0	153	0%
Fundraising		0	1,242	1%
Dues & Subscriptions		0	161	0%
Other		0	237	0%
Total Expenses	122,779	100%	113,020	100%
Revenue Over/(Under) Expenses	4,571		22,737	

Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2010

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 01-01-2010 and ending 12-31-2010

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ANCHORS AWEIGH CLUB INC		D Employer identification number 65-0126602
	Doing Business As		E Telephone number (305) 296-7888
	Number and street (or P O box if mail is not delivered to street address) 404 VIRGINIA ST	Room/suite	G Gross receipts \$ 122,988
	City or town, state or country, and ZIP + 4 KEY WEST, FL 33040		
F Name and address of principal officer Tom Goetz 813 Elizabeth Street Key West, FL 33040		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ www.anchorsaweighclub.com			

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1991 **M** State of legal domicile: FL

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities Addiction support, prevention, and healing Addiction support, prevention, and healing		
	2 Check this box <input type="checkbox"/> 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)	3	7
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	7
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	30
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)		65,943
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		735
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		27,369
			94,047
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		113,300
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		113,300	
19 Revenue less expenses Subtract line 18 from line 12		-19,253	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	588,264	571,048
	22 Net assets or fund balances Subtract line 21 from line 20	247,882	249,922
		340,382	321,126

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):

Sign Here	Signature of officer 
	Tom Goetz Director Type or print name and title
Paid Preparer Use Only	Print/Type preparer's name: Mary Beth Meyers CPA Preparer's signature: Mary Beth Meyers
	Firm's name: Ward and Meyers LLC
	Firm's address: 3201 Flagler Ave Suite 506 Key West, FL 33040

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

Attachment H.

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission
Addiction support, prevention, and healing

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O

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 \$ 110,727 including grants of \$) (Revenue \$ 65,943)
Offered meeting space and support for the education and rehabilitation of individuals with addiction issues and others interested in the prevention and healing of addiction

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 \$ 110,727

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 5	Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?		No
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		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? 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		No
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		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		No
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		No
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		No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 5	Yes	
b 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.		No
c 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.		No
d Did the organization report an amount for other assets 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.		No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 5	Yes	
f 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 (ASC 740)? If "Yes," complete Schedule D, Part X.		No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII		No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional		No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
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, Parts I and IV		No
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 U S ? If "Yes," complete Schedule F, Parts II and IV		No
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 U S ? If "Yes," complete Schedule F, Parts III and IV		No
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 (see instructions)		No
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		No
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		No
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H		No
b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

Part IV Checklist of Required Schedules (continued)

<p>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? <i>If "Yes," complete Schedule I, Parts I and II</i></p>	<p>21</p>	<p>No</p>
<p>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? <i>If "Yes," complete Schedule I, Parts I and III</i></p>	<p>22</p>	<p>No</p>
<p>23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i></p>	<p>23</p>	<p>No</p>
<p>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? <i>If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25</i></p>	<p>24a</p>	<p>No</p>
<p>b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?</p>	<p>24b</p>	
<p>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?</p>	<p>24c</p>	
<p>d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?</p>	<p>24d</p>	
<p>25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i></p>	<p>25a</p>	<p>No</p>
<p>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? <i>If "Yes," complete Schedule L, Part I</i></p>	<p>25b</p>	<p>No</p>
<p>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? <i>If "Yes," complete Schedule L, Part II</i></p>	<p>26</p>	<p>No</p>
<p>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? <i>If "Yes," complete Schedule L, Part III</i></p>	<p>27</p>	<p>No</p>
<p>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)</p>		
<p>a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i></p>	<p>28a</p>	<p>No</p>
<p>b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i></p>	<p>28b</p>	<p>No</p>
<p>c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i></p>	<p>28c</p>	<p>No</p>
<p>29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i></p>	<p>29</p>	<p>No</p>
<p>30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i></p>	<p>30</p>	<p>No</p>
<p>31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i></p>	<p>31</p>	<p>No</p>
<p>32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i></p>	<p>32</p>	<p>No</p>
<p>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? <i>If "Yes," complete Schedule R, Part I</i></p>	<p>33</p>	<p>No</p>
<p>34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i></p>	<p>34</p>	<p>No</p>
<p>35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?</p>	<p>35</p>	<p>No</p>
<p>a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		
<p>36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i></p>	<p>36</p>	<p>No</p>
<p>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? <i>If "Yes," complete Schedule R, Part VI</i></p>	<p>37</p>	<p>No</p>
<p>38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O</p>	<p>38</p>	<p>Yes</p>

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
	1a 10		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
	1c		
2a	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.		
	2a 0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).		
	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		
	3b		
4a	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)?		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
	4a		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
	5b		
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
	5c		
6a	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?		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	6b		
7	Organizations that may receive deductible contributions under section 170(c).		
a	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?		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
	7a		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
d	If "Yes," indicate the number of Forms 8282 filed during the year.		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
	7e		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
	7f		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
	7g		
7h			
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
	8		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
	9b		
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders.	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b	
c	Enter the amount of reserves on hand.	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	

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

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	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?		No
3	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?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Does the organization have members or stockholders?	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	Yes	
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	Yes	
9	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		No

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

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		No
10b	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?		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	Yes	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13		No
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		No
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done		
13	Does the organization have a written whistleblower policy?		No
14	Does the organization have a written document retention and destruction policy?		No
15	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?		
15a	The organization's CEO, Executive Director, or top management official		No
15b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)	Yes	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
16b	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: **FL**
- 18** Section 6104 requires an organization to make its Form 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. See Additional Data Table
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **▶**
 Rob Gregg
 404 Virginia
 Key West, FL 33040
 (305) 942-4329

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 1a				
	b Membership dues 1b				
	c Fundraising events 1c				
	d Related organizations 1d				
	e Government grants (contributions) 1e				
	f All other contributions, gifts, grants, and similar amounts not included above 1f	65,943			
	g Noncash contributions included in lines 1a-1f \$				
	h Total. Add lines 1a-1f ▶	65,943			
Program Service Revenue	2a _____ Business Code				
	b _____				
	c _____				
	d _____				
	e _____				
	f All other program service revenue				
	g Total. Add lines 2a-2f ▶				
Other Revenue	3 Investment income (including dividends, interest and other similar amounts) ▶		735		735
	4 Income from investment of tax-exempt bond proceeds . . . ▶				
	5 Royalties ▶				
	6a Gross Rents	(i) Real	(ii) Personal		
	b Less rental expenses				
	c Rental income 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 and sales expenses				
	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 a				
	b Less direct expenses b				
	c Net income or (loss) from fundraising events . . . ▶				
	9a Gross income from gaming activities See Part IV, line 19 . . . a				
b Less direct expenses b					
c Net income or (loss) from gaming activities . . . ▶					
10a Gross sales of inventory, less returns and allowances a		56,310			
b Less cost of goods sold b		28,941			
c Net income or (loss) from sales of inventory . . . ▶		27,369			
Miscellaneous Revenue	Business Code				
11a _____					
b _____					
c _____					
d All other revenue					
e Total. Add lines 11a-11d ▶					
12 Total revenue. See Instructions ▶					

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	0			
2	Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	0			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	0			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	0			
a	Fees for services (non-employees)				
	Management	0			
b	Legal	0			
c	Accounting	1,069		1,069	
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	0			
g	Other	0			
12	Advertising and promotion	0			
13	Office expenses	379		379	
14	Information technology	1,219	1,219		
15	Royalties	0			
16	Occupancy	9,546	9,546		
17	Travel	0			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	16,608	16,608		
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	12,993	12,993		
23	Insurance	11,719	11,719		
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	Independent Contractors	58,337	58,337		
b	Dues Subscriptions	195		195	
c	Bank Charges	176		176	
d	Supplies	305	305		
e	Repairs Maintenance	404		404	
f	All other expenses	350		350	
25	Total functional expenses. Add lines 1 through 24f	113,300	110,727	2,573	0
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	39,553	1	35,330
	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)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	2,468	9	2,468
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	603,402		
	b Less accumulated depreciation	70,152	546,243	10c 533,250
	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		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	588,264	16	571,048	
Liabilities	17 Accounts payable and accrued expenses		17	
	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	247,473	23	247,655
24 Unsecured notes and loans payable to unrelated third parties		24		
25 Other liabilities. Complete Part X of Schedule D	409	25	2,267	
26 Total liabilities. Add lines 17 through 25	247,882	26	249,922	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets		27	
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input checked="" 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	340,382	32	321,126
33 Total net assets or fund balances	340,382	33	321,126	
34 Total liabilities and net assets/fund balances	588,264	34	571,048	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	94,047
2	Total expenses (must equal Part IX, column (A), line 25)	113,300
3	Revenue less expenses Subtract line 2 from line 1	-19,253
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	340,382
5	Other changes in net assets or fund balances (explain in Schedule O)	-3
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	321,126

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990 <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> 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?	2a	No
b Were the organization's financial statements audited by an independent accountant?	2b	No
c If "Yes," to 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	2c	
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 separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated 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?	3a	No
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	3b	

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2010

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization
ANCHORS AWEIGH CLUB INC

Employer identification number
65-0126602

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

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

(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	
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	98,734	464,661	199,277	106,203	65,943	934,818
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	98,734	464,661	199,277	106,203	65,943	934,818
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)						285,264
6 Public Support. Subtract line 5 from line 4						649,554

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	98,734	464,661	199,277	106,203	65,943	934,818
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	518	4,490	969	1,741	735	8,453
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)				5,078	27,369	32,447
11 Total support (Add lines 7 through 10)						975,718
12 Gross receipts from related activities, etc. (See instructions)						

12

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	66.570 %
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	66.860 %

16a 33 1/3% support test—2010. 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

b 33 1/3% support test—2009. If the organization did not check the 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

17a 10%-facts-and-circumstances test—2010. 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

b 10%-facts-and-circumstances test—2009. 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

18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 Total. 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 Public Support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 Total support (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 2010 (line 8 column (f) divided by line 13 column (f))	15	0 %
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	0 %
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2010. 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—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV **Supplemental Information.** 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. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Part II Line 10 The organization sells beverages and snacks to the club participants during meeting and events

Part II Line 10 The organization sells beverages and snacks to the club participants during meeting and events

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **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.**

Name of the organization
ANCHORS AWEIGH CLUB INC

Employer identification number

65-0126602

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.

	(a) Donor advised funds	(b) Funds and other accounts
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?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

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? Yes No

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 170(h)(4)(B)(ii)? Yes No

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.

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

b 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 ▶ \$ _____

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

3 Using the organization's 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 the 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 Investment earnings or 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

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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		100,000		100,000
b Buildings		497,246	68,118	429,128
c Leasehold improvements				
d Equipment		6,156	2,034	4,122
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				533,250

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	94,047
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	113,300
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-19,253
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-19,253

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

1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12)	5	

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

1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18)	5	

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, 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

Identifier	Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

2010

Open to Public Inspection

Name of the organization
ANCHORS AWEIGH CLUB INC

Employer identification number

65-0126602

Identifier	Return Reference	Explanation
Form 990 Part VI	11a b	The Form 990 is reviewed by the Treasurer and once approved it is posted on the board at the clubhouse if anyone wants to review

Identifier	Return Reference	Explanation
Form 990 Part VI	19	Governing documents, policies, and financial information is made available upon request Form 990 is available on Guidestar.org or by request

Identifier	Return Reference	Explanation
Form 990 Part XI	5	There was an adjustment made for rounding purposes

Identifier	Return Reference	Explanation
Form 990 Part IV	6	Anyone in a 12-step program may become a member of the Club

Identifier	Return Reference	Explanation
Form 990 Part IV	Line 7A	The Board of Directors is elected from the general membership

Identifier	Return Reference	Explanation
Form 990 Part IV	15B	Any key employees compensation is discussed and decided the Board of Directors w thout the key employee present

Form **4562**

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

OMB No 1545-0172

2010

Department of the Treasury
Internal Revenue Service (99)

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

Attachment
Sequence No 67

Name(s) shown on return ANCHORS AWEIGH CLUB INC	Business or activity to which this form relates 990	Identifying number 65-0126602
--	--	----------------------------------

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	\$ 500,000
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	\$ 2,000,000
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 2009 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 2011 Add lines 9 and 10, less line 12	13	

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

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

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	5,319

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 2010	17	7,446
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 2010 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			25 yrs		S/L	
h Residential rental property			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 2010 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (see instructions)

21 Listed property Enter amount from line 28	21	228
22 Total. 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	12,993
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	

Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation/deduction, (i) Elected section 179 cost.

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25

26 Property used more than 50% in a qualified business use

Table with 9 columns for property used more than 50% in a qualified business use, including Computer entries with dates, percentages, costs, and depreciation amounts.

27 Property used 50% or less in a qualified business use

Table with 9 columns for property used 50% or less in a qualified business use, including S/L - entries.

28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 28 228

29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 29

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table for Section B with 6 columns (a-f) for Vehicle 1-6. Rows include 30-36: Total business/commuting miles, personal miles, availability for personal use, and primary use.

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions)

Table for Section C with 2 columns: Yes, No. Rows include 37-41: Written policy statement, personal use, information retention, and qualified demonstration use.

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles

Part VI Amortization

Table with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year.

42 Amortization of costs that begins during your 2010 tax year (see instructions)

Table with 6 columns for amortization of costs that begins during 2010 tax year.

43 Amortization of costs that began before your 2010 tax year 43

44 Total. Add amounts in column (f) See the instructions for where to report 44

ATTACHMENT J.

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date:

OCT 25 2001

ANCHORA ANGLIC CLUB INC
404 VIRGINIA ST
KEY WEST, FL 33040

Employer Identification Number:

65-0126602

D/B:

17061125754011

Contact Person:

TRINA F TINDAL

TOP 31455

Contact Telephone Number:

(877) 829-5500

Our Letter Dated:

July 9, 1997

Addendum Applies:

No

Dear Applicant:

This modifies our letter of the above date in which we stated that you would be treated as an organization that is not a private foundation until the expiration of your advance ruling period.

Your exempt status under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3) is still in effect. Based on the information you submitted, we have determined that you are not a private foundation within the meaning of section 509(a) of the Code because you are an organization of the type described in section 509(a)(1) and 170(b)(1)(A)(vi).

Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(1) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act, or the substantial or material change on the part of the organization that resulted in your loss of such status, or if he or she acquired knowledge that the Internal Revenue Service had given notice that you would no longer be classified as a section 509(a)(1) organization.

You are required to make your annual information return, Form 990 or Form 990-E, available for public inspection for three years after the later of the due date of the return or the date the return is filed. You are also required to make available for public inspection your exemption application, any supporting documents, and your exemption letter. Copies of these documents are also required to be provided to any individual upon written or in person request without charge other than reasonable fees for copying and postage. You may fulfill this requirement by placing these documents on the Internet. Penalties may be imposed for failure to comply with these requirements. Additional information is available in Publication 557, Tax-Exempt Status for Your Organization, or you may call our toll free number shown above.

If we have indicated in the heading of this letter that an addendum applies, the addendum enclosed is an integral part of this letter.

Letter 1050 (DC/CG)

07/09/2003 10:01

305-293-0263

WARD & MEYERS

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ANCHORS ANWIGH CLUB INC

Because this letter could help resolve any questions about your private foundation status, please keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown above.

Sincerely yours,



Steven T. Miller
Director, Exempt Organizations

ATTACHMENT K

Anchor's Aweigh, Inc. (AACI) is in process of obtaining a Key West and Monroe County Occupational License(s).

Previous clubhouse managers have applied for licenses and were told that as a non-profit, 501 (C) (3) agency, they did not need licenses because of the tax exemption status.

However, the agency has discovered that copies of licenses are required for some grant programs such as HSAB requires copies of occupational licenses. Therefore, the current Board of Directors has asked that the clubhouse manager apply for the licenses.

We have attached a copy of our Occupational License Application herein and expecting mail delivery of the license certificate with three days.

The AACI has been assured that occupational licenses will be in order by the time of HSAB contract signing, if awarded.

Business License Tax Application

City of Key West
City Hall Annex
PO Box 1409
Key West, FL 33041

Date Applied 4/25/12

License # _____
Phone 305-809-3955
Fax 305-809-3978

Business Type: Recovery Meeting Clubhouse

Business Name: Anchor's Aweigh Clubhouse, Inc

Business Location: 404 Virginia Street

Business Owner: Anchor's Aweigh Clubhouse, Inc.

State Licensed Qualifier (if applicable): _____

Mailing Address: 404 Virginia Street

EIN / SS # 650126602 Phone # 296-7888

Joseph G. Pais
Applicant name (printed)

Joseph Pais
Applicant signature

4/25/2012
Date

State of Florida
County of Monroe

The foregoing instrument was acknowledged before me this 25 day of April, 2012, by

Joseph Pais
Signature of Notary Public



Personally known _____
Produced id _____

- Sales Tax number 305-470-5001 myflorida.com
- Commercial garbage Waste Mgmt 296-8297 / 797-3312
- Lease or deed
- State License DBPR 850-487-1395 / Dept Ag 305-470-6900
- Home occupation application
- Fictitious Name registration sunbiz.org Previous use _____
- Corporate or LLC registration Zoning _____
- Liability / Worker's Comp
- Fire Inspector 292-8179 Category _____ Fee \$ _____
- CO / final inspection on any permits
- Monroe County or local licensing

Licensed in accordance with Chapter 66, Key West Code of Ordinances

Approved _____ Denied / Reason _____

Joseph Pais
Licensing Official

4/25/12
Date



Anchors Aweigh Club, Inc.
404 Virginia Street - Key West, FL 33040
305 296-7888

EQUAL EMPLOYMENT OPPORTUNITY POLICY STATEMENT

Equal Employment Policy

Anchors Aweigh Club, Inc. provides equal opportunity in all of our employment practices to all qualified employees and applicants without regard to race, color, religion, gender, national origin, age, disability, marital status, military status or any other category protected by federal, state and local laws. This policy applies to all aspects of the employment relationship, including recruitment, hiring, compensation, promotion, transfer, disciplinary action, layoff, return from layoff and training. All such employment decisions will be made without unlawfully discriminating on any prohibited basis.

Americans w/ Disabilities Act

It is Anchors Aweigh Club, Inc.'s policy that we will not discriminate against qualified individuals with disabilities with regard to any aspect of their employment. Anchors Aweigh Club, Inc. is committed to complying with the American with Disabilities Act of 1990 and its related Section 504 of the Rehabilitation Act of 1973, as applicable. Anchors Aweigh Club, Inc. recognizes that some individuals with disabilities may require accommodations at work. If you are currently disabled or become disabled during your employment, you should contact your manager to discuss reasonable accommodations that may enable you to perform the essential functions of your job.

In accordance with the Americans with Disabilities Act, employees with AIDS will be treated like any other ill employee. If the individual is fit to work, he or she will be provided with work in accordance with normal procedures. Usually, no special precautions in the workplace are indicated. However, employees with AIDS may request reasonable accommodation by contacting the Clubhouse Manager. We are committed to safeguarding the health of all employees and maintaining productivity.

Policy Prohibiting Harassment and Discrimination

Anchors Aweigh Club, Inc. strives to maintain an environment free from discrimination and harassment, where employees treat each other with respect, dignity and courtesy.