

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

RECEIVED
APR 23 REC'D
BY: _____

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

Amount received for prior fiscal year ending 09/30/11	\$30,400.00
Amount received for current fiscal year ending 09/30/12	\$30,400.00
Amount requested for upcoming fiscal year ending 09/30/13	\$40,000.00

CERTIFICATION

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

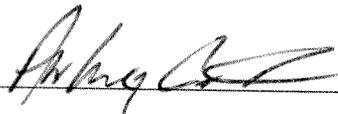
We affirm that the Agency will use Monroe County funds for the purposes as submitted in this Application for Funding. Any change will require written approval from the Monroe County Board of County Commissioners.

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

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

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

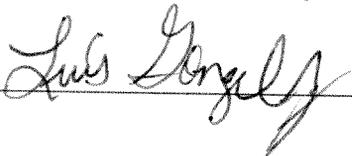
Typed Name of Executive Director: Anthony Culver

Signature 

Title: Executive Director

Date: 4/19/12

Typed Name of Board President/Chairman: Luis Gonzalez

Signature 

Title: Board of Directors President

Date: 4/19/12

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

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

The mission of the Marathon Recreation Center is to provide safe, drug-free supervised activities and programs of an athletic, cultural and educational nature for the youth of the Middle Florida Keys.

2. List the services your agency provides.

The Marathon Recreation Center, a 501c3 non-profit organization, offers a safe and drug-free environment for the youth of the Middle Keys. Our recreational activities are provided year-round and offer school-aged students a positive place to engage in healthy, socially invigorating activities. Marathon Recreation Center's programs include basketball, kickball, flag football, dodge ball and volleyball.

The after-school program offers homework assistance, book clubs, computer research and games along with a host of supervised activities at the center. Additional activities include billiards, board games, arts and crafts, video games, movies, ping-pong and table hockey. Dances are held on weekends for teens and Friday Fun Nights are held for children in grades three through six. Special events such as talent shows, skits and youth seminars are also hosted by the center. Cultural and educational activities include ballet, jazz and hip-hop dance, tumbling aerobics and field trips to museums and zoos.

Volunteer professionals and community members provide valuable information as guest speakers on topics concerning safety, health, drugs and alcohol, and careers. The center also sponsors competition cheer and dance teams. Newly offered programs include a Debate Club and Fashion and Interior Design Club. Marathon Recreation Center programs successfully provide members opportunities to improve their physical fitness and confidence to assume leadership roles in school and their community.

The Center strives to reach the vulnerable youth of the community by helping them to meet the challenges of adolescence and adulthood. In many cases, these programs are life-changing, not only for the children, but for the parents, families and communities of the Middle Keys as well. The Marathon Recreation Center continues to provide services to all economic classes, races and genders, and receives referrals from public and private schools as well as Wesley House Family Services and the Domestic Abuse Shelter.

With the continued financial support from the Monroe County Board of County Commissioners, and the Human Services Advisory Board, the Marathon Recreation Center has been able to supply these critical services to thousands of at-risk and underserved young people from age 8 to 18. Many of these assisted youth have gone on to become community leaders, business leaders, and positive role models themselves. Together we are building stronger communities.

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

All of the services listed in question #2 will make use of funding awarded through this request.

4. Funding category:

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

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

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

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

No

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

- a. grant award title, granting agency, and purpose: N/A
- b. grant amount: N/A
- c. match percentage requirement and amount: N/A
- d. expected award date: N/A

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

a. how the funds were spent:

Marathon Recreation Center services, programs and events were utilized by more than 450 unduplicated local boys and girls from age 8 to 18 throughout fiscal 2012.

Monroe County HSAB funds were used to purchase sporting equipment, music equipment, building repairs and upgrades, child-friendly snacks and drinks and school supplies. HSAB funds were also used to pay utilities, field trip expenses and a portion of the modest Marathon Recreation Center salaries.

b. how they were used to leverage additional funding:

Monroe County's continued financial support provides the foundation for all of the Marathon Recreation Center's funding requests and proposals. Your backing and generous funding is seen as an indicator of your support and confidence in our services as well as your understanding of the critical need for structured and safe after-school and summertime services focused on at-risk young people.

In fiscal 2013, the Marathon Recreation Center is stepping up to the plate to increase its fundraising efforts. This year, targeted grants proposals will be delivered to local and out-of-Monroe County foundations identified as being concerned with the welfare of children, drug and alcohol abuse prevention, crime prevention, sports initiatives for youth, social-development, health education for youth, school-drop-out prevention, cultural diversity among youth and self-esteem and character building among youth. We are also enhancing and enlarging our specific funding requests to other government entities and public organizations.

Monroe County will be identified as a major supporter through written-word, verbal presentations, or prominent display of your logo in all of our grant proposals and requests for funds.

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

No

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

No

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

No.

Next year, as part of our developing fund raising program, the Marathon Recreation Center is applying for grant money from the Monroe County Sheriff's Asset Forfeiture Fund (SAFF).

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

The Florida Keys are rightly known as Paradise on Earth. However, as we all know, the local economy has taken a severe decline starting in 2005 and has not recovered since. The national economy, which is challenging at best, has also contributed to our difficult financial times in Monroe County.

Local working-families have taken the biggest hit. In many cases, this once flourishing population can now be called "the working-poor." After-school childcare has become unaffordable for all but the highest income working families. Monroe County citizens who make their living in the fishing industry, restaurant trade, retail stores, house-keeping, labor and gift shops cannot afford to properly provide a safe environment for their school-aged kids during after-school hours. This is appalling and dangerous.

The working parents of Monroe County are faced with a horrible dilemma. How can they survive in Monroe County without assistance in childcare expenses? How can they expose their children to positive role models? How can they teach their children, many high-risk and/or minorities, self-esteem and independent thinking skills when saddled with long work hours and empty pocketbooks?

This is exactly the mission of the Marathon Recreation Center. Instead of churning out law-breakers, school dropouts, low-self-image children and school-aged children already destined to challenging futures, the Marathon Recreation Center is here for them.

Without financial assistance from the Monroe County Human Services Advisory Board we cannot continue this service. Just as we teach our child-clients to attain independence, the Marathon Recreation Center is putting a plan in place to do just that. Our goal is to become less dependent on Monroe County, or any one agency for that matter, and build up a larger and more diverse array of funding opportunities. Our plan intends to do all this without necessarily raising the cost of our services to the end users, or their already struggling working-poor families.

We respectfully request that you have patience with us as we move forward during the next several years. We cannot survive fiscal 2013 without your financial support.

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

According to figures from the 2008 California Dropout Research Project, dropouts earn less, pay less in taxes, and are more likely to turn to welfare. Every dollar invested in dropout prevention returns \$2 to \$4 to the community. Increasing the graduation rate by 10 percent could prevent up to 500 homicides and 22,864 aggravated assaults. According to the report, high school dropouts are three times more likely to be arrested and eight times more likely to be in jail or prison. The report indicates a 10 percent increase in the graduation rate would produce a 20 percent decrease in violent crime.

In other reports: after-school hours are the peak time for juvenile crime and experimentation with drugs, alcohol, cigarettes and sex. (Source: Bureau, Urban Institute Estimate, 2000) (Fight Crime: Invest in Kids, 2002) The hours between 3 p.m. and 6 p.m. on school days (referred to by law enforcement officials as a "danger zone") are also the time period during which kids are most likely to become victims of violent crime. Statistics from the Schott 50 State Report on Public Education and Minorities show that on average 47% in the U.S. do not graduate from high school. The State of Florida percentage is 37%.

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

A tormented local economy and skyrocketing prices have a strangle-hold on hard-working Monroe County families.

The parents of more than 28 million school-age children work outside the home and as many as 15 million "latchkey children" return from school to an empty house every day. Lack of adult supervision and positive modeling for these children and adolescents have been linked to increased accidents, injuries, self-image issues, lower GPAs, lower achievement test scores, adolescent substance abuse, and spiraling teen pregnancy.

Incredibly, staggering numbers of working parents are forced to make tough choices between basic childhood needs, overall household budgets and childcare costs.

14. Describe your target population as specifically as possible.

Simply stated; our target population is all "at-risk" or "economically disadvantaged" youth ages 8 to 18 years.

15. How are clients referred to your agency?

Clients are referred primarily by school counselors, teachers, Wesley House Family Services, Department of Children & Families, the Guidance Care Center, parents, law enforcement, former and current clients and/or any concerned citizen or organization.

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

Each member and his or her family is required to complete an application and in-person interview. Each family is required to complete and sign a Marathon Recreation Center

Membership form, a Marathon Community Center Policies and Rules Agreement, and a Medical Emergency form.

Since our children are all school-aged, we also receive information and input from teachers and school personnel on many of our applicants.

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

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

Marathon Recreation Center enjoys wonderful and helpful networking relationships with local businesses, charities, clergy, community leaders and local residents.

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

Marathon Recreation Center is located at 810 33rd Street Gulf adjacent to Switlik School.

Hours: 3 p.m. – 6 p.m. - 11:30 a.m. – 6 p.m. (School Early Release Days)

8 a.m. – 5 p.m. and 7 p.m. – 10 p.m. during our Summer Program.

And other times, as necessary, which vary according to special activities and field trips.

19. What financial challenges do you expect in the next two years, and how do you plan to respond to them? (If applying for \$5,000 or less, a response is not required.)

The next two years are critical to the continuation of the Marathon Recreation Center.

Due to recent economic downturns, contributions have declined. However enrollment has increased. Families are struggling resulting in fewer donations and membership fees. The Center is continually seeking way to cut costs and identify more effective fundraising projects.

We have come to the harsh realization that the Center must broaden its fundraising and pursue grants on a full-time basis. As you know, the Marathon Recreation Center has received funds as a line-item recipient from Monroe County through the HSAB. This year we are presenting a grant application for the first time. We are truly grateful for the grant awards you have made in the past. We hope you continue to be a major contributor; we desperately need your assistance.

Starting this year also, the Center is now responsible for paying all of the building's utilities on its own (electricity and water) putting an additional strain on an already tight budget.

Expenses are up, revenues are down. Fortunately, the Marathon Recreation Center is seen as a necessity for the City of Marathon and Monroe County. The United Way of the Florida Keys is supporting us this year, as they did last year. The City of Marathon is supporting our programs this year as well. But these contributions and the HSAB funds will not cover the cost of the programming we have developed and are committed to maintaining. We will not reduce programming. We have cut costs and expenses everywhere we can.

Our only answer to this predicament is to increase our fundraising efforts, which we are initiating right now, and are confident in our plan and processes. The Marathon Recreation Center will survive. Our sustainability is guaranteed by the staggering need in our communities for our services and programs.

20. What organizational challenges do you expect in the next two years, and how do you plan to respond to them? (If applying for \$5,000 or less, a response is not required.)

A reduction in salaries is looming on the horizon. The Center is being forced to do things differently; more effectively and efficiently. We are adjusting our philosophy and recruiting more volunteers than ever before. We are also openly approaching any and all possible funding outlets.

We have been able to resist raising the membership fees to our client families and their children. We have also resisted charging fees for special events and initiatives. We would do this only as a last resort. Keep in mind, our mission is to protect and care for these school-aged boys and girls at their most vulnerable times...after school when they otherwise would be left alone by hard-working parents trying to make ends meet.

Another organizational challenge is that of keeping funding sources more informed. The diversity of newly established funding sources breeds a diversity of reporting requests. We are grooming ourselves and our volunteer staff to maintain a high level of documentation dealing with our successes or our opportunities for improvement.

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

Student members represent themselves through a Marathon Recreation Center-wide internal youth advisory group.

22. Is your agency monitored by an outside entity? If so, by whom and how often? (If applying for \$5,000 or less, a response is not required.)

The Marathon Recreation Center is not monitored by an outside entity; we are, however, visited on site by our United Way of the Florida Keys representative. Our referral sources also visit regularly to follow up on students referred by school personnel and individuals concerned about the welfare of local children.

23. 1000 hours of program service were contributed by 20 volunteers in the last year.

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

No

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

Fiscal 2013 finds us focusing on finances as well as program excellence. We plan to secure first-time ever funding from foundations, agencies, government entities and individuals to help offset our overall operating budget of \$45,000. This is a new focus for us and was established by listening intently to the Human Services Advisory Board. We understand the economy has taken a toll on you, as well as us at the Marathon Recreation Center. We are committed to becoming less dependent on any individual organization for our financial wellbeing. We discuss this in more detail in question #28.

As always, we also seek improved clients' physical fitness, higher academic achievement, heightened self-esteem and improvement in problem solving and teamwork among our students.

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

Our heightened financial independence will be measured directly through the amount of funding sources and grant-award dollars achieved in fiscal 2013. Our first-year goal is to raise \$10,000 in cash, or solid commitments, from newly identified and secured foundations and individuals. Tracking of these funding requests and awards will be done continuously throughout the year.

At application time next year, we will document and discuss our fundraising activities, successes and areas for improvement openly. We consider you our most important benefactor and welcome your input, concerns and suggestions.

Much of our student-based measurements will involve interviews and follow-up conversations with referral sources and parents of the Center's members and students. Anthony and Diane Culver, along with Marathon Recreation Center volunteers, will continue to also discuss and record observations as to the growth, physically and behaviorally, of our students on a regular basis.

The Center will also assess performance of physical activities, the number of conflicts or incidents among students and incorporate school progress reports and citizenship awards to determine success of the Marathon Recreation Center.

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

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

Service	Unit (hour, session, day, etc.)	Cost per unit (current year)
All programs	Annually – 1 full-time staff member	\$30,720
All programs	Annually – 1 part-time staff member	\$10,190
PUT ANOTHER WAY:	450 unduplicated students per year - each involved in 500 hours of Center services, after-school supervision, field trips, events and programs per year. (225,000 student hours per year)	\$0.20 per Center hour or \$100 total per student per year.

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

Monroe County, through the Human Service Advisory Board, has been vital to the continuation of the Marathon Recreation Center. You are our most valuable partner in serving local school-aged boys and girls. We are speaking to you directly and candidly.

The Marathon Recreation Center received IRS non-profit designation in 1993. Since then, the numbers of students and families (mostly working parents), has increased steadily. Along with that, our programming, diversity, events, and field trips have grown to keep pace with this increased demand.

At any given time, there are 25 to 50 local children attending our after-school program. During the summer, these numbers are much higher.

All this time, we have focused almost exclusively on making the Center as safe, secure and educational as possible. We realize now that we need a more global approach to the management of the Marathon Recreation Center.

Until last year, the BOCC and HSAB have supported the Center with a line-item grant award of \$30,400. Upon preparing our first HSAB application we identified shortcomings in our grant-writing and fund development efforts. We have remedied this by developing a plan for aggressive and targeted fundraising and grant writing. In fact, we took your advice offered at a recent HSAB meeting and have secured a professional grant writer who believes in our mission enough to offer us greatly reduced fees.

Our request is for a much needed \$40,000. However, \$30,400, the Center's usual award, would be a Godsend to us this year. By next year, we hope to be well into our own grant writing program and less dependent on HSAB to keep us alive.

We respectfully hope you agree with us, and will continue to help fund the Marathon Recreation Center.

Thank you, Anthony and Diane Culver.

Required Attachments

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

RECEIVED
 APR 23 2010
 BY:

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	N/A under \$150,000
H. Copy of filed IRS Form 990 from most recent fiscal year (2010)	X		
I. Copy of current fee schedule	X		
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		
L. Copy of Florida Dept. of Children And Families License or Certification		X	N/A not required
M. Copy of any other Federal or State Licenses	X		
N. Copy of Florida Dept. of Health Licenses/Permits		X	N/A not required
O. Copy of front page of Agency's EEO Policy/Plan	X		
P. Copy of Summary Report of most current Evaluation/Monitoring *		X	N/A
Q. Data showing need for your program (See Question 12)	X		
R. Other (specify) TWO PAGE LIMIT	X		

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

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

Held at the Marathon Recreation Center, 33rd Street Gulf, Marathon, Florida on
September 6, 2011 at 7:00 pm

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

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

The main order of business was for the Executive Director to present a report on the
condition of the business of the corporation. The Executive Director reported that the
business was in need of more financial support as contributions and grants were being
effected by slow economy and the same was unquestioned by those present.

The following resolution was adopted:

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

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

The next order of business was that officers of the corporation were elected to hold the
offices which they had previously held for the same term, by which they were
unanimously elected to office by those present. Board will look to recruit new members.

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

Dated: September 6, 2011


Authorized Director


Authorized Director

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

We, the undersigned, being all of the Board of Directors of HEART OF THE KEYS RECREATION ASSOCIATION, INC., a corporation organized under the laws of Florida, do hereby waive all statutory requirements as to notice of the time, place and purpose of the Annual Meeting of the Board of Directors of said corporation; and do consent that the meeting shall be held at 7:00 pm on September 6, 2011, at the Marathon Recreation Center, 33rd Street Gulf, Marathon, Florida; and we consent to the transaction of any and all business that may properly come before the meeting.

Dated: September 6, 2011


Authorized Director


Authorized Director

Please list or describe achieved measurable outcomes for your target populations: **After-school Program** - Members who achieved academic success through our homework assistance also took on leadership roles at school as they were encouraged and assisted in running for student government positions. We had a majority of members running to represent their classes. One of our members was named president; another was named secretary and four others as class representatives. Self-esteem and character-building was achieved. Fighting was eliminated and suspensions were minimal. **Summer Program** - Members were able to enjoy eight weeks of fun activities including swimming at Jacobs Aquatic Center and weekly field trips that served as most participants' summer vacations. **Dances** - Marathon Recreation Center provided a safe place to dance, enjoy friends and have fun. **Fun Night** - Marathon Recreation Center provided a safe place for younger members and peers to enjoy creative activities. **Cheer & Performance** - Several members are in training, learning basic skills. Several members have graduated. **Dance Fitness** - A great level of success has been enjoyed by participating members. Many have become more fit and are active in most sports. **Aerobics/Zumba** - Zumba has become the new craze and attracts younger participants as well as parents. **Sports Skills Instruction** - Several participants have earned positions on sports teams through the skills instruction. This activity has also helped to dispel the stereotypes of athletes and emphasized the importance of education.

ATTACHMENT D - COUNTY HSAB FUNDING BUDGET

2013

Marathon Recreation Center

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

	Proposed Expense Budget for Upcoming Year Ending:	
	8/31/2013	
Expenditures	Total	%
Salaries - <i>Program</i>	33,164	0.8291
Payroll Taxes - <i>Program</i>		0
Employee Benefits - <i>Program</i>		0
Salaries - <i>Administrative</i>		0
Payroll Taxes - <i>Administrative</i>		0
Employee Benefits - <i>Administrative</i>		0
Subtotal Personnel	33,164	82.9%
Postage		0
Office Supplies		0
Telephone		0
Professional Fees		0
Rent		0
Utilities		0
Repair and Maint.	1,500	3.8%
Travel		0
Miscellaneous		0
Grants to Other Organizations		0
<i>List others below</i>		0
Program Expenses	4,836	12.1%
Liability Insurance		0
Licenses and permits		0
Concession Supplies	500	1.3%
Depreciation Expense		0
Tangible Taxes		0
		0
		0
		0
		0
		0
Total Expenses	40,000	100.0%

Note: Our program services are the services of our personnel.

ATTACHMENT E - AGENCY EXPENSES

2013

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

	Proposed Expense Budget for Upcoming Year Ending:		Projected Expenses for Current Year Ending:	
	8/31/2013		8/31/2012	
	Total	%	Total	%
Expenditures				
Salaries - Program	33,164	59%	34,910	67%
Payroll Taxes - Program		0		0
Employee Benefits - Program		0		0
Salaries - Administrative	5,700	10%	6,000	12%
Payroll Taxes - Administrative		0		0
Employee Benefits - Administrative		0		0
Subtotal Personnel	38,864	69%	40,910	78%
Postage	500	1%	50	0%
Office Supplies	2,222	4%	2,020	4%
Telephone	1,540	3%	1,400	3%
Professional Fees	3,000	5%	1,000	2%
Rent		0		0
Utilities		0		0
Repair and Maint.	2,000	4%	520	1%
Travel		0		0
Miscellaneous		0		0
Grants to Other Organizations		0		0
<i>List others below</i>		0		0
Program Expenses	5,108	9%	3,900	7%
Liability Insurance	1,600	3%	1,150	2%
Licenses and permits	82	0%	75	0%
Concession Supplies	1,100	2%	1,000	2%
Depreciation Expense		0		0
Tangible Taxes	99	0%	90	0%
		0		0
		0		0
		0		0
Total Expenses	56,115	100%	52,115	100%
Revenue Over/(Under) Expenses	0		0	

Form **990**
Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047
2010
Open to Public Inspection

A For the 2010 calendar year, or tax year beginning **09/01/10**, and ending **08/31/11**

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

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

D Employer identification number **65-0394817**

E Telephone number **305-743-7926**

F Name and address of principal officer:
ANTHONY CULVER
810 33RD STREET, GULF
MARATHON FL 33050

G Gross receipts \$ **50,639**

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: **1993** **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: PROVIDE STRUCTURED/SUPERVISED ACTIVITIES FOR YOUTHS		
	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)	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	
	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	
	6	Total number of volunteers (estimate if necessary)	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	
	7b	Net unrelated business taxable income from Form 990-T, line 34	
Revenue	8	Prior Year	Current Year
	9	80,411	48,129
	10	1,665	2,485
	11	40	25
	12	82,116	50,639
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	56,017	47,225
	18	56,017	47,225
Net Assets or Fund Balances	19	26,099	3,414
	20	Beginning of Current Year	End of Year
	21	35,020	14,269
	22	44,481	20,316
		-9,461	-6,047

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: **ANTHONY CULVER** *[Signature]* **EXEC DIRECTOR** Date

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: **10/28/11** Check if PTIN self-employed **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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May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

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:

PROVIDE STRUCTURED/SUPERVISED ACTIVITIES FOR YOUTHS

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

Yes No [X]

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 [X]

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 \$ 47,043 including grants of \$) (Revenue \$)

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

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

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

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

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

4e Total program service expenses 47,043

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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)		X

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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		
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	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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, question text, and Yes/No response boxes. Includes questions 1a-14b regarding Form 1096, Form W-2G, Form W-3, and various tax compliance issues.

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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

X

Section A. Governing Body and Management

Table with columns for question number, Yes, and No. Rows include questions 1a, 1b, 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, and 9. Marked 'X' in various cells.

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

Table with columns for question number, Yes, and No. Rows include questions 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, and 16b. Marked 'X' in various cells.

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.
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: CRUZ MORATO CPA

MARATHON

5800 OVERSEA HIGHWAY SUITE 6

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) DAVIS, ANTHONY P DIRECTOR	0.00	X					0	0	0	
(2) SYMINGTON, ALEX DIRECTOR	0.00	X					0	0	0	
(3) BOTTOMLEY, TOM PRESIDENT	0.00			X			0	0	0	
(4) GONZALEZ, LUIS VP	0.00			X			0	0	0	
(5) YOUNG, KATRINA SEC-TREAS	0.00			X			0	0	0	
(6)										
(7)										
(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

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

	Yes	No
3		X
4		X
5		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

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

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				
	1b	Membership dues				
	1c	Fundraising events				
	1d	Related organizations				
	1e	Government grants (contributions)	29,563			
	1f	All other contributions, gifts, grants, and similar amounts not included above	18,566			
	g	Noncash contributions included in lines 1a-1f: \$				
	h	Total. Add lines 1a-1f	48,129			
Program Service Revenue	2a	SUMMER PROGRAMS	2,425	2,425		
	b	MEMBERSHIP DUES	60	60		
	c					
	d					
	e					
	f	All other program service revenue				
	g	Total. Add lines 2a-2f	2,485			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)				
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
	6a	Gross Rents	(i) Real			
			(ii) Personal			
	b	Less: rental exps.				
	c	Rental inc. or (loss)				
	d	Net rental income or (loss)				
	7a	Gross amount from sales of assets other than inventory	(i) Securities			
			(ii) Other			
	b	Less: cost or other basis & sales exps.				
	c	Gain or (loss)				
	d	Net gain or (loss)				
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18				
	b	Less: direct expenses				
c	Net income or (loss) from fundraising events					
9a	Gross income from gaming activities. See Part IV, line 19					
b	Less: direct expenses					
c	Net income or (loss) from gaming activities					
10a	Gross sales of inventory, less returns and allowances					
b	Less: cost of goods sold					
c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Busn. Code				
11a	MISCELLANEOUS INCOME		25	25		
b						
c						
d	All other revenue					
e	Total. Add lines 11a-11d		25			
12	Total revenue. See instructions.		50,639	2,510	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				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses	69	69		
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	700	700		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	23	23		
23 Insurance	1,067	1,067		
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 SUBCONTRACTORS	37,580	37,580		
b PROGRAMS EXPENSES FOOD	1,511	1,511		
c TELEPHONE AND INTERNET	1,468	1,468		
d CASUAL LABOR	1,453	1,453		
e PROGRAM EXPENSES SUMMER P	1,300	1,300		
f All other expenses	2,054	1,872	182	
25 Total functional expenses. Add lines 1 through 24f	47,225	47,043	182	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				0

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Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest bearing	35,015	1	12,387
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		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 15,138		
	b Less: accumulated depreciation	10b 13,261		
	11 Investments—publicly traded securities		11	1,877
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		5 15	5
16 Total assets. Add lines 1 through 15 (must equal line 34)		35,020 16	14,269	
Liabilities	17 Accounts payable and accrued expenses	44,481	17	20,316
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25		44,481 26	20,316
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			
	28 Temporarily restricted net assets	-9,461	27	-6,047
	29 Permanently restricted net assets		28	
	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	-9,461	33	-6,047	
34 Total liabilities and net assets/fund balances	35,020	34	14,269	

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	50,639
2	Total expenses (must equal Part IX, column (A), line 25)	2	47,225
3	Revenue less expenses. Subtract line 2 from line 1	3	3,414
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-9,461
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	-6,047

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b Were the organization's financial statements audited by an independent accountant?		X
2c 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?		
3b 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.		

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2010

Open to Public Inspection

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

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

Department of the Treasury Internal Revenue Service

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

Employer identification number 65-0394817

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

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

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).
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).
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 X 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).
8 A community trust described in section 170(b)(1)(A)(vi).
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...
10 An organization organized and operated exclusively to test for public safety.
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...
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...
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?

Table with 2 columns: Yes, No. Rows: 11g(i), 11g(ii), 11g(iii)

h Provide the following information about the supported organization(s).

Table with 7 main columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (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. Rows (A) through (E) and Total.

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

Schedule A (Form 990 or 990-EZ) 2010 TAXPAYER COPY

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.")	65,612	48,597	47,830	80,411	48,129	290,579
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	65,612	48,597	47,830	80,411	48,129	290,579
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						290,579

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	65,612	48,597	47,830	80,411	48,129	290,579
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.)	173	972				1,145
11 Total support. Add lines 7 through 10						291,724
12 Gross receipts from related activities, etc. (see instructions)					12	2,510
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	99.61%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	98.52%
16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 33 1/3% support test—2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" 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 \$ 1,145

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Schedule B
(Form 990, 990-EZ,
or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2010

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

Name of the organization HEART OF THE KEYS RECREATION ASSOCIATION, INC	Employer identification number 65-0394817
--	---

Organization type (check one):

- Filers of: Section:
- Form 990 or 990-EZ 501(c)(**3**) (enter number) organization
 - 4947(a)(1) nonexempt charitable trust not treated as a private foundation
 - 527 political organization
 - Form 990-PF 501(c)(3) exempt private foundation
 - 4947(a)(1) nonexempt charitable trust treated as a private foundation
 - 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

- For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

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Name of organization
HEART OF THE KEYS RECREATION

Employer identification number
65-0394817

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	UNITED WAY PO BOX 1616 KEY WEST FL 33040	\$ 18,333	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990. See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization

HEART OF THE KEYS RECREATION ASSOCIATION, INC

Employer identification number

65-0394817

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

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

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

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

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

Table with 2 columns: \$, \$. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

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

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

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

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

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

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

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

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

	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		15,138	13,261	1,877
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				1,877

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)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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).

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

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

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

Table with 5 main rows for revenue reconciliation. Sub-rows include: 2a Net unrealized gains, 2b Donated services, 2c Recoveries, 2d Other, 2e Add lines 2a-2d, 3 Subtract line 2e, 4a Investment expenses, 4b Other, 4c Add lines 4a-4b, 5 Total revenue.

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

Table with 5 main rows for expense reconciliation. Sub-rows include: 2a Donated services, 2b Prior year adjustments, 2c Other losses, 2d Other, 2e Add lines 2a-2d, 3 Subtract line 2e, 4a Investment expenses, 4b Other, 4c Add lines 4a-4b, 5 Total 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.

Part XIV Supplemental Information (continued)

Area with horizontal dotted lines for supplemental information.

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

HEART OF THE KEYS RECREATION
ASSOCIATION, INC

Employer identification number

65-0394817

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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Form 4562

Depreciation and Amortization (Including Information on Listed Property)

OMB No. 1545-0172

2010

Attachment Sequence No. 67

Department of the Treasury Internal Revenue Service

(99)

See separate instructions.

Attach to your tax return.

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

Identifying number 65-0394817

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

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

Table with 5 main rows for Section 179 election. Line 1: Maximum amount (500,000). Line 2: Total cost of section 179 property placed in service. Line 3: Threshold cost of section 179 property before reduction in limitation (2,000,000). Line 4: Reduction in limitation. Line 5: Dollar limitation for tax year. Line 6-13: Detailed table for listed property with columns for description, cost, and elected cost.

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

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

Table with 3 rows for Part II. Line 14: Special depreciation allowance for qualified property. Line 15: Property subject to section 168(f)(1) election. Line 16: Other depreciation (including ACRS) with value 23.

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

Section A

Table with 2 rows for Section A. Line 17: MACRS deductions for assets placed in service in tax years beginning before 2010 (0). Line 18: If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here.

Section B—Assets Placed in Service During 2010 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows include 3-year, 5-year, 7-year, 10-year, 15-year, 20-year, 25-year property, Residential rental property, and Nonresidential real property.

Section C—Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System

Table with 6 columns: (a) Class life, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows include 12-year and 40-year class life.

Part IV Summary (See instructions.)

Table with 2 rows for Part IV. Line 21: Listed property. Enter amount from line 28. Line 22: Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions. Line 23: For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs.

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For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2010)

ATTACHMENT I

MARATHON RECREATION CENTER

501 © 3 Non-Profit Organization

The Marathon Recreation Center is a nonprofit organization funded by the Monroe County BOCC and United Way, along with contributions from The City of Marathon, and other civic organizations and community members.

Parent involvement is encouraged but not necessary with many of our programs. We do require membership registration for any and all students wishing to be involved in any Rec. Center activity.

Annual cost of membership is \$5.00 per student, and \$10.00 per family. A parental or guardian signature is also required to validate membership.

Program direction is under the advisory of Mr. Anthony Culver. Our main goal is to provide structured activities and programs for Middle Keys youth ages 8 – 18 years old. We hope to provide a safe alternative to “hanging out” unsupervised during the most dangerous times for youth. We are a “Drug/Smoke Free Zone” which encourages membership, responsibility and community service.

Volunteers and donations are always welcomed.....

Thank you for your support of the Marathon Recreation Center ☺

Heart of the Keys Recreation Association, Inc.

A.k.a. Marathon Recreation Center

P.O. Box 500836 810 33rd Street Gulf

Marathon, FL 33050-0836

(305) 743-4164

marathonreccenter@comcast.net



Internal Revenue Service

Department of the Treasury

P. O. Box 2508
Cincinnati, OH 45201

Date January 11, 2000:

Person to Contact:
Dalphine Naegele 31-04012
Customer Service Representative

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

Telephone Number:
877-829-5500
Fax Number:
513-263-3756

Federal Identification Number:
65-0394817

Dear Sir or Madam:

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

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

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

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

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

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

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

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

-2-

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

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

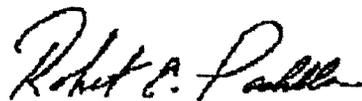
The law requires you to make your organization's annual return available for public inspection without charge for three years after the due date of the return. You are also required to make available for public inspection a copy of your organization's exemption application, any supporting documents and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

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

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

This letter affirms your organization's exempt status.

Sincerely,



Robert C. Padilla
Manager, Customer Service

2011 / 2012
MONROE COUNTY BUSINESS TAX RECEIPT
EXPIRES SEPTEMBER 30, 2012

RECEIPT# 47161-30157

Business Name: MARATHON TEEN CENTER HEART OF KEYS
RECREATION INC

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

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

Rooms Seats Employees Machines Stalls
5

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

Paid 203-11-00000156 12/06/2011 0.00

THIS RECEIPT MUST BE POSTED CONSPICUOUSLY IN YOUR PLACE OF BUSINESS

THIS BECOMES A TAX RECEIPT
WHEN VALIDATED

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

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

2011 / 2012
MONROE COUNTY BUSINESS TAX RECEIPT
EXPIRES SEPTEMBER 30, 2012

RECEIPT# 49110-30156

Business Name: MARATHON TEEN CENTER HEART OF KEYS
RECREATION INC

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

Business Location: 810 33RD ST
MARATHON, FL 33050
Business Phone: 305-743-4164
Business Type: INSTRUCTION NON-REGULATED
(RECREATIONAL INSTRUCTION)

Rooms Seats Employees Machines Stalls

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

Paid 203-11-00000156 12/06/2011 0.00

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AND ZONING REQUIREMENTS.

State of Florida

Department of State

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

The document number of this corporation is N93000001376.

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

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

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



Glenda E. Hood
Secretary of State

Authentication ID: 900033488379-042104-N93000001376

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

www.sunbiz.org/auth.html

D. Equal Employment Opportunities

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

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

E. Communication Philosophy

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

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

F. Rules of Conduct

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

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

Attachment Q

Factoids

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

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

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

