

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

Agency Name	Bahama Village Music Program
Physical Address	103 Olivia St
Mailing Address	727 Fort St.
City, State, Zip	Key West, FL 33040
Phone	(305) 292-9628
Fax	
Email	<a href="mailto:bvmp@bellsouth.net">bvmp@bellsouth.net</a>
Who should we contact with questions about this application?	Katchen Duncan

Amount received for prior fiscal year ending 09/30/11	\$0
Amount received for current fiscal year ending 09/30/12	\$0
Amount requested for upcoming fiscal year ending 09/30/13	\$10,000.00

## CERTIFICATION

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

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

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

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

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

Typed Name of Executive Director: Katchen Duncan

Signature  \_\_\_\_\_

Title: Executive Director

Date: 4/20/12

Typed Name of Board President/Chairman: Marilyn Humphreys

Signature  \_\_\_\_\_

Title: President ~ Board of Directors

Date: 4/20/12

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

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

**Provide quality music education for children who otherwise would not have access to specialized music instruction.**

2. List the services your agency provides.

**Bahama Village Music Program provides free lessons in piano, guitar, steel pan, clarinet, trumpet, drums, saxophone, ukulele, violin and flute. We also provide choir and dance classes.**

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

**All of the above**

4. Funding category:

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

If yes, please circle the new category for which you would like to be considered:  
Medical                      Core Services                      Quality of Life

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

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

**No**

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

a. grant award title, granting agency, and purpose:

b. grant amount:

c. match percentage requirement and amount:

d. expected award date:

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

a. how the funds were spent

b. how they were used to leverage additional funding

8. Do you plan to allocate any part of this HSAB grant, if awarded, as a sub-grant to another

organization? *If yes, please list the recipient(s), the purpose(s), and amount(s). Please make sure these are included on Attachment D, under "Grants to Other Organizations."*

**No.**

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

**No.**

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

**No**

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

**Bahama Village Music Program gives at-risk kids a safe, after-school environment to learn music. Music education promote cognitive function, improves grades in math and reading and increases students' comprehension.**

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

**Students taking courses in music performance and music appreciation scored higher in the SAT than students with no arts participation. Music performance students scored 53 points higher on the verbal and 39 points higher on the math. Music appreciation students scored 61 points higher on the verbal and 42 points higher on the math. (Source: 1999 College-Bound Seniors National Report: Profile of SAT Program Test Takers, The College Entrance Examination Board, Princeton, New Jersey)**

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

**The children in our program come from low income families where it is a struggle to maintain the basic needs of human existence. Music education is considered a luxury, but BVMP believes that music education is imperative to a child's development.**

14. Describe your target population as specifically as possible.

**Our target population are children who do not have the financial or geographical ability to receive music education.**

15. How are clients referred to your agency?

**Students are identified through the subsidized tutoring program at the Frederick Douglass Gym and through the Key West housing authority. Students also hear about us from word of mouth and our local performances.**

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

**Lessons are assigned according to student skill level.**

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

**We unofficially network with the Salvation Army and Habitat for Humanity as well as Just4Kids and Frederick Douglass after school program.**

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

**We are currently operating out of 103 Olivia Street, Key West, Fl. 33040. Hours are 2pm-6pm, Monday through Friday, when Monroe County Schools are in session.**

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.)*

**Our financial challenges are paying our staff and providing and maintaining instruments for our students. We rely on donations and fundraising.**

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.)*

**Our organization is organized in such a way that they only challenge would be accommodating increased enrollment.**

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

**We give our students the opportunity to teach once they have reached 15 years of age. Currently several of our teachers are former students.**

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.)* **NO.**

23. **\_250+\_** hours of program service were contributed by **\_15\_** volunteers in the last year.

24. Will any services funded by the County be performed under subcontract by another agency? If so, what services, and who will perform them? **NO.**

25. What measurable outcomes do you plan to accomplish in the next funding year?  
**BVMP plans to accomplish the outcome of every student learning some form of music and participating in our performances.**

26. How will you measure these outcomes?  
*(If applying for \$5,000 or less, a response is not required.)*

**This outcome can be measured by assessing the number of students who increase their skill level throughout the school year. This can be accomplished through "level testing" with their student teacher.**

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)
Music Lessons	Half Hour Weekly 38 weeks	2010-2011 = \$5.34

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.*

~~2011~~

**EXPENSES**

**Administration**

Program Director	25,000	
Office Supplies	1,200	
Dues, Subscriptions, Fees	500	
Insurance (Director's & Comm.Liability	1,000	
Postage	650	
Advertising (Website +)	3,750	
Office Supplies	1,150	
Fundraising	1,450	
Miscellaneous	250	
		34,950

**Core Program Expenses**

Senior Music Instructor (15 hours/wk @ \$35/hr)	19,950	
Steel Pan Instructor (2 hours/wk @ \$25/hr)	1,900	
Student Teachers (\$10/hour)	11,000	
Instrument Repair/Tuning	2,500	
Praise Dancers Instructor/Costumes	3,700	
Instruments for Students to Practice	2,500	
Computer updates to comply with Berklee	5,000	
		46,550

**TOTAL EXPENSES**

**81,500**

**REVENUE**

**Fund Raising**

Fund raising Letter	7,500	
Cook Book Sales	3,000	
Special Events (Goombay/Day Filled w/Music,etc)	10,000	
Board Members Contributions	10,000	
Individual Donations	14,000	
		44,500

**Grants**

Parrothead Charities	5,500	
Klaus Murphy Foundation - pending	7,500	
Key West Community Foundation	4,250	
Jubilation Foundation - Pending	7,500	
Bank of America - Pending	6,250	
		31,000

Instruments	2,500	
Marketing/Website	3,500	
		6,000

**TOTAL REVENUE**

**81,500**

## ATTACHMENT CHECKLIST

<b>LABEL AND ATTACH THE FOLLOWING IN THE ORDER SHOWN, AFTER THIS PAGE IF NOT APPLICABLE, PLEASE SO INDICATE AND EXPLAIN</b>	<b>ATTACHED?</b>		<b>COMMENTS</b> You must explain any "NO" answers
	<b>YES</b>	<b>NO</b>	
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	N/A
H. Copy of filed IRS Form 990 from most recent fiscal year (2010)	X		
I. Copy of current fee schedule		X	N/A
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	N/A
L. Copy of Florida Dept. of Children And Families License or Certification		X	N/A
M. Copy of any other Federal or State Licenses		X	N/A
N. Copy of Florida Dept. of Health Licenses/Permits		X	N/A
O. Copy of front page of Agency's EEO Policy/Plan		X	N/A
P. Copy of Summary Report of most current Evaluation/Monitoring *		X	N/A
Q. Data showing need for your program (See Question 12)	X		
R. Other (specify) TWO PAGE LIMIT			

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

## ATTACHMENT A 1 - BOARD INFORMATION

2012

You must have at least five directors.

**Bahama Village Music Program**

(enter your agency name in D-3 above and it will automatically appear in subsequent sheets)

Name/Board Position	Affiliation/Title	City/State	Telephone No.	Years Served	Current Term Expiration Date
Liz Humphreys, President			508-561-2871	2	N/A
Dawn Nolan, Vice President	Non-Profit Coordinator	Key West, Florida	305-619-0507	1	N/A
Anna Baird, Treasurer	Merchant Service Director	Key West, Florida	305-292-4915	9	N/A
Veronica Schill, Secretary	Merchandising Director	Key West, Florida	305-393-7421	5	N/A
Marci Rose	Lawyer	Key West, Florida	305-296-3249	2	N/A
Bill Goldner	Dentist	Key West, Florida	305-293-9876	1	N/A
Don Booth	Retired Professor	Key West, Florida	305-296-6701	7	N/A
Tracey Hoist		Key West, Florida	305-766-5258	1	N/A
Jenny Rossano	Home Care Provider	Key West, Florida	305-469-6774	1	N/A
Larry Baeder	Professional Musician	Key West, Florida	917-815-3609	1	N/A
Katchen Duncan, Staff	Executive Director	Key West	305-292-9628		

**\*\*ATTACHMENT A 2 - EVIDENCE OF ANNUAL ELECTION OF OFFICERS** (Please attach a copy of the minutes of the meeting in which the most recent elections took place.)





## ATTACHMENT D - COUNTY HSAB FUNDING BUDGET

2012

### Bahama Village Music Program

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:	
	6 / 1 /12	
Expenditures	Total	%
Salaries - Program	30,950	0.334594595
Payroll Taxes - Program	7,500	0
Employee Benefits - Program	0	0
Salaries - Administrative	25,000	0
Payroll Taxes - Administrative	3,500	0.037837838
Employee Benefits - Administrative	0	0
<b>Subtotal Personnel</b>	<b>66,950</b>	<b>72.4%</b>
Postage	650	0.7%
Office Supplies	2,350	2.5%
Telephone	0	0
Professional Fees	5,600	6.1%
Rent	0	0
Utilities	0	0
Repair and Maint.	2,500	2.7%
Travel	0	0
Miscellaneous	250	0.3%
Grants to Other Organizations	0	0
Insurance	1,000	1.1%
Fundraising Expenses	1,450	1.6%
Dues, Subscriptions and Fees	500	0.5%
Advertising and Website	3,750	4.1%
Instruments	2,500	2.7%
Computer Updates	5,000	5.4%
		0
		0
		0
		0
		0
		0
<b>Total Expenses</b>	<b>92,500</b>	<b>100.0%</b>

## ATTACHMENT E - AGENCY EXPENSES

2012

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

Bahama Village Music Program

	Proposed Expense Budget for Upcoming Year Ending:		Projected Expenses for Current Year Ending:	
	<i>6/1/12</i>		<i>6/1/11</i>	
Expenditures	Total	%	Total	%
Salaries - Program	30,950	33%	30,950	33%
Payroll Taxes - Program	7,500	0	7,500	0
Employee Benefits - Program	0	0	0	0
Salaries - Administrative	25,000	0	25,000	0
Payroll Taxes - Administrative	3,500	4%	3,500	4%
Employee Benefits - Administrative	0	0	0	0
<b>Subtotal Personnel</b>	<b>66,950</b>	<b>72%</b>	<b>66,950</b>	<b>72%</b>
Postage	650	1%	650	1%
Office Supplies	2,350	3%	2,350	3%
Telephone	0	0	0	0
Professional Fees	5,600	6%	5,600	6%
Rent	0	0	0	0
Utilities	0	0	0	0
Repair and Maint.	2,500	3%	2,500	3%
Travel	0	0	0	0
Miscellaneous	250	0%	250	0%
Grants to Other Organizations	0	0	0	0
<i>List others below</i>	1,000	1%	1,000	1%
	1,450	2%	1,450	2%
	500	1%	500	1%
	3,750	4%	3,750	4%
	2,500	3%	2,500	3%
	5,000	5%	5,000	5%
		0		0
		0		0
		0		0
		0		0
<b>Total Expenses</b>	<b>92,500</b>	<b>100%</b>	<b>92,500</b>	<b>100%</b>
<b>Revenue Over/(Under) Expenses</b>	<b>(9,500)</b>		<b>(20,500)</b>	



GUIDESTAR  
Nonprofit Report

Generated on April 25, 2012, at 4:18 PM EDT

BAHAMA VILLAGE MUSIC PROGRAM  
INC

Also Known As:  
727 Fort St  
Key West, FL 33040

*Institutional funders should note that an organization's inclusion on guidestar.org does not satisfy IRS Rev. Proc. 2011-33 for verifying charitable status and identifying supporting organizations.*

Contact Information

BAHAMA VILLAGE MUSIC PROGRAM INC

Also Known As:

Physical Address: Key West, FL 33040

[Register for free](#) to see this organization's full address, telephone number, Web site, and more!

At A Glance

Formerly Known As:

Category (NTEE): A Arts, Culture, and Humanities /A25 (Arts Education/Schools)

Mission Statement

Impact Statement

This organization has not provided an impact statement.

Background Statement

Financial Data

[FAQs on Financial Data | Utilizing IRS Form 990 Data](#)

[Login or register](#) to view this information.

Revenue and Expenses

[Login or register](#) to view this information.

Balance Sheet

Subscribe to [GuideStar Premium](#) to view this information, if available.

Forms 990 Received from the IRS 

[Login or register](#) to view this information.

Forms 990 Provided by the Nonprofit

[Login or register](#) to view this information.

Financial Statements

Subscribe to [GuideStar Premium](#) to view this information, if available.

Annual Reports

[Login or register](#) to view this information.

Formation Documents 

Subscribe to [GuideStar Premium](#) to view this information, if available.

Program:

Budget: --

Category:

Population Served:  
Program Description:  
Program Long-Term Success:  
Program Short-Term Success:  
Program Success Monitored by:  
Program Success Examples:

**Funding Needs**

**Volunteer Needs**

**Request for In-Kind Contributions**

**Organizational Statistics**

[Login or register](#) to view this information.

**Chief Executive**

**Board Chair**

[Login or register](#) to view this information.

**Board of Directors**

[Login or register](#) to view this information.

**Officers for Fiscal Year**

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**Highest Paid Employees & Their Compensation**

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**News**

Form **990-EZ**

# Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2010

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

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

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).  
▶ All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

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

**A** For the 2010 calendar year, or tax year beginning January 1, 2010, and ending December 31, 2010

**B** Check if applicable:

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

**C** Name of organization  
Bahama Village Music Program

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite  
727 Fort St

City or town, state or country, and ZIP + 4  
Key West FL 33040

**D** Employer identification number

30-0134445

**E** Telephone number

**F** Group Exemption Number ▶

**G** Accounting Method:  Cash  Accrual Other (specify) ▶ \_\_\_\_\_

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

**I** Website: ▶ \_\_\_\_\_

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

**K** Check  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part I, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ . . . . . ▶ \$

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

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

	Description	Code	Amount
<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received . . . . .	<b>1</b>	18,353
	<b>2</b> Program service revenue including government fees and contracts . . . . .	<b>2</b>	0
	<b>3</b> Membership dues and assessments . . . . .	<b>3</b>	0
	<b>4</b> Investment income . . . . .	<b>4</b>	339
	<b>5a</b> Gross amount from sale of assets other than inventory . . . . .	<b>5a</b>	0
	<b>b</b> Less: cost or other basis and sales expenses . . . . .	<b>5b</b>	0
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	<b>5c</b>	0
	<b>6</b> Gaming and fundraising events		
	<b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	<b>6a</b>	0
	<b>b</b> Gross income from fundraising events (not including \$ <u>700.00</u> of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . .	<b>6b</b>	4,836
<b>c</b> Less: direct expenses from gaming and fundraising events . . . . .	<b>6c</b>	931	
<b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	<b>6d</b>	3,905	
<b>7a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>7a</b>	2,124	
<b>b</b> Less: cost of goods sold . . . . .	<b>7b</b>	0	
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	<b>7c</b>	2,124	
<b>8</b> Other revenue (describe in Schedule O) . . . . .	<b>8</b>	0	
<b>9</b> <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ▶	<b>9</b>	24,721	
<b>Expenses</b>	<b>10</b> Grants and similar amounts paid (list in Schedule O) . . . . .	<b>10</b>	0
	<b>11</b> Benefits paid to or for members . . . . .	<b>11</b>	0
	<b>12</b> Salaries, other compensation, and employee benefits . . . . .	<b>12</b>	35,641
	<b>13</b> Professional fees and other payments to independent contractors . . . . .	<b>13</b>	1,925
	<b>14</b> Occupancy, rent, utilities, and maintenance . . . . .	<b>14</b>	0
	<b>15</b> Printing, publications, postage, and shipping . . . . .	<b>15</b>	0
	<b>16</b> Other expenses (describe in Schedule O) . . . . .	<b>16</b>	1,024
	<b>17</b> <b>Total expenses.</b> Add lines 10 through 16 . . . . . ▶	<b>17</b>	38,590
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	<b>18</b>	(13,869)
	<b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .	<b>19</b>	48,906
	<b>20</b> Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>20</b>	0
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . . ▶	<b>21</b>	35,037

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

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

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments . . . . .	41,406	27,437
23 Land and buildings . . . . .	0	0
24 Other assets (describe in Schedule O) . . . . .	7,600	7,600
25 <b>Total assets</b> . . . . .	48,906	37,037
26 <b>Total liabilities</b> (describe in Schedule O) . . . . .	0	0
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) . . . . .	48,906	34,037

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

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

What is the organization's primary exempt purpose? Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)
28 Piano & Music Theroy 77 Students  (Grants \$ ) If this amount includes foreign grants, check here . . . . . <input type="checkbox"/>	28a 22,314
29 Percussion - Drum & Steel Drum 26 Students  (Grants \$ ) If this amount includes foreign grants, check here . . . . . <input type="checkbox"/>	29a 2,525
30 8 Trumpet, 6 Clarinet, 3 Flute & 24 Guitar Students  Toatl of 141 students taking 175 lessons a week. (Grants \$ ) If this amount includes foreign grants, check here . . . . . <input type="checkbox"/>	30a 6,336
31 Other program services (describe in Schedule O) . . . . . (Grants \$ ) If this amount includes foreign grants, check here . . . . . <input type="checkbox"/>	31a
32 <b>Total program service expenses</b> (add lines 28a through 31a) . . . . .	32 31,175

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

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

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Teresea Willis 812 Olivia Key West Fl 33040	President 4 hrs	0	0	0
Veronica Schill 1520 Patricia Key West FL33040	Secretary 3 Hours	0	0	0
Anna Baird 29127 Violet Dr Bug Pine Key Fl 33043	Treasurer 3 Hr s	0	0	0
Katchen Duncan 7 Bat Towner Rd Sugarloaf Key Fl 33042	Program Director/Teacher 20 h	\$20,415.00	0	0
Don Booth 411 Cahtherine Key West Fl 33040	Director 1 hour	0	0	0
Liz Humphries 20910 5th Ave Cudjoe Fl 33042	Director 1 hour	0	0	0
Sharon Wells 1203 Duval St Key West Fl 33040	Director 1 hour	0	0	0
Marci Rose 810 Thomas Key West Fl 33040	Director 1 hour	0	0	0
Dawn Nolan 1209 Virginia Key West Fl 33040	Director 1 hour	0	0	0

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

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

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . . . . .		✓
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) . . . . .		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements? . . . . .		✓
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year (see instructions)? . . . . .		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . .		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <b>37a</b> 0		
b	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? . . . . .		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . . <b>38b</b>		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 . . . . . <b>39a</b>		
b	Gross receipts, included on line 9, for public use of club facilities . . . . . <b>39b</b>		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .		✓
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶ 0		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ 0		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T. . . . .		✓
41	List the states with which a copy of this return is filed. ▶ Florida		
42a	The organization's books are in care of ▶ Anna Baird Telephone no. ▶ Located at ▶ ZIP + 4 ▶		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	Yes	No
	If "Yes," enter the name of the foreign country: ▶ ?		✓
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? . . . . .		✓
	If "Yes," enter the name of the foreign country: ▶		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b> <input checked="" type="checkbox"/>		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		✓
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		✓
c	Did the organization receive any payments for indoor tanning services during the year? . . . . .		✓
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .		✓

		Yes	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?		✓
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)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		✓
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		✓

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

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

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

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

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				

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

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		

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

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A  Yes  No

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

**Sign Here**

Signature of officer \_\_\_\_\_ Date \_\_\_\_\_

Type or print name and title \_\_\_\_\_

**Paid Preparer Use Only**

Print/Type preparer's name \_\_\_\_\_ Preparer's signature \_\_\_\_\_ Date \_\_\_\_\_ Check  if self-employed PTIN \_\_\_\_\_

Firm's name  Firm's EIN

Firm's address  Phone no.

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

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ ▶ See separate instructions.

OMB No. 1545-0047

**2010**

**Open to Public Inspection**

<b>Name of the organization</b> Bahama Village Music Program	<b>Employer identification number</b> 30-0134445
---	---

**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)(vii).** (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?
 

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? . . . . .	11g(i)	
(ii) A family member of a person described in (i) above? . . . . .	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . . .	11g(iii)	
  - h Provide the following information about the supported organization(s).

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

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I 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.") . . . . .						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
4 Total. Add lines 1 through 3 . . . . .						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						
6 Public support. Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4 . . . . .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . . ▶ <input type="checkbox"/>						

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

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) . . . . .	14		%
15 Public support percentage from 2009 Schedule A, Part II, line 14 . . . . .	15		%
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 . . . . . ▶ <input type="checkbox"/>			
b 33 1/3% support test—2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>			
17a 10%-facts-and-circumstances test—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 . . . . . ▶ <input type="checkbox"/>			
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 . . . . . ▶ <input type="checkbox"/>			
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ <input type="checkbox"/>			

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 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.")	8,161	12,151	59,772	24,180	18,353	122,617
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 . . . .	23,520	17,141	10,004	4,861	4,836	60,362
3 Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	0	0	0	0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .	0	0	0	0	0	0
5 The value of services or facilities furnished by a governmental unit to the organization without charge . . . .	13,000	13,000	13,000	13,000	13,000	65,000
6 <b>Total.</b> Add lines 1 through 5 . . . .	44,681	42,292	82,776	42,041	36,189	247,979
7a Amounts included on lines 1, 2, and 3 received from disqualified persons . . . .	10,000	3,000	5,550	0	10,000	28,550
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . .	0	6,000	25,000	0	0	31,000
c Add lines 7a and 7b . . . .	10,000	9,000	30,550	0	10,000	59,550
8 <b>Public support.</b> (Subtract line 7c from line 6.) . . . .						188,479

**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 . . . .	44,681	42,292	82,776	42,041	36,189	255,201
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . .	292	3,359	0	6,945	339	10,935
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . .	0	0	0	0	0	0
c Add lines 10a and 10b . . . .	292	3,359	0	6,945	339	10,935
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . .	0	0	0	0	0	0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . .	0	0	0	0	0	0
13 <b>Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . .	44,973	45,651	82,776	48,986	36,528	258,914

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	73 %
16 Public support percentage from 2009 Schedule A, Part III, line 15 . . . .	16	77 %

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

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) . . . .	17	7 %
18 Investment income percentage from 2009 Schedule A, Part III, line 17 . . . .	18	2 %

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

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

DEPARTMENT OF THE TREASURY

Date: JUL 31 2007

BAHAMA VILLAGE MUSIC PROGRAM INC  
727 FORT ST  
KEY WEST, FL 33040-0000

Employer Identification Number:  
30-0134445

DLN:  
17053090736037

Contact Person:  
STEVE D DUVALL

Contact Telephone Number:  
(877) 829-5500

Public Charity Status:  
170(b)(1)(A)(vi)

ID# 31535

Dear Applicant:

Our letter dated April 2003, stated you would be exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code, and you would be treated as a public charity, rather than as a private foundation, during an advance ruling period.

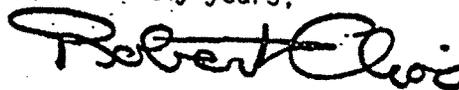
Based on the information you submitted, you are classified as a public charity under the Code section listed in the heading of this letter. Since your exempt status was not under consideration, you continue to be classified as an organization exempt from Federal income tax under section 501(c)(3) of the Code.

Publication 557, Tax-Exempt Status for Your Organization, provides detailed information about your rights and responsibilities as an exempt organization. You may request a copy by calling the toll-free number for forms, (800) 829-3676. Information is also available on our Internet Web Site at [www.irs.gov](http://www.irs.gov).

If you have general questions about exempt organizations, please call our toll-free number shown in the heading.

Please keep this letter in your permanent records.

Sincerely yours,



Robert Choi  
Director, Exempt Organizations  
Rulings and Agreements

Letter 1050 (DO/CG)



## Consumer's Certificate of Exemption

Issued Pursuant to Chapter 212, Florida Statutes

DR-14  
R. 04/05  
09/29/10

85-8012850415C-3	06/03/2008	06/30/2013	501(C)(3) ORGANIZATION
Certificate Number	Effective Date	Expiration Date	Exemption Category

This certifies that

BAHAMA VILLAGE MUSIC PROGRAM INC  
727 FORT ST  
KEY WEST FL 33040-7307

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



## Important Information for Exempt Organizations

DR-14  
R. 04/05

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

Bahama Village Music Program  
2011-2012 Proposed Budget

**Income**

**Fundraisers**

Special Events			
Tony Roberts	\$	250	
Vinos	\$	250	
Bottle Cap (2)	\$	3,000	
Fury	\$	2,500	
Day of Music	\$	3,500	
GS Fundraiser	\$	3,500	
Goombay	\$	2,500	
Other			\$ 15,500
Letter	\$	7,500	
Cookbook Sales	\$	1,000	
Board Member & Parent Contributions	\$	7,500	
Individual Donations	\$	17,200	\$ 33,200

**Grants**

CFFK	\$	3,500	
Jubilation	\$	7,500	
Bank of America	\$	6,250	
Klaus Murphy/ Other	\$	7,500	
			\$ 24,750

**In-Kind**

Class-rooms, Office & Utilities			
Instruments	\$	2,500	
Marketing/ Website	\$	3,500	
Supplies	\$	1,200	
Instrument Repairs	\$	2,500	
Rent & Utilities	\$	15,000	

		\$ 24,700	
Total Income			\$ 98,150

~~2011~~

**EXPENSES**

**Administration**

Program Director	25,000	
Office Supplies	1,200	
Dues, Subscriptions, Fees	500	
Insurance (Director's & Comm.Liability	1,000	
Postage	650	
Advertising (Website +)	3,750	
Office Supplies	1,150	
Fundraising	1,450	
Miscellaneous	250	
		34,950

**Core Program Expenses**

Senior Music Instructor (15 hours/wk @ \$35/hr)	19,950	
Steel Pan Instructor (2 hours/wk @ \$25/hr)	1,900	
Student Teachers (\$10/hour)	11,000	
Instrument Repair/Tuning	2,500	
Praise Dancers Instructor/Costumes	3,700	
Instruments for Students to Practice	2,500	
Computer updates to comply with Berklee	5,000	
		46,550

**TOTAL EXPENSES**

**81,500**

**REVENUE**

**Fund Raising**

Fund raising Letter	7,500	
Cook Book Sales	3,000	
Special Events (Goombay/Day Filled w/Music,etc	10,000	
Board Members Contributions	10,000	
Individual Donations	14,000	
		44,500

**Grants**

Parrothead Charities	5,500	
Klaus Murphy Foundation - pending	7,500	
Key West Community Foundation	4,250	
Jubilation Foundation - Pending	7,500	
Bank of America - Pending	6,250	
		31,000

Instruments	2,500	
Marketing/Website	3,500	
		6,000

**TOTAL REVENUE**

**81,500**



**FLORIDA DEPARTMENT OF AGRICULTURE & CONSUMER SERVICES**  
**COMMISSIONER ADAM H. PUTNAM**

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January 31, 2012

Refer To: CH14972

BAHAMA VILLAGE MUSIC PROGRAM, INC.  
727 FORT ST  
KEY WEST, FL 33040-7307

RE: BAHAMA VILLAGE MUSIC PROGRAM, INC.  
REGISTRATION#: CH14972  
EXPIRATION DATE: January 15, 2013

Dear Sir or Madam:

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

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

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

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

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

Sincerely,

*Sherni Neal*

Sherni Neal  
Regulatory Consultant  
850-410-3680  
Fax: 850-410-3804  
E-mail: sherni.neal@freshfromflorida.com

**Bahama Village Music Program**  
727 Fort Street  
Key West, FL 33040  
**Board of Directors Meeting Minutes**  
August 3rd, 2011

**Board Members Present:** Veronica Schill, Liz Humphrey,  
Anna Baird, Dawn Nolan, Don Booth  
**Guest:** Katchen Duncan

**Location:** Band Room

Motion to call meeting to order by Lizzie at 12:30

**Minutes**

Read and approved, motion by Dawn, 2<sup>nd</sup> by Don

**Financial Report**

Currently \$375.20 in the checkbook!

Financials approved, motion to approve made by Veronica and 2<sup>nd</sup> by Dawn

**Fundraising**

Donation Letter – Teresa printed up an information letter with donation details on the other side in a great bright pink. We need to get the list of previous donors from Katchen and mail out.

Teresa will give Sharon Wells a letter to get to John Padgett.

Tony Roberts Concert- a portion of the proceeds will be donated to BVMP. Tony Roberts gave the board 4 free tickets.

Don and Anna will go Friday night

Liz and Dawn will go Saturday night

Vino's On Duval – August 9<sup>th</sup> 7-8:30. BVMP will be recipient of “vote” donations. Need to take banner. Teresa will be cooking!

GFS Fundraiser – decided to do pies and cookie dough. Veronica will work with GFS on getting the order forms ordered.

Fury – Marci will find out details. ie: times available/ what they would supply/ alcohol. Etc etc. Would like to try to line up some chefs to donate food for the cruise.

Bar Wars 2012 – Marci and Liz to get with Evalena sometime in Sept/Oct to see about being recipient next year

**Other Business:**

First Day of School will be September 12th

**Elections:**

Veronica will remain as Secretary

Anna will remain as Treasurer with the hopes that a new board member will be able to take over as she has been in this position for so long! (Thank You Anna!!)

Liz was voted in as President

Dawn was voted in as Vice President

We need to make a packet of information to give to potential board members.

.With no other business to discuss meeting was adjourned at 2:30 PM,

Motion to adjourn:Lizzie

Second: Veronica

Next meeting: Wednesday, August 3rd, 12:30 at the Band Room.