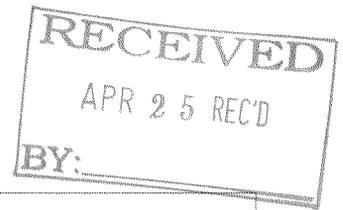


**MONROE COUNTY
HUMAN SERVICES ADVISORY BOARD
Application for Funding
Fiscal Year 2013
October 1, 2012 – September 30, 2013**



Agency Name	KAIR – Keys Area Interdenominational Resources
Physical Address	3010 Overseas Highway
Mailing Address	same
City, State, Zip	Marathon, FL 33050
Phone	305-743-4582
Fax	305-743-4582
Email	mhroberts@comcast.net
Who should we contact with questions about this application?	Marjorie Roberts 305-393-6621

Amount received for prior fiscal year ending 09/30/11	\$15,000
Amount received for current fiscal year ending 09/30/12	\$20,000
Amount requested for upcoming fiscal year ending 09/30/13	\$25,000

CERTIFICATION

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

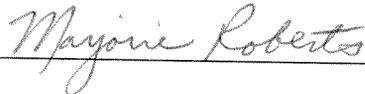
We affirm that the Agency will use Monroe County funds for the purposes as submitted in this Application for Funding. Any change will require written approval from the Monroe County Board of County Commissioners.

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

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

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

Typed Name of Executive Director: Marjorie Roberts

Signature 

Title: Executive Director

Date: 4/23/12

Typed Name of Board President/Chairman: Terry Lynn Kelly

Signature 

Title: Vice Chair

Date: 4/23/12

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

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

KAIR is a not for profit organization that provides diverse and flexible assistance to the community based on individual needs. These services are provided through collaboration and cooperation with the faith-based community.

2. List the services your agency provides.

FOOD – KAIR is a certified food pantry through the regional food bank Feeding South Florida and provides more than **12,000 pounds of food every month** to local families from Big Pine Key to Islamorada. **At Thanksgiving and Christmas, 600 families received 50 pounds of meat and fresh fruits, vegetables and dessert** to ease the struggle of providing a festive meal at the holiday. KAIR also daily provides a **self-contained bag lunch** that can be eaten by local workmen or taken back to the homeless camps to eat for an evening meal.

KIDKAIR – Varied and individually tailored assistance dedicated to the unmet needs of children. One hundred and fifty children from the families that KAIR regularly serves receive new sneakers, backpacks and school supplies in August. Eyeglasses and dental needs are frequently provided to children who are low-income but who are not eligible for Medicaid. An example of this is Anthony who was referred by the Marathon High School. He could not see well enough to participate in school and was not eligible for Medicaid. KAIR provided him with an eye exam and eyeglasses and helped him get his bike repaired and a bike lock when he got a job.

MEDICAL/DENTAL – KAIR coordinates with the primary health clinics Community Health (CHI) and Rural Health Network to **provide labs, specialized testing and co-pays for medical and dental** services. These "low-cost clinic services still require financial outlays from residents that can barely feed themselves. Although there is a clinic in the Upper Keys that provides free medical care (the Good Health Clinic) and in Key West, **there are no medical services between MM75 and 30 that are free to homeless or zero income residents. Prescription assistance is also provided for core diseases such as diabetes, hypertension, epilepsy, etc.** Joyce came to KAIR for a bad tooth that needed to be pulled and for help with her epilepsy medicine. KAIR was able to provide the co-pays to get treatment at the clinic, provided her medicine and helped her register for a national prescription program. When she suspected she had cancer, KAIR was able to assist her with the testing and treatment and help her access other appropriate programs.

LEGAL DOCUMENTATION – Proper identification papers are critical to have for employment and to access any other assistance programs. KAIR assists people to navigate what can be a difficult process and pays for the **necessary birth certificates, marriage certificates, IDs, driver's licenses**, etc. Michael came to KAIR and had found a job but was required to have a Florida ID. He had no documentation whatsoever. KAIR helped him get his Arizona birth certificate and a Florida ID. Because the Social Security office is in Key West, KAIR then helped him with bus tickets in order to get his Social Security card. Michael has now been working for six months at a local restaurant.

RENT AND UTILITIES – When evidence indicates that future payments can be maintained, or when a plan can be developed to change the current situation, KAIR will assist with rent and utilities. KAIR will also assist when a temporary shortfall of rent or utility money is due to unusual household expenses such as a car repair or medical emergency. Rhonda and her granddaughter were struggling to make ends meet on Social Security and helped by KAIR to move into affordable housing, assisted with the first month's rent and establishing water and electric.

TRANSPORTATION – Car repairs, gas vouchers and bus passes are provided for documented work related needs or medical necessities. Middle Keys residents almost always have to seek help from Key West medical providers or Upper Keys or Miami providers. Yulia travels to Miami for specialized care for her baby that was born premature. Gas vouchers assist her to keep up with her baby’s appointments.

RELOCATION – For those residents who can no longer be financially independent in the Keys and have confirmed available family and resources elsewhere in the country, KAIR will relocate them by purchasing **bus or plane tickets or gas vouchers**. KAIR will also assist with **renting a moving truck**. Referrals often come from the Sheriff’s Dept. KAIR is the only “traveler’s aid” in the Keys. When Orlando came to KAIR seeking help for his elderly senile father, KAIR was able fund bus tickets to Alabama for Orlando to take his father back home to other family members.

FURNITURE AND HOUSEHOLD GOODS – Donated appliances, furniture, household goods and clothing are distributed at no cost to residents who need them. When Maria’s aunt died, her mother came to Marathon and moved into a trailer. She had nothing but a suitcase of clothes. KAIR was able to provide her with bedroom and living room furniture, household goods and linens and even a washer and dryer.

BOAT SANITATION – Many low-income workers find that the only affordable “housing” they can find is a boat in the harbor. KAIR **provides toilets, hoses and assistance to install them to residents** who are using **a boat as affordable housing**. Referrals often come from the Sheriff’s Dept. When Debbie and her daughter moved to Marathon from Mississippi, they needed help improving the sanitary conditions. KAIR helped with the purchase and the installation of the toilet and hoses as well as help with the transfer fee for the boat. We got involved with Jack, a 90 year old salty Marathoner when he was being threatened with eviction from a local marina. KAIR helped him relocate to the city marina and now provide him with food deliveries. A KAIR volunteer also takes him weekly to do errands and KAIR helps manage his medical appointments, paperwork, etc.

CASE MANAGEMENT – KAIR provides **follow-up after assistance is given**. Assistance is also given to access Social Security, state benefits, prescription assistance, workmen’s comp., etc. etc. KAIR is now a community partner with Dept. of Children and Families to assist those in the community with food stamps, Medicaid, nursing home programs and other state benefits. When Doug came to KAIR, he was frantic to get his taxes done stating “I don’t want to be in trouble!” He worked at the local garbage company making \$9.25/hour and found himself suddenly the custodial parent of a 12 year old boy. He was pretty overwhelmed. KAIR did help him with his taxes and he got a substantial refund and EITC. He also got food, filed applications for food stamps and Medicaid, and KAIR helped him sign his child up for the after school programs. He knows that as things arise and they most certainly will, our door is always open to help him work through the solutions.

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

All of the above with the exception of case management which is funded through another grant. KAIR is known for its service to the Middle Keys but increasingly have been requested to help those in the Upper and Lower Keys when specific services aren’t available there. Definitely providing assistance that is “outside the box” is how KAIR is able to help when others cannot. Referrals come from VNA, Salvation Army, FKOC, Helpline, schools, clinics, etc.

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 X

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

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

5. Will County HSAB funds be used as match for a grant? **Yes**.
6. If you answered "yes" to Question #5, please specify the following for each grant:
 - a. grant award title, granting agency, and purpose: Private donors Jane Packard and Abbeville Family Trust.
 - b. grant amount: up to \$20,000
 - c. match percentage requirement and amount: 100%
 - d. expected award date: Dec. – Feb.
7. If your organization was funded with HSAB funds last year, please briefly and specifically explain:
 - a. how the funds were spent – **ALL** funds were **spent on direct assistance** to needy and hungry residents of Monroe County as described in the services above.
 - b. how they were used to leverage additional funding – Because of KAIR's reputation in the Middle Keys community, volunteers have increased which has brought in significant new donations. There are now more than 800 annual donors to KAIR.
8. Do you plan to allocate any part of this HSAB grant, if awarded, as a sub-grant to another organization? **NO**. *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."*
9. Does your organization allocate sub-grants to other organizations using other sources (non County) of funding? **NO**. *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."*
10. Will you or have you applied for other sources of County funding? **YES**. *If yes, please list source(s) and amount(s). Also be sure to reflect this information on Attachment F.*
11. What needs or problems in this community does your agency address? There has been improvement in the Keys economy this year but **requests for assistance have remained very high averaging 30 every day!** This, **in large part, is because of KAIR's diverse and flexible assistance**; from gas vouchers to medical payments; from car repairs to groceries; from beds and eyeglasses for their children to help with the rent; from driver's licenses to keeping the water on;

KAIR is the only helping hand in the Middle Keys that many residents need in order to raise their families in a stable environment. **When there is an identifiable need that threatens the family, KAIR works outside of the box to provide creative and meaningful assistance and solutions. Also, there is shrinking access to government assistance.** The Social Security office, South Florida Workforce, nursing homes, assisted living, - none of these are located in the Middle Keys and help is no longer available through the local Dept. of Children and Families office to access food stamps, Medicaid and other traditional programs for the poor. KAIR now does this for the Middle Keys. **New this year**, KAIR continues to emphasize activities and services that actually improve people's lives. "Food For Your Health" workshops focus on menus and cooking low-cost available food that is high in quality nutrients and low in sugar, salt and empty calories and understanding the food/health connection. KAIR is expanding its refrigeration and is dedicated to increasing access to fresh fruits and vegetables through the pantry.

12. What statistical data support the needs listed in Question #11? **32% of Keys residents do not have health insurance; the number of Keys residents receiving food stamps has continued to climb from 7700 just one year ago to 8348 in March of 2012;** the number of people seeking help and had confirmed financial assessments done at KAIR remained high averaging 30 per day. Food distributed by KAIR is now well over 12,000 pounds of food every month; \$25,000 was spent in 2011 on assisting residents to access the medical clinic and obtain necessary medicines and care; and in 2011, more than 2500 unduplicated residents were helped by KAIR.

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

13. What are the causes (not the symptoms) of these problems? The Keys are often referred to as "the end of the earth" partly to describe that many residents are transient and estranged from their families and thus estranged from the stability and resources that an extended family can offer. Many in the Keys do not speak, read or write English which severely limits their employment prospects. In 2010, **23% of residents spoke another language at home** other than English. Often, this goes hand in hand with depending on a breadwinner who does not have legal status.

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

14. Describe your target population as specifically as possible. KAIR assists residents of Monroe County who because of unemployment or underemployment, medical need, disability or family separation struggle to meet their basic needs and who can maintain or regain stability in the community if assistance is given. This includes low-income seniors, individuals and families, the disabled, those living in shelters or temporary housing, and transient or homeless individuals.

15. How are clients referred to your agency? Referrals come from everywhere - the traditional referrals from churches, schools, medical providers, law enforcement, the Chamber, landlords, employers, government agencies but also from the not so traditional, the people on the street.

16. What steps are taken to be sure that prospective clients are eligible and that the neediest clients are given priority? People come to KAIR from everywhere whether they have lived here forever or just arrived. They tell their story, fill out an application and assist with documenting and confirming the need. Options are explored and alternatives discussed. A plan is decided and follow-up takes place. A plan to ease future need is always discussed. **Basic needs such as food and clothing are always provided as well as the critical medical needs.**

17. Describe any networking arrangements that are in place with other agencies. KAIR is a strong partner of the regional food bank Feeding South Florida and has been trained and approved as a

partner of the Department of Children and Families to better assist residents with accessing state programs. KAIR collaborates with Middle Keys homeless services Independence Cay and provides them with food and coordinated services so that there is no duplication. There is a sharing of volunteers and resources. Salvation Army is no longer providing financial assistance in the Middle Keys and refers all requests to KAIR. KAIR has a strong collaborative relationship with the clinics, CHI and RHN to provide medical and dental care.

18. List all sites and hours of operation. Please note which of these sites will be using HSAB funding. KAIR is centrally located in Marathon and sits directly on US#1 at 3010 Overseas Highway. KAIR is housed in the education wing of the Community United Methodist Church. Guaranteed hours are 9-12:30pm and Wed. 2-5pm but is also open when the office is staffed which is most afternoons and other times are available upon appointment. KAIR gets calls from its community partners after hours and on weekends and does emergency openings frequently.
19. What financial challenges do you expect in the next two years, and how do you plan to respond to them? *(If applying for \$5,000 or less, a response is not required.)* Our biggest recent challenge is that Fishermen's Hospital has recently been transitioned from a for-profit hospital to a not-for-profit community hospital. The previous **Fishermen's Foundation** gave a generous grant yearly to assist with the financial medical needs of local residents. Because the hospital itself is now struggling to stabilize its funding, this **grant ended in January 2012.**
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.)* One challenge is to clearly define and articulate to our donors and to our clients what services we will provide and how these services will foster a healthier, intact community for everyone. Another challenge is that more and more resources are going to be tapped in smaller and more creative ways. That is, simply, no stone should be left unturned in seeking adequate and effective resources to help families be stronger and more self-sufficient. We have seen a swelling of community involvement that could be a big part of this step forward. We need to glean not only the resources that are available or left over but also utilize the skills of the community to help the people on the fringes be more vested in the community and assist with the education pieces that will bring this about.
21. How are clients represented in the operation of your agency? Every day clients pack food, clean, haul trash, mentor others, sort household goods, delivery newsletters, and many other operations in the organization. We treasure what we receive from clients who volunteer and the relationship developed. We listen and incorporate what they recommend. Often, they return to KAIR to make a donation.
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.) Internally, the finance committee reports to the greater Board and to an outside accounting firm. The Feeding South Florida Food Bank and the S. Florida USDA representative monitor the food distribution and do on-site inspections and monitoring. Additionally, grant funders United Way and Episcopal Diocese of SE FL have accountability and expectation measurements.
23. 5150 hours of program service were contributed by 230 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?

- Provide groceries to 3000 unduplicated residents.
- Provide 145,000 pounds of food to Keys residents
- Increase the number of partner agencies with shared resources by restarting the Middle Keys resource group
- Partner with Upper Keys food pantry for cost effective food transportation
- Expand food recovery through the placement of three additional community food barrels
- Expand available fresh food by adding one more corporate partner in food recovery
- Develop closer relationship with clinics and collaborate on a joined grant opportunity for funding.
- Host three workshops with a nutritionist that will encourage healthy cooking and eating.
- Increase the amount of fresh fruits and vegetables available through the pantry.

26. How will you measure these outcomes? All applicants are documented and tracked. Food is measured and weighed. Financial assistance is recorded and categorized. The KAIR Board is open to all and meetings are well-documented. All expenditures are open to all.

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

27. Provide information about units of service below.

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

Service	Unit (hour, session, day, etc.)	Cost per unit (current year)
Medical, food, housing, transportation, legal, household goods, children's services		

27. In 300 words or less, address any topics not covered above (*optional*). We believe at KAIR that when you help your neighbor and you do it with grace, with dignity and with much forethought, the benefit goes far beyond the family you've helped and grows and improves the community at large. We also believe that services should be as expansive, creative and flexible as possible if it means helping a family achieve independence and a quality of life that we would want for ourselves.

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

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		
H. Copy of filed IRS Form 990 from most recent fiscal year (2010)	X		
I. Copy of current fee schedule		X	No fees
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	NA
L. Copy of Florida Dept. of Children And Families License or Certification		X	NA
M. Copy of any other Federal or State Licenses		X	NA
N. Copy of Florida Dept. of Health Licenses/Permits		X	NA
O. Copy of front page of Agency's EEO Policy/Plan	X		
P. Copy of Summary Report of most current Evaluation/Monitoring *		X	Food Bank/USDA do not provide written summaries
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.



Keys Area Interdenominational Resources
Food Pantry and Social Services for those in Need
in the Middle Keys

3010 Overseas Hwy.
Marathon, FL 33050
(305) 743-4582
KAIRonline@bellsouth.net

Board Meeting Minutes – November 17, 2011

Attending: Debra Maconaughey, Phyllis Michaelis, Frances Strauss, Rexann Tracy, Herb Burnett, Marjorie Roberts, Frank Greenman

Absent: Terry Lynn Kelly

Announced resignations from Secretary Charlotte Quinn and Treasurer Peggy Benson.

Minutes from October meeting will be reviewed and approved at Dec. meeting.

Frances Strauss is now associate at Chapman and Cardwell Capital Management firm. Debra made a motion to transfer funds from Raymond James to Chapman and Cardwell. Seconded by Phyllis Michaelis.

Thanksgiving – St. Columba will host a 1pm dinner open to all in the community. KAIR will distribute 300 turkeys and food baskets on Nov. 19th to 300 families in Marathon.

Discussed setting up 2012 budget and Marjorie suggested some changes to the chart of accounts. Motion made by Debra to allocate up to \$400 to Julio Buzzi, accountant to advise. Absent votes will be requested by email.

Reviewed board membership and concluded that we need to expand the board after recent resignations. Current board members will suggest members at next meeting. Debra motioned that current board be confirmed through November 2012 and is as follows: Debra Maconaughey, Chair, Terry Lynn Kelly, Vice-Chair, Phyllis Michaelis, Treasurer, and member Frank Greenman. Ardie Banks will be asked to join the Board to start this month. Debra also mentioned that Board will have to appoint new Secretary and Terry Lynn Kelly has agreed to be temporary Secretary until then. Seconded by Phyllis Michaelis and approved.

Summer appeal was very successful but no final figures available as yet. Will report at Dec. meeting.

There is no outstanding grant money. The City of Marathon is changing their grant process and will no longer award grants in the Fall. Instead, they will divide the amount awarded and do it over two separate payments during their fiscal year.

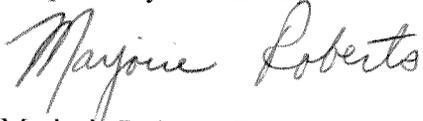
Currently, the food pantry is in good shape and has a wide variety of foods.

A-2

Dec. 3rd is the Sea Market Flea Market and it will be held at the Town Square Mall. KAIR has had items specifically donated for the sale. The race committee will also be there selling handmade pillows.

The Sombrero Beach Race is moving along and meeting regularly. They are sending out commitment letters for sponsorships. The race date is March 3rd.

Respectfully submitted,

A handwritten signature in cursive script that reads "Marjorie Roberts".

Marjorie Roberts, Exec. Director

ATTACHMENT D - COUNTY HSAB FUNDING BUDGET

2012

KAIR

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

	Proposed Expense Budget for Upcoming Year Ending:	
	12/31/2012	
	Total	%
Expenditures		
Salaries - Program	0	0
Payroll Taxes - Program	0	0
Employee Benefits - Program	0	0
Salaries - Administrative	0	0
Payroll Taxes - Administrative	0	0
Employee Benefits - Administrative	0	0
Subtotal Personnel	0	0
Postage	0	0
Office Supplies	0	0
Telephone	0	0
Professional Fees	0	0
Rent	0	0
Utilities	0	0
Repair and Maint.	0	0
Travel	0	0
Miscellaneous	0	0
Grants to Other Organizations	0	0
List others below	0	0
Direct Financial Assistance Grants and Food to Low-Income Clients	25,000	100.0%
		0
		0
		0
		0
		0
		0
		0
		0
		0
		0
Total Expenses	25,000	100.0%

ATTACHMENT E - AGENCY EXPENSES

2012

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

KAIR

Expenditures	Proposed Expense Budget for Upcoming Year Ending:		Projected Expenses for Current Year Ending:	
	12/31/2012		12/31/2011	
	Total	%	Total	%
Salaries - Program	49,000	9%	49,000	9%
Payroll Taxes - Program	15,480	0	15,480	0
Employee Benefits - Program	3,600	0	3,600	0
Salaries - Administrative		0		0
Payroll Taxes - Administrative		0		0
Employee Benefits - Administrative		0		0
Subtotal Personnel	68,080	12%	68,080	12%
Postage	400	0%	400	0%
Office Supplies	2,700	0%	2,700	0%
Telephone/internet/website	1,800	0%	1,800	0%
Professional Fees	5,900	1%	5,900	1%
Rent	2,375	0%	2,375	0%
Utilities	0	0	0	0
Repair and Maint.	0	0	0	0
Travel	1,300	0%	1,300	0%
Miscellaneous		0		0
Grants to Other Organizations	0	0	0	0
<i>List others below</i>		0		0
direct food and emergency services	464,100	85%	464,100	85%
		0		0
		0		0
		0		0
		0		0
		0		0
		0		0
		0		0
		0		0
Total Expenses	546,655	100%	546,655	100%
Revenue Over/(Under) Expenses	(546,655)		(546,655)	

Attachment 9

**KEYS AREA INTERDENOMINATIONAL
RESOURCES, INC.**

**Financial Statements with
Independent Auditors' Report Thereon
For the Year Ended December 31, 2010**

SMITH, BUZZI & ASSOCIATES, LLC.
CERTIFIED PUBLIC ACCOUNTANTS
2103 CORAL WAY, SUITE 305
MIAMI, FLORIDA 33145
TEL. (305) 285-2300
FAX (305) 285-2309

JULIO M. BUZZI, C.P.A.
JOSE E. SMITH, C.P.A.

MEMBERS:
AMERICAN INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS
FLORIDA INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITORS' REPORT

To the Board of Directors of
Keys Area Interdenominational Resources, Inc.

We have audited the accompanying statement of financial position of Keys Area Interdenominational Resources, Inc., (the "Company") (a non-profit organization) as of December 31, 2010, and the related statement of activities and cash flow for the year then ended. These financial statements are the responsibility of the Company's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with auditing standards generally accepted in the United States of America, Government Auditing Standards, issued by the Comptroller General of the United States, and the provisions of Office of Management and Budget Circular A-133, "Audits of States, Local Governments and Nonprofit Organizations". Those standards and OMB Circular A-133 require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Keys Area Interdenominational Resources, Inc. as of December 31, 2010, and the results of its operations and its cash flows for the year then ended in conformity with generally accepted accounting principles.

In accordance with Government Auditing Standards, we have also issued a report dated June 16, 2011 on our consideration of Keys Area Interdenominational Resources, Inc.'s internal control over financial reporting and our tests of its compliance with certain provisions of laws, regulations contracts and grants.

Smith, Bayji & Associates, LLC.

June 16, 2011

KEYS AREA INTERDENOMINATIONAL RESOURCES, INC.

Statement of Financial Position

December 31, 2010

Assets

Current assets	
Cash	\$ 40,164
Contracts and other receivables	-
Other assets	-
Total current assets	<u>40,164</u>
Assets restricted to investment in furniture and equipment	-
Accumulated depreciation	<u>-</u>
Net assets restricted to investment in furniture and equipment	<u>-</u>
Total assets	\$ <u>40,164</u>

Liabilities and Net Assets

Current liabilities	
Accounts payable and accrued expenses	\$ <u>1,270</u>
Total current liabilities	<u>1,270</u>
Net assets	
Unrestricted	38,894
Restricted to investment in furniture and equipment	<u>-</u>
Total net assets	<u>38,894</u>
Total liabilities and net assets	\$ <u>40,164</u>

See accompanying notes to financial statements.

KEYS AREA INTERDENOMINATIONAL RESOURCES, INC.

Statement of Activities

For the Year Ended December 31, 2010

Public support and revenue	
Grant revenue	\$ 40,086
Fundraising income	64,326
Contributions	92,387
Other	<u>3,929</u>
	<u>200,728</u>
In-kind contributions	
Food pantry	176,639
Goods/services	49,005
Donated facilities	<u>18,000</u>
Total revenue	<u>243,644</u>
Total public support and revenue	<u>444,372</u>
Expenses	
Salaries and related costs	53,658
Other rent	1,500
Program services	90,224
Insurance	4,486
Office and administration	8,646
Professional fees	3,750
Donated facilities	18,000
Food pantry	207,080
In-kind good/services	49,005
Fundraising expenses	<u>6,826</u>
	<u>443,175</u>
Increase in net assets	1,197
Net assets, beginning of year	<u>37,697</u>
Net assets, end of year	<u>\$ 38,894</u>

See accompanying notes to financial statements.

KEYS AREA INTERDENOMINATIONAL RESOURCES, INC.

Statement of Cash Flows

For the Year Ended December 31, 2010

Cash flows from operating activities:	
Change in net assets	\$ 1,197
Adjustments to reconcile change in net assets to net cash provided by operating activities:	
Depreciation	-
Decrease in contracts, other receivables and other assets, net	-
Increase in accounts payable	<u>501</u>
Net cash used by operating activities	<u>1,698</u>
Cash flows used by investing activities:	
Acquisition of equipment	<u>-</u>
Cash flows from financing activities:	<u>-</u>
Net provided in cash and cash equivalents	1,698
Cash and cash equivalents, at beginning of year	<u>38,466</u>
Cash and cash equivalents, at end of year	\$ <u>40,164</u>
Interest paid during the year	\$ <u>-</u>

See accompanying notes to financial statements.

KEYS AREA INTERDENOMINATIONAL RESOURCES, INC.

Notes to Financial Statements

For the Year Ended December 31, 2010

1. Summary of Significant Accounting Policies

a) Organization

Keys Area Interdenominational Resources, Inc. ("the Company") is a nonprofit organization developed as a Certified Food Pantry and emergency services provider. Diverse and flexible services are provided through collaboration and cooperation with local and faith based communities based on individual needs.

b) Basis of Presentation

The Company's financial statements have been prepared on the accrual basis of accounting and in conformity with the standards promulgated by the American Institute of Certified Public Accountants. Net assets and revenues, expenses, gains, and losses are classified based on the existence or absence of donor-imposed restrictions. Accordingly, net assets of the Company and changes therein are classified and reported as follows:

- Temporarily restricted net assets - Net assets subject to donor-imposed stipulations that may or will be met, whether by actions of the Company and/or the passage of time. When a restriction expires, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statement of activities as net assets released from restrictions.
- Permanently restricted net assets - Net assets subject to donor-imposed stipulations that they be maintained permanently by the Company. Generally, the donors of these assets permit the Company to use all or part of the income earned on any related investments for general or specific purposes.

The primary sources of revenue for the Company consist of grants from governmental agencies which, absent a specific restriction by the grantor, are considered to be available for unrestricted use, and contributions from the community. All grant funds received as of the statement of financial position date which are considered to be applicable to future periods are reflected as deferred revenue on the Statement of Financial Position.

The costs of providing the various programs and other activities have been detailed in the accompanying Statement of Activities.

Salaries and other expenses which are associated with specific program are charged directly to that program. Salaries and other expenses which benefit more than one program are allocated to the various programs based on the relative costs incurred. Administrative and other support expenses are allocated to the various programs based on each program's salary expense.

KEYS AREA INTERDENOMINATIONAL RESOURCES, INC.

Notes to Financial Statements

For the Year Ended December 31, 2010

1. Summary of Significant Accounting Policies - (Cont.)

c) Assets Restricted to Investment in Furniture and Equipment

Assets restricted to Investment in Furniture and Equipment are stated at cost and include expenditures for improvements and betterment which substantially increase the useful lives of the assets.

Donated furniture and equipment with values in excess of \$1,000 represent "in-kind" donations to the Company from private organizations and are recognized as support when received.

Depreciation is computed on the straight-line method over the estimated useful life of the assets, which is principally five (5) years. Maintenance and repairs are charged to operation as incurred.

d) Contributions

Contributions are considered unrestricted unless otherwise stated by donor. Restricted donations are initially recorded as temporarily restricted net assets. When a donor restriction expires or purpose of restriction is accomplished. Temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statement of activities as net assets released from restrictions.

e) Restricted Revenues Received, Related Program Expense and Deferred Support

Contract revenues presented in the statement of activities are stated at amounts equivalent to the program expenses incurred. Related program expenses incurred in excess of contract revenue received on cost reimbursement contracts are reflected as receivables from governments, to the extent realizable, on the statement of financial position. Contract receipts in excess of related program expenses are deferred and recognized as revenue in the period in which the matching program expenses is incurred.

KEYS AREA INTERDENOMINATIONAL RESOURCES, INC.

Notes to Financial Statements

For the Year Ended December 31, 2010

1. Summary of Significant Accounting Policies - (Cont.)

e) Restricted Revenues Received, Related Program Expense and Deferred Support - (Cont.)

The Company records revenue when earned. All expenses are recorded on the accrual basis and are charged against operations when incurred. Donated materials are recorded at fair value on the date of donation as unrestricted support. Donated services have not been reflected in the financial statements. The impact of those services upon the financial statements is unknown as there is no objective basis available to measure the value of such services. However, because recognition of donated services as revenue would also involve recognition of corresponding expenses, there would be no effect on the net assets.

f) Income Taxes

The Company was organized as a non-profit organization and has received exemption under the provisions of Section 501(c)(3) of the Internal Revenue Code. Accordingly, no provision for income taxes is provided for in the accompanying financial statements.

g) Allocation of Common Expenses

Certain common expenses which benefit more than one program are allocated based on estimates of time of employees involved and on percentages of assets utilized, and to the extent permitted in the funding source contracts.

h) Cash and Cash Equivalents

For purposes of the statement of cash flows, the Company considers all cash and other highly liquid investments with initial maturities of three months or less to be cash equivalents.

i) Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

KEYS AREA INTERDENOMINATIONAL RESOURCES, INC.

Notes to Financial Statements

For the Year Ended December 31, 2010

1. Summary of Significant Accounting Policies - (Cont.)

j) Long-Lived Assets

The Company reviews the carrying value of its long lived assets for possible impairment whenever events or changes in circumstances indicate that the carrying amount of the assets may not be recoverable. No adjustment has been provided for in the financial statements.

2. Summary of Funding, Accounts Receivable and Deferred Support.

The Company is funded through grants and contracts from various funding sources. The following summarizes major grant activity for the year ended December 31, 2010.

	<u>Award</u>	<u>Support</u>
City of Marathon		
Board of County Commissioners - Monroe County, Florida	\$ 16,600	16,600
Monroe County Sheriff Grant	10,000	10,000
Emergency Food and Shelter Grant	9,115	9,115
	4,371	4,371

Grant and contract fees for the year ending December 31, 2010 amounted to \$40,086. At December 31, 2010 grant receivables amounted to \$-0-.

3. Facilities Cost

The Company's premises are donated to them and are located in Marathon, Florida. The value of the donated rent expense for the year amounts to \$18,000.

4. Commitments and Contingencies

The costs and unexpended funds reflected in the accompanying financial statements relating to government funded programs are subject to audit by the respective governmental agencies (funding sources). The possible disallowance by the related governmental agencies of any item charged to the program or request for the return of any unexpended funds cannot be determined at this time. No provision, for any liability that may result, has been made in the financial statements.

SMITH, BUZZI & ASSOCIATES, LLC.
CERTIFIED PUBLIC ACCOUNTANTS
2103 CORAL WAY, SUITE 305
MIAMI, FLORIDA 33145
TEL. (305) 285-2300
FAX (305) 285-2309

JULIO M. BUZZI, C.P.A.
JOSE E. SMITH, C.P.A.

MEMBERS:
AMERICAN INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS
FLORIDA INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITORS' REPORT ON COMPLIANCE AND ON INTERNAL CONTROL
OVER FINANCIAL REPORTING BASED ON AN AUDIT OF
FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE
WITH GOVERNMENT AUDITING STANDARDS

To the Board of Directors of
Keys Area Interdenominational Resources, Inc.:

We have audited the financial statements of Keys Area Interdenominational Resources, Inc. (the "Company") as of and for the year ended December 31, 2010 and have issued our report thereon dated June 16, 2011. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and Government Auditing Standards, issued by the Comptroller General of the United States.

Compliance

As part of obtaining reasonable assurance about whether the Company's financial statements are free of material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts and grants, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit and, accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance that are required to be reported under Government Auditing Standards.

Internal Control Over Financial Reporting

In planning and performing our audit, we considered the Company's internal control over financial reporting in order to determine our auditing procedures for the purpose of expressing our opinion on the financial statements and not to provide assurance on the internal control over financial reporting. Our consideration of the internal control over financial reporting would not necessarily disclose all matters in the internal control over financial reporting that might be material weaknesses. A material weakness is a

condition in which the design or operation of one or more of the internal control components does not reduce to a relatively low level the risk that misstatements in amounts that would be material in relation to the financial statements being audited may occur and not be detected within a timely period by employees in the normal course of performing their assigned functions. We noted no matters involving the internal control over financial reporting and its operation that we consider to be reportable conditions as defined above.

This report is intended for the information of the Company's Board of Directors, management, and officials of applicable federal and state agencies. However, if this report is a matter of public record, its distribution is not limited.

Smith, Buzni & Associates, LLC

June 16, 2011

SMITH, BUZZI & ASSOCIATES, LLC.
CERTIFIED PUBLIC ACCOUNTANTS
2103 CORAL WAY, SUITE 305
MIAMI, FLORIDA 33145
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MEMBERS:
AMERICAN INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS
FLORIDA INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITORS' REPORT ON COMPLIANCE WITH
REQUIREMENTS APPLICABLE TO EACH MAJOR PROGRAM AND INTERNAL
CONTROL OVER COMPLIANCE IN ACCORDANCE
WITH OMB CIRCULAR A-133

To the Board of Directors of
Keys Area Interdenominational Resources, Inc.:

Compliance

We have audited the compliance of Keys Area Interdenominational Resources, Inc. (the "Company") with the types of compliance requirements described in the U.S. Office of Management and Budget (OMB) Circular A-133 Compliance Supplement that are applicable to each of its major federal programs for the year ended December 31, 2010. The Organization's major federal programs are identified in the accompanying schedule of federal and State financial assistance. Compliance with the requirements of laws, regulations, contracts and grants applicable to each of its major federal programs is the responsibility of the Company's management. Our responsibility is to express an opinion on the Company's compliance based on our audit.

We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in Government Auditing Standards, issued by the Comptroller General of the United States; and OMB Circular A-133 Audits of States, Local Governments, and Non-Profit Organizations. Those standards and OMB Circular A-133 require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about the Company's compliance with those requirements and performing such other procedures as we considered necessary in the circumstances. We believe that our audit provides a reasonable basis for our opinion. Our audit does not provide a legal determination on Keys Area Interdenominational Resources, Inc.'s compliance with those requirements.

In our opinion, the Company complied, in all material respects, with the requirements referred to above that are applicable to each of its major federal programs for the year ended December 31, 2010.

Internal Control Over Compliance

The management of the Company is responsible for establishing and maintaining effective internal control over compliance with requirements of laws, regulations, contracts and grants applicable to federal programs. In planning and performing our audit, we considered the Company's internal control over compliance with requirements that could have a direct and material effect on a major federal program in order to determine our auditing procedures for the purpose of expressing our opinion on compliance and to test and report on internal control over compliance in accordance with OMB Circular A-133.

Our consideration of the internal control over compliance would not necessarily disclose all matters in the internal control that might be material weaknesses. A material weakness is a condition in which the design or operation of one or more of the internal control components does not reduce to a relatively low level the risk that noncompliance with applicable requirements of laws, regulations, contracts and grants that would be material in relation to a major federal program being audited may occur and not be detected within a timely period by employees in the normal course of performing their assigned functions. We noted no matters involving the internal control over compliance and its operation that we consider to be material weaknesses.

This report is intended for the information of the Company's Board of Directors, management, and officials of applicable federal and state agencies. However, if this is a matter of public record, its distribution is not limited.

Smith, Buzin & Associates, LLC

June 16, 2011

Attachment H

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2010 calendar year, or tax year beginning _____, and ending _____

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

C Name of organization **KEYS AREA INTERDENOMINATIONAL RESOURCES, INC.**
 Doing Business As _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
3010 OVERSEAS HIGHWAY
 City or town, state or country, and ZIP + 4
MARATHON FL 33050

D Employer identification number **65-0926262**

E Telephone number _____

F Name and address of principal officer:
MARJORIE ROBERTS

G Gross receipts \$ **444,372**

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: ▶ **WWW.KAIRONLINE.NET**

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: _____

M State of legal domicile: _____

H(c) Group exemption number ▶ _____

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: AN ORGANIZATION OF AREA CHURCHES JOINING TOGETHER TO IMPROVE THE COMMUNITY			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)	3	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	
	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	
	6	Total number of volunteers (estimate if necessary)	6	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	
	7b	Net unrelated business taxable income from Form 990-T, line 34	0	
	Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year: 301,195 Current Year: 380,046
		9	Program service revenue (Part VIII, line 2g)	
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	24,687	
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	38,948 64,326	
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	364,830 444,372	
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)	53,208 49,665	
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 6,826		
Net Assets or Fund Balances	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	314,358 393,510	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	367,566 443,175	
	19	Revenue less expenses. Subtract line 18 from line 12	-2,736 1,197	
	20	Total assets (Part X, line 16)	Beginning of Current Year: 38,466 End of Year: 40,164	
	21	Total liabilities (Part X, line 26)	769 1,270	
	22	Net assets or fund balances. Subtract line 21 from line 20	37,697 38,894	

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 ▶ *Marjorie Roberts*
 Signature of officer **MARJORIE ROBERTS** **EX. DIRECTOR**
 Date _____
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name **JULIO BUZZI** Preparer's signature _____ Date **08/08/11** Check if self-employed PTIN **P00853282**

Firm's name ▶ **Smith, Buzzi & Associates, LLC** Firm's EIN ▶ **80-0631935**

Firm's address ▶ **2103 Coral Way Suite 305 Miami, FL 33145** Phone no. **305-285-2300**

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:
AN ORGANIZATION OF AREA CHURCHES JOINING TOGETHER TO IMPROVE THE COMMUNITY

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ **352,799** including grants of\$) (Revenue \$)
PROVIDE A FOOD PANTRY; EMERGENCY FOOD ASSISTANCE TO INDIVIDUALS AND FAMILIES

4b (Code:) (Expenses \$ including grants of\$) (Revenue \$)
COLLECTED A REFERRAL LIST OF VOLUNTEERS WHO CAN RESPOND TO THE NEEDS OF THE POOR, ELDERLY AND DISABLED

4c (Code:) (Expenses \$ including grants of\$) (Revenue \$)
WORKED WITH AN AFFILIATE ORGANIZATION TO UTILIZE COMMUNITY SERVICE HOURS FOR VARIOUS TASKS TO ASSIST THE POOR, ELDERLY AND DISABLED

4d Other program services. (Describe in Schedule O.)
(Expenses \$ **83,550** including grants of\$) (Revenue \$)

4e Total program service expenses ▶ **436,349**

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)		

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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		<input checked="" type="checkbox"/>
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		<input checked="" type="checkbox"/>
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		<input checked="" type="checkbox"/>
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	If "Yes," enter the name of the foreign country: <input type="checkbox"/> See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

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

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) REV. DEBRA MACONAUGHEY CHAIRMAN	5.00	X						0	0	0
(2) REV. PEGGY BENSON TREASURER	5.00	X						0	0	0
(3) CHARLOTTE QUINN SECRETARY	5.00	X						0	0	0
(4) PHYLISS MICHAELIS DIRECTOR	5.00	X						0	0	0
(5) PETER CHAPMAN DIRECTOR	5.00	X						0	0	0
(6) TERRY KELLEY VICE CHAIR	5.00	X						0	0	0
(7) FRANK GREENMAN DIRECTOR	5.00	X						0	0	0
(8) FRANCES STRAUSS DIRECTOR	5.00	X						0	0	0
(9) MARJORIE ROBERTS EX. OFFICER	40.00			X				0	0	0
(10)										
(11)										
(12)										
(13)										
(14)										
(15)										
(16)										

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

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

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e 380,046				
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f		380,046			
Program Service Revenue	2a	Busn. Code				
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)					
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross Rents	(i) Real				
		(ii) Personal				
	b Less: rental exps.					
	c Rental inc. or (loss)					
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
	b Less: cost or other basis & sales exps.					
	c Gain or (loss)					
	d Net gain or (loss)					
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a 50,232				
		b Less: direct expenses				
		c Net income or (loss) from fundraising events		50,232		
	9a Gross income from gaming activities. See Part IV, line 19	a				
		b Less: direct expenses				
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold					
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Busn. Code				
11a OTHER		14,094	14,094			
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		14,094				
12 Total revenue. See instructions.		444,372	14,094	0	0	

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	49,665	49,665		
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	3,750	3,750		
d Lobbying				
e Professional fundraising services. See Part IV, line 7				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses	7,649	7,649		
14 Information technology				
15 Royalties				
16 Occupancy	18,000	18,000		
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	4,486	4,486		
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 FOOD PANTRY	208,080	208,080		
b PROGRAM SERVICES	94,214	94,214		
c IN KIND SERVICES	49,005	49,005		
d FUNDRAISING	6,826			6,826
e OTHER RENT	1,500	1,500		
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	443,175	436,349	0	6,826
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest bearing	38,466	1	40,164
	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		
	b Less: accumulated depreciation	10b		10c
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)		38,466	16	40,164
Liabilities	17 Accounts payable and accrued expenses	769	17	1,270
	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		769	26
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	37,697	27	38,894
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	37,697	33	38,894
34 Total liabilities and net assets/fund balances	38,466	34	40,164	

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	444,372
2	Total expenses (must equal Part IX, column (A), line 25)	2	443,175
3	Revenue less expenses. Subtract line 2 from line 1	3	1,197
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	37,697
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	38,894

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b Were the organization's financial statements audited by an independent accountant?		X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Name of the organization **KEYS AREA INTERDENOMINATIONAL RESOURCES, INC.**

Employer identification number
65-0926262

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

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

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

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2010

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.")	11,650	172,528	307,159	301,195	380,046	1,172,578
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	11,650	172,528	307,159	301,195	380,046	1,172,578
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						1,172,578

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	11,650	172,528	307,159	301,195	380,046	1,172,578
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						1,172,578
12 Gross receipts from related activities, etc. (see instructions)					12	64,326
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	100.00%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	100.00%
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 see instructions

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

Part II, Line 10 - Other Income Detail

Other income \$ 0

**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 KEYS AREA INTERDENOMINATIONAL RESOURCES, INC.	Employer identification number 65-0926262
--	---

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds 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? <input type="checkbox"/> Yes <input type="checkbox"/> No		

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

1a If the organization elected, as permitted under SFAS 116 (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.

b 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	▶ \$

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

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

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

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

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

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

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment ▶ %
 - b Permanent endowment ▶ %
 - c Term endowment ▶ %
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIV the intended uses of the organization's endowment funds.

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

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

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).

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

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open To Public Inspection

Name of the organization **KEYS AREA INTERDENOMINATIONAL
RESOURCES, INC.**

Employer identification number
65-0926262

Part I

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
	SOMBRERO BEACH (event type)	HAPPY HOLIDAY P (event type)	2 (total number)	(add col. (a) through col. (c))
1 Gross receipts	28,485	8,179	13,568	50,232
2 Less: Charitable contributions				
3 Gross income (line 1 minus line 2)	28,485	8,179	13,568	50,232
Direct Expenses	4 Cash prizes			
	5 Noncash prizes			
	6 Rent/facility costs			
	7 Food and beverages			
	8 Entertainment			
	9 Other direct expenses			
	10 Direct expense summary. Add lines 4 through 9 in column (d)			
11 Net income summary. Combine line 3, column (d), and line 10				50,232

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
	1 Gross revenue			
Direct Expenses	2 Cash prizes			
	3 Noncash prizes			
	4 Rent/facility costs			
	5 Other direct expenses			
6 Volunteer labor	<input type="checkbox"/> Yes <input type="checkbox"/> No %	<input type="checkbox"/> Yes <input type="checkbox"/> No %	<input type="checkbox"/> Yes <input type="checkbox"/> No %	
7 Direct expense summary. Add lines 2 through 5 in column (d)				
8 Net gaming income summary. Combine line 1, column d, and line 7				

9 Enter the state(s) in which the organization operates gaming activities: _____
 a Is the organization licensed to operate gaming activities in each of these states? 9a Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a Yes No
 b If "Yes," explain: _____

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization **KEYS AREA INTERDENOMINATIONAL
RESOURCES, INC.**

Employer identification number
65-0926262

Form 990, Part III, Line 4d - All Other Achievements

ASSISTANCE IN FINDING INDIVIDUALS AND FAMILIES AFFORDABLE HOUSING

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

**FINANCIAL MANAGEMENT PERFORMS INITIAL REVIEW. TAX RETURN IS PROVIDED TO
BOARD TO REVIEW AND TO PROVIDE AUTHORIZATION TO FILE.**

Form 990, Part VI, Line 15a - Compensation Process for Top Official

DETERMINED BY THE BOARD OF DIRECTORS

Form 990, Part VI, Line 15b - Compensation Process for Officers

APPROVED BY THE BOARD OF DIRECTORS

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

BY REQUEST

Attachment J

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

DEPARTMENT OF THE TREASURY

Date: MAY 19 2003

KEYS AREA INTERDENOMINATIONAL
RESOURCES
C/O K A I R INC
3010 OVERSEAS HWY
MARATHON, FL 33050

Employer Identification Number:
65-0926262

DLN:
17053088893013

Contact Person:
JAMES H BLAIR ID# 31324

Contact Telephone Number:
(877) 829-5500

Our Letter Dated:

June 2000

Addendum Applies:

No

Dear Applicant:

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

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

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

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

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

Letter 1050 (DO/CG)

Attachment

J

-2-

KEYS AREA INTERDENOMINATIONAL

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

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

Sincerely yours,



Lois G. Lerner
Director, Exempt Organizations
Rulings and Agreements

Attachment J-2

Legitimacy Information

- This organization is registered with the IRS.
- This organization is required to file an IRS Form 990 or 990-EZ.

Institutional funders should note that an organization's inclusion on GuideStar.org does not satisfy IRS Rev. Proc. 2011-33 for identifying supporting organizations.

Learn more about GuideStar Charity Check, the only pre-grant due diligence tool that is 100% compliant with IRS Rev. Proc 2011-33.

Forms 990 from IRS

Login or register to view Forms 990 for 2010, 2009, and 2008.

[Subscribe Now](#)

Annual Revenue & Expenses

Fiscal Year Starting: Jan 01, 2009
Fiscal Year Ending: Dec 31, 2009

Revenue

Total Revenue \$364,830

Expenses

Total Expenses \$367,566

*Is this information up-to-date?
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Summary Financials Forms 990 & Docs People Programs & Help

News

Basic Organization Information

KEYS AREA INTERDENOMINATIONAL RESOURCES

Physical Address: Marathon, FL 33050
65-0926262
EIN: P Human Services
NTEE Category: P99 (Human Services - Multipurpose and Other N.E.C.)
Year Founded: 2000
Ruling Year: 2000

Login or register to see this organization's full address, contact information, and more!

Mission Statement

AN ORGANIZATION OF AREA CHURCHES JOINING TOGETHER TO IMPROVE THE COMMUNITY

Expert Reviews

There are no Expert Reviews for this organization. Learn more about [TakeAction@GuideStar](#).

Impact Statement

This organization has not provided an impact statement.

Personal Reviews

There are no reviews for this organization.

Write a Review Powered by GREAT*Nonprofits

Attachment 0

KAIR – Keys Area Interdenominational Resources is an equal opportunity employer and will not discriminate or make decisions based on gender, race, age, sexual orientation, religious preference, ethnicity or political beliefs. KAIR also provides services to those in need and does not discriminate or make decisions based on gender, race, age, sexual orientation, religious preference, ethnicity or political beliefs.

MISSION

KAIR seeks to serve those individuals and families in Marathon and the Florida Keys who have found themselves in crisis. Working in partnership with other agencies and organizations, every effort is made to return people to self-supporting, productive lives.

HISTORY

KAIR was incorporated in 1999 as a non-profit agency through a collaboration of local churches. This faith-based organization is now funded through public and private grants, donations, and fund raisers. Through the years KAIR has played an increasingly important role in providing emergency services. The food pantry is the only USDA certified food pantry between MM30 and MM92. KAIR distributes 12,000 pounds of food per month.

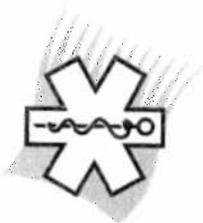
HOW IT WORKS

Those seeking assistance meet with a trained case worker who does a needs assessment and develops a plan for increased self-sufficiency. Follow-up is provided on an individual basis.

SERVICES OF KAIR



Food Pantry—The Food Pantry obtains their food through individual donations, and local food drives. Through its USDA certification, KAIR is able to purchase food from the regional food bank at a very reduced cost. The food pantry assists individuals, families and senior citizens with meeting basic food needs. Bag lunches for the homeless and transients are also offered.



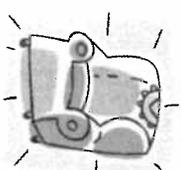
Medical Assistance—Help is provided for the purchase of medications, medical tests, and medical treatment for needy residents. KAIR collaborates with the local medical community to provide needed services.



Housing Assistance—Grants for rent, security deposits and utilities are provided to families and individuals on an emergency basis.



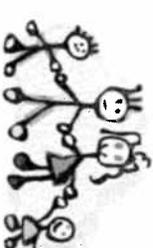
Transportation Services—This includes gasoline or bus tickets for local travel to work or medical appointments; car repair, if necessary, to maintain employment; relocation assistance for those who cannot provide for themselves in the Keys.



In-Kind Goods—This service includes distribution of donated household goods. Items vary according to need; bedding, clothing, baby items, cars, appliances and furniture are some of the items distributed to those in need.



Legal Documentation—Assistance with legal documents is available in order to assist people to begin work, obtain social security, receive food stamps and access other potential resources.



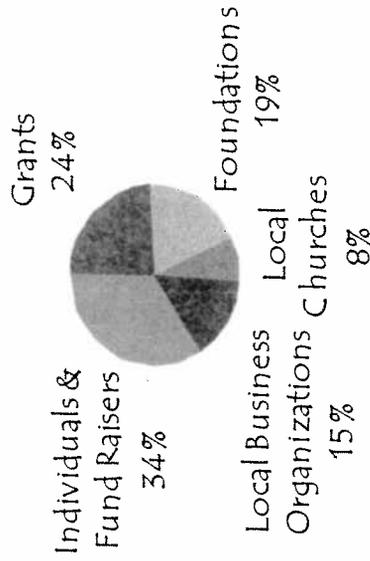
KidKAIR—Kids often have special needs and this program provides funds and supplies to meet individual situations of children and their families.



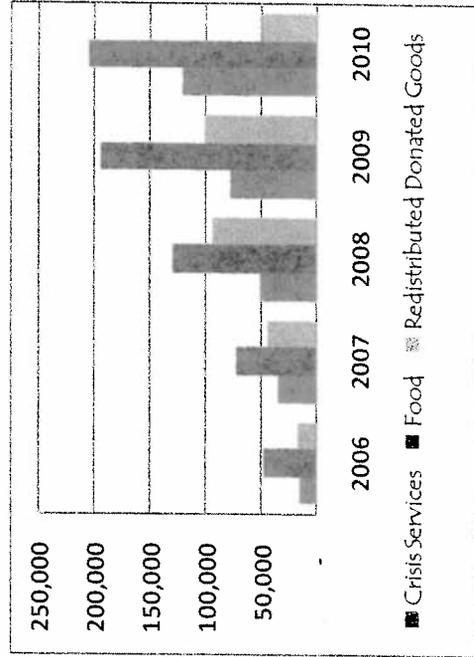
Residential Boat Refitting—KAIR provides supplies and installation of fittings that meet regulations for boat sanitation systems. This allows residents to remain in their "homes."

HOW YOU CAN HELP—Volunteer your time; pack food, sort donations, assist in the office and help with fund raisers. Give a donation; monetary gifts and in-kind donations are always welcome. Tell Others about KAIR.

KAIR DOLLARS come from many sources, but the local community is its greatest resource. Neighbors caring for neighbors.



WHERE YOUR KAIR DOLLAR GOES
 Every year KAIR finds the need growing and 2011 is projected to be the largest ever.



KAIR

3010 Overseas Highway

Marathon, FL 33050

305-743-4582

WWW.KAIRonline.net

Email: KAIRonline@bellsouth.net

Marjorie Roberts, Director

501(c)3 Organization

KAIR Board of Directors

Rev. Debra

Herb Bernett

Maconaughey, Chair

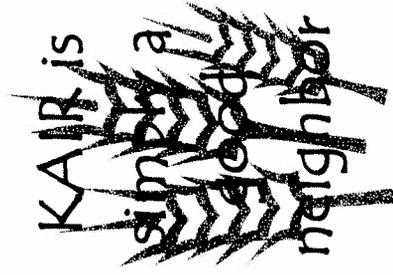
Rexann Hussey

Franklin Greenman

Ardie Banks

Terry Lynn Kelly

Frances Strauss



KAIR

Keys Area
 Interdenominational
 Resources



1999 — 2011
 Celebrating 12 Years
 of KAIRing!