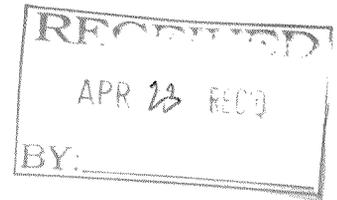


**MONROE COUNTY  
HUMAN SERVICES ADVISORY BOARD  
Application for Funding  
Fiscal Year 2013  
October 1, 2012 – September 30, 2013**



Agency Name	Kids Come First - Be the Change of the Florida Keys, Inc.
Physical Address	241 Trumbo Rd. Key West, FL 33040
Mailing Address	5800 Overseas Hwy Suite 6
City, State, Zip	Marathon, FL 33040
Phone	305-360-1689
Fax	
Email	roxanedee@comcast.net
Who should we contact with questions about this application?	Sunnybooker@hotmail.com

Amount received for prior fiscal year ending 09/30/11	\$25,000
Amount received for current fiscal year ending 09/30/12	\$25,000
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: Sunny Booker

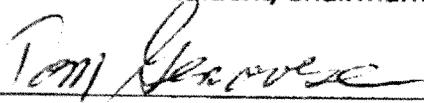


Signature \_\_\_\_\_

Title: Volunteer Program Manager

Date: 4-20-12

Typed Name of Board President/Chairman: Tom Genovese



Signature \_\_\_\_\_

Title: Board President

Date: 4-21-12



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

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

**The Mission of Kids Come First is to provide necessities such as school and personal supplies to every child experiencing financial adversity in Monroe County.**

2. List the services your agency provides. **Kids Come First (KCF) collects all necessities (except food) and provides it to all youth ages 0-20 in need. A database is kept to ensure that students who qualify for Federal Homeless Funds (Title X) receive items (schools supplies) through that program allowing our local funds/donations to go further. KCF also assist with event drives for example, Holiday or Prom.**

3. What specific services will be funded by this request? **Providing necessities to youth**

4. Funding category:

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

If yes, please circle the new category for which you would like to be considered:

Medical  Core Services  Quality of Life

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

5. Will County HSAB funds be used as match for a grant? NO

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

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

b. grant amount:

c. match percentage requirement and amount:

d. expected award date:

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

- a. how the funds were spent **96% of this funding pays for one contracted worker. This person is held responsible for all of the goods collected and does all of the purchasing of items requested that are not already in the "closet". This person also organizes all of the other volunteers. The funding also pays for some office supplies, primarily ink toner and etc. The director of the program and the clerical help that is received for the database is volunteered. The space and the transport of the items is also donated.**



b. how they were used to leverage additional funding

The coordinator brings together more than 100 volunteers annually to ensure every child is served. She has established relationships at stores, and other agencies to obtain new items for youth at a small fraction of the price. We have participated in national programs such as Barefoot Kids Network, Lands End Partnership and Payless Shoes.

This year KCF was able to obtain support from the Marine's Toys For Tots program bringing thousands of dollars of toys and gifts for the holidays from outside of the county. This is the first time this program has partnered with a Monroe County Group. Monroe County Schools provided school buses to load the toys to the distribution center.

The small budget and large impact is indicative of the time and careful planning on how to stretch Monroe County's local dollars and donations to KCF. KCF's Motto is to only "ask for what is needed". There is not a built up revenue or overhead. The more that we can save those dollars can be donated to other worthy charities. KCF is continuing to seek matches and relationships with other national organizations. It could not be done without one contracted worker whose full attention is on providing goods to impoverished youth.

8. Do you plan to allocate any part of this HSAB grant, if awarded, as a sub-grant to another organization? *If yes, please list the recipient(s), the purpose(s), and amount(s). Please make sure these are included on Attachment D, under "Grants to Other Organizations."* **NO**

9. Does your organization allocate sub-grants to other organizations using other sources (non County) of funding? *If yes, please list the recipient(s), the purpose(s), and amount(s). Please make sure these are included on Attachment E, under "Grants to Other Organizations."* **NO**

10. Will you or have you applied for other sources of County funding? *If yes, please list source(s) and amount(s). Also be sure to reflect this information on Attachment F.* **NO**

11. What needs or problems in this community does your agency address?  
**Monroe County is experiencing a steady increase of youth in need. As of 4-20-2012, the following statistics are staggering.**

We have 3916 students who qualify for free or reduced lunch in Monroe County Schools. This is 120 more students than the same date in 2010 and parents of 271 other students applied but did not meet the exceedingly low income requirements which do not take into account the high cost of living in Monroe County. There are 373 youth listed as homeless in this county 15% more than last year at this time. We believe the number to be higher. Homelessness is often hidden by the family due to fear and embarrassment.

12. What statistical data support the needs listed in Question #11? **On file at the school board using the following: National Lunch Program Applications, Federal Reports, District Data Base for enrollment (TERMS), Office of Homeless Title X.**



13. What are the causes (not the symptoms) of these problems?

**As of August 2011:**

**Causes of the Homeless Youth in Monroe County**

- o 80 are sheltered while 6 are represented by no parent or guardian**
- o 201 are doubled up living with other families, 11 of these kids are separated from their own parents**
- o 6 students are homeless and unsheltered**
- o 6 are waiting for foster care placement**
- o 3 students have been displaced by earthquake**
- o 2 by fire**
- o 2 are still displaced by mortgage/eviction**
- o 6 have been displaced by mortgage/eviction**

**The reason so many students in our county qualify for free and reduced lunch varies. The greatest cause would be the working poor in our community. Also, parents may be unemployed, or disabled. Finally, all homeless youth automatically qualify for the national lunch program.**

14. Describe your target population as specifically as possible.

**Young people ages 0-20 who are in need and experiencing financial adversity –usually through no fault of their own.**

15. How are clients referred to your agency?

**KCF receives requests from agencies such as Wesley House, the School District, Samuel's Houses, Daycares and churches, and etc.**

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

**KCF has never been unable to fill every request that is received. The steps that are taken is to ensure that we utilize our resources with the utmost care so that no child in Monroe County goes without basics like shoes that fit, and warm clothes if it is cold.**

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

**As previously stated, every social services agency is encouraged to request items for youth in need. We serve only the specific youth. KCF does not just provide items, so that we can keep a data-base of youth being served. This allows these agencies to focus on the services they provide and not to spend man-power and resources collecting clothes and shoes and other necessities.**

**Also as outlined above, KCF has strong relationships with each store we frequent, such as here locally – Beals, Payless, Kmart, and smaller stores as well. Beals not only provides us with the very best purchasing capability possible, but also serves as very strong volunteers during the back to school and holiday drives.**

**We also have ties with groups like the MLKAR Realtors, Be The Change (with whom we share a board), various girls scouts, the ladies of Sunshine Key, the National Guard the Be The Change PeaceJam students, KW Z Club, and many other civic groups.**

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



KCF serves all areas of Monroe County with this funding. KCF works primarily Monday – Saturday during normal business hours; however, response is given whenever needed. For example, KCF has received requests due to homes burning down and clothing has been transported up in the early morning when it is still dark to ensure the youth involved have clothing to attend school – before stores are even open.

19. What financial challenges do you expect in the next two years, and how do you plan to respond to them? **KCF is a simple organization without overhead expenses. Our space is donated, there are no vehicles, no buildings, no costs that make the essential service expensive to provide. The foreseeable issues are as follows:**

- If the School Board leaves Trumbo Rd, KCF may not have space for their closet. KCF will stay abreast of the developments and advocate for the youth in the community.
- If the economy continues to weaken more youth will need to be served. This is why KCF is working to find additional national sponsors so the burden is not only on the community in Monroe.

20. What organizational challenges do you expect in the next two years, and how do you plan to respond to them? **The only possible issue is the volunteer program manager (VPM) who writes grants and provides operational guidance to the project coordinator (PC) may be forced to leave the area. The BTC board is creating a contingency plan if this does occur. Various board members are learning the various functions of the VPM so there will not be a gap in programming. The PC and the volunteers she organizes are the primary strength of the program.**

21. How are clients represented in the operation of your agency?  
**Due to privacy issues the youth are not actively "seen" in our agency – although very specific records are kept in accordance with state standards.**

22. Is your agency monitored by an outside entity? If so, by whom and how often?  
**BTC is provides the programmatic and fiduciary oversight. Each grant is reimbursable which provides instant audits when funds are sought by the agency providing the grants.**

23. 2160 hours of program service were contributed by 120 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?

**The same two goals from 2012 is being written for this year. We established one new National Partnership and maintained another. We served 12% more youth.**

- 1) To establish and/or to maintain at least three National Partnerships for good to youth (i.e. Barefoot Kids).
- 2) To serve 10% more youth in need. This can only be achieved if more community partners request services for youth. So articulation and communication needs to continue to be strengthened.

26. How will you measure these outcomes?



1) By forming three partnerships in which either specific funding or goods are received in the 2012 fiscal year.

2) Comparing the numbers of youth served in 2012 to 2013.

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)
Contracted Worker	Per Hour	\$20

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

**This program was formed specifically to fill a need and was requested to be formed by one of the current BOCC members. The idea is not a complicated one. To make certain resources are available to provide essentials to youth who need them. This program took the place of another, which used to be a county-budget line-item at 1/3 the cost to the county.**

### **Required Attachments**

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



### ATTACHMENT CHECKLIST

LABEL AND ATTACH THE FOLLOWING IN THE ORDER SHOWN, AFTER THIS PAGE IF NOT APPLICABLE, PLEASE SO INDICATE AND EXPLAIN	ATTACHED?		COMMENTS
	YES	NO	
A-1. Current Board Information Form	X		
B. Agency Compensation Detail	X		
C. Profile of Clients, Client Numbers and Services (Performance Report)	X		
D. County HSAB Funding Budget	X		
E. Agency Expenses	X		
F. Agency Revenue	X		
G. Copy of Audited Financial Statement from most recent fiscal year (2010) if organization's expenses are \$150,000 or greater.		X	BTC overall budget is under \$150K with both projects included MYCP/KCF
H. Copy of filed IRS Form 990 from most recent fiscal year (2010)	X		
I. Copy of current fee schedule		X	No fees assigned for clients
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	KCF's physical closet is on the school board's Trumbo Point Property. The office is donated by CPA/Board member
L. Copy of Florida Dept. of Children And Families License or Certification		X	N/a Children are not worked with directly.
M. Copy of any other Federal or State Licenses		X	N/A
N. Copy of Florida Dept. of Health Licenses/Permits		x	KCF utilized Monroe County School Board Property
O. Copy of front page of Agency's EEO Policy/Plan	X		
P. Copy of Summary Report of most current Evaluation/Monitoring *		X	N/A
Q. Data showing need for your program (See Question 12)	X		Included in body of grant
R. Other (specify) TWO PAGE LIMIT	X		

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



**MONROE COUNTY  
HUMAN SERVICES ADVISORY BOARD  
APPLICATION ATTACHMENTS**

- 1** Save the file from email to your computer's hard drive.  
In this way, you may always revert to the original blank version if necessary.
- 2** Please note that there are several "worksheets" in this "workbook" file. Look for the tabs at the bottom of the window, and make sure you complete the checklist and all attachments, A through F.
- 3** Be careful not to enter any data in cells that contain a formula; cells that contain a formula will have a number in them already.
- 4** The worksheets will truncate cents from all amounts; you may round to the nearest dollar, or it will happen automatically if you enter dollars and cents.
- 5** For FTE'S, however, in Attachment B, please enter any decimals, if necessary, so that part-time positions are accurately represented.
- 6** If you must insert rows in any sheet, do so carefully, and make sure totals include those new rows. It seems to work best if you do NOT insert rows immediately above a row that includes totals, or above the first row in a range of cells that has a total at the bottom.
- 7** Place the checklist and all attachments behind the last page of questions.
- 8** If you have over-written formulas or caused other major "damage" to the worksheets, the best thing to do may be to revert to the original version sent to you in email, and begin entering data again.
- 9** When you print the worksheets, you may tell your printer to print any colors as black.



# ATTACHMENT A 1 - BOARD INFORMATION

2012

You must have at least five directors.

Kids Come First/BTC of the Florida Keys Inc.

Name/Board Position	Affiliation/Title	City/State	Telephone No.	Years Served	Current Term Expiration Date
Tom Genovese	President	Tavernier, FL 33070	305-587-4879	1	2013
Katrina Wiatt*	Vice President	Conch Key 33050	305-743-3684	2	2014
Denise Hudson	Secretary/Treasurer	Marathon Shores 33052	305-393-6610	2	2014
Judy Greenman*	Director	Marathon 33050	305-393-1315	2	2014
Darcie Parra	Director	Key West 33040	305-747-0069	2	2014
Mark Todaro	Director	Key West 33040	305-240-1740	2	2014
Michele Sutter**	Coordinator Liaison	Key Largo, FL 33090	305-852-1664	2	n/a

\* Served on MCEF board when MYCP was under that 501.c3 providing continuity for a decade of programming.

\*\*Has volunteered with MYCP since 2001.

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





of the Florida Keys, Inc.

## Minutes of BTC Board Meeting November 7, 2011

Meeting was called to order at 5:05pm.

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

By phone; No one.

Tom and Katrina approved the minutes from October BTC Meeting.

### Financial Report

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

Dashboard discussion will be deferred to the next meeting.

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

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

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

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

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



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

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

Next Meeting date is Dec. 5, 2011.

Location: TBA

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











**ATTACHMENT D - COUNTY HSAB FUNDING BUDGET**

2012

Kids Come First/BTC of the Florida Keys Inc.

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:	
	9/30/2013	
<b>Expenditures</b>	<b>Total</b>	<b>%</b>
Salaries - <i>Program</i>	24,000	0.96
Payroll Taxes - <i>Program</i>	0	0
Employee Benefits - <i>Program</i>	0	0
Salaries - <i>Administrative</i>	0	0
Payroll Taxes - <i>Administrative</i>	0	0
Employee Benefits - <i>Administrative</i>	0	0
<b>Subtotal Personnel</b>	<b>24,000</b>	<b>96.0%</b>
Postage		0
Office Supplies	250	1.0%
Telephone		0
Professional Fees		0
Rent		0
Utilities		0
Repair and Maint.		0
Travel	250	1.0%
Miscellaneous		0
Grants to Other Organizations		0
<i>Clothing and other essentials for youth</i>	500	2.0%
		0
		0
		0
<b>Total Expenses</b>	<b>25,000</b>	<b>100.0%</b>



## ATTACHMENT E - AGENCY EXPENSES

2012

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

Kids Come First/BTC of the Florida Keys Inc.

	Proposed Expense Budget for Upcoming Year Ending:		Projected Expenses for Current Year Ending:	
	9/30/2013		9/30/2012	
<b>Expenditures</b>	<b>Total</b>	<b>%</b>	<b>Total</b>	<b>%</b>
Salaries - Program	24,000	%	24,000	61%
Payroll Taxes - Program		0		0
Employee Benefits - Program		0		0
Salaries - Administrative		0		0
Payroll Taxes - Administrative		0		0
Employee Benefits - Administrative		0		0
<b>Subtotal Personnel</b>	<b>24,000</b>	<b>57%</b>	<b>24,000</b>	<b>61%</b>
Postage		0		0
Office Supplies	250	1%	100	0%
Telephone		0		0
Professional Fees		0		0
Rent		0		0
Utilities		0		0
Repair and Maint.		0		0
Mileage/Travel	250	1%	300	1%
Miscellaneous		0		0
Grants to Other Organizations		0		0
Clothing, shoes, hygiene	8,000	19%	3,279	8%
Holiday Drive	3,500	8%	3,500	9%
Repayment of seed dollars to MCEF	1,000	2%	1,000	3%
Back To school	5,000	12%	7,000	18%
		0		0
		0		0
		0		0
		0		0
		0		0
<b>Total Expenses</b>	<b>42,000</b>	<b>100%</b>	<b>39,179</b>	<b>100%</b>
<b>Revenue Over/(Under) Expenses</b>	<b>0</b>		<b>100</b>	







**Return of Organization Exempt From Income Tax**

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

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

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

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>BE THE CHANGE OF THE FLORIDA KEYS, INC.</b> Doing Business As		<b>D</b> Employer identification number <b>27-2954217</b>
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>5800 OVERSEAS HIGHWAY, SUITE 6</b>		<b>E</b> Telephone number <b>305-743-4599</b>
	City or town, state or country, and ZIP + 4 <b>MARATHON FL 33050</b>		<b>G</b> Gross receipts \$ <b>130,070</b>
	<b>F</b> Name and address of principal officer: <b>DENISE HUDSON</b> <b>5800 OVERSEAS HIGHWAY, SUITE 6</b> <b>MARATHON FL 33050</b>		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)

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

**J** Website: ▶ **N/A** **H(c)** Group exemption number ▶

**K** Form of organization:  Corporation  Trust  Association  Other ▶ **L** Year of formation: **2010** **M** State of legal domicile: **FL**

**Part I Summary**

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities: <b>TO CREATE A COMMUNITY WHERE EACH CHILD IN MONROE COUNTY HAS THE RESOURCES, SKILLS, AND MOTIVATION TO SURVIVE AND THRIVE IN SCHOOL AND IN LIFE.</b>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	6	
	4	6	
	5	0	
	6	40	
	7a		
	7b	0	
<b>Revenue</b>	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)		130,054
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		16
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		130,070
<b>Expenses</b>	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		112,085
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		112,085
19 Revenue less expenses. Subtract line 18 from line 12		17,985	
<b>Net Assets or Fund Balances</b>	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	0	37,985
	22 Net assets or fund balances. Subtract line 21 from line 20	0	20,000

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <b>DENISE HUDSON</b>	Date
	Type or print name and title <b>SECRETARY/TREASURER</b>	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>MARLENE CRUZ MORATO</b>	Preparer's signature <b>MARLENE CRUZ MORATO</b>	Date <b>11/16/11</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P00380741</b>
	Firm's name ▶ <b>CRUZ MORATO &amp; ASSOCIATES CPA&amp;CONSULTANTS</b>	Firm's EIN ▶ <b>65-0958914</b>			
	Firm's address ▶ <b>5800 OVERSEAS HWY SUITE 6 MARATHON, FL 33050-2736</b>				

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

**TAXPAYER COPY**



**Part III Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

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

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

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

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

If "Yes," describe these changes on Schedule O.

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

4a (Code: ) (Expenses \$ **78,414** including grants of \$ ) (Revenue \$ )

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

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

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

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

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

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

4e Total program service expenses **108,947**

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**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<b>X</b>	
2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	<b>X</b>	
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		<b>X</b>
4 <b>Section 501(c)(3) organizations.</b> 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		<b>X</b>
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		<b>X</b>
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		<b>X</b>
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		<b>X</b>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		<b>X</b>
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		<b>X</b>
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		<b>X</b>
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		<b>X</b>
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		<b>X</b>
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		<b>X</b>
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		<b>X</b>
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<b>X</b>	
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		<b>X</b>
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII		<b>X</b>
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		<b>X</b>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		<b>X</b>
14a Did the organization maintain an office, employees, or agents outside of the United States?		<b>X</b>
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		<b>X</b>
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		<b>X</b>
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		<b>X</b>
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)		<b>X</b>
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		<b>X</b>
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		<b>X</b>
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H		<b>X</b>
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		<b>X</b>

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**Part IV Checklist of Required Schedules (continued)**

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		<b>X</b>
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		<b>X</b>
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		<b>X</b>
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		<b>X</b>
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 <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		<b>X</b>
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		<b>X</b>
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		<b>X</b>
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		<b>X</b>
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		<b>X</b>
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		<b>X</b>
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		<b>X</b>
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		<b>X</b>
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		<b>X</b>
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		<b>X</b>
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		<b>X</b>
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		<b>X</b>
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		<b>X</b>
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?		<b>X</b>
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
36 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		<b>X</b>
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		<b>X</b>
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O		<b>X</b>



**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

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

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

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

**Section A. Governing Body and Management**

		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?		X
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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	a The governing body?	X	
8b	b Each committee with authority to act on behalf of the governing body?	X	
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		X

**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?		X
10b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?		X
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done		X
13	Does the organization have a written whistleblower policy?		X
14	Does the organization have a written document retention and destruction policy?		X
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		X
15b	b Other officers or key employees of the organization		X
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?		X
16b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

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

**MARATHON**

5800 OVERSEAS BLVD  
FL 33050

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JUNE 6  
305-743-4599



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

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

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

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

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

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

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

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

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

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

**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
<b>3</b> 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 .....		<b>X</b>
<b>4</b> 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 .....		<b>X</b>
<b>5</b> 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 .....		<b>X</b>

**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**

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**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
<b>Contributions, gifts, grants and other similar amounts</b>	1a	Federated campaigns				
	1b	Membership dues				
	1c	Fundraising events	3,236			
	1d	Related organizations				
	1e	Government grants (contributions)	80,515			
	1f	All other contributions, gifts, grants, and similar amounts not included above	46,303			
	g	Noncash contributions included in lines 1a-1f: \$				
	h	<b>Total.</b> Add lines 1a-1f		130,054		
<b>Program Service Revenue</b>	2a					
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	<b>Total.</b> Add lines 2a-2f				
<b>Other Revenue</b>	3	Investment income (including dividends, interest, and other similar amounts)		16		
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
	6a	Gross Rents				
	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				
	b	Less: cost or other basis & sales exps.				
	c	Gain or (loss)				
	d	Net gain or (loss)				
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18				
	b	Less: direct expenses				
	c	Net income or (loss) from fundraising events				
	9a	Gross income from gaming activities. See Part IV, line 19				
	b	Less: direct expenses				
	c	Net income or (loss) from gaming activities				
	10a	Gross sales of inventory, less returns and allowances				
b	Less: cost of goods sold					
c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue						
11a						
b						
c						
d	All other revenue					
e	<b>Total.</b> Add lines 11a-11d					
12	<b>Total revenue.</b> See instructions.		130,070	16	0	0

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**Part IX Statement of Functional Expenses**

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	2,500	2,500		
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	75,900	75,900		
12 Advertising and promotion	422		422	
13 Office expenses	695		695	
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	195	195		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	19,793	19,538	255	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a CLOSET MERCHANDISE	6,533	6,533		
b DONATIONS	1,976	1,976		
c CELL PHONE	1,780	1,780		
d SUPPLIES	1,098	362	736	
e LICENSES AND PERMITS	1,030		1,030	
f All other expenses	163	163		
25 Total functional expenses. Add lines 1 through 24f	112,085	108,947	3,138	0
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

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**Part X Balance Sheet**

		(A) Beginning of year	(B) End of year
<b>Assets</b>	1 Cash—non-interest bearing	1	1,615
	2 Savings and temporary cash investments	2	
	3 Pledges and grants receivable, net	3	
	4 Accounts receivable, net	4	36,370
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)	6	
	7 Notes and loans receivable, net	7	
	8 Inventories for sale or use	8	
	9 Prepaid expenses and deferred charges	9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	
	b Less: accumulated depreciation	10b	10c
	11 Investments—publicly traded securities	11	
	12 Investments—other securities. See Part IV, line 11	12	
	13 Investments—program-related. See Part IV, line 11	13	
	14 Intangible assets	14	
	15 Other assets. See Part IV, line 11	15	
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	0 16	37,985	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	17	
	18 Grants payable	18	
	19 Deferred revenue	19	
	20 Tax-exempt bond liabilities	20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	22	
	23 Secured mortgages and notes payable to unrelated third parties	23	
	24 Unsecured notes and loans payable to unrelated third parties	24	
	25 Other liabilities. Complete Part X of Schedule D	25	20,000
	26 <b>Total liabilities.</b> Add lines 17 through 25	0 26	20,000
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>		
	27 Unrestricted net assets	27	17,985
	28 Temporarily restricted net assets	28	
	29 Permanently restricted net assets	29	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>		
	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 <b>Total net assets or fund balances</b>	0 33	17,985
34 <b>Total liabilities and net assets/fund balances</b>	0 34	37,985	

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**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	130,070
2	Total expenses (must equal Part IX, column (A), line 25)	2	112,085
3	Revenue less expenses. Subtract line 2 from line 1	3	17,985
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	
5	Other changes in net assets or fund balances (explain in Schedule O)	5	
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	17,985

**Part XII Financial Statements and Reporting**

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

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

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

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

OMB No. 1545-0047

**2010**

Open to Public Inspection

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

Employer identification number  
**27-2954217**

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

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

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2010  
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**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")					130,054	130,054
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 <b>Total.</b> Add lines 1 through 3					130,054	130,054
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 <b>Public support.</b> Subtract line 5 from line 4						130,054

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4					130,054	130,054
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 <b>Total support.</b> Add lines 7 through 10						130,054

12 Gross receipts from related activities, etc. (see instructions) 12 16

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

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

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

16a **33 1/3% support test—2010.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

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 ▶

17a **10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶

b **10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶

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



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 <b>Total.</b> 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 <b>Public support</b> (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 <b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14 <b>First five years.</b> 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 <b>stop here</b> <input type="checkbox"/>						

**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

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

**PART II, LINE 10 - OTHER INCOME DETAIL**

**OTHER INCOME** \$ 0

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Schedule of Contributors

2010

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

Name of the organization

BE THE CHANGE OF THE  
FLORIDA KEYS, INC.

Employer identification number

27-2954217

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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

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Name of organization <b>BE THE CHANGE OF THE</b>	Employer identification number <b>27-2954217</b>
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**Part I Contributors** (see instructions)

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

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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization

BE THE CHANGE OF THE FLORIDA KEYS, INC.

Employer identification number

27-2954217

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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...?, 6 Did the organization inform all grantees...?

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

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

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

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. 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.

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

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

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

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

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

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

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

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

	Amount
c Beginning balance .....	1c
d Additions during the year .....	1d
e Distributions during the year .....	1e
f Ending balance .....	1f

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If "Yes," explain the arrangement in Part XIV.

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

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

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ▶ ..... %
- b Permanent endowment ▶ ..... %
- c Term endowment ▶ ..... %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

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

4 Describe in Part XIV the intended uses of the organization's endowment funds.

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land .....				
b Buildings .....				
c Leasehold improvements .....				
d Equipment .....				
e Other .....				
<b>Total.</b> 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)		
<b>Total.</b> (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)		
<b>Total.</b> (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)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

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

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

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

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

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

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

Table with 5 main rows for revenue reconciliation. Includes sub-rows 2a-2d and 4a-4b. Rows include: 1 Total revenue, 2 Amounts included on line 1 but not on Form 990, 3 Subtract line 2e from line 1, 4 Amounts included on Form 990 but not on line 1, 5 Total revenue.

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

Table with 5 main rows for expense reconciliation. Includes sub-rows 2a-2d and 4a-4b. Rows include: 1 Total expenses, 2 Amounts included on line 1 but not on Form 990, 3 Subtract line 2e from line 1, 4 Amounts included on Form 990 but not on line 1, 5 Total expenses.

Part XIV Supplemental Information

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

Series of horizontal dotted lines provided for entering supplemental information.







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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

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

Employer identification number

**27-2954217**

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

NO REVIEW WAS OR WILL BE CONDUCTED.

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

UPON REQUEST

**TAXPAYER COPY**



ATTACHMENT J - MYCP

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

DEPARTMENT OF THE TREASURY

Date: **NOV 30 2010**

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

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

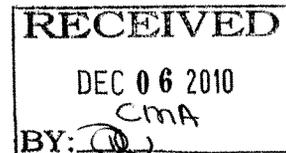
Dear Applicant:

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

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

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

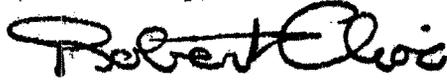
Letter 947 (DO/CG)





BE THE CHANGE OF THE FLORIDA KEYS

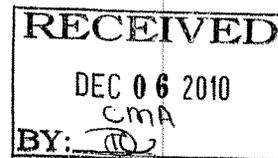
Sincerely,



Robert Choi  
Director, Exempt Organizations  
Rulings and Agreements

Enclosure: Publication 4221-PC

Letter 947 (DO/CG)





# Be the Change of the Florida Keys, Inc.



of the Florida Keys, Inc.

## Policies & Procedures Manual



# Affirmative Action, Hiring and Drug Free Policy

## **Policy on Affirmative Action**

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

### **I. Contracted Services**

#### **A. Hiring**

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

#### **B. Termination**

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

#### **C. Contracting at-Will**

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

### **II. Policy Prohibiting Unlawful Harassment, Including Sexual Harassment**

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

### **III. Drug-Free**

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



## Marathon Kids Christmas Drive



### Z-CLUB GIVES DONATION



Photo courtesy Key West High School

**Key West High School Z-Club officers, from left, Jamie Kessler, Sonal Soni and Madison Dorman give \$500 to Kids Come First volunteer Joanna Posada and coordinator Roxane Posada. Helen Rowe and Alice Calleja are sponsors of the high school club.**







## ANNUAL COLLECTIONS

KCF organizes collection drives: Donations from businesses, individuals, school clubs, community organizations, churches, families and friends provide much of the needed goods and services.

KCF coordinates four large collection campaigns during the year:

### BACK TO SCHOOL

School supplies such as backpacks, calculators, pencils, paper, anything on a grade level school supply list. Personal and hygiene items, clothing and shoes top the list. Includes school uniforms.

### JULY-SEPTEMBER

### HOMECOMING/PROM

The goal of these drives are to outfit high school

### FALL & SPRING

students with Homecoming/Prom attire. Financially strapped families often cannot afford to purchase their teens the apparel needed for all the important social school events related to these celebrations. In order that all students be able to attend the festivities with confidence, KCF gathers and distributes the needed items. This year KCF served 88 teens for Homecoming Keys wide.



### CHRISTMAS

Clothing items, a variety of toys, learning and educational games and supplies (often used by special needs children), musical instruments, gift cards (mostly used by teens), art and hobby supplies, even bicycles (these can be especially important for teens who use this as transportation to school and work), are collected during this time of year.

### NOVEMBER 1



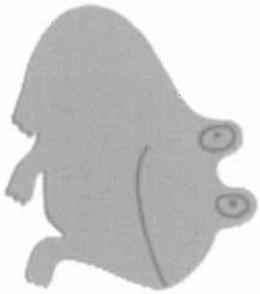
### Background

Kids Come First (KCF) began in October of 2009. KCF is funded by Monroe County and has one paid contracted position. This organization relies on the partnership between Monroe County Schools and Monroe County to ensure that all of our children's basic needs are met.

This is done in a variety of ways. Through collection drives in the community on an ongoing basis, in-kind donations from businesses, individuals, school clubs, civic and community organizations, churches, families and friends provide the bulk of the needed goods and services. KCF also coordinates four large campaigns during the year: Back to School, Homecoming/Prom and during the Christmas Holiday season.

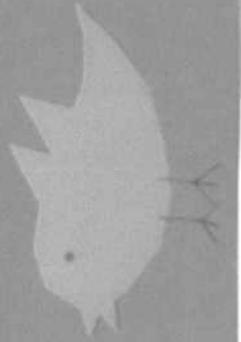
"Into a bag we put clothing, school supplies and personal items. Out of the bag come confidence, self-respect pride and hope."

— Roxane Posada  
KCF Coordinator



a b c

Be the Change of the Florida Keys, Inc is a grassroots non-profit organization. Our vision is a community where each child in Monroe County has the resources, skills and motivation to survive and thrive in school and in life. For more information about Be the Change of the Florida Keys, Inc. contact Michele Sutter, Program Manager 305.852.1664

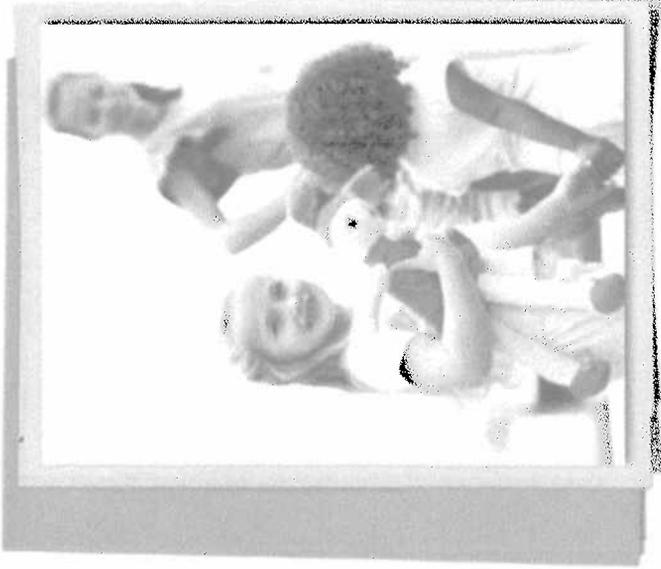


**Be the Change**  
of the Florida Keys, Inc

of the Florida Keys, Inc

Kids Come First (KCF) is a project of Be the Change of the Florida Keys, Inc. For more information about KCF or to donate or volunteer call Roxane Posada, KCF Coordinator 305.360.1689  
Kidscomefirst305@yahoo.com

Be the Change of the Florida Keys  
5800 Overseas Highway SUITE 6  
MARATHON, FL 33070



# KIDS COME FIRST

The mission of Kids Come First is to provide school and personal supplies to every child experiencing financial adversity in Monroe County.

