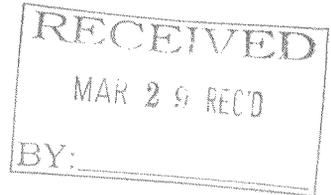


**MONROE COUNTY
HUMAN SERVICES ADVISORY BOARD
Application for Funding
Fiscal Year 2013
October 1, 2012 – September 30, 2013**



Agency Name	Monroe Youth Challenge Program (Be the Change of the Florida Keys, Inc.)
Physical Address	County-wide shared spaces
Mailing Address	5800 Overseas Highway Gulfside Plaza Suite # 6
City, State, Zip	Marathon, FL 33050
Phone	305-743-4599
Fax	305-743-7044
Email	tomg@gate.net
Who should we contact with questions about this application?	Tom Genovese

Amount received for prior fiscal year ending 09/30/11	\$Did not apply
Amount received for current fiscal year ending 09/30/12	\$ 20,000
Amount requested for upcoming fiscal year ending 09/30/13	\$30,000

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.

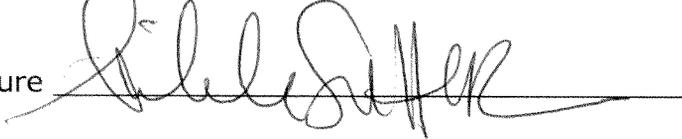
We affirm that the Agency will use Monroe County funds for the purposes as submitted in this Application for Funding. Any change will require written approval from the Monroe County Board of County Commissioners.

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.

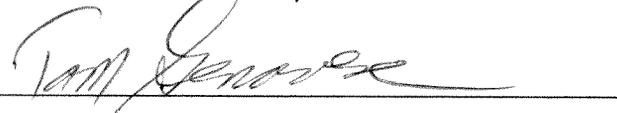
Typed Name of Executive Director: Michele Sutter

Signature 

Title: Executive Director

Date: March 23, 2012

Typed Name of Board President/Chairman: Tom Genovese

Signature 

Title: President, Be the Change of the Florida Keys, Inc.

Date: March 23, 2012

1. **Insert your agency's board-approved mission statement below.** Monroe Youth Challenge Program (MYCP) operates under the umbrella of *Be the Change of the Florida Keys, Inc.*, a not-for-profit, grassroots, 501.c.3. Our mission is to build a community where each child in Monroe County has the resources, skills and motivation to survive and thrive in school and life.

2. **List the services your agency provides.** MYCP conducts a variety of age and grade appropriate programs to provide youth the opportunity to build Developmental Assets. These Assets are identified by the Search Institute and will provide the foundation for their academic and social success.

3. **What specific services will be funded by this request?** MYCP utilizes the funds from HSAB as the "glue" that holds our far-reaching program together. This precious funding allows the 2.5 paid staff members county wide to organize the 700+ volunteers and community partners to offer services to our youth and their parents. The programming that will be provided includes our signature program, Challenge Day, PeaceJam, service learning and leadership activities, drug and violence curriculums, mentoring programs, and baby-parent playgroups and parenting classes.

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.** MYCP has received match dollars. \$12,272 was received as a match to our private donations. None of which would have been possible without the HSAB funding.

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

a. **grant award title, granting agency, and purpose:** Consortium of Florida Education Foundations: This grant matches dollar for dollar and the funds are to be used for: improving literacy, increasing graduation rates, career/technical education, STEM education, low performing students, and teaching quality. It is not matched directly to HSAB as it requires match from private donations; however, the private funds are a result of the program activities executed through the prevention coordinators. Without HSAB dollars the activities would not occur resulting in fewer private donations.

b. grant amount: \$12,594

c. match percentage requirement and amount: 100%, \$12,594

d. expected award date: 10/1/2012 (we will expect a similar amount for fiscal year 2013).

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

a. **how the funds were spent –**

1. \$2500 paid playgroup leader serving 45 families weekly county wide.
2. \$17,500 was paid to District Prevention Coordinator who provided 1000 hours of programming to youth and their parents and organized approximately 1/3 of our volunteers.

b. how they were used to leverage additional funding -

- 1) See answer #6 above.
- 2) The prevention coordinators are skilled Practitioners of service learning. A methodology that encourages youth to find solutions to real needs in the community while learning school-based academic curriculum based on state instructional standards. MYCP partnered with the school district in the writing of a grant, The Florida Learn and Serve. Only two districts out of the 67 in the state were selected for this \$50,000 grant. The funds were received by Monroe County School District and the funds go directly to support youth in service learning during school and before and after school and on weekends. HSAB funds prevention coordinators to provide teachers and students technical assistance on the service learning methodology and on organizing volunteers and supporting businesses to support projects. This partnership is what set us apart from other grant applications and why MCSD received the funding award. The outcome is students fill very real needs in the county such as clothes and food closets, environmental advocacy and service and etc while gaining an exciting and "hands-on" learning opportunity.

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.*

1. Edward Byrne Memorial Justice Assistance Grant Program received \$20,000 in 2012
2. Monroe County Sheriff's Forfeiture Grant received \$5,200 in 2012-2013

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

MYCP targets the reduction of risk behaviors including truancy, alcohol, tobacco and other drugs (ATOD), risky sexual behaviors, theft, violence and bullying. Often these problems are caused by isolation, teasing, bullying, neglect, abuse, and social strife: such as homelessness, poverty and incarceration (or youth and their parents). Our programs build self-esteem, decision-making ability, resistance skills, enhance inclusion and acceptance efforts, and provide opportunities for leadership. We also provide education on issues such as ATOD, and prejudices such as age, gender, sexual preferences, economics, and racism.

Youth who are more aware of the harmful effects of these risky behaviors and have an understanding of why youth use them are less likely to engage in them. Since our inception in 2000, we have seen a steady decline in the areas of consumption of alcohol (-10%), tobacco (-9%) and binge drinking (-6.1%). This is promising, although Monroe Youth are still above state and national averages in these areas.

12. What are the causes (not the symptoms) of these problems? Every child should have the right to go to school and feel safe and not be bullied. Bullying has been a national concern for decades; however, when you add the new issues caused by social networking, and technology,

youth feel they can't escape the bully. Our chief focus is to reduce Bullying. We have found when working with youth and their parents the physical and verbal abuse teens endure is a leading cause of youth engaging in at-risk behavior. Teens who feel isolated and bullied are more likely to have poor attendance, use ATOD, and even bully others and engage in violence. Bullying is NOT just a school issue, 7.9% of Monroe County high school students report they are bullied by other youth in non-school locations. MYCP addresses all elements of bullying including, the victim, the aggressor and the bystanders by providing Assets to counteract the behavior and create new "norms" on school campuses and in the community.

13. What statistical data support the needs listed in Question #11?

The following tables are taken from the 2010 Florida Youth Substance Abuse Survey (2012 was conducted last month and data will not be released in time for this grant application). This survey is a scientifically verified survey that involved approximately 900 Monroe County youth. The survey is given in a confidential, anonymous manner and has a limited chance of being influenced by parents, teachers or peers. It is clear that too many youth have experienced being bullied and admit to bullying others. Monroe County has higher incidents than elsewhere in Florida.

Table 14. Percentages of Monroe County youth and Florida Statewide youth who reported involvement in bullying behavior

	Monroe County							Florida Statewide 2010						
	Middle School	High School	Female	Male	Ages 10-14	Ages 15-17	Total	Middle School	High School	Female	Male	Ages 10-14	Ages 15-17	Total
Bullying caused worry	34.6	16.6	30.2	18.7	34.9	15.9	24.3	29.8	17.8	28.0	18.2	29.6	18.1	23.0
Skipped school because of bullying	4.4	4.1	6.5	1.9	4.1	4.1	4.2	3.7	3.9	4.9	2.8	3.7	3.7	3.8
Was kicked or shoved in past 30 days	27.0	9.9	14.5	19.3	26.5	9.6	17.1	18.4	8.2	10.8	14.3	18.1	8.6	12.6
Was taunted or teased in past 30 days	46.5	25.7	35.0	34.6	45.8	26.6	34.5	36.6	21.4	28.5	27.4	36.1	22.4	28.0
Was victim of cyber bullying in past 30 days	12.9	12.5	18.1	7.5	13.5	11.2	12.7	8.6	9.3	12.3	5.8	8.5	9.5	9.0
Physically bullied others in past 30 days	17.3	9.7	9.2	16.1	16.9	9.5	12.9	13.6	8.5	8.7	12.6	12.9	9.2	10.7
Verbally bullied others in past 30 days	29.1	16.9	19.0	24.5	28.8	17.2	22.0	23.2	16.6	18.1	20.7	22.4	17.8	19.5
Cyber bullied others in past 30 days	5.8	8.1	7.3	6.6	5.7	7.6	7.1	5.7	6.3	7.2	4.9	5.5	6.5	6.0

14. Describe your target population as specifically as possible. BTC targets all Monroe County youth ages 0-21 and their parents regardless of gender, age or academic performance. Uniting "at-risk" teens with those who have high protective factors in positive and supported activities is proven effective. BTC seeks involvement, in every activity, at-risk students, including those who have dropped out, have been arrested, failing school or those who exhibit a sense of being isolated.

15. How are clients referred to your agency? Youth and adult referrals are received by schools, administrators, counselors, teachers, students, parents, religious officials, youth leaders and other youth agencies and the MYCP prevention coordinators. MYCP also obtains referrals from settings such as: Challenge Day, 8th Grade Transitional Programs, and other student sponsored events. The most popular means of referrals among the youth are by the youth. The youth are very sensitive and nurturing to one another and they will ask for help for a peer in need.

16. What steps are taken to be sure that prospective clients are eligible and that the neediest clients are given priority? MYCP utilizes our long ongoing close relationship with the Monroe County School District by recognizing youth that are identified as free or reduced lunch, homeless and/or eligible for TSIC scholarships. Knowing that a portion of the population in need does not encompass all within these groups we know that this is a good place to start when making a needs assessment.

For playgroups/parenting classes of babies ages 0-4, low income neighborhoods and public housing areas are targeted. We also targeted recently immigrated parents to attend our Spanish-speaking playgroup.

17. Describe any networking arrangements that are in place with other agencies. MYCP has a unique relationship with Monroe County Schools and the Education Foundation. The Foundation provided MYCP their fiduciary oversight from 2001-2010. They are still supportive of MYCP and offers oversight to BTC and financial support via the Florida Consortium Grant. The School district relies on our partnership to assist teachers and principals in service learning projects, and providing important middle and high school programming to meet their Drug and Violence prevention requirements as outlined in NCLB.

MYCP works with several non-profits in the county to ensure that there is no duplication of efforts while supporting the positive work and mission of each. This includes but is not limited to: American Red Cross, Florida National Guard, the Girl Scouts, Teen Trendsetters, Florida Consortium of Education, Florida Learn and Serve, 21st Century, Keys to Peace, MCSO, CHANCE, Florida Keys Jewish Community Center, KAIR, St. Columba, Island Community Church and Christian School.

18. List all sites and hours of operation. Please note which of these sites will be using HSAB funding. MYCP will utilize HSAB for all three regions of the county. MYCP operates on a daily basis throughout the county throughout the calendar year. MYCP does not spend funding on offices/building sites but rather uses the partnership of the school sites, building space of partnering organizations, county and city public buildings, and area parks for youth community service programs, leadership trainings and prevention activities. They occur before, during and after school, on weekends and in the summer. Every day, somewhere in the Keys, a MYCP event is occurring or being planned and/or evaluated by our team members, board of directors, and countless volunteer community partners.

19. What financial challenges do you expect in the next two years, and how do you plan to respond to them? MYCP, like most non-profits in the country, have felt the effects of the economic downturn. We have had to prioritize our programming offering and ensure the programs we offer serve the highest number of youth and in the most systemic manner.

20. What organizational challenges do you expect in the next two years, and how do you plan to respond to them? In the fall of 2010, *Be The Change of the Florida Keys, Inc.* was formed to support and supervise the work of Monroe Youth Challenge and Kids Come First, another non-profit in the county. While this dedicated board has proven to be invaluable, there has been a learning curve in gaining institutional knowledge. The board is working diligently to receive training and to cross-train duties to take the place of those services previously provided of the Foundation and the school district.

21. How are clients represented in the operation of your agency? BTC has a youth advisory board that works with the MYCP contractors. The call themselves the PEACEJAM youth board. They apply to be on the board. Originally the students were chosen by the contract workers. Now new members are selected by other youth. The 23 youth apply and are interviewed, then selected to represent each area of the county. In addition, many of our programs and activities have been created by youth for youth.

22. Is your agency monitored by an outside entity? If so, by whom and how often? BTC is the oversight board of MYCP. The Monroe County Education Foundation also receives an annual report and presentation of financials due to our three year transitional agreement. BTC is a grant-based organization and most of the organizations that provide funding require program and financial reports.

23. 61501.5 hours of program service were contributed by 507 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?
- A. 20% fewer Monroe County youth ages 10-17 will report involvement in Bullying.
 - B. 5% reduction in thirty day use of alcohol, tobacco and binge drinking.
 - C. MYCP will host at least Challenge Days serving a minimum of 350 youth countywide.
 - D. MYCP will utilize 300 volunteers to support the program's mission countywide.
26. How will you measure these outcomes?
- A. The 2014 Florida Youth Substance Abuse Survey.
 - B. The 2014 Florida Youth Substance Abuse Survey
 - C. Sign-in sheets at each Challenge Day.
 - D. Sign-in sheets and monthly reports provided from area Prevention Coordinators.
27. Provide information about units of service below.

Service	Unit (hour, session, day, etc.)	Cost per unit (current year)
Prevention Coordinators work directly with youth or plan for youth activities	One Hour	\$20
Administrative Assistant provides support to Coordinators and Youth i.e. CPA services, website, and other specialized services.	One Hour	\$20
Playgroup Leader – runs local playgroup in the region in which they live	One Hour	\$20

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

MYCP is a quality of life program. It is the tendency to cut those programs when need is high and resources low. BTC respectfully requests the committee considers the limited amount of resources present in our county for youth. The school district is presently contemplating eliminating all stipends for teachers/administrators: this will include athletic coaching, clubs such as yearbook and newspaper, and class sponsorships. We have seen the demise of many community-based youth organizations in the past two or three years.

MYCP (or *Be the Change* as referred to by youth) has remained in demand for youth and is a very popular program. It is a very economically responsible program serving 7260 number of students and parents at \$11.11 per person in the 2011 fiscal year thanks to the leadership of the committed contracted coordinators and the 507 volunteers. With the impending cuts being proposed for our youth, it is even more necessary to ensure this volunteer-based program remains intact. The result of not offering our youth community support results in higher occurrences of crime and other risky behavior having long-term financial impacts on the county/taxpayer.

ATTACHMENT CHECKLIST

LABEL AND ATTACH THE FOLLOWING IN THE ORDER SHOWN, AFTER THIS PAGE IF NOT APPLICABLE, PLEASE SO INDICATE AND EXPLAIN	ATTACHED?		COMMENTS You must explain any "NO" answers
	YES	NO	
A-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	BTC overall budget is under \$150K with both projects included MYCP/KCF
H. Copy of filed IRS Form 990 from most recent fiscal year (2010)	X		
I. Copy of current fee schedule		X	No fees assigned for in county programming
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	BTC does not operate any facilities
L. Copy of Florida Dept. of Children And Families License or Certification		X	Works in conjunction with schools, churches, youth groups
M. Copy of any other Federal or State Licenses		X	N/A
N. Copy of Florida Dept. of Health Licenses/Permits		x	BTC does not operate any facilities
O. Copy of front page of Agency's EEO Policy/Plan	X		
P. Copy of Summary Report of most current Evaluation/Monitoring *		X	BTC is a grassroots organization that is invited into schools and classrooms.
Q. Data showing need for your program (See Question 12)	X		Included in body of grant
R. Other (specify) TWO PAGE LIMIT	X		

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



of the Florida Keys, Inc.

Minutes of BTC Board Meeting November 7, 2011

Meeting was called to order at 5:05pm.

In attendance as board members : Mark Todaro, Katrina Wiatt, Denise Hudson, Tom Genovese. As guests: Sunny Booker, Marlene Cruz Morato, Michele Sutter, Caitlin Sediak
Absent: Daricie Parra, Judy Greenman, Mindy Vinson, Angelica Oliveria, Patrick Garvey, Roxaane Posada.

By phone; No one.

Tom and Katrina approved the minutes from October BTC Meeting.

Financial Report

Report was given. See Handout. Report accepted by Katrina making a motion and Tom made a second motion to accept it.

Dashboard discussion will be deferred to the next meeting.

The budget is pending upon the Consortium Grant. An Education Foundation board meeting will be held on Nov. 16th. Cassidy, Xavier and Michele will attend it. They will let Michele show a short version of the Annual Meeting, ATP, KCF, etc.

Discussion of Michele's role as the new Program Manager ensued. All referred to Michel's e-mail about what she feels comfortable with doing as a program manager.

Caitlin will conduct afternoon and evening or morning playgroups A home Depot trip is planned for Nov. 8th.

Marlene will get contracts together and send copies of them out by e-mail. Marlene, Sunny and Michele will work on contracts.

New Business : Meeting with the County and Lisa Tennyson will be held after the budget is approved.

Election of new officers: Tom will be the new president and Mark will stay on as a board member and step down from being the president. Mark made a motion to accept this and Katrina made a second to the motion to accept Tom as the new president.

Web site was discussed Katrina made a motion to pay for the services (\$69.00) with the debit card Denise made a second to the motion.

Next Meeting date is Dec. 5, 2011.

Location: TBA

A motion to adjourn was made by Katrina, and a second was made by Denise. Meeting was adjourned at 7:30pm

	A	B	C	D	E	F	G
1	ATTACHMENT C - PROFILE OF CLIENTS, CLIENT NUMBERS AND SERVICES (Performance Report)						
2	2012						
3	MYCP/Be the Change of the Florida Keys, INC						
4	List Services Here	Target Population	# of Persons in Target Population	Area	Days/Hours	Total Number of Clients Served during most recent completed fiscal year 2011	Current # of Clients ("snapshot") Month Nov 2011
5	Signature Service Learning "Splash" Demonstration Event - Large one day program hosted by a group of BTC students who spent minimum of 45 hours learning about a community need.	All of Monroe County School Students	8,440	county-wide	One day event ranges 2-6 hours	940	0
6	Splash Event (see above) for parents	All parents of MC School Students	15000 (approx)	county-wide	One day event ranges 2-6 hours	125	0
7	Crime Prevention - Substance Abuse/Violence Prevention Assemblies/Workshops	High School Students	2,421	county-wide	One day event ranges 2-6 hours	970	0
8	Substance Abuse/Violence Prevention Assemblies/Workshops	Parents	15,000	county-wide	One day event ranges 2-6 hours	45	0
9	Life Skills/Developmental Asset Training	Grades 6-12 School Aged Youth	4,294	county-wide	12 hours per year	243	170
10	MYCP Signature Programs/Challenge Days, 8TP, Global Youth Service Day, PeaceJam Conference, Annual Celebration	Grades 8-12 School Aged Youth and Adults in the Community	4,283	county-wide	6 hours each	610	0
11	Service Learning/Community Service Projects	All school aged youth	8,440	county-wide	45-120 hours per year	784	89
12	Youth served by youth thru service and service learning	All school aged youth	8,440	county-wide	45-120 hours per year	974	294
13	Adults served by youth thru service and service learning	county/international (i.e. Haiti etc) only counted documented numbers not those unknown i.e. not food delivered to food bank but those in audience to learn about the need	n/a	world wide	45-120 hours per year	1,661	45
14	Experiential trips i.e. Holocaust Museum/Student Awareness Day/	High School Students, home, public, private and charter	2,439	county-wide	Four 8 hour sessions	154	121
15	Be the Change Playgroup	Parents and babies ages 0-4	3900 approx	county-wide	weekday mornings	460	23
16	PeaceJam Program in which youth work directly with Nobel Peace Prize Laureates (Betty Williams) to perform a global call of action 60 hours of curriculum, workshops	High school Students	2,439	county-wide	Varies county-wide, Sundays, after school, in leadership classes, evenings and Conference	117	219

	A	B	C	D	E	F	G
17	Mentoring Programs	All public and charter school students	8,440	county-wide	one to 2 hour weekly sessions	172	115
18	Community Outreach	High School Students	2,439	county-wide	Varies county-wide average 6 events per year	110	58
19							
20					TOTAL	7,365	1,134
21	Unduplicated Clients for Entire Agency						
22						7,260	
23							
24	ADDITIONAL INFORMATION REQUIRED:						
25	Please indicate the number of clients served who are Monroe County residents: 7260						
26							
27	Please list or describe achieved measurable outcomes for your target populations: As requested by HSAB Board we brought back Challenge						
28	Day, in spite of the difficult economy and while offering all of the supporting programs and other initiatives. We served youth in all three regions						
29	of the Keys.						
30							
31							

ATTACHMENT E - AGENCY EXPENSES

2012

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

MYCP/Be the Change of the Florida Keys, INC

Expenditures	Proposed Expense Budget for Upcoming Year Ending:		Projected Expenses for Current Year Ending:	
	9/30/2013		9/30/2012	
	Total	%	Total	%
Salaries - Program	59,140	64%	46,140	60%
Payroll Taxes - Program		0		0
Employee Benefits - Program		0		0
Salaries - Administrative	2,500	0	1000	0
Payroll Taxes - Administrative		0		0
Employee Benefits - Administrative		0		0
Subtotal Personnel	61,640	66%	47,140	61%
Postage		0		0
Office Supplies	300	0%		0
Telephone		0		0
Professional Fees	19,000	20%	19,830	26%
Rent		0		0
Utilities		0		0
Repair and Maint.		0		0
Travel -Student trips/in and out county	6,500	7%	5,175	7%
Miscellaneous		0		0
Grants to Other Organizations		0		0
Instructional Materials/Curriculum	250	0%		0
Website hosting/Technology Software	300	0%	300	0%
Repayment of seed dollars to MCEF	5,000	5%	5,000	6%
		0		0
		0		0
		0		0
		0		0
		0		0
		0		0
Total Expenses	92,990	100%	77,445	100%
Revenue Over/(Under) Expenses	1,710		(3,232)	

ATTACHMENT F - AGENCY REVENUE

2012

**MYCP/Be the
Change of the
Florida Keys,
INC**

Revenue Sources	Proposed Revenue Budget for Upcoming Year Ending:			Projected Revenue for Current Year Ending:		
	9/30/2013			9/30/2012		
	Cash	In-Kind	%-age of Total	Cash	In-Kind	%-age of Total
Monroe County	30,000		32%	20,000		27%
Children and Fam			0%			0%
M.C. Sheriff's Dept.			0%	3,000		4%
City of Key West			0%			0%
City of Marathon	2,500		3%	1,840		2%
Village of Islamorada			0%			0%
City of Layton			0%			0%
City of Key Colony Beach			0%			0%
Client fees			0%			0%
Donations/small private grants	15,000		16%	13,000		18%
Sheriff Shared Asset	5,200		5%	3,779		5%
United Way			0%			0%
FCEF	12,000		13%	12,594		17%
Byrne JAG	20,000		21%	20,000		27%
Starbucks Grant invited to apply	10,000		11%			0%
MCSD			0%		12,000	0%
			0%			0%
			0%			0%
			0%			0%
			0%			0%
			0%			0%
			0%			0%
			100%			100%
Total Revenue	94,700	0		74,213	12,000	

"H"

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2010 calendar year, or tax year beginning **10/01/10**, and ending **09/30/11**

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization **BE THE CHANGE OF THE FLORIDA KEYS, INC.**
 Doing Business As
 Number and street (or P.O. box if mail is not delivered to street address) **5800 OVERSEAS HIGHWAY, SUITE 6** Room/suite
 City or town, state or country, and ZIP + 4 **MARATHON FL 33050**

D Employer identification number **27-2954217**

E Telephone number **305-743-4599**

F Name and address of principal officer:
DENISE HUDSON
5800 OVERSEAS HIGHWAY, SUITE 6
MARATHON FL 33050

G Gross receipts \$ **130,070**

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

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

J Website: **N/A**

K Form of organization: Corporation Trust Association Other

L Year of formation: **2010** **M** State of legal domicile: **FL**

H(c) Group exemption number

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO CREATE A COMMUNITY WHERE EACH CHILD IN MONROE COUNTY HAS THE RESOURCES, SKILLS, AND MOTIVATION TO SURVIVE AND THRIVE IN SCHOOL AND IN LIFE.		
	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	6
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	6
	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	40
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	
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)		130,054
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		16
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		130,070
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25)		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		112,085
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		112,085
19 Revenue less expenses. Subtract line 18 from line 12		17,985	
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)	0	37,985
	22 Net assets or fund balances. Subtract line 21 from line 20	0	20,000

Part II Signature Block

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

Sign Here

Signature of officer: **DENISE HUDSON** Date: **SECRETARY/TREASURER**
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: **MARLENE CRUZ MORATO** Preparer's signature: **MARLENE CRUZ MORATO** Date: **11/16/11** Check if self-employed if PTIN: **P00380741**

Firm's name: **CRUZ MORATO & ASSOCIATES CPA&CONSULTANTS** Firm's EIN: **65-0958914**
 Firm's address: **5800 OVERSEAS HWY SUITE 6 MARATHON, FL 33050-2736**

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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:

TO CREATE A COMMUNITY WHERE EACH CHILD IN MONROE COUNTY HAS THE RESOURCES, SKILLS, AND MOTIVATION TO SURVIVE AND THRIVE IN SCHOOL AND IN LIFE.

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 \$ **78,414** including grants of \$) (Revenue \$)

BTC USES THE SEARCH INSTITUTES DEVELOPMENTAL ASSETS TO CLOSE THE ACHIEVEMENT GAP. DRUG, ALCOHOL, TOBACCO AND CRIME-PREVENTION, AND SAFETY EDUCATION.

4b (Code:) (Expenses \$ **30,533** including grants of \$) (Revenue \$)

PROVISION OF NECESSITIES SUCH AS CLOTHING, SNEAKERS, EYEGLASSES, SCHOOL SUPPLIES, AND OTHER ITEMS TO DISADVANTAGED YOUTH IN MONROE COUNTY.

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 **108,947**

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Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	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		X
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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11	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		X
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		X
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		X
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		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII		X
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

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Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, response, Yes, and No. Includes questions 1a through 14b regarding IRS filings and tax compliance.

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

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

Section A. Governing Body and Management

	1a	1b	2	3	4	5	6	7a	7b	8a	8b	9	Yes	No
1a	6													
b		6												
2														X
3														X
4														X
5														X
6														X
7a														X
b														X
8														
a										X				
b										X				
9														X

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

	10a	10b	11a	12a	12b	12c	13	14	15a	15b	16a	16b	Yes	No
10a														X
b														
11a														X
b														
12a				X										
b					X									
c														X
13														X
14														X
15														
a														X
b														X
16a														X
b														
16b														

Section C. Disclosure

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

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305-743-4599

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organizations compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MARK TODARO DIRECTOR	0.50	X					0	0	0	
(2) KELLY ASTIN DIRECTOR	0.50	X					0	0	0	
(3) JUDY GREENMAN DIRECTOR	0.50	X					0	0	0	
(4) DARCIE PARRA DIRECTOR	0.50	X					0	0	0	
(5) TOM GENOVESE PRESIDENT	0.50			X			0	0	0	
(6) KATRINA WIATT VICE PRESIDENT	0.50			X			0	0	0	
(7) DENISE HUDSON SECRETARY/TREASURER	0.50			X			0	0	0	
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										
(15)										
(16)										

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
(26)										
(27)										
(28)										
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation

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2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

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	3,236				
	d Related organizations	1d					
	e Government grants (contributions)	1e	80,515				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	46,303				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f			130,054			
Program Service Revenue	2a		Busn. 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)			16	16	
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
6a Gross Rents		(i) Real	(ii) Personal				
		b Less: rental exps.					
		c Rental inc. or (loss)					
d Net rental income or (loss)							
7a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other				
		b Less: cost or other basis & sales exps.					
		c Gain or (loss)					
		d Net gain or (loss)					
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		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					
b Less: cost of goods sold		b					
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue		Busn. Code					
11a							
b							
c							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See instructions			130,070	16	0	0	

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Part IX Statement of Functional Expenses

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	2,500	2,500		
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	75,900	75,900		
12 Advertising and promotion	422		422	
13 Office expenses	695		695	
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	195	195		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	19,793	19,538	255	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
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 CLOSET MERCHANDISE	6,533	6,533		
b DONATIONS	1,976	1,976		
c CELL PHONE	1,780	1,780		
d SUPPLIES	1,098	362	736	
e LICENSES AND PERMITS	1,030		1,030	
f All other expenses	163	163		
25 Total functional expenses. Add lines 1 through 24f	112,085	108,947	3,138	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				

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Part X Balance Sheet

		(A) Beginning of year	(B) End of year
Assets	1 Cash—non-interest bearing	1	1,615
	2 Savings and temporary cash investments	2	
	3 Pledges and grants receivable, net	3	
	4 Accounts receivable, net	4	36,370
	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)	6	
	7 Notes and loans receivable, net	7	
	8 Inventories for sale or use	8	
	9 Prepaid expenses and deferred charges	9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	
	b Less: accumulated depreciation	10b	10c
	11 Investments—publicly traded securities	11	
	12 Investments—other securities. See Part IV, line 11	12	
	13 Investments—program-related. See Part IV, line 11	13	
	14 Intangible assets	14	
	15 Other assets. See Part IV, line 11	15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	0 16	37,985	
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	23	
	24 Unsecured notes and loans payable to unrelated third parties	24	
	25 Other liabilities. Complete Part X of Schedule D	25	20,000
	26 Total liabilities. Add lines 17 through 25	0 26	20,000
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
	27 Unrestricted net assets	27	17,985
	28 Temporarily restricted net assets	28	
	29 Permanently restricted net assets	29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.		
	30 Capital stock or trust principal, or current funds	30	
	31 Paid-in or capital surplus, or land, building, or equipment fund	31	
	32 Retained earnings, endowment, accumulated income, or other funds	32	
	33 Total net assets or fund balances	0 33	17,985
34 Total liabilities and net assets/fund balances	0 34	37,985	

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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)	1	130,070
2	Total expenses (must equal Part IX, column (A), line 25)	2	112,085
3	Revenue less expenses. Subtract line 2 from line 1	3	17,985
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	
5	Other changes in net assets or fund balances (explain in Schedule O)	5	
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	17,985

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 type="checkbox"/> Cash <input checked="" 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?		X
b Were the organization's financial statements audited by an independent accountant?		X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

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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

Name of the organization **BE THE CHANGE OF THE FLORIDA KEYS, INC.**

Employer identification number
27-2954217

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III—Functionally integrated d Type III—Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- 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	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010
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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I 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.")					130,054	130,054
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					130,054	130,054
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						130,054

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					130,054	130,054
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						130,054
12 Gross receipts from related activities, etc. (see instructions)					12	16
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	100.00 %
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 checked="" 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.")						
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	%
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	%
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 **stop here**.

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Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

PART II, LINE 10 - OTHER INCOME DETAIL

OTHER INCOME \$ 0

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Schedule of Contributors

2010

▶ Attach to Form 990, 990-EZ, or 990-PF.

Name of the organization

BE THE CHANGE OF THE
FLORIDA KEYS, INC.

Employer identification number

27-2954217

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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

Special Rules

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

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

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

▶ \$

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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Name of organization **BE THE CHANGE OF THE** Employer identification number **27-2954217**

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	BOARD OF COUNTY COMMISSIONERS 500 WHITEHEAD STREET KEY WEST FL 33040	\$ 63,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	CONSORTIUM OF FL EDUCATION FDS 1206 W HORATIO STREET TAMPA FL 33606	\$ 13,625	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	MONROE COUNTY EDUCATION FOUNDATION 241 TRUMBO ROAD KEY WEST FL 33040	\$ 26,169	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	MONROE COUNTY SCHOOL DISTRICT 241 TRUMBO ROAD KEY WEST FL 33040	\$ 6,200	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization: BE THE CHANGE OF THE FLORIDA KEYS, INC. Employer identification number: 27-2954217

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and questions about donor advisement.

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

Form for conservation easements including purpose(s), acreage, and monitoring details. Includes a table for 'Held at the End of the Tax Year' with rows 2a, 2b, 2c, 2d.

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.

Form for art and historical treasures including questions about reporting and amounts included in Form 990.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIV and complete the following table:
- | | Amount |
|---------------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIV.

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

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

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment ▶ %
 - b Permanent endowment ▶ %
 - c Term endowment ▶ %
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | 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 Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶				

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Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) DUE TO MCEF	20,000
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	20,000

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

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

Table with 10 rows for reconciliation of net assets, including total revenue, expenses, adjustments, and net change.

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

Table with 5 main rows for revenue reconciliation, including sub-rows (a-e) for adjustments to audited revenue.

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

Table with 5 main rows for expense reconciliation, including sub-rows (a-d) for adjustments to audited expenses.

Part XIV Supplemental Information

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

Series of horizontal dotted lines provided for entering supplemental information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization

**BE THE CHANGE OF THE
FLORIDA KEYS, INC.**

Employer identification number

27-2954217

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
NO REVIEW WAS OR WILL BE CONDUCTED.

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

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ATTACHMENT J - MYCP

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

DEPARTMENT OF THE TREASURY

Date: **NOV 30 2010**

BE THE CHANGE OF THE FLORIDA KEYS
INC
5800 OVERSEAS HWY STE 6
MARATHON, FL 33050

Employer Identification Number:
27-2954217
DLN:
17053263313040
Contact Person:
MELISSA D TRUSTY ID# 31657
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
September 30
Public Charity Status:
170(b)(1)(A)(vi)
Form 990 Required:
Yes
Effective Date of Exemption:
July 29, 2010
Contribution Deductibility:
Yes
Addendum Applies:
No

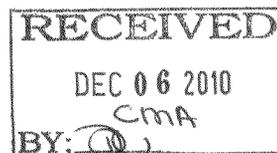
Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

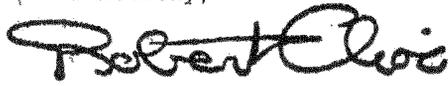
Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

Letter 947 (DO/CG)



BE THE CHANGE OF THE FLORIDA KEYS

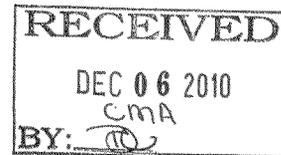
Sincerely,

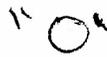


Robert Choi
Director, Exempt Organizations
Rulings and Agreements

Enclosure: Publication 4221-PC

Letter 947 (DO/CG)





Be the Change of the Florida Keys, Inc. Manual 2011

Be the Change of the Florida Keys, Inc.



of the Florida Keys, Inc.

Policies & Procedures Manual

Affirmative Action, Hiring and Drug Free Policy

Policy on Affirmative Action

It is the policy of Be the Change of the Florida Keys, Inc. that it will operate and conduct business without discrimination because of age, sex, race, color, religion, national origin, or handicap, except where there is a bona fide occupational qualification for the job tasks to be performed.

I. Contracted Services

A. Hiring

The Board of Directors has the responsibility to approve the hiring of BTC contractors upon recommendation of the BTC Program Manager, who will interview applicants.

B. Termination

The Board of Directors has the responsibility to approve the termination of all contractors.

C. Contracting at-Will

Contractors hereby understand and acknowledge that, unless otherwise defined by applicable law, any contractual relationship with BTC is of an "at-will" nature.

II. Policy Prohibiting Unlawful Harassment, Including Sexual Harassment

BTC is an equal opportunity contractor and it is the policy that every applicant and contractor while performing duties for BTC shall enjoy an environment free from all forms of unlawful harassment, including sexual harassment. Unwelcome verbal, physical or visual conduct involving any individual's race, color, religion, sex, sexual orientation, pregnancy, age, national origin, ancestry, citizenship, medical condition, physical disability, marital status, or military service, or any other basis protected by any federal, state or local law which impairs the contractor's ability to perform their job is illegal and is strictly prohibited.

III. Drug-Free

BTC believes that alcohol and drug abuse greatly affect performance and confidence in the organization. The Board of Directors and Program Manager will take action against contractors who use, distribute or possess controlled substances while working on BTC programs, or who violate the organization's rules that prohibit usage of alcohol on the job or at such times prior to working hours as to impair performance. Any contractor who violates this alcohol and drug policy will be subject to disciplinary action up to and including immediate discharge.

BTC DELIVERS PROGRAMS TO BUILD LIFE SKILLS AND ASSETS

The Search Institute has identified 40 Developmental Assets considered to be the building blocks of healthy development, enabling children to grow up healthy, caring, and responsible. BTC uses 4 types of programs to develop these assets to limit risk factors and help our youth thrive.



Annual Celebration

METHOD

We work with community organizations, government agencies, schools, churches and other youth organizations to share resources and enhance our program to:

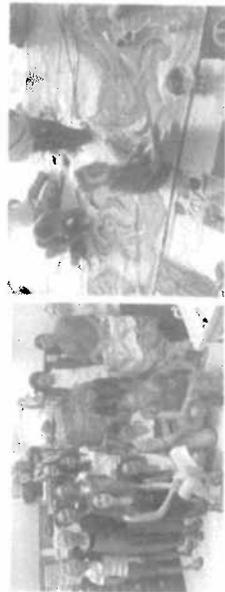
- build leadership skills
- support creative social action
- engage in globally focused projects
- sustain signature programs
- start new initiatives

CREATIVE ACTIVITIES

Rainbarrel Art Project – An art project to promote local water conservation and awareness of a global water crisis.

Peace of Art Project – PeaceJam Board members and school clubs paint 10 paintings based upon the “10 Global Call to Action Issues” identified by Nobel Peace Laureates.

Guernica Mural Project – PeaceJam members designed and painted a 26 X 12 canvas modeled after Picasso’s “Guernica” painting a creative and colorful expression of social justice.



Coral Shores High School Art Classes paint rainbarrels

Guernica Mural Project artists expression of social justice

SERVICE

PeaceJam Youth Board - An advisory board of high school students from all areas of the county.

Soup-A-Bowl – Service project/event modeled after “Empty Bowls” national service learning movement.

Stockings For Troops – Red Cross initiative provides holiday gifts to deployed military.

Measles Initiative – Red Cross initiative to eradicate measles through international vaccination program.

Community Outreach Projects – Students implement awareness campaigns at community events.

Direct support to teachers and classrooms to design and implement service learning.

PEER HELPING

Challenge Day - One day workshop designed to break down social barriers and deal directly with substance abuse, violence, bullying, racism and other types of social oppression and isolation.

8TP – 8th Grade Transition Program - Eighth grade transition program developed by high school students to help middle school youth transition to high school.

MENTORING

Youth Advisors -Young adult graduates serve as advisors to BTC Clubs, PeaceJam Youth Board, facilitators at events, and chaperones for field trips and resources for a number of creative projects.

8th Grade Mentor Program – High school students are trained to support 8th graders transition to high school.

Biggs & Littles – High school students are trained to support elementary students that show need in areas of communication and social skills.

Teen Trendsetter’s – State reading mentoring initiative designed to improve social skills and reading scores of high school students and 2nd graders.



Peace of Art project at PeaceJam Conference.



Soup-A-Bowl serves up soup and service.



Challenge Day breaks down barriers- creates safe environment.



8TP creates connections between upperclassmen and 8th graders.



Mentors strengthen connection to school.



Service is often a part of that connection.

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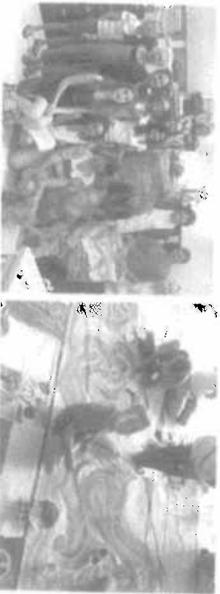
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Be the Change of the Florida

Keys, Inc. is a non-profit charitable organization. Our vision is a community where

every child in Monroe County has the resources, skills, and motivation to survive and thrive in school and in life.

Unique to BTC is our student driven focus; of which the PeaceJam Youth Board is an example.



PeaceJam Youth Board represents each area of the Keys



of the Florida Keys, Inc.

Be the Change is a grassroots youth development and service organization whose mission is to empower youth to become agents of change.



BTC Team Members

Michele Sutter, Program Manager
& Upper Keys Prevention Coordinator
Angelica Olivera, Middle Keys Prevention Coordinator
Patrick Garvey, Middle Keys Prevention Coordinator
Mindy Vinson, Lower Keys Prevention Coordinator

BTC Board of Directors

2011-2012
Tom Genovese, President; Karina Watt, Vice President,
Denise Hudson, Secretary/Treasurer,
Judy Greenman, Darcie Parra

5800 Overseas Hwy Suite 6
Marathon, FL 33050
305-852-1664



of the Florida Keys, Inc.

Leadership is being the future we want to see.

- Hildy Gottlieb