COMMUNITY AGENCIES
BUDGET ALLOCATIONS FY 09/10

AGENCIES	FY 09 BUDGET	FY 10 REQUESTED	FY 10 RECOMM
ARC of St. Lucie County			
Vehicle Match	$9,000	$9,000	$9,000
After School Program for Children with Disabilities	$56,554	$56,554	$56,554
Substance Abuse/Mental Health Match	$0	$0	$0
Subtotal ARC	$65,554	$65,554	$65,554
Council On Aging			
CCE 001-6900	$50,130	$50,076	$50,076
OAA 001-6900	$98,834	$99,159	$99,159
Vehicle Match 5310 ($17,000 funded by Transit MSTU)	$0	$0	$0
TD TRIP Grant Match ($35,088 funded by Transit MSTU)	$0	$0	$0
Subtotal Council on Aging	$148,964	$149,235	$149,235
Health Department			
Current Program	$964,782	$964,782	$964,782
Healthy Start	$51,840	$57,600	$51,840
211 Information Crisis Services	$15,750	$17,500	$15,750
New Horizons			
County Match	$673,606	$673,606	$673,606
Shared Srvs-Executive Rd Table			
Executive Rd Table	$43,200	$43,200	$43,200
Treasure Coast Homeless Srvs	$22,500	$22,500	$22,500
Weed and Seed (50/50 City of Ft. Pierce Match)	$0	$0	$0
Counseling and Recovery Center	$0	$0	$0
TOTAL CS AGENCIES	$1,986,196	$1,993,977	$1,986,467
OTHER AGENCIES:			
Economic Development Corp.*	$250,000	$250,000	$250,000
- Matching Grant	$0	$0	$0
EDC Total	$250,000	$250,000	$250,000
TOTAL OF ALL REQUESTS	**$2,236,196**	**$2,243,977**	**$2,236,467**

COMMUNITY SERVICES

MEMORANDUM #09-178

The following is a brief narrative description of the Health Unit and the non-profit agencies that are requesting funding for FY 09/10.

ST. LUCIE COUNTY HEALTH DEPARTMENT provides health services for the community through contractual agreements between the State and the County. The health unit is responsible for the promotion of the public's health, the control of communicable diseases and the provision of primary health care for eligible low-income persons. The Board provides funding for the County public health unit, and the total funding request for FY 09/10 is $964,782. The requested funding level for each program is:

- Communicable Disease Control/Epidemiology/STD/Tuberculosis $175,000
- School Health $236,000
- Environmental Health $38,000
- Friends of St. Lucie County Public Health $5,000
- HIV/AIDS (Prevention and Patient Care) $230,000
- Children's Immunizations $40,000
- Family Healthcare Services (OB/GYN, pediatrics, adult health) $240,782

COUNCIL ON AGING OF ST. LUCIE, INC./COMMUNITY TRANSIT is a non-profit agency that provides programs that promote independence and enable the senior population of St. Lucie County to live longer in the home environment minimizing dependency on nursing homes. The programs include adult day care, case management, chores, homemaking, legal services, information and referral, personal care, respite, senior meals; and limited transportation. The Board provides the required 10% match for these programs under the Older Americans Act and Community Care for the Elderly program. The FY 09/10 match requirement for the Older Americans Act is $99,159 and for the Community Care for the Elderly program is $50,076.

COMMUNITY TRANSIT, a division of the Council on Aging of St. Lucie, Inc., is the contracted provider for St. Lucie County. Trips are funded through State Block Grants, Federal Transit Administration, the Agency of Health Care Administration and miscellaneous other contracts. Historically, the Board has provided the required 10% match for vehicles purchased under U.S.C. Section 5310. The request for Section 5310 match is $17,000 and the match for Transportation Disadvantaged trips is $35,088, which will be funded from the Public Transit MSTU.

NEW HORIZONS OF THE TREASURE COAST, INC. is a private non-profit agency that provides alcohol, drug abuse and mental health services in the four-county area of St. Lucie, Martin, Indian River and Okeechobee. The Board provides partial match funding for the contract with the Florida Department of Children and Families. The match funding request for FY 09/10 for is $673,606.

2-1-1 HELPLINE is a non-profit agency that provides toll free 24 hour per day/7 day per week information, referral, telephone counseling, crisis intervention and suicide prevention services. 2-1-1 has agreed to assist with receiving calls for volunteers and donated goods during an emergency situation/disaster. The request for funding for FY 09/10 is $17,500.

THE ARC OF ST. LUCIE COUNTY, INC. is a non-profit agency that provides an array of services to the developmentally disabled citizens in our community. Some of the programs include adult living support services, vocational training and employment support, group homes, respite and adult day training. The ARC has requested $56,554 to continue the after school and summer day care for developmentally disabled children and a 10% vehicle match of $9,000 for wheel chair accessible vehicle to be funded under FTA U.S.C. Section 5310. The total funding request for FY 09/10 is $65,554.

HEALTHY START COALITION OF ST. LUCIE COUNTY, INC. is a non-profit agency that provides assistance with prenatal care for women who are not eligible for services through any other program. Healthy Start provides screening for risk, coordination, specialized case management, home visits, educational and instructional classes on childbirth, parenting, infant CPR, and child safety. The Board has provided match funding for prenatal care, education and interventions since FY 96/97 and the request for FY 09/10 is for $57,600.

THE EXECUTIVE ROUNDTABLE OF ST. LUCIE COUNTY, INC. is a non-profit agency whose mission is to improve outcomes facing youth in our schools and community. The direction of this organization is to reduce risk factors that will in turn reduce destructive behaviors in the youth of St. Lucie County. The request for FY 09/10 funding is $43,200.

TREASURE COAST HOMELESS SERVICES COUNCIL, INC., a non-profit agency, is the HUD designated Continuum of Care for Indian River, St. Lucie and Martin Counties and as such is the lead agency for the planning and development of programs and services which prevent and alleviate homelessness on the Treasure Coast. In partnership with the Treasure Coast Homeless Services Council, St Lucie County has received HUD funded grants in the amount of $767,100. The requested funding for FY 09/10 is $22,500.

ST LUCIE COUNTY BOARD OF COUNTY COMMISSIONERS
APPLICATION FOR FUNDING NON-PROFIT AGENCY
COUNTY FISCAL YEAR 2009/10
(OCTOBER 1, 2009 - SEPTEMBER 30, 2010)

SECTION I
ADMINISTRATIVE INFORMATION

Received by
MAR 1 1 2009
St. Lucie County
Community Services

1. AGENCY:

Name:	The Arc of St. Lucie County, Inc.
Address:	P.O. Box 1016 Ft. Pierce, Florida 34954
Telephone:	(772) 468-7879
Fax Number:	(772) 465-7050
Tax Exempt No:	591101061

2. CONTRACT/PROJECT DIRECTOR:

Name:	Cheryl King
Title:	Executive Director
Address:	P. O. Box 1016 Fort Pierce, Florida 34954
Telephone:	(772) 468-7879
Email:	slarc@gate.net

3. CHIEF FINANCIAL OFFICER:

Name:	Melissa Ogonoski
Title:	Chief Financial Officer
Address:	P.O. Box 1016 Ft. Pierce, Florida 34954
Telephone:	(772) 468-7879
Email:	mlssbrzzs@earthlink.net

ST.LUCIE COUNTY BOARD OF COUNTY COMMISSIONERS
APPLICATION FOR FUNDING NON-PROFIT AGENCY

(OCTOBER 1, 2009 - SEPTEMBER 30, 2010)

SECTION II
PROJECT IDENTIFICATION

Vehicle Match

The Arc of St. Lucie County, Inc. has provided programs and services to individuals with disabilities in our community for the past 55 years. Currently, services are provided to more than 200 individuals with varying ranges of physical and mental challenges. Comprehensive programs provide focus on education, vocational rehabilitation, recreation, and residential services.

The agency employs fifty-four staff members who are assisted by fifteen volunteers. This team is recognized as the most important asset of the agency. Areas of expertise include practical application of cognitive theory, behavior management, advocacy, mental health, residential habilitation, supported living and supported employment, creative arts, and community integration/inclusion.

The Arc is chartered and organized as a private, nonprofit organization. Its self-governing character is demonstrated by full management policy controlled by a local Board of Directors. Management and policy decisions are based on the premise that people must have choices. The Arc is committed to improving the quality of life of those with differing intellectual abilities in our designated catchment area. In return, The Arc has received substantial, ongoing support from the community we serve.

The Arc seeks to maintain the present scope of transportation services in our community. To meet this objective, annual application for Federal Assistance USC Section 5310 is made. The Federal amount awarded is 80%, the State amount is 10%, and a local 10% match is required. All funds awarded are used to purchase vehicles to transport persons' with disabilities.

The Arc currently provides a variety of programs and services addressing the needs of individuals with disabilities. Services provided are partially funded through various state and local governmental agencies as well as private foundations, donations, and United Way. Direct services are provided, but cannot always be accessed due to the lack of transportation. The greatest need of our population is transportation to and from the consumer's residence and from our location to various sites in the community. As more and more clients request our programs, transportation service becomes stressed beyond capacity. Our day and residential program transportation fleet consists of six mini-buses and six passenger vans. We have 157 ambulatory and non-ambulatory clients that are transported. We currently make multiple routes to serve our clients, which has not kept up with the demand, and has resulted in having to institute second daily routes. This creates more dead miles, higher fuel costs, and additional wear on vehicles. This practice also makes our drivers late to work as daytime assistant instructors and impacts state mandated ratios of staff to students in our day programs. An additional bus and two vans would allow us to consolidate trips, therefore create shorter headways, less dead miles, and less transportation related expenses per bus. An additional bus and two vans would also alleviate problems caused by absentee vehicles that are out of commission for repairs.

The present level of mass transportation in our service delivery area is either unavailable, or

inappropriate for the special population that we serve for the following reasons: Most of our clients need constant supervision. Mass transit does not typically provide regularly scheduled door-to-door transportation. Additionally, their time leeway is greater than most families can wait with their young charges. Parents end up being late for work. The system cannot guarantee consistent pick-up time. There have been a number of instances when students have been waiting for a bus for over two hours. Students with varying disabilities are also required to wait outside, posing health risks for medically fragile individuals.

Community Transit does not operate pick-up after 5:30 p.m. and does not operate after 12:30 p.m. one Friday a month. The Arc operates most Federal observance days; Community Transit does not. Our adult programs, including transportation, operate 10 hours a day. Evening transportation to and from participant's homes to various social events in the community is also needed. Support services are provided on a 24-hour basis to our 30 clients in our residential programs.

The system cannot accommodate the pick-up and drop-off needs of our various unique population. Students in our Vocational Training and Employment Program need transportation to and from their job site or apprenticeship site. Because of the time inconsistencies of the present system, it is impossible to utilize. They are employed at various job sites countywide which is a 600 square mile area.

Overall, the current system is incapable of adequately serving The Arc and our unique obligation to the individuals with disabilities that we assist. We have observed that when our participants do attempt to utilize the Community Transit service, the system may not serve them appropriately because of their inability to communicate effectively over the phone. Essentially, individuals with disabilities go without transportation services they need due to their mental retardation.

ST. LUCIE COUNTY BOARD OF COUNTY COMMISSIONERS
APPLICATION FOR FUNDING NON-PROFIT AGENCY
COUNTY FISCAL YEAR 2009/10
(OCTOBER 1, 2009 - SEPTEMBER 30, 2010)

SECTION III
PROPOSED SOLUTION TO THE TARGETED PROBLEM

The Arc seeks capital funding to replace an existing FDOT vehicle and two vans. We own a 2001 25' mini-bus and two passenger vans in need of replacement. The Arc is capable of paying the operating expense of vehicles if awarded. Operational funds are raised through donations, fundraising, local and state grants. Our limited funds do not allow for capital outlay for vehicles. The Arc is capable of maintaining our vehicles, and does so satisfactorily with the oversight of our Plant Manager. In order to continue with current and growing levels of service needs, The Arc is requesting the replacement of our present vehicles with a 31' bus equipped with a wheel chair lift and two twelve passenger vehicles. Additional vehicles will allow us to streamline transportation. Additional vehicles will maximize transportation for over 200 individuals with disabilities who are transportation-disadvantaged clients. It will also assist non-interruption of routes in case of vehicle down time.

At this time, The Arc serves a variety of individuals with disabilities with a number still on a waiting list. By procuring replacement vehicles, we will be capable of maintaining and improving transportation services in our Group Home, Vocational and Employment Program, Adult Day, Supported Living, Summer Camp/After School Program, Supported Living Program and Respite programs.

The following information provides a brief description of programs and services, and how transportation will be implemented:

Respite: Provides specialized overnight home based services for parents of children and adults with developmental disabilities and medical complications. Program components include educational/tutorial assistance, parenting skills, personal care, and childcare services. Respite is group home based with 24 hours of operation. **Transportation to and from the day program/group home to community excursions and transportation from the individuals home, The Arc center and group home will be provided.**

Camp/After School Program: Our program provides structured learning activities in various classroom and recreational settings throughout the county. This service allows parents to continue their normal home to work schedule when public school is inconveniently unavailable. Camp/After School Program provides work stability to family members because they are not forced to have numerous absences from work when their child is out of school. Typically, at least four of the campers require a wheelchair lift bus. Hours of operation are Monday through Friday from 7:45 a.m. – 5:30 p.m. including transportation. **50 + children/adolescents with developmental disabilities and medical complications will be transported from their home to The Arc's center each open day and also to community based trips during the program day.**

Adult Day Training: Enhances opportunities for individuals with disabilities to live everyday lives as part of their community. The program offers education in order to promote and build self-

esteem, improve daily living skills, increase health, physical fitness and mobility, and encourage communication and socialization skills. Community based trips are incorporated in order to offer learning in a natural environment and increase generalization of learned skills across environments. Hours of operation are Monday through Friday from 7:00 a.m. – 5:00 p.m. including transportation. **Transportation to and from 82+ participants' residence to the day training site and to community-based activities will be provided.**

Vocational Training and Employment: Provides individuals with disabilities a sequence of both classroom and workplace educational experiences to train and prepare for work as assistants in various trades and occupations, as well as job placement and follow-up services necessary to secure and maintain a job in the community. Comprehensive vocational services include: job analysis, job skills training, job placement, advocacy, and continuous follow-up. Training is provided at The Arc site, a satellite site located at 810 S. 6th St., various business apprenticeships sites, and Indian River State College Monday through Friday from 7:00 a.m-5:00 p.m. including transportation. **Transportation to and from 65+ participants' residence, to and from classroom instruction, and business site placement will be provided.**

Supported Living: A residential service helping individuals with disabilities to function more independently as they begin to live in the community. Support services are provided on a 24-hour basis seven days a week for up to 10 individuals. Services include teaching basic skills in order for participants to live in their own home, i.e. shopping, banking, paying bills, etc. **Transportation to and from doctor's appointments, grocery shopping and other essential life-sustaining activities will be provided.**

Group Homes: A residential service providing 24 hour highly supervised living to 30 people. Comprehensive residential services include training in daily life skills, medication management, seizure management, personalized health care, nutritional services, daily housekeeping, furnished rooms, utilities and cable. **Transportation to and from the group homes, The Arc setting, social outings, shopping and medical appointments will be provided.**

ST. LUCIE COUNTY BOARD OF COUNTY COMMISSIONERS
APPLICATION FOR FUNDING NON-PROFIT AGENCY
COUNTY FISCAL YEAR 2009/10
(OCTOBER 1, 2009 - SEPTEMBER 30, 2010)

SECTION IV
OBJECTIVES AND PERFORMANCE MEASURES

1. To increase the number of one way passenger trips provided to individuals with disabilities by 7% during the grant period.

Baseline - 51823

2. To increase the number of individuals with disabilities transported by 6% during the grant period.

Baseline - 162

3. To increase the number of ambulatory positions by 7% during the grant period.

Baseline – 147

4. To expand the number of vehicles in operation by 25% during the grant period.

Baseline - 12

ST. LUCIE COUNTY BOARD OF COUNTY COMMISSIONERS
APPLICATION FOR FUNDING NON-PROFIT AGENCY
COUNTY FISCAL YEAR 2009/10
(OCTOBER 1, 2009 - SEPTEMBER 30, 2010)

SECTION V
BUDGET INFORMATION

(A)

COUNTY FUNDING - CFY 2008/09
(October 1, 2007- SEPTEMBER 30, 2009) $65,554

REQUESTED COUNTY FUNDING -CFY 2009/10
(OCTOBER 1, 2009 - SEPTEMBER 30, 2010 $65,554

- Children's After-School Program $56,554
- Vehicle Match $9,000

TOTAL AGENCY BUDGET - CFY 2009/10
(OCTOBER 1, 2009- SEPTEMBER 30, 2010) $2,031,043

Children's Services Council of St. Lucie County	129,373
Department of Children & Families/APD	1,476,762
Dept. of Health	20,000
Donations	25,000
Fundraising	30,000
Interest Income	25,000
IRCC	50,400
Membership Dues	400
Private Pay	193,109
Rental Income	10,000
United Way	33,000
Vocational Rehabilitation	38,000

ST. LUCIE COUNTY BOARD OF COUNTY COMMISSIONERS
APPLICATION FOR FUNDING NON-PROFIT AGENCY
COUNTY FISCAL YEAR 2009/10
(OCTOBER 1, 2009 - SEPTEMBER 30, 2010)

SECTION V
BUDGET INFORMATION

PROJECT BUDGET SCHEDULE
(B)

2011 32' Wheelchair Mini-Bus

Two 2011 Type F 12 Passenger Mini-Vans

Federal/State FDOT Funds	$119,700
County Funds	$9,000
Other Funds	$4,300
Total Project Cost	**$133,000**

ST.LUCIE COUNTY BOARD OF COUNTY COMMISSIONERS
APPLICATION FOR FUNDING NON-PROFIT AGENCY
COUNTY FISCAL YEAR 2009/10
(OCTOBER 1, 2009 - SEPTEMBER 30, 2010)

SECTION V
BUDGET INFORMATION

BUDGET NARRATIVE
(C)

A $9,000 local match is requested for three vehicles.

ST. LUCIE COUNTY BOARD OF COUNTY COMMISSIONERS
APPLICATION FOR FUNDING NON-PROFIT AGENCY
COUNTY FISCAL YEAR 2009/10
(OCTOBER 1, 2009 - SEPTEMBER 30, 2010)

SECTION V
BUDGET INFORMATION

REVENUE
(D)

TOTAL AGENCY REVENUE - CFY 2008/09 (OCTOBER 1, 2008 - SEPTEMBER 30, 2009)	$1,955,073
TOTAL ANTICIPATED AGENCY REVENUE - CFY 2009/10 (OCTOBER 1, 2009 - SEPTEMBER 30, 2010)	$2,096,598

1. FEDERAL GRANTS	GRANT PERIOD	AMOUNT

2. STATE GRANTS	GRANT PERIOD	AMOUNT
Agency for Persons with Disabilities/DCF		$1,476,762
Dept. of Health		$20,000
Department of Education/Voc. Rehabilitation		$38,000

3. CASH DONATIONS/CONTRIBUTIONS/FUNDRAISING/NON-PROFIT GRANTS

FUNDING SOURCE	GRANT PERIOD	AMOUNT
United Way	July-June	$33,000
IRCC	July-June	$50,400
Children's Services Council	Oct.-Sept.	$129,373
St. Lucie County	Oct.-Sept.	$65,554
Donations	July-June	$25,000
Membership Dues/Interest/Rental	July-June	$35,400
Fundraising	July-June	$30,000

4. CLIENT FEES / FIRST AND THIRD PARTY REIMBURSEMENTS		AMOUNT
Program Fees	July-June	$193,109
	TOTAL	$2,096,598

ST. LUCIE COUNTY BOARD OF COUNTY COMMISSIONERS
APPLICATION FOR FUNDING NON-PROFIT AGENCY
COUNTY FISCAL YEAR 2009/10
(OCTOBER 1, 2009 - SEPTEMBER 30, 2010)

SECTION V
BUDGET INFORMATION

FORM 990
(E)

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2007

Open to Public Inspection

A For the 2007 calendar year, or tax year beginning JUL 1, 2007 and ending JUN 30, 2008

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific instructions.

C Name of organization
THE ARC OF ST LUCIE COUNTY INC

Number and street (or P.O. box if mail is not delivered to street address)
PO BOX 1016

Room/suite

City or town, state or country, and ZIP + 4
FORT PIERCE, FL 34954

D Employer identification number
59-1100961

E Telephone number
772-468-7879

F Accounting method: ☐ Cash ☒ Accrual ☐ Other (specify) ▶

- Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Website: ▶WWW.ARCLINK.ORG

J Organization type (check only one) ▶ ☒ 501(c)(3)◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check here ▶ ☐ if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than $25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 2,284,575.

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) If "Yes," enter number of affiliates ▶ N/A

H(c) Are all affiliates included? N/A ☐ Yes ☐ No (If "No," attach a list.)

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

I Group Exemption Number ▶ N/A

M Check ▶ ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1	Contributions, gifts, grants, and similar amounts received:			
	a	Contributions to donor advised funds	1a		
	b	Direct public support (not included on line 1a)	1b	26,174.	
	c	Indirect public support (not included on line 1a)	1c		
	d	Government contributions (grants) (not included on line 1a)	1d	261,443.	
	e	Total (add lines 1a through 1d) (cash $ 287,617. noncash $)			1e 287,617.
	2	Program service revenue including government fees and contracts (from Part VII, line 93)			2 1,940,457.
	3	Membership dues and assessments			3
	4	Interest on savings and temporary cash investments			4 29,497.
	5	Dividends and interest from securities			5
	6 a	Gross rents	6a		
	b	Less: rental expenses	6b		
	c	Net rental income or (loss). Subtract line 6b from line 6a			6c
	7	Other investment income (describe ▶)			7
	8 a	Gross amount from sales of assets other than inventory — (A) Securities 100.	8a	(B) Other	
	b	Less: cost or other basis and sales expenses	8b		
	c	Gain or (loss) (attach schedule) — (A) Securities 100.	8c		
	d	Net gain or (loss). Combine line 8c, columns (A) and (B) Stmt 1			8d 100.
	9	Special events and activities (attach schedule). If any amount is from gaming, check here ▶ ☐			
	a	Gross revenue (not including $ 0. of contributions reported on line 1b)	9a	18,812.	
	b	Less: direct expenses other than fundraising expenses	9b		
	c	Net income or (loss) from special events. Subtract line 9b from line 9a See Statement 2			9c 18,812.
	10 a	Gross sales of inventory, less returns and allowances	10a		
	b	Less: cost of goods sold	10b		
	c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a			10c
	11	Other revenue (from Part VII, line 103)			11 8,092.
	12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11			12 2,284,575.
Expenses	13	Program services (from line 44, column (B))			13 2,194,924.
	14	Management and general (from line 44, column (C))			14 125,525.
	15	Fundraising (from line 44, column (D))			15
	16	Payments to affiliates (attach schedule)			16
	17	Total expenses. Add lines 16 and 44, column (A)			17 2,320,449.
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 12			18 <35,874.>
	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19 2,631,514.
	20	Other changes in net assets or fund balances (attach explanation)			20 0.
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20			21 2,595,640.

Part XI **Information Regarding Transfers To and From Controlled Entities.** *Complete only if the organization is a controlling organization as defined in section 512(b)(13).* N/A

		Yes	No
106	Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.		

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
	Totals			

		Yes	No
107	Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.		

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
	Totals			

		Yes	No
108	Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?		

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.

Please Sign Here

Signature of officer — Date: 12/2/08

Type or print name and title: Cheryl L. King, Executive Director

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed ▶ ☐	Preparer's SSN or PTIN (See Gen. Inst. X)
	12/02/08		

Firm's name (or yours if self-employed), address, and ZIP + 4: BERGER, TOOMBS, ELAM, GAINES & FRANK, 600 CITRUS AVENUE, SUITE 200, FT. PIERCE, FL 34950

EIN ▶

Phone no. ▶ (772)461-6120

Form **990** (2007)

723164/12-27-07

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2007

Open to Public Inspection

A For the 2007 calendar year, or tax year beginning JUL 1, 2007 and ending JUN 30, 2008

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
THE ARC OF ST LUCIE COUNTY INC

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
PO BOX 1016

TAXPAYER'S COPY

City or town, state or country, and ZIP + 4
FORT PIERCE, FL 34954

D Employer identification number
59-1100961

E Telephone number
772-468-7879

F Accounting method: ☐ Cash ☒ Accrual ☐ Other (specify) ▶

- Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Website: ▶WWW.ARCLINK.ORG

J Organization type (check only one) ▶ ☒ 501(c)(3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check here ▶ ☐ if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than $25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) If "Yes," enter number of affiliates ▶ N/A

H(c) Are all affiliates included? N/A ☐ Yes ☐ No (If "No," attach a list.)

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

I Group Exemption Number ▶ N/A

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 2,284,575.

M Check ▶ ☐ if the organization is **not** required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1	Contributions, gifts, grants, and similar amounts received:			
	a	Contributions to donor advised funds	1a		
	b	Direct public support (not included on line 1a)	1b	26,174.	
	c	Indirect public support (not included on line 1a)	1c		
	d	Government contributions (grants) (not included on line 1a)	1d	261,443.	
	e	Total (add lines 1a through 1d) (cash $ 287,617. noncash $)			1e 287,617.
	2	Program service revenue including government fees and contracts (from Part VII, line 93)			2 1,940,457.
	3	Membership dues and assessments			3
	4	Interest on savings and temporary cash investments			4 29,497.
	5	Dividends and interest from securities			5
	6 a	Gross rents	6a		
	b	Less: rental expenses	6b		
	c	Net rental income or (loss). Subtract line 6b from line 6a			6c
	7	Other investment income (describe ▶)			7
	8 a	Gross amount from sales of assets other than inventory	(A) Securities 100.	8a	(B) Other
	b	Less: cost or other basis and sales expenses		8b	
	c	Gain or (loss) (attach schedule)	100.	8c	
	d	Net gain or (loss). Combine line 8c, columns (A) and (B) Stmt 1			8d 100.
	9	Special events and activities (attach schedule). If any amount is from gaming, check here ▶ ☐			
	a	Gross revenue (not including $ 0. of contributions reported on line 1b)	9a	18,812.	
	b	Less: direct expenses other than fundraising expenses	9b		
	c	Net income or (loss) from special events. Subtract line 9b from line 9a See Statement 2			9c 18,812.
	10 a	Gross sales of inventory, less returns and allowances	10a		
	b	Less: cost of goods sold	10b		
	c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a			10c
	11	Other revenue (from Part VII, line 103)			11 8,092.
	12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11			12 2,284,575.
Expenses	13	Program services (from line 44, column (B))			13 2,194,924.
	14	Management and general (from line 44, column (C))			14 125,525.
	15	Fundraising (from line 44, column (D))			15
	16	Payments to affiliates (attach schedule)			16
	17	Total expenses. Add lines 16 and 44, column (A)			17 2,320,449.
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 12			18 <35,874.>
	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19 2,631,514.
	20	Other changes in net assets or fund balances (attach explanation)			20 0.
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20			21 2,595,640.

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash $ 0. noncash $ 0.) If this amount includes foreign grants, check here ▶ ☐	22a				
22b Other grants and allocations (attach schedule) (cash $ 0. noncash $ 0.) If this amount includes foreign grants, check here ▶ ☐	22b				
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a	83,339.	83,339.	0.	0.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b	0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c				
26 Salaries and wages of employees not included on lines 25a, b, and c	26	1,525,594.	1,445,147.	80,447.	
27 Pension plan contributions not included on lines 25a, b, and c	27				
28 Employee benefits not included on lines 25a - 27	28				
29 Payroll taxes	29				
30 Professional fundraising fees	30				
31 Accounting fees	31				
32 Legal fees	32				
33 Supplies	33				
34 Telephone	34				
35 Postage and shipping	35				
36 Occupancy	36	203,184.	195,057.	8,127.	
37 Equipment rental and maintenance	37				
38 Printing and publications	38				
39 Travel	39				
40 Conferences, conventions, and meetings	40				
41 Interest	41	29,789.	29,492.	297.	
42 Depreciation, depletion, etc. (attach schedule)	42	126,607.	120,277.	6,330.	
43 Other expenses not covered above (itemize):					
a	43a				
b	43b				
c	43c				
d	43d				
e	43e				
f	43f				
g See Statement 3	43g	351,936.	321,612.	30,324.	
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	2,320,449.	2,194,924.	125,525.	0.

Joint Costs. Check ▶ ☐ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ▶ ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs $ N/A ; (ii) the amount allocated to Program services $ N/A ; (iii) the amount allocated to Management and general $ N/A ; and (iv) the amount allocated to Fundraising $ N/A

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

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ▶ See Statement 4

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

a SUPPORTING LIVING AND GROUP HOUSING - PROVIDES ASSISTANCE TO DEVELOPMENTALLY DISABLED ADULTS TO LIVE IN THIER OWN BOTH IN THIER OWN RESIDENCES AND IN GROUP HOME FACILITIES.

(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐ 1,018,171.

b COMMUNITY INCLUSION - ADULT DAY TRAINING AND SUPPORTED EMPLOYMENT, AFTER SCHOOL AND SUMMER CAMP.

(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐ 1,176,753.

c

(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐

d

(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐

e Other program services (attach schedule)

(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐

f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶ 2,194,924.

Part IV Balance Sheets *(See the instructions.)*

Note: *Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.*

				(A) Beginning of year		(B) End of year
Assets	45	Cash - non-interest-bearing		2,262.	45	1,579.
	46	Savings and temporary cash investments		1,268,588.	46	1,128,967.
	47 a	Accounts receivable	47a			
	b	Less: allowance for doubtful accounts	47b		47c	
	48 a	Pledges receivable	48a	27,746.		
	b	Less: allowance for doubtful accounts	48b	32,000.	48c	27,746.
	49	Grants receivable		304,026.	49	269,582.
	50 a	Receivables from current and former officers, directors, trustees, and key employees			50a	
	b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)			50b	
	51 a	Other notes and loans receivable	51a			
	b	Less: allowance for doubtful accounts	51b		51c	
	52	Inventories for sale or use			52	
	53	Prepaid expenses and deferred charges			53	
	54 a	Investments - publicly-traded securities ▶ ☐ Cost ☐ FMV			54a	
	b	Investments - other securities ▶ ☐ Cost ☐ FMV			54b	
	55 a	Investments - land, buildings, and equipment: basis	55a	2,501,221.		
	b	Less: accumulated depreciation	55b	803,948.	55c	1,697,273.
	56	Investments - other			56	
	57 a	Land, buildings, and equipment: basis	57a			
	b	Less: accumulated depreciation	57b		57c	
	58	Other assets, including program-related investments (describe ▶ See Statement 5)		23,167.	58	0.
	59	**Total assets** (must equal line 74). Add lines 45 through 58		3,282,349.	59	3,125,147.
Liabilities	60	Accounts payable and accrued expenses		110,255.	60	132,845.
	61	Grants payable			61	
	62	Deferred revenue			62	
	63	Loans from officers, directors, trustees, and key employees			63	
	64 a	Tax-exempt bond liabilities			64a	
	b	Mortgages and other notes payable		540,580.	64b	396,662.
	65	Other liabilities (describe ▶)			65	
	66	**Total liabilities.** Add lines 60 through 65		650,835.	66	529,507.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here** ▶ ☒ and complete lines 67 through 69 and lines 73 and 74.				
	67	Unrestricted		2,585,305.	67	2,521,685.
	68	Temporarily restricted		46,209.	68	73,955.
	69	Permanently restricted			69	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 70 through 74.				
	70	Capital stock, trust principal, or current funds			70	
	71	Paid-in or capital surplus, or land, building, and equipment fund			71	
	72	Retained earnings, endowment, accumulated income, or other funds			72	
	73	**Total net assets or fund balances.** Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)		2,631,514.	73	2,595,640.
	74	**Total liabilities and net assets/fund balances.** Add lines 66 and 73		3,282,349.	74	3,125,147.

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return *(See the instructions.)*

a	Total revenue, gains, and other support per audited financial statements		a	2,284,575.
b	Amounts included on line a but not on Part I, line 12:			
1	Net unrealized gains on investments	b1		
2	Donated services and use of facilities	b2		
3	Recoveries of prior year grants	b3		
4	Other (specify):	b4		
	Add lines b1 through b4		b	0.
c	Subtract line b from line a		c	2,284,575.
d	Amounts included on Part I, line 12, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify):	d2		
	Add lines d1 and d2		d	0.
e	**Total revenue** (Part I, line 12). Add lines c and d ▶		e	2,284,575.

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements		a	2,320,449.
b	Amounts included on line a but not on Part I, line 17:			
1	Donated services and use of facilities	b1		
2	Prior year adjustments reported on Part I, line 20	b2		
3	Losses reported on Part I, line 20	b3		
4	Other (specify):	b4		
	Add lines b1 through b4		b	0.
c	Subtract line b from line a		c	2,320,449.
d	Amounts included on Part I, line 17, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify):	d2		
	Add lines d1 and d2		d	0.
e	**Total expenses** (Part I, line 17). Add lines c and d ▶		e	2,320,449.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) *(See the instructions.)*

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
See Statement 6		83,339.	0.	0.

Part V-A Current Officers, Directors, Trustees, and Key Employees *(continued)*

		Yes	No
75 a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ▶ 6		
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) 75b		X
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." 75c		X
	If "Yes," attach a statement that includes the information described in the instructions.		
d	Does the organization have a written conflict of interest policy? 75d		X

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
None				

Part VI Other Information *(See the instructions.)*

		Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change 76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? 77		X
	If "Yes," attach a conformed copy of the changes.		
78 a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return? 78a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year? N/A 78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement 79		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? 80a		X
b	If "Yes," enter the name of the organization ▶ N/A and check whether it is ☐ exempt or ☐ nonexempt		
81 a	Enter direct and indirect political expenditures. (See line 81 instructions.) 81a 0.		
b	Did the organization file **Form 1120-POL** for this year? 81b		X

Part VI Other Information *(continued)*

			Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) 82b N/A			
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to *quid pro quo* contributions?	83b	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A	84b		
85 a	*501(c)(4), (5), or (6).* Were substantially all dues nondeductible by members? N/A	85a		
b	Did the organization make only in-house lobbying expenditures of $2,000 or less? N/A	85b		
	If "Yes" was answered to either 85a or 85b, **do not** complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			
c	Dues, assessments, and similar amounts from members 85c N/A			
d	Section 162(e) lobbying and political expenditures 85d N/A			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A	85h		
86	*501(c)(7) organizations.* Enter: a Initiation fees and capital contributions included on line 12 86a N/A			
b	Gross receipts, included on line 12, for public use of club facilities 86b N/A			
87	*501(c)(12) organizations.* Enter: a Gross income from members or shareholders 87a N/A			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b N/A			
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI ▶	88b		X
89 a	*501(c)(3) organizations.* Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0. ; section 4912 ▶ 0. ; section 4955 ▶ 0.			
b	*501(c)(3) and 501(c)(4) organizations.* Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.			
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶ 0.			
e	*All organizations.* At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e		X
f	*All organizations.* Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		X
g	*For supporting organizations and sponsoring organizations maintaining donor advised funds.* Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g		X
90 a	List the states with which a copy of this return is filed ▶ None			
b	Number of employees employed in the pay period that includes March 12, 2007 90b 50			
91 a	The books are in care of ▶ CHERYL KING Telephone no. ▶ 772-468-7879 Located at ▶ PO BOX 1016, FORT PIERCE, FL ZIP + 4 ▶ 34954			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ N/A See the instructions for exceptions and filing requirements for **Form TD F 90-22.1,** Report of Foreign Bank and Financial Accounts.	91b		X

Part VI Other Information *(continued)*

		Yes	No
c	At any time during the calendar year, did the organization maintain an office outside of the United States? 91c		X
	If "Yes," enter the name of the foreign country ▶ N/A		
92	*Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of* **Form 1041**- Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92 N/A		

Part VII Analysis of Income-Producing Activities *(See the instructions.)*

Note: *Enter gross amounts unless otherwise indicated.*

	Unrelated business income		Excluded by section 512, 513, or 514		(E)
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	Related or exempt function income
93 Program service revenue:					
a FEES & REIMBURSEMENTS					252,588.
b CHARGES FOR SERVICES					1,687,869.
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	29,497.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					100.
101 Net income or (loss) from special events			01	18,812.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a MISCELLANEOUS INCOME					8,092.
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		48,309.	1,948,649.
105 **Total** (add line 104, columns (B), (D), and (E)) ▶					1,996,958.

Note: *Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.*

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes *(See the instructions.)*

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
	PROGRAM FEE AND REIMBURSEMENTS FOR PROVIDING SERVICES TO DEVELOPMENTAL
93A	DISABLED PERSONS.
103B	MISCELANEOUS INCOME

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities *(See the instructions.)*

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
N/A	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts *(See the instructions.)*

(a)	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	☐ Yes	☒ No
(b)	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	☐ Yes	☒ No

Note: *If "Yes" to* **(b)**, *file Form 8870* **and** *Form 4720 (see instructions).*

Part XI Information Regarding Transfers To and From Controlled Entities. *Complete only if the organization is a controlling organization as defined in section 512(b)(13).* N/A

		Yes	No
106	Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.		

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
	Totals			

		Yes	No
107	Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.		

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
	Totals			

		Yes	No
108	Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?		

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.

Please Sign Here

TAXPAYER'S COPY

▶ Signature of officer — Date

▶ Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-employed ▶ ☐	Preparer's SSN or PTIN (See Gen. Inst. X)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ BERGER, TOOMBS, ELAM, GAINES & FRANK 600 CITRUS AVENUE, SUITE 200 FT. PIERCE, FL 34950	12/02/08		EIN ▶ Phone no. ▶ (772)461-6120

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No. 1545-0047

2007

Name of the organization: THE ARC OF ST LUCIE COUNTY INC

Employer identification number: 59 1100961

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than $50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
KATHRYN LABELLE FT PIERCE, FL	ASSOC EXEC DIR 40.00	72,000.		
MELISSA OGONOSKI FT PIERCE, FL	FINANCE DIR 40.00	50,221.		
Total number of other employees paid over $50,000 ▶	0			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than $50,000	(b) Type of service	(c) Compensation
None		
Total number of others receiving over $50,000 for professional services ▶ 0		

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than $50,000	(b) Type of service	(c) Compensation
None		
Total number of other contractors receiving over $50,000 for other services ▶ 0		

Part III Statements About Activities (See page 2 of the instructions.)

			Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ $ _____ $ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	1		X
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? *(If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)*			
a	Sale, exchange, or leasing of property?	2a		X
b	Lending of money or other extension of credit?	2b		X
c	Furnishing of goods, services, or facilities?	2c		X
d	Payment of compensation (or payment or reimbursement of expenses if more than $1,000)?	2d		X
e	Transfer of any part of its income or assets?	2e		X
3 a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a		X
b	Did the organization have a section 403(b) annuity plan for its employees?	3b		X
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c		X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		X
4 a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a		X
b	Did the organization make any taxable distributions under section 4966? N/A	4b		
c	Did the organization make a distribution to a donor, donor advisor, or related person? N/A	4c		
d	Enter the total number of donor advised funds owned at the end of the tax year ▶		N/A	
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶		N/A	
f	Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶		0.	
g	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year ▶		0.	

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).

6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)

7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).

8 ☐ A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).

9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ▶ _____

10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)

11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

12 ☐ 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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)

13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:

☐ Type I ☐ Type II ☐ Type III-Functionally Integrated ☐ Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents? Yes	(d) No	(e) Amount of support
Total ▶					

14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

Part IV-A **Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**
Note: *You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.*

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	1,782,489.	1,854,950.	1,844,392.	2,328,410.	7,810,241.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	437,465.	435,990.	339,114.	325,350.	1,537,919.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	33,326.	14,851.	10,491.	11,464.	70,132.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	2,253,280.	2,305,791.	2,193,997.	2,665,224.	9,418,292.
24 Line 23 minus line 17	1,815,815.	1,869,801.	1,854,883.	2,339,874.	7,880,373.
25 Enter 1% of line 23	22,533.	23,058.	21,940.	26,652.	

26 **Organizations described on lines 10 or 11:** a Enter 2% of amount in column (e), line 24 ▶	26a	157,607.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. **Do not file this list with your return.** Enter the total of all these excess amounts ▶	26b	0.
c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶	26c	7,880,373.
d Add: Amounts from column (e) for lines: 18 70,132. 19 ____ 22 ____ 26b ____ ▶	26d	70,132.
e Public support (line 26c minus line 26d total) ▶	26e	7,810,241.
f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ▶	26f	99.1100%

27 **Organizations described on line 12:** a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." **Do not file this list with your return.** Enter the sum of such amounts for each year: N/A

(2006) ____ (2005) ____ (2004) ____ (2003) ____

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the **larger** of (1) the amount on line 25 for the year or (2) $5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) **Do not file this list with your return.** After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A

(2006) ____ (2005) ____ (2004) ____ (2003) ____

c Add: Amounts from column (e) for lines: 15 ____ 16 ____ 17 ____ 20 ____ 21 ____ ▶	27c	N/A
d Add: Line 27a total ____ and line 27b total ____ ▶	27d	N/A
e Public support (line 27c total minus line 27d total) ▶	27e	N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e) ▶ 27f N/A		
g **Public support percentage (line 27e (numerator) divided by line 27f (denominator))** ▶	27g	N/A %
h **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))** ▶	27h	N/A %

28 **Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. **Do not file this list with your return.** Do not include these grants in line 15.

None

Part V **Private School Questionnaire** (See page 9 of the instructions.) N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
32	Does the organization maintain the following:			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
	If you answered "Yes" to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.)

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

Check ▶ a ☐ if the organization belongs to an affiliated group. Check ▶ b ☐ if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for all electing organizations
		N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount. Enter the amount from the following table -			
If the amount on line 40 is - / **The lobbying nontaxable amount is -**			
Not over $500,000 — 20% of the amount on line 40			
Over $500,000 but not over $1,000,000 — $100,000 plus 15% of the excess over $500,000			
Over $1,000,000 but not over $1,500,000 — $175,000 plus 10% of the excess over $1,000,000	41		
Over $1,500,000 but not over $17,000,000 — $225,000 plus 5% of the excess over $1,500,000			
Over $17,000,000 — $1,000,000			
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		

Caution: *If there is an amount on either line 43 or line 44, you must file Form 4720.*

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

N/A

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h.)			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 14 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

		Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of:			
(i) Cash	51a(i)		X
(ii) Other assets	a(ii)		X
b Other transactions:			
(i) Sales or exchanges of assets with a noncharitable exempt organization	b(i)		X
(ii) Purchases of assets from a noncharitable exempt organization	b(ii)		X
(iii) Rental of facilities, equipment, or other assets	b(iii)		X
(iv) Reimbursement arrangements	b(iv)		X
(v) Loans or loan guarantees	b(v)		X
(vi) Performance of services or membership or fundraising solicitations	b(vi)		X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c		X

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received: N/A

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ ☐ Yes ☒ No

b If "Yes," complete the following schedule: N/A

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	**Schedule of Contributors** Supplementary Information for line 1 of Form 990, 990-EZ, and 990-PF (see instructions)	OMB No. 1545-0047 **2007**

Name of organization THE ARC OF ST LUCIE COUNTY INC

Employer identification number 59-1100961

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	[X] 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 organizations 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-

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

[ ] For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests 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 Form 990-EZ, that received from any one contributor, during the year, some 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: *Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they* **must** *check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).*

Name of organization: THE ARC OF ST LUCIE COUNTY INC

Employer identification number: 59-1100961

Part I **Contributors** (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	UNITED WAY OF ST LUCIE COUNTY 4800 S US 1 FORT PIERCE, FL 34982	$ 27,746.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

Form 990 Gain (Loss) From Publicly Traded Securities Statement 1

Description	Gross Sales Price	Cost or Other Basis	Expense of Sale	Net Gain or (Loss)
SALE OF ASSET	100.	0.	0.	100.
To Form 990, Part I, line 8	100.	0.	0.	100.

Form 990 Special Events and Activities Statement 2

Description of Event	Gross Receipts	Contribut. Included	Gross Revenue	Direct Expenses	Net Income or (Loss)
FUNDRAISING	18,812.		18,812.		18,812.
To Fm 990, Part I, line 9	18,812.		18,812.		18,812.

Form 990 Other Expenses Statement 3

Description	(A) Total	(B) Program Services	(C) Management and General	(D) Fundraising
DIRECT DISTRIBUTIONS TO CLIENTS	27,239.	27,239.		
FOOD & NUTRITION SUPPLIES	57,041.	54,189.	2,852.	
INSURANCE	96,260.	85,671.	10,589.	
VEHICLE & LOCAL TRANSPORTATION	116,571.	115,405.	1,166.	
PROFESSIONAL FEES	39,595.	37,615.	1,980.	
SPECIAL EVENTS	1,493.	1,493.		
NATIONAL & STATE AFFILIATES	13,737.		13,737.	
Total to Fm 990, ln 43	351,936.	321,612.	30,324.	

Form 990 Statement of Organization's Primary Exempt Purpose Part III Statement 4

Explanation

TO PROVIDE SERVICES TO INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES.

Form 990 Other Assets Statement 5

Description	Beginning of Year	End of Year
DEPOSITS	8,167.	
MUTUAL OF AMERICA INVESTMENTS	15,000.	
Total to Form 990, Part IV, line 58	23,167.	

Form 990 Part V-A - List of Current Officers, Directors, Trustees and Key Employees Statement 6

Name and Address	Title and Avrg Hrs/Wk	Compen-sation	Employee Ben Plan Contrib	Expense Account
CHERYL KING FT PIERCE, FL	EXEC DIR 40.00	83,339.	0.	0.
CONNIE MUNZING FT PIERCE, FL	VICE PRES 1.00	0.	0.	0.
CAROL ADKINS-COLLINS FT PIERCE, FL	TRES 1.00	0.	0.	0.
GAIL GUNTHER FT PIERCE, FL	DIR 1.00	0.	0.	0.
KIRK YOUNG FT PIERCE, FL	DIR 1.00	0.	0.	0.

GREG KIRK PORT ST LUCIE, FL	PRES 1.00	0.	0.	0.
CATHY COSTA PORT ST LUCIE, FL	DIR 1.00	0.	0.	0.
PENNY SCIALDO PORT ST LUCIE, FL	SEC 1.00	0.	0.	0.
DIANE DOTTY FT PIERCE, FL	DIR 1.00	0.	0.	0.
BARNEY MILLER-MOORE PORT ST LUCIE, FL	DIR 1.00	0.	0.	0.
Totals Included on Form 990, Part V-A		83,339.	0.	0.

ST. LUCIE COUNTY BOARD OF COUNTY COMMISSIONERS
APPLICATION FOR FUNDING NON-PROFIT AGENCY
COUNTY FISCAL YEAR 2009/10
(OCTOBER 1, 2009 - SEPTEMBER 30, 2010)

SECTION VI
AGENCY STAFFING COMPLEMENT

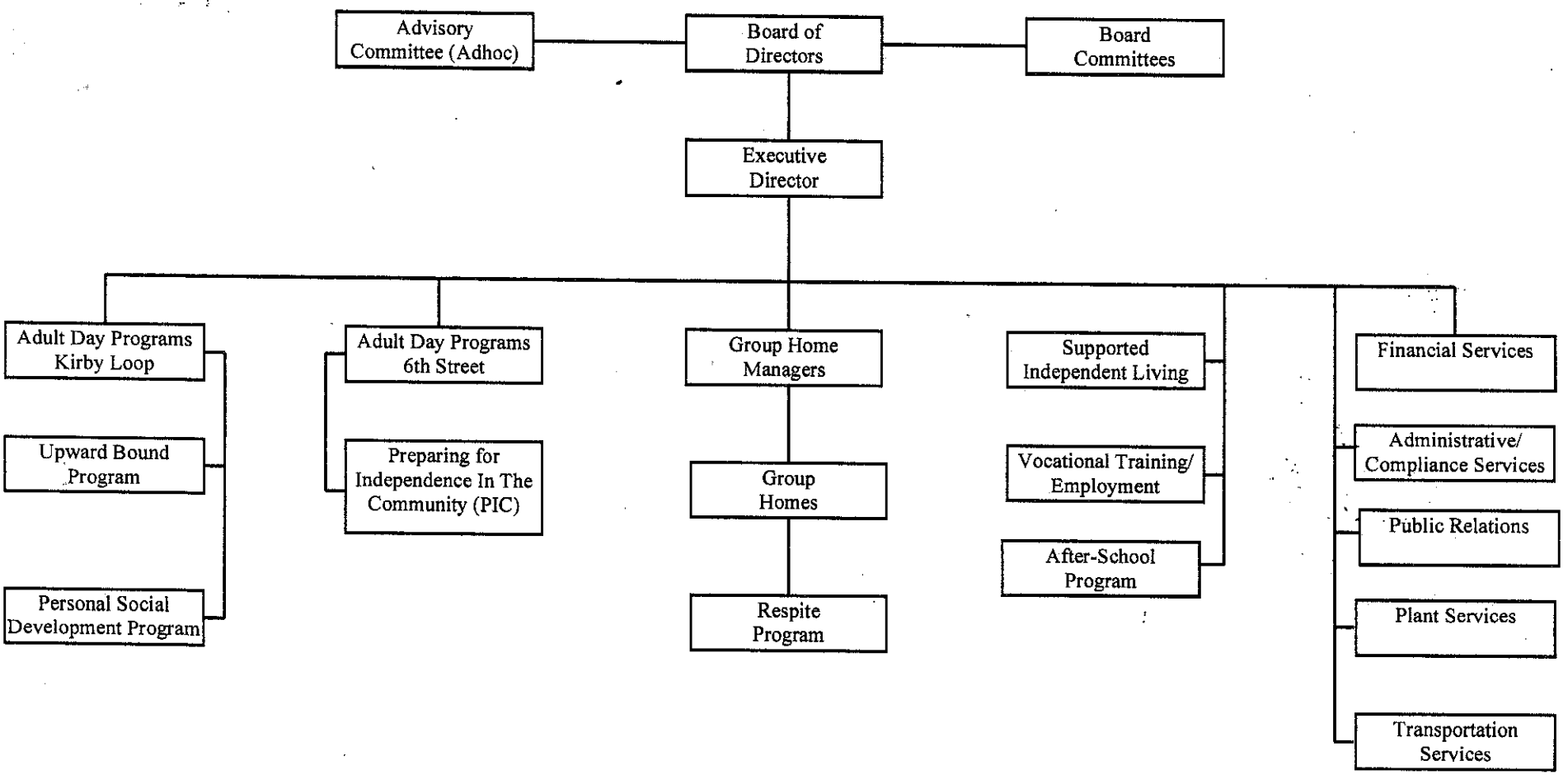
POSITION TITLE	CFY 2008/09 NUMBER OF EMPLOYEES	CFY 2009/10 NUMBER OF EMPLOYEES
Executive Director	1	1
Public Relations Coordinator	1	1
Plant Manager	1	1
Chief Financial Officer	1	1
Administrative Assistant	1	1
Office Assistant	1	1
ADT Supervisor	2	2
Instructors	19	19
Vehicle Drivers	5	5
Residential Counselors	17	17
Residential Managers	3	3
Mental Health Techs	2	2
TOTAL EMPLOYEES	54	54

ST. LUCIE COUNTY BOARD OF COUNTY COMMISSIONERS
APPLICATION FOR FUNDING NON-PROFIT AGENCY
COUNTY FISCAL YEAR 2009/10
(OCTOBER 1, 2009- SEPTEMBER 30, 2010)

SECTION VII

ORGANIZATIONAL CHART

The Arc of St. Lucie County, Inc
Organizational Chart



ST. LUCIE COUNTY BOARD OF COUNTY COMMISSIONERS
APPLICATION FOR FUNDING NON-PROFIT AGENCY
COUNTY FISCAL YEAR 2009/10
(OCTOBER 1, 2009 - SEPTEMBER 30, 2010)

SECTION VIII
STATEMENT OF ASSURANCES

As a condition of receipt of County funds, the applicant must comply with the requirements of courts, local, state and federal laws, rules, regulations, and guidelines. As a part of the application and as a part of acceptance and use of County funds, the applicant agrees that:

1. It possesses legal authority to apply for the assistance, that the application has been approved by the applicant's governing body, including all assurances contained herein.

2. It will utilize County funds to provide a range of services and activities having a measurable and potentially major impact on the community's mental and physical welfare needs.

3. It will submit copies of executed grant contracts when match funds are requested. In addition, the County will be advised of amendments and provide copies of each amendment to grant contracts.

4. It possesses the sound fiscal controls and fund accounting procedures necessary to assure the proper disbursal of an accounting for County funds.

5. It will permit and cooperate with county, state, and federal investigations designed to evaluate compliance with the law.

6. It will give the Board, the Clerk of the Circuit Court, or any authorized representative complete access to examine all records, books, papers, or documents related to the assistance.

7. It will, in accordance with Florida Statutes, comply with nondiscrimination provisions.

8. It will, in accordance with Florida Statute 119.07, comply with the provisions of public examination of records in regards to said funds.

9. It will attest, the application and its various sections, including budget data, are true and correct. Information contained in this application accurately reflects the activities of this agency and that the expenditures or portions thereof for which the County funds are being requested are not reimbursed by any other source.

10. Upon being awarded assistance, the applicant agrees to furnish a copy of the last audit performed in accordance with accepted accounting procedures.

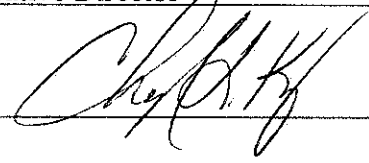
11. An organizational chart of the Board of Directors and Administrators, including their names and offices or position held will be submitted as part of the application.

12. The application will become part of a contract between the Board and the Applicant.

AGENCY AUTHORIZED OFFICIAL:

Name: Cheryl L. King

Title: Executive Director

Signature: 

Date: March 10, 2009

ST. LUCIE COUNTY BOARD OF COUNTY COMMISSIONERS
APPLICATION FOR FUNDING NON-PROFIT AGENCIES
COUNTY FISCAL YEAR 2009/10
(OCTOBER 1, 2009 - SEPTEMBER 30, 2010)

A. STATEMENT OF FINANCIAL OFFICER

I am the Chief Financial Officer of The Arc of St. Lucie County, Inc. name of organization) and, in this capacity, I will be responsible for providing financial services adequate to insure that establishment and

maintenance of an accounting system for The Arc of St. Lucie County, Inc. (name of organization) which is a non profit agency charged with carrying out a program(s) under County funding. The accounting system will have internal controls adequate to safeguard the assets of such agency, and the accuracy and reliability of accounting data, promote operating efficiency, and encourage compliance with prescribed management policies of the agency.

The Arc of St. Lucie County, Inc.
(Name of Operation)

Melissa Ogonoski
(Name of Chief Financial Officer)

Melissa Ogonoski
(Signature of Chief Financial Officer)

3/10/09
(Date)

772-468-7879
(Telephone Number)

ST. LUCIE COUNTY BOARD OF COUNTY COMMISSIONERS
APPLICATION FOR FUNDING NON-PROFIT AGENCY
COUNTY FISCAL YEAR 2009/10
(OCTOBER 1, 2009 - SEPTEMBER 30, 2010)

SECTION X

APPLICATION CHECKLIST

The Application must be complete, including all necessary attachments and signatures. The following is a checklist:

Section I **Administrative Information**

Section II **Project Identification**

Section III **Proposed Solution to the Targeted Problem**

Section IV **Objectives and Performance Measures**

Section V **Budget Information (A through E)**

Section VI **Agency Staffing Complement**

Section VII **Organizational Chart**

Section VIII **Statement of Assurances**

Section IX **Accounting System Certification**

Section X **Application Checklist**

NOTE: Applications approved for County funding will become an attachment to a contract between ST. LUCIE COUNTY Board of County Commissioners and the Applicant

ST LUCIE COUNTY BOARD OF COUNTY COMMISSIONERS
APPLICATION FOR FUNDING NON-PROFIT AGENCY
COUNTY FISCAL YEAR 2009/10
(OCTOBER 1, 2009 - SEPTEMBER 30, 2010)

SECTION I
ADMINISTRATIVE INFORMATION

Received by
MAR 11 2009
St. Lucie County
Community Services

1. AGENCY:

Name:	The Arc of St. Lucie County, Inc.
Address:	P.O. Box 1016 Ft. Pierce, Florida 34954
Telephone:	(772) 468-7879
Fax Number:	(772) 465-7050
Tax Exempt No:	591101061

2. CONTRACT/PROJECT DIRECTOR:

Name:	Cheryl King
Title:	Executive Director
Address:	P. O. Box 1016 Fort Pierce, Florida 34954
Telephone:	(772) 468-7879
Email:	slarc@gate.net

3. CHIEF FINANCIAL OFFICER:

Name:	Melissa Ogonoski
Title:	Chief Financial Officer
Address:	P.O. Box 1016 Ft. Pierce, Florida 34954
Telephone:	(772) 468-7879
Email:	mlssbrzzs@earthlink.net

ST.LUCIE COUNTY BOARD OF COUNTY COMMISSIONERS
APPLICATION FOR FUNDING NON-PROFIT AGENCY
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SECTION II
PROJECT IDENTIFICATION

Children's After-School/Summer Camp Program

The Arc of St. Lucie County, Inc. has provided programs and services to individuals with disabilities in our community for the past 55 years. Currently, services are provided to more than 200 individuals with varying ranges of physical and mental challenges. Comprehensive programs provide focus on education, vocational rehabilitation, recreation, and residential services.

Fifty-four staff members are employed and are assisted by fifteen volunteers. This team is recognized as the most important asset of the agency. Areas of expertise include practical application of cognitive theory, behavior management, advocacy, mental health, residential habilitation, supported living and supported employment, creative arts, and community integration/inclusion.

The Arc is chartered and organized as a private, nonprofit organization. Its self-governing character is demonstrated by full management policy controlled by a local Board of Directors. Management and policy decisions are based on the premise that people must have choices. The Arc is committed to improving the quality of life of those with differing intellectual abilities in our designated catchment area. In return, The Arc has received substantial, ongoing support from the community we serve.

The Arc provides services to students with disabilities every day after school and during all school breaks to assist working families in St. Lucie County with their childcare needs. St. Lucie County Public School Exceptional Student Education (ESE) closes each summer and does not re-open until ten weeks later. Overburdened families with children who have severe/profound disabilities have expressed an urgent need for a program that can bridge this 10 week gap and other extensive gaps in the school year. Each day during the school year, students end their school day as early as 1:45 p.m. Based on past statistics, it is expected that there will be seven (7) teacher workday/in-service days, a fall holiday, and sixteen (16) Winter/Spring break days. This is in addition to a ten week summer break. This totals 15 weeks, or 75 days of no school routine. The aforementioned is in addition to 8 established holidays which are the only days when most county employees are off from work and can care for their children. Although some ESE students will attend ESE Extended School Year (ESY) for 19 days this summer, the vast majority will not. In summer school year 2008 only 347 of students were served in ESY out of a disabled population of 5,248. Bridging this extensive gap in services will support functional family structure and management, by allowing parents working in our community to prevent work absenteeism and keep their jobs.

Children who have severe special needs are not typically admitted to the YMCA or Boys and Girls Club type after school programs or summer camps due to their highly specialized need for constant guidance and assistance with all of their activities and daily living needs. Staff-persons at The Arc have the requisite experience and expertise to work with children and teens with multiple handicaps. Many of these students require toileting assistance, undergarment changes, 2 man assistance transitioning out of their wheelchair, specialized behavioral interventions, or a 1:1 personal aide. These students have experienced academic failure beginning in elementary school and require a consistent training program to prevent skill regression.

In the coming 2009-2010 year, The Arc will serve a minimum of 65 children/teens in the Summer Camp and the After School Program. During the first quarter October 1, 2008 through December 31, 2008, 26 students with significant disabling conditions have been served. The Arc expects to serve a minimum of 50 students by September 2009. Results from families surveyed thus far indicate overwhelming satisfaction with the summer camp/after school program and the care that was provided for their children. Surveys and parent interviews also reinforce the critical need for year round care. Continuance of The Arc's recreational/educational programs for multi-handicapped children will support functional family structure and support mentally and physically challenged individuals.

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SECTION III
PROPOSED SOLUTION TO THE TARGETED PROBLEM

The program site for after-school/summer camp is located at 3505 Kirby Loop Road in Fort Pierce. Hours of operation are based on the St. Lucie County School schedule. On off school days we operate from 7:30- 5:30 p.m. On early out days, we open at 11:30 a.m. On full school days, we open at 1:30 p.m. Transportation is arranged for families through a collaborative effort with the School Board. During the Summer, campers receive door to door transportation via The Arc, or families drop off and pick up before and after work. Families remain engaged in this program because it allows them to continue established work routines. Program components include assessment, educational/tutorial assistance, 1:1 assistance for behaviorally disordered/medically fragile students, recreational and community awareness activities via field trips, transportation, and nutrition. Families are primarily referred via the school system and all families must provide documentation that their child has an Individual Educational Plan and/or Individual Support Plan (ISP). Student assessments performed by staff ascertain skill level and individual student strengths and weaknesses, as well as information regarding training needs suggested by families, the IEP, and/or the ISP will be used to develop learning opportunities that appeal to both the interest and the needs of individual children.

At the time of intake a Program Screening Assessment and Profile Guide is completed with the family. This information helps capture the overall well being of the child including, but not limited to, individual characteristics that include care needs, health/medical needs, community/family supports, and developmental/educational needs. The information gathered at intake is reviewed with the family and other supports within the family network to develop each child's Individual Program Plan (IPP) goals. These goals are put in written format utilizing a data tracking sheet. The data sheet will indicate successful progress and be transferred to the Quarterly Skills Developmental Outcome form. Field trips will be provided during summer camp and on off-school days.

Individualized personal care and behavioral needs dictate staffing patterns. Typical staff to child ratio for group activity is 1:5. The critical needs assessment is designed to identify children who require 1:1 care in adaptive and/or behavioral areas. Health and safety needs will be individually met. Openings will be determined on availability and level of staffing to care needs. Students are provided supervised time and interactions with positive adult role models/mentors who provide guidance and support in an environment where they can "be themselves" and be respected. Working families have a safe place for their special needs children to go. The population of children we serve are not only severely disadvantaged due to their handicapping conditions, but many are extremely vulnerable, and cannot be left alone at any time. One can only imagine how the concerns of a parent who has a nonverbal, defenseless child can be mitigated by the knowledge that their child is safe in our program. The Arc works to hire only qualified people who are genuinely interested in providing children with quality recreational, social, and educational experiences and supportive relationships. All employees must pass a level II background screening. This screening includes references, Good Moral Character certification, local background screening, state background screening and national database screening (FBI).

Good health habits will be incorporated on a daily basis. Each child will experience opportunity for play that allows for self-expression, physical activity, and interaction with others. Structured field trips provide our children with physical, social, and emotional experiences. Breakfast, lunch and two snacks are provided during full days, snacks are provided on after school days. Weekly menus are reviewed and approved by a certified dietician.

The program is available to children with disabilities that are still in school, and have activities to stimulate their developmental gains, prevent skill regression, and allow already overburdened families the opportunity to continue their daily routine of work and home. Providing families with care helps to avoid the stress, burnout, and fatigue that can lead to possible child abuse or institutionalization of their child. The provision of this program will assist in reducing poor family management by offering a consistent placement for youngsters after school and during the summer months/half-school days/no school days by allowing the continuation of family work schedules/obligations. Families of children with disabilities have expressed an urgent need for this service. This program will also address a population that has experienced persistent academic failure and seek to prevent skill regression by continuing school related training programs throughout the summer months. Satisfaction surveys administered to families of 2008 after-school/summer camp attendees indicate that 100% of families agreed their child made progress/maintained skills in the program. Our ongoing goal is to stimulate the developmental gains of learners and prevent regression-the loss of acquired skills. The most appropriate intervention, best practice, and greatest hope for building competent adults is through assisting the developmental needs of our most vulnerable young citizens. A review of the literature, as well as practical experience, indicates that disabled students regress during breaks in instruction. The amount of regression and the length of time required to recoup previously mastered skills varies widely among students. For some students, their skill regression during the summer months, coupled with their limited recoupment ability, is such that their basic educational needs cannot be met in a traditional 180 day program. The Arc's After School Program and 10 week Summer Camp Program will provide extended school year enrichment.

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SECTION IV
OBJECTIVES AND PERFORMANCE MEASURES

Outcome: Reduce family stress and support family stability for 90% of families by providing a year round respite and activities program to 50 children and teens with disabilities that relieves families of after-school and daytime summer care for their mentally and physically challenged children, as measured by the Family Satisfaction Survey Tool. Baseline for 2008 was 96%.

Program Design & Task Management (Columns 1-4)

Evaluation Design & Data Collection (Columns 5-7)

1	2	3	4	5	6	7
Program Activities (what)	**Frequency (how often)**	**Responsible Parties (who)**	**Expected Outcomes/change (why)**	**Indicator Measurements (evidence)**	**Data Source (where)**	**Time of Measurement (when)**
Provide year round program for ESE students-after each school day & on all school breaks. Resource/ Referral with ESE Dept., Coordinate School Board Transportation to Arc sites. Purchase classroom materials. Advertise/hire/ orient instructors. Provide structured activities.	Four hours per day, five days a week on regular school days. Six hours per day on public school early release days. Nine hours and forty five minutes per day when school is closed.	Children's Services Director, Exceptional Student Education (ESE) Personnel, SLC School Board Transportation Personnel, Arc Instructors, Families.	Families maintain continuity of school/work routines. Family Satisfaction Surveys agree that program participation is linked to family work schedule stability.	Family/student observation. Noted lack of abuse/involvement with Protective Services, or family request for group home placement. Children are cared for in their family home. Family stress level questionnaire. At minimum, '08-09' Family Satisfaction Surveys will indicate 90% agree program supports family stability and reduces family stress; 90% will agree that program allows families to continue their established work routines.	Information from client files (School System IEP), Arc client profile guide, Arc student assessment). Parent/teacher observation. Surveys. Daily attendance logs. ESE /Arc Correspondence. Purchase orders, proof of program related expenses. Payroll records.	Family Stress Survey is administered on the date each student enrolls. Request Form for Transportation to and From Approved Non-Profit Child Care Centers is forwarded to SLC School Transportation on the same day each student enrolls. Semi-Annual Family Satisfaction Surveys are distributed semi-annually (May and August).

9

Outcome: Maintain or improve personal, social and functional skill levels for 90% of the 50 children with disabilities by providing guidance and support in recreational/social/educational supervised activities. Baseline: Status of youth upon entering program as measured by pre-program screening assessment tool, then annual skill level evaluation, semi-annual surveying of families. In 2008, 100% families agreed students maintained or improved skills.

Program Design & Task Management (Columns 1-4)				Evaluation Design & Data Collection (Columns 5-7)		
1	2	3	4	5	6	7
Program Activities (what)	**Frequency (how often)**	**Responsible Parties (who)**	**Expected Outcomes/change (why)**	**Indicator Measurements (evidence)**	**Data Source (where)**	**Time of Measurement (when)**
Provide academic and recreational activities; support the development of skills needed to increase independent living, access community resources and conduct activities of daily living. Homework assistance. Computer training. Social skills training. Provide field trips. Provide snacks/lunch. Provide instruction in skill deficit areas requested and documented by parents.	Five hours per day, five days a week on regular school days. Seven hours per day on public school early release days. Nine hours and forty five minutes per day when school is closed.	Children's Services Director, Arc Instructors, and Arc bus drivers.	Prevention of regression of skills. Friendships evolve among peers. Positive social role modeling exhibited by teachers and children. Children are exposed to an array of social development experiences.	Classroom observation. Monthly calendars/activity flyers. Tally of field trips. Completion of Pre/Post assessment indicating no regression, or indicating increase in skills. 90% of '08-09' Satisfaction surveys will agree that teachers nurture positive interpersonal relationships among attendees. 90% will agree that child has maintained or improved personal, social, and functional skill levels while in the program.	Student files. Community Outing records. Materials inventory. Satisfaction Survey compilation for Arc's annual Outcome Management Report.	Daily training and supervision of children by Arc instructors. Daily observation /monitoring of program by Children's Services Director. Daily face to face contact between Arc instructors and parents of student attendees. Quarterly monitoring by Arc's Compliance Director. Semi-annual surveying of families (May and August). Annual pre-and post assessment of individual skills.

Outcome: Maintain the provision of 1:1 supportive relationships, behavioral interventions and physical assistance for critical care needs of 100% of 50 children with disabilities in the 2008-2009 school year as measured by Family Satisfaction Tool documentation that needed individual interventions are met. Baseline: In 2008, 100% of families documented that staff met the individualized special needs of their child.

Program Design & Task Management (Columns 1-4)				Evaluation Design & Data Collection (Columns 5-7)		
1	2	3	4	5	6	7
Program Activities (what)	**Frequency (how often)**	**Responsible Parties (who)**	**Expected Outcomes/change (why)**	**Indicator Measurements (evidence)**	**Data Source (where)**	**Time of Measurement (when)**
Screen/Identify students with critical service needs. Train & assign staff to students requiring 1:1 staffing based on personal care needs or behavioral concerns.	Five days a week episodically based. Given the level of staffing, program serves no more than 3 children requiring constant episodes of 1:1 interventions.	Children's Services Director and Instructors.	Safe participation in the program of children denoted as needing 1:1 critical assistance. For instance, some children cannot feed themselves. Some children must be assisted out of a wheelchair to address personal care needs. Children will be exposed to effective strategies to deal with adverse situations.	Critical Needs Screening form. Critical needs met. Lack of health and safety related incident reports. 90% Family Satisfaction surveys will agree that their child has received 1:1 services; 90% will agree that children were assisted with conflict resolution; 90% will agree that program provides clear standards for norms of behavior; 90% will indicate they feel secure while their children is in the facility.	Survey Compilation. Arc 1:1 Critical Services Screen. Student School System Individualized Educational Plan (IEP) or Individual Support Plan (ISP). Student Profile Guide. These documents are located in individual student files.	1:1 needs are documented upon initial enrollment, and on an ongoing basis as needs change. Daily observation. Family Satisfaction Surveys are administered semi-annually (May and August).

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SECTION V
BUDGET INFORMATION

(A)

COUNTY FUNDING - CFY 2008/09
(October 1, 2007- SEPTEMBER 30, 2009) $65,554

REQUESTED COUNTY FUNDING -CFY 2009/10
(OCTOBER 1, 2009 - SEPTEMBER 30, 2010 $65,554

- Children's After-School Program $56,554
- Vehicle Match $9,000

TOTAL AGENCY BUDGET - CFY 2009/10
(OCTOBER 1, 2009- SEPTEMBER 30, 2010) $2,031,043

Children's Services Council of St. Lucie County	129,373
Department of Children & Families/APD	1,476,762
Dept. of Health	20,000
Donations	25,000
Fundraising	30,000
Interest Income	25,000
IRCC	50,400
Membership Dues	400
Private Pay	193,109
Rental Income	10,000
United Way	33,000
Vocational Rehabilitation	38,000

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SECTION V
BUDGET INFORMATION

PROJECT BUDGET SCHEDULE
(B)

Salaries	127,306.00
FICA	9,738.91
Retirement	1,950.00
Life/Health	4,736.40
Workers Compensation	2,873.51
Florida Unemployment	1,278.91
Travel-Daily	250.00
Travel/Conferences/Training	600.00
Office Supplies	5,000.00
Telephone	1,610.00
Postage/Shipping	180.00
Utilities	4,200.00
Occupancy (Building & Grounds)	22,250.82
Insurance	15,220.00
Professional Fees (Legal, Consulting)	960.00
Books/Educational Materials	2,500.00
Food & Nutrition	4,500.00
Audit Expense	2,500.00
Specific Assistance to Individuals	6,245.50
Other/Miscellaneous	250.00
TOTAL	214,150.05

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SECTION V
BUDGET INFORMATION

BUDGET NARRATIVE
(C)

Fourteen part-time and full-time teachers
Total salaries x 0.0765
Medical/Dental
403B Plan
0.0458 Drivers 0.0141 Non-Drivers
UCT-6 rate 0.0270
Reimbursement rate of .40 per mile @625 miles/year
5 staff at 100.00 for CPR/First Aid/HIV training, and other training
$416.66 Average per month * 12 months
$80.00 average per month for a local phone line/$54.16 per month for direct connect/cellular service
Meter rates for mailing related to program
Kirby Loop average electricity/water/garbage @$350.00 each per month
Mortgage for occupancy @1632.97 per month, $167.79 for an annual fire alarm inspection, $67.38 annual fee for pest control, 166.67 per month for repairs/maintenance, annual tax of 420.00
Vehicle insurance @ $7600 per year, $620.00 per year for accident insurance, $7000 per year for general and professional liability
6 hours of legal consultation @ 160.00 an hour
Purchase of educational and therapeutic materials for children
Meals for summer camp children and snacks for after school children
0.036% total program administrative cost
Cost incurred for annual audit OMB-133 financial report
Admission to events, cost incurred with client transportation (gas/oil/repair)
Employee screening fees

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SECTION V
BUDGET INFORMATION

REVENUE
(D)

TOTAL AGENCY REVENUE - CFY 2008/09 (OCTOBER 1, 2008 - SEPTEMBER 30, 2009)	$1,955,073
TOTAL ANTICIPATED AGENCY REVENUE - CFY 2009/10 (OCTOBER 1, 2009 - SEPTEMBER 30, 2010)	$2,096,598

1. FEDERAL GRANTS	GRANT PERIOD	AMOUNT

2. STATE GRANTS	GRANT PERIOD	AMOUNT
Agency for Persons with Disabilities/DCF		$1,476,762
Dept. of Health		$20,000
Department of Education/Voc. Rehabilitation		$38,000

3. CASH DONATIONS/CONTRIBUTIONS/FUNDRAISING/NON-PROFIT GRANTS

FUNDING SOURCE	GRANT PERIOD	AMOUNT
United Way	July-June	$33,000
IRCC	July-June	$50,400
Children's Services Council	Oct.-Sept.	$129,373
St. Lucie County	Oct.-Sept.	$65,554
Donations	July-June	$25,000
Membership Dues/Interest/Rental	July-June	$35,400
Fundraising	July-June	$30,000

4. CLIENT FEES / FIRST AND THIRD PARTY REIMBURSEMENTS		AMOUNT
Program Fees	July-June	$193,109
	TOTAL	$2,096,598

ST. LUCIE COUNTY BOARD OF COUNTY COMMISSIONERS
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SECTION V
BUDGET INFORMATION

FORM 990
(E)

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2007

Open to Public Inspection

A For the 2007 calendar year, or tax year beginning JUL 1, 2007 and ending JUN 30, 2008

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
THE ARC OF ST LUCIE COUNTY INC

Number and street (or P.O. box if mail is not delivered to street address) PO BOX 1016

Room/suite

City or town, state or country, and ZIP + 4 FORT PIERCE, FL 34954

D Employer identification number 59-1100961

E Telephone number 772-468-7879

F Accounting method: ☐ Cash ☒ Accrual ☐ Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Website: ▶WWW.ARCLINK.ORG

J Organization type (check only one) ▶ ☒ 501(c) (3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check here ▶ ☐ if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than $25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 2,284,575.

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) If "Yes," enter number of affiliates ▶ N/A

H(c) Are all affiliates included? N/A ☐ Yes ☐ No (If "No," attach a list.)

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

I Group Exemption Number ▶ N/A

M Check ▶ ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1	Contributions, gifts, grants, and similar amounts received:			
	a	Contributions to donor advised funds	1a		
	b	Direct public support (not included on line 1a)	1b	26,174.	
	c	Indirect public support (not included on line 1a)	1c		
	d	Government contributions (grants) (not included on line 1a)	1d	261,443.	
	e	Total (add lines 1a through 1d) (cash $ 287,617. noncash $)			1e 287,617.
	2	Program service revenue including government fees and contracts (from Part VII, line 93)			2 1,940,457.
	3	Membership dues and assessments			3
	4	Interest on savings and temporary cash investments			4 29,497.
	5	Dividends and interest from securities			5
	6 a	Gross rents	6a		
	b	Less: rental expenses	6b		
	c	Net rental income or (loss). Subtract line 6b from line 6a			6c
	7	Other investment income (describe ▶)			7
	8 a	Gross amount from sales of assets other than inventory — (A) Securities 100.	8a	(B) Other	
	b	Less: cost or other basis and sales expenses	8b		
	c	Gain or (loss) (attach schedule) 100.	8c		
	d	Net gain or (loss). Combine line 8c, columns (A) and (B) Stmt 1			8d 100.
	9	Special events and activities (attach schedule). If any amount is from gaming, check here ▶ ☐			
	a	Gross revenue (not including $ 0. of contributions reported on line 1b)	9a	18,812.	
	b	Less: direct expenses other than fundraising expenses	9b		
	c	Net income or (loss) from special events. Subtract line 9b from line 9a See Statement 2			9c 18,812.
	10 a	Gross sales of inventory, less returns and allowances	10a		
	b	Less: cost of goods sold	10b		
	c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a			10c
	11	Other revenue (from Part VII, line 103)			11 8,092.
	12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11			12 2,284,575.
Expenses	13	Program services (from line 44, column (B))			13 2,194,924.
	14	Management and general (from line 44, column (C))			14 125,525.
	15	Fundraising (from line 44, column (D))			15
	16	Payments to affiliates (attach schedule)			16
	17	Total expenses. Add lines 16 and 44, column (A)			17 2,320,449.
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 12			18 <35,874.>
	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19 2,631,514.
	20	Other changes in net assets or fund balances (attach explanation)			20 0.
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20			21 2,595,640.

Part XI Information Regarding Transfers To and From Controlled Entities. *Complete only if the organization is a controlling organization as defined in section 512(b)(13).* N/A

		Yes	No
106	Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.		

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
	Totals			

		Yes	No
107	Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.		

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
	Totals			

		Yes	No
108	Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?		

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.

Please Sign Here

Signature of officer — Date 12/2/08

Type or print name and title: Cheryl L. King, Executive Director

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed ▶ ☐	Preparer's SSN or PTIN (See Gen. Inst. X)
	12/02/08		

Firm's name (or yours if self-employed), address, and ZIP + 4: BERGER, TOOMBS, ELAM, GAINES & FRANK, 600 CITRUS AVENUE, SUITE 200, FT. PIERCE, FL 34950

EIN ▶

Phone no. ▶ (772)461-6120

Form **990** (2007)

723164/12-27-07

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2007

Open to Public Inspection

A For the 2007 calendar year, or tax year beginning JUL 1, 2007 and ending JUN 30, 2008

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
THE ARC OF ST LUCIE COUNTY INC

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
PO BOX 1016

TAXPAYER'S COPY

City or town, state or country, and ZIP + 4
FORT PIERCE, FL 34954

D Employer identification number
59-1100961

E Telephone number
772-468-7879

F Accounting method: ☐ Cash ☒ Accrual ☐ Other (specify) ▶

- Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) If "Yes," enter number of affiliates ▶ N/A

H(c) Are all affiliates included? N/A ☐ Yes ☐ No
(If "No," attach a list.)

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

G Website: ▶WWW.ARCLINK.ORG

J Organization type (check only one) ▶ ☒ 501(c)(3) ◀ (Insert no.) ☐ 4947(a)(1) or ☐ 527

K Check here ▶ ☐ if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than $25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

I Group Exemption Number ▶ N/A

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 2,284,575.

M Check ▶ ☐ if the organization is **not** required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1	Contributions, gifts, grants, and similar amounts received:			
	a	Contributions to donor advised funds	1a		
	b	Direct public support (not included on line 1a)	1b	26,174.	
	c	Indirect public support (not included on line 1a)	1c		
	d	Government contributions (grants) (not included on line 1a)	1d	261,443.	
	e	Total (add lines 1a through 1d) (cash $ 287,617. noncash $)			1e 287,617.
	2	Program service revenue including government fees and contracts (from Part VII, line 93)			2 1,940,457.
	3	Membership dues and assessments			3
	4	Interest on savings and temporary cash investments			4 29,497.
	5	Dividends and interest from securities			5
	6 a	Gross rents	6a		
	b	Less: rental expenses	6b		
	c	Net rental income or (loss). Subtract line 6b from line 6a			6c
	7	Other investment income (describe ▶)			7
	8 a	Gross amount from sales of assets other than inventory — (A) Securities 100.	8a	(B) Other	
	b	Less: cost or other basis and sales expenses	8b		
	c	Gain or (loss) (attach schedule) 100.	8c		
	d	Net gain or (loss). Combine line 8c, columns (A) and (B) Stmt 1			8d 100.
	9	Special events and activities (attach schedule). If any amount is from gaming, check here ▶ ☐			
	a	Gross revenue (not including $ 0. of contributions reported on line 1b)	9a	18,812.	
	b	Less: direct expenses other than fundraising expenses	9b		
	c	Net income or (loss) from special events. Subtract line 9b from line 9a See Statement 2			9c 18,812.
	10 a	Gross sales of inventory, less returns and allowances	10a		
	b	Less: cost of goods sold	10b		
	c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a			10c
	11	Other revenue (from Part VII, line 103)			11 8,092.
	12	**Total revenue.** Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11			12 2,284,575.
Expenses	13	Program services (from line 44, column (B))			13 2,194,924.
	14	Management and general (from line 44, column (C))			14 125,525.
	15	Fundraising (from line 44, column (D))			15
	16	Payments to affiliates (attach schedule)			16
	17	**Total expenses.** Add lines 16 and 44, column (A)			17 2,320,449.
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 12			18 <35,874.>
	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19 2,631,514.
	20	Other changes in net assets or fund balances (attach explanation)			20 0.
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20			21 2,595,640.

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash $ 0. noncash $ 0.) If this amount includes foreign grants, check here ▶ ☐	22a				
22b Other grants and allocations (attach schedule) (cash $ 0. noncash $ 0.) If this amount includes foreign grants, check here ▶ ☐	22b				
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a	83,339.	83,339.	0.	0.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b	0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c				
26 Salaries and wages of employees not included on lines 25a, b, and c	26	1,525,594.	1,445,147.	80,447.	
27 Pension plan contributions not included on lines 25a, b, and c	27				
28 Employee benefits not included on lines 25a - 27	28				
29 Payroll taxes	29				
30 Professional fundraising fees	30				
31 Accounting fees	31				
32 Legal fees	32				
33 Supplies	33				
34 Telephone	34				
35 Postage and shipping	35				
36 Occupancy	36	203,184.	195,057.	8,127.	
37 Equipment rental and maintenance	37				
38 Printing and publications	38				
39 Travel	39				
40 Conferences, conventions, and meetings	40				
41 Interest	41	29,789.	29,492.	297.	
42 Depreciation, depletion, etc. (attach schedule)	42	126,607.	120,277.	6,330.	
43 Other expenses not covered above (itemize):					
a	43a				
b	43b				
c	43c				
d	43d				
e	43e				
f	43f				
g See Statement 3	43g	351,936.	321,612.	30,324.	
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	2,320,449.	2,194,924.	125,525.	0.

Joint Costs. Check ▶ ☐ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ▶ ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs $ N/A ; (ii) the amount allocated to Program services $ N/A ; (iii) the amount allocated to Management and general $ N/A ; and (iv) the amount allocated to Fundraising $ N/A

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

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ▶ See Statement 4

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

a SUPPORTING LIVING AND GROUP HOUSING - PROVIDES ASSISTANCE TO DEVELOPMENTALLY DISABLED ADULTS TO LIVE IN THIER OWN BOTH IN THIER OWN RESIDENCES AND IN GROUP HOME FACILITIES.

(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐ 1,018,171.

b COMMUNITY INCLUSION - ADULT DAY TRAINING AND SUPPORTED EMPLOYMENT, AFTER SCHOOL AND SUMMER CAMP.

(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐ 1,176,753.

c

(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐

d

(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐

e Other program services (attach schedule)

(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐

f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶ 2,194,924.

Form **990** (2007)

Part IV Balance Sheets *(See the instructions.)*

Note: *Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.*

				(A) Beginning of year		(B) End of year
Assets	45	Cash - non-interest-bearing		2,262.	45	1,579.
	46	Savings and temporary cash investments		1,268,588.	46	1,128,967.
	47 a	Accounts receivable	47a			
	b	Less: allowance for doubtful accounts	47b		47c	
	48 a	Pledges receivable	48a	27,746.		
	b	Less: allowance for doubtful accounts	48b	32,000.	48c	27,746.
	49	Grants receivable		304,026.	49	269,582.
	50 a	Receivables from current and former officers, directors, trustees, and key employees			50a	
	b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)			50b	
	51 a	Other notes and loans receivable	51a			
	b	Less: allowance for doubtful accounts	51b		51c	
	52	Inventories for sale or use			52	
	53	Prepaid expenses and deferred charges			53	
	54 a	Investments - publicly-traded securities ▶ ☐ Cost ☐ FMV			54a	
	b	Investments - other securities ▶ ☐ Cost ☐ FMV			54b	
	55 a	Investments - land, buildings, and equipment: basis	55a	2,501,221.		
	b	Less: accumulated depreciation	55b	803,948.	55c	1,697,273.
	56	Investments - other			56	
	57 a	Land, buildings, and equipment: basis	57a			
	b	Less: accumulated depreciation	57b		57c	
	58	Other assets, including program-related investments (describe ▶ See Statement 5)		23,167.	58	0.
	59	**Total assets** (must equal line 74). Add lines 45 through 58		3,282,349.	59	3,125,147.
Liabilities	60	Accounts payable and accrued expenses		110,255.	60	132,845.
	61	Grants payable			61	
	62	Deferred revenue			62	
	63	Loans from officers, directors, trustees, and key employees			63	
	64 a	Tax-exempt bond liabilities			64a	
	b	Mortgages and other notes payable		540,580.	64b	396,662.
	65	Other liabilities (describe ▶)			65	
	66	**Total liabilities.** Add lines 60 through 65		650,835.	66	529,507.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here** ▶ ☒ and complete lines 67 through 69 and lines 73 and 74.				
	67	Unrestricted		2,585,305.	67	2,521,685.
	68	Temporarily restricted		46,209.	68	73,955.
	69	Permanently restricted			69	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 70 through 74.				
	70	Capital stock, trust principal, or current funds			70	
	71	Paid-in or capital surplus, or land, building, and equipment fund			71	
	72	Retained earnings, endowment, accumulated income, or other funds			72	
	73	**Total net assets or fund balances.** Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)		2,631,514.	73	2,595,640.
	74	**Total liabilities and net assets/fund balances.** Add lines 66 and 73		3,282,349.	74	3,125,147.

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return *(See the instructions.)*

a	Total revenue, gains, and other support per audited financial statements		a	2,284,575.
b	Amounts included on line a but not on Part I, line 12:			
1	Net unrealized gains on investments	b1		
2	Donated services and use of facilities	b2		
3	Recoveries of prior year grants	b3		
4	Other (specify):	b4		
	Add lines b1 through b4		b	0.
c	Subtract line b from line a		c	2,284,575.
d	Amounts included on Part I, line 12, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify):	d2		
	Add lines d1 and d2		d	0.
e	Total revenue (Part I, line 12). Add lines c and d ▶		e	2,284,575.

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements		a	2,320,449.
b	Amounts included on line a but not on Part I, line 17:			
1	Donated services and use of facilities	b1		
2	Prior year adjustments reported on Part I, line 20	b2		
3	Losses reported on Part I, line 20	b3		
4	Other (specify):	b4		
	Add lines b1 through b4		b	0.
c	Subtract line b from line a		c	2,320,449.
d	Amounts included on Part I, line 17, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify):	d2		
	Add lines d1 and d2		d	0.
e	Total expenses (Part I, line 17). Add lines c and d ▶		e	2,320,449.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) *(See the instructions.)*

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
See Statement 6		83,339.	0.	0.

Part V-A Current Officers, Directors, Trustees, and Key Employees *(continued)*

			Yes	No
75 a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ▶ 6			
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b		X
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." If "Yes," attach a statement that includes the information described in the instructions.	75c		X
d	Does the organization have a written conflict of interest policy?	75d		X

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
None				

Part VI Other Information *(See the instructions.)*

			Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77		X
78 a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	78a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year? N/A	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		X
b	If "Yes," enter the name of the organization ▶ N/A and check whether it is ☐ exempt or ☐ nonexempt			
81 a	Enter direct and indirect political expenditures. (See line 81 instructions.) 81a 0.			
b	Did the organization file **Form 1120-POL** for this year?	81b		X

Part VI Other Information *(continued)*

				Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		82a		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b N/A			
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?		83a	X	
b	Did the organization comply with the disclosure requirements relating to *quid pro quo* contributions?		83b	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A		84b		
85 a	*501(c)(4), (5), or (6).* Were substantially all dues nondeductible by members? N/A		85a		
b	Did the organization make only in-house lobbying expenditures of $2,000 or less? N/A		85b		
	If "Yes" was answered to either 85a or 85b, **do not** complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.				
c	Dues, assessments, and similar amounts from members	85c N/A			
d	Section 162(e) lobbying and political expenditures	85d N/A			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e N/A			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f N/A			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A		85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A		85h		
86	*501(c)(7) organizations.* Enter: a Initiation fees and capital contributions included on line 12	86a N/A			
b	Gross receipts, included on line 12, for public use of club facilities	86b N/A			
87	*501(c)(12) organizations.* Enter: a Gross income from members or shareholders	87a N/A			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b N/A			
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		88a		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI ▶		88b		X
89 a	*501(c)(3) organizations.* Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0. ; section 4912 ▶ 0. ; section 4955 ▶ 0.				
b	*501(c)(3) and 501(c)(4) organizations.* Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		89b		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.				
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶ 0.				
e	*All organizations.* At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		89e		X
f	*All organizations.* Did the organization acquire a direct or indirect interest in any applicable insurance contract?		89f		X
g	*For supporting organizations and sponsoring organizations maintaining donor advised funds.* Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		89g		X
90 a	List the states with which a copy of this return is filed ▶ None				
b	Number of employees employed in the pay period that includes March 12, 2007	90b 50			
91 a	The books are in care of ▶ CHERYL KING Telephone no. ▶ 772-468-7879 Located at ▶ PO BOX 1016, FORT PIERCE, FL ZIP + 4 ▶ 34954				
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ N/A See the instructions for exceptions and filing requirements for **Form TD F 90-22.1**, Report of Foreign Bank and Financial Accounts.		91b		X

Part VI Other Information *(continued)*

		Yes	No
c At any time during the calendar year, did the organization maintain an office outside of the United States?	91c		X

If "Yes," enter the name of the foreign country ▶ N/A

92 *Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of* **Form 1041** - Check here ▶ ☐

and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92 N/A

Part VII Analysis of Income-Producing Activities *(See the instructions.)*

Note: *Enter gross amounts unless otherwise indicated.*	Unrelated business income (A) Business code	Unrelated business income (B) Amount	Excluded by section 512, 513, or 514 (C) Exclusion code	Excluded by section 512, 513, or 514 (D) Amount	(E) Related or exempt function income
93 Program service revenue:					
a FEES & REIMBURSEMENTS					252,588.
b CHARGES FOR SERVICES					1,687,869.
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	29,497.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					100.
101 Net income or (loss) from special events			01	18,812.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a MISCELLANEOUS INCOME					8,092.
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		48,309.	1,948,649.
105 **Total** (add line 104, columns (B), (D), and (E)) ▶					1,996,958.

Note: *Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.*

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes *(See the instructions.)*

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
	PROGRAM FEE AND REIMBURSEMENTS FOR PROVIDING SERVICES TO DEVELOPMENTAL
93A	DISABLED PERSONS.
103B	MISCELANEOUS INCOME

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities *(See the instructions.)*

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
N/A	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts *(See the instructions.)*

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: *If "Yes" to* **(b)**, *file Form 8870* **and** *Form 4720 (see instructions).*

Part XI Information Regarding Transfers To and From Controlled Entities. *Complete only if the organization is a controlling organization as defined in section 512(b)(13).* N/A

		Yes	No
106	Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.		

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
	Totals			

		Yes	No
107	Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.		

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
	Totals			

		Yes	No
108	Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?		

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.

Please Sign Here

TAXPAYER'S COPY

▶ Signature of officer — Date

▶ Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-employed ▶ ☐	Preparer's SSN or PTIN (See Gen. Inst. X)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ BERGER, TOOMBS, ELAM, GAINES & FRANK 600 CITRUS AVENUE, SUITE 200 FT. PIERCE, FL 34950	12/02/08		EIN ▶ Phone no. ▶ (772)461-6120

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No. 1545-0047

2007

Name of the organization: THE ARC OF ST LUCIE COUNTY INC

Employer identification number: 59 1100961

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than $50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
KATHRYN LABELLE FT PIERCE, FL	ASSOC EXEC DIR 40.00	72,000.		
MELISSA OGONOSKI FT PIERCE, FL	FINANCE DIR 40.00	50,221.		
Total number of other employees paid over $50,000 ▶	0			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than $50,000	(b) Type of service	(c) Compensation
None		
Total number of others receiving over $50,000 for professional services ▶	0	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than $50,000	(b) Type of service	(c) Compensation
None		
Total number of other contractors receiving over $50,000 for other services ▶	0	

Part III Statements About Activities (See page 2 of the instructions.)

			Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ $ _____ $ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	1		X
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? *(If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)*			
a	Sale, exchange, or leasing of property?	2a		X
b	Lending of money or other extension of credit?	2b		X
c	Furnishing of goods, services, or facilities?	2c		X
d	Payment of compensation (or payment or reimbursement of expenses if more than $1,000)?	2d		X
e	Transfer of any part of its income or assets?	2e		X
3 a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a		X
b	Did the organization have a section 403(b) annuity plan for its employees?	3b		X
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c		X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		X
4 a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a		X
b	Did the organization make any taxable distributions under section 4966? N/A	4b		
c	Did the organization make a distribution to a donor, donor advisor, or related person? N/A	4c		
d	Enter the total number of donor advised funds owned at the end of the tax year ▶		N/A	
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶		N/A	
f	Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶		0.	
g	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year ▶		0.	

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).

6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)

7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).

8 ☐ A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).

9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ▶ _____

10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)

11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

12 ☐ 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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)

13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:

☐ Type I ☐ Type II ☐ Type III-Functionally Integrated ☐ Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents? Yes	(d) No	(e) Amount of support
Total ▶					

14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

Part IV-A **Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**
Note: *You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.*

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	1,782,489.	1,854,950.	1,844,392.	2,328,410.	7,810,241.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	437,465.	435,990.	339,114.	325,350.	1,537,919.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	33,326.	14,851.	10,491.	11,464.	70,132.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	2,253,280.	2,305,791.	2,193,997.	2,665,224.	9,418,292.
24 Line 23 minus line 17	1,815,815.	1,869,801.	1,854,883.	2,339,874.	7,880,373.
25 Enter 1% of line 23	22,533.	23,058.	21,940.	26,652.	

26 **Organizations described on lines 10 or 11:** a Enter 2% of amount in column (e), line 24 ▶	26a	157,607.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. **Do not file this list with your return.** Enter the total of all these excess amounts ▶	26b	0.
c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶	26c	7,880,373.
d Add: Amounts from column (e) for lines: 18 70,132. 19 ____ 22 ____ 26b ____ ▶	26d	70,132.
e Public support (line 26c minus line 26d total) ▶	26e	7,810,241.
f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ▶	26f	99.1100%

27 **Organizations described on line 12:** a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." **Do not file this list with your return.** Enter the sum of such amounts for each year: N/A

(2006) ____ (2005) ____ (2004) ____ (2003) ____

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the **larger of (1)** the amount on line 25 for the year or **(2)** $5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) **Do not file this list with your return.** After computing the difference between the amount received and the larger amount described in **(1)** or **(2)**, enter the sum of these differences (the excess amounts) for each year: N/A

(2006) ____ (2005) ____ (2004) ____ (2003) ____

c Add: Amounts from column (e) for lines: 15 ____ 16 ____ 17 ____ 20 ____ 21 ____ ▶	27c	N/A
d Add: Line 27a total ____ and line 27b total ____ ▶	27d	N/A
e Public support (line 27c total minus line 27d total) ▶	27e	N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e) ▶ 27f N/A		
g **Public support percentage (line 27e (numerator) divided by line 27f (denominator))** ▶	27g	N/A %
h **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))** ▶	27h	N/A %

28 **Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. **Do not file this list with your return.** Do not include these grants in line 15.

None

Part V **Private School Questionnaire** (See page 9 of the instructions.) N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
32	Does the organization maintain the following:			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
	If you answered "Yes" to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.)

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

Check ▶ a ☐ if the organization belongs to an affiliated group. Check ▶ b ☐ if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for all electing organizations
		N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount. Enter the amount from the following table -			
If the amount on line 40 is - / **The lobbying nontaxable amount is -**			
Not over $500,000 — 20% of the amount on line 40			
Over $500,000 but not over $1,000,000 — $100,000 plus 15% of the excess over $500,000			
Over $1,000,000 but not over $1,500,000 — $175,000 plus 10% of the excess over $1,000,000	41		
Over $1,500,000 but not over $17,000,000 — $225,000 plus 5% of the excess over $1,500,000			
Over $17,000,000 — $1,000,000			
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		

Caution: *If there is an amount on either line 43 or line 44, you must file Form 4720.*

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

N/A

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h.)			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 14 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

		Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of:			
(i) Cash	51a(i)		X
(ii) Other assets	a(ii)		X
b Other transactions:			
(i) Sales or exchanges of assets with a noncharitable exempt organization	b(i)		X
(ii) Purchases of assets from a noncharitable exempt organization	b(ii)		X
(iii) Rental of facilities, equipment, or other assets	b(iii)		X
(iv) Reimbursement arrangements	b(iv)		X
(v) Loans or loan guarantees	b(v)		X
(vi) Performance of services or membership or fundraising solicitations	b(vi)		X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c		X

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received: N/A

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ ☐ Yes ☒ No

b If "Yes," complete the following schedule: N/A

(a) Name of organization	(b) Type of organization	(c) Description of relationship

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

2007

Name of organization

THE ARC OF ST LUCIE COUNTY INC

Employer identification number

59-1100961

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	[X] 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 organizations 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-

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

[ ] For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests 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 Form 990-EZ, that received from any one contributor, during the year, some 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: *Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they* **must** *check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).*

Name of organization: THE ARC OF ST LUCIE COUNTY INC

Employer identification number: 59-1100961

Part I **Contributors** (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	UNITED WAY OF ST LUCIE COUNTY 4800 S US 1 FORT PIERCE, FL 34982	$ 27,746.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

Form 990 Gain (Loss) From Publicly Traded Securities Statement 1

Description	Gross Sales Price	Cost or Other Basis	Expense of Sale	Net Gain or (Loss)
SALE OF ASSET	100.	0.	0.	100.
To Form 990, Part I, line 8	100.	0.	0.	100.

Form 990 Special Events and Activities Statement 2

Description of Event	Gross Receipts	Contribut. Included	Gross Revenue	Direct Expenses	Net Income or (Loss)
FUNDRAISING	18,812.		18,812.		18,812.
To Fm 990, Part I, line 9	18,812.		18,812.		18,812.

Form 990 Other Expenses Statement 3

Description	(A) Total	(B) Program Services	(C) Management and General	(D) Fundraising
DIRECT DISTRIBUTIONS TO CLIENTS	27,239.	27,239.		
FOOD & NUTRITION SUPPLIES	57,041.	54,189.	2,852.	
INSURANCE	96,260.	85,671.	10,589.	
VEHICLE & LOCAL TRANSPORTATION	116,571.	115,405.	1,166.	
PROFESSIONAL FEES	39,595.	37,615.	1,980.	
SPECIAL EVENTS	1,493.	1,493.		
NATIONAL & STATE AFFILIATES	13,737.		13,737.	
Total to Fm 990, ln 43	351,936.	321,612.	30,324.	

Form 990 Statement of Organization's Primary Exempt Purpose Part III Statement 4

Explanation

TO PROVIDE SERVICES TO INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES.

Form 990 Other Assets Statement 5

Description	Beginning of Year	End of Year
DEPOSITS	8,167.	
MUTUAL OF AMERICA INVESTMENTS	15,000.	
Total to Form 990, Part IV, line 58	23,167.	

Form 990 Part V-A - List of Current Officers, Directors, Trustees and Key Employees Statement 6

Name and Address	Title and Avrg Hrs/Wk	Compen-sation	Employee Ben Plan Contrib	Expense Account
CHERYL KING FT PIERCE, FL	EXEC DIR 40.00	83,339.	0.	0.
CONNIE MUNZING FT PIERCE, FL	VICE PRES 1.00	0.	0.	0.
CAROL ADKINS-COLLINS FT PIERCE, FL	TRES 1.00	0.	0.	0.
GAIL GUNTHER FT PIERCE, FL	DIR 1.00	0.	0.	0.
KIRK YOUNG FT PIERCE, FL	DIR 1.00	0.	0.	0.

THE ARC OF ST LUCIE COUNTY INC | 59-1100961

GREG KIRK PORT ST LUCIE, FL	PRES	1.00	0.	0.	0.
CATHY COSTA PORT ST LUCIE, FL	DIR	1.00	0.	0.	0.
PENNY SCIALDO PORT ST LUCIE, FL	SEC	1.00	0.	0.	0.
DIANE DOTTY FT PIERCE, FL	DIR	1.00	0.	0.	0.
BARNEY MILLER-MOORE PORT ST LUCIE, FL	DIR	1.00	0.	0.	0.
Totals Included on Form 990, Part V-A			83,339.	0.	0.

ST. LUCIE COUNTY BOARD OF COUNTY COMMISSIONERS
APPLICATION FOR FUNDING NON-PROFIT AGENCY
COUNTY FISCAL YEAR 2009/10
(OCTOBER 1, 2009 - SEPTEMBER 30, 2010)

SECTION VI
AGENCY STAFFING COMPLEMENT

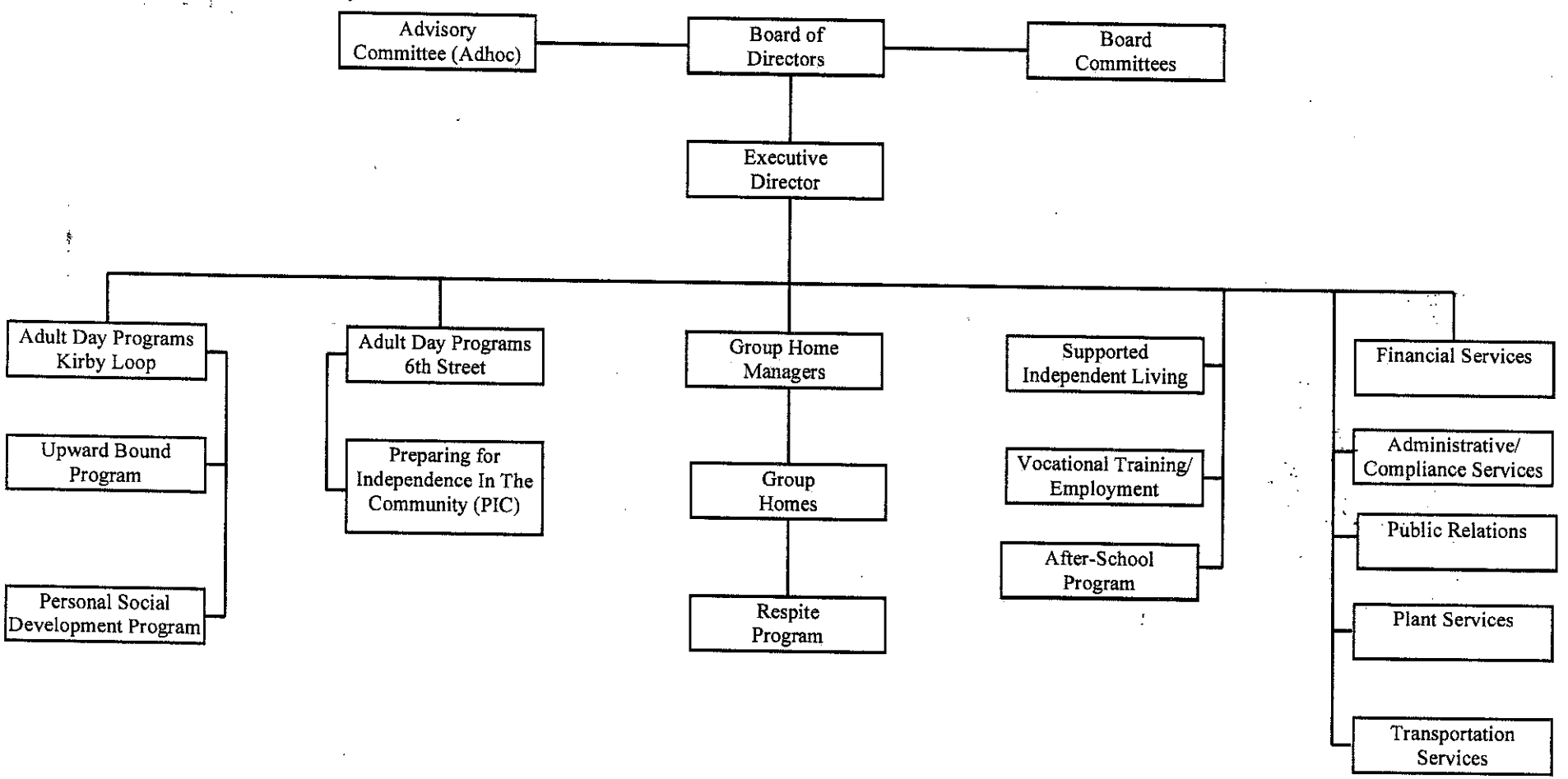
POSITION TITLE	CFY 2008/09 NUMBER OF EMPLOYEES	CFY 2009/10 NUMBER OF EMPLOYEES
Executive Director	1	1
Public Relations Coordinator	1	1
Plant Manager	1	1
Chief Financial Officer	1	1
Administrative Assistant	1	1
Office Assistant	1	1
ADT Supervisor	2	2
Instructors	19	19
Vehicle Drivers	5	5
Residential Counselors	17	17
Residential Managers	3	3
Mental Health Techs	2	2
TOTAL EMPLOYEES	54	54

ST. LUCIE COUNTY BOARD OF COUNTY COMMISSIONERS
APPLICATION FOR FUNDING NON-PROFIT AGENCY
COUNTY FISCAL YEAR 2009/10
(OCTOBER 1, 2009- SEPTEMBER 30, 2010)

SECTION VII

ORGANIZATIONAL CHART

The Arc of St. Lucie County, Inc
Organizational Chart



ST. LUCIE COUNTY BOARD OF COUNTY COMMISSIONERS
APPLICATION FOR FUNDING NON-PROFIT AGENCY
COUNTY FISCAL YEAR 2009/10
(OCTOBER 1, 2009 - SEPTEMBER 30, 2010)

SECTION VIII
STATEMENT OF ASSURANCES

As a condition of receipt of County funds, the applicant must comply with the requirements of courts, local, state and federal laws, rules, regulations, and guidelines. As a part of the application and as a part of acceptance and use of County funds, the applicant agrees that:

1. Itpossesses legal authority to apply for the assistance, that the application has been approved by the applicant's governing body, including all assurances contained herein.

2. It will utilize County funds to provide a range of services and activities having measurable and potentially major impact on the community's mental and physical welfare needs.

3. It will submit copies of executed grant contracts when match funds are requested. In addition, the County will be advised of amendments and provide copies of each amendment to grant contracts.

4. It possesses the sound fiscal controls and fund accounting procedures necessary to assure the proper disbursal of an accounting for County funds.

5. It will permit and cooperate with county, state, and federal investigations designed to evaluate compliance with the law.

6. It will give the Board, the Clerk of the Circuit Court, or any authorized representative complete access to examine all records, books, papers, or documents related to the assistance.

7. It will, in accordance with Florida Statutes, comply with nondiscrimination provisions.

8. It will, in accordance with Florida Statute 119.07, comply with the provisions of public examination of records in regards to said funds.

9. It will attest, the application and its various sections, including budget data, are true and correct. Information contained in this application accurately reflects the activities of this agency and that the expenditures or portions thereof for which the County funds are being requested are not reimbursed by any other source.

10. Upon being awarded assistance, the applicant agrees to furnish a copy of the last audit performed in accordance with accepted accounting procedures.

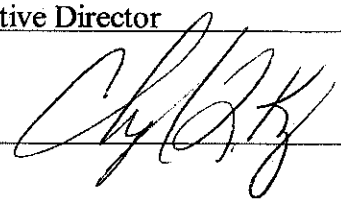
11. An organizational chart of the Board of Directors and Administrators, including their names and offices or position held will be submitted as part of the application.

12. The application will become part of a contract between the Board and the Applicant.

AGENCY AUTHORIZED OFFICIAL:

Name: Cheryl L. King

Title: Executive Director

Signature: 

Date: March 10, 2009

ST. LUCIE COUNTY BOARD OF COUNTY COMMISSIONERS
APPLICATION FOR FUNDING NON-PROFIT AGENCIES
COUNTY FISCAL YEAR 2009/10
(OCTOBER 1, 2009 - SEPTEMBER 30, 2010)

INSTRUCTIONS

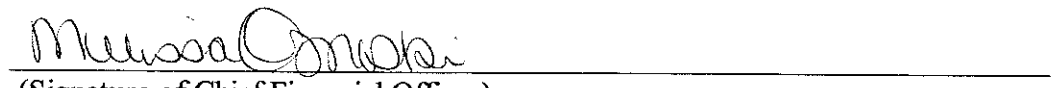
Complete A (requirement for ALL Applicants).

A. STATEMENT OF FINANCIAL OFFICER

I am the Chief Financial Officer of The Arc of St. Lucie County, Inc. (name of organization) and, in this capacity, I will be responsible for providing financial services adequate to insure that establishment and maintenance of an accounting system for The Arc of St. Lucie County, Inc. (name of organization) which is a non profit agency charged with carrying out a program(s) under county funding. The accounting system will have internal controls adequate to safeguard the assets of such agency, and the accuracy and reliability of accounting data, promote operating efficiency, and encourage compliance with prescribed management policies of the agency.

The Arc of St. Lucie County, Inc.
(Name of Operation)

Melissa Ogonoski
(Name of Chief Financial Officer)


(Signature of Chief Financial Officer)

3/10/09
(Date)

772-468-7879
(Telephone Number)

ST. LUCIE COUNTY BOARD OF COUNTY COMMISSIONERS
APPLICATION FOR FUNDING NON-PROFIT AGENCY
COUNTY FISCAL YEAR 2009/10
(OCTOBER 1, 2009 - SEPTEMBER 30, 2010)

SECTION X

APPLICATION CHECKLIST

The Application must be complete, including all necessary attachments and signatures. The following is a checklist:

Section I **Administrative Information**

Section II **Project Identification**

Section III **Proposed Solution to the Targeted Problem**

Section IV **Objectives and Performance Measures**

Section V **Budget Information (A through E)**

Section VI **Agency Staffing Complement**

Section VII **Organizational Chart**

Section VIII **Statement of Assurances**

Section IX **Accounting System Certification**

Section X **Application Checklist**

NOTE: Applications approved for County funding will become an attachment to a contract between ST. LUCIE COUNTY Board of County Commissioners and the Applicant

Council on Aging

COMMUNITY SERVICES GRANTS AND AID
APPLICATION FOR FUNDING NON-PROFIT AGENCY
COUNTY FISCAL YEAR 2009/10
(OCTOBER 1, 2009 - SEPTEMBER 30, 2010)

Instructions for completing Community Services Grants and Applications.

Received by
MAR 12 2009
St. Lucie County
Community Services

SECTION I ADMINISTRATIVE INFORMATION

SECTION II PROJECT IDENTIFICATION

Describe in narrative form the problem to be addressed and include the Florida statue number that mandates County match for the program.

SECTION III PROPOSED SOLUTION TO THE TARGETED PROBLEM

Describe in narrative form the proposed implementation plan to reduce or eliminate the targeted problem(s) identified in Section II

SECTION IV OBJECTIVES AND PERFORMANCE MEASURES

Describe in narrative form the specific objectives of the project and how the objectives will be measured.

SECTION V BUDGET DATA (A)

Self explanatory.

SECTION V BUDGET DATA (B)

Prepare a Budget Schedule reflecting a breakdown of requested County Grants and other funding sources.

SECTION V BUDGET DATA (C)

Self explanatory.

SECTION V BUDGET DATA (D)

Self explanatory.

SECTION V BUDGET DATA (E)

Provide a copy of Agency's most recent IRS form 990.

SECTION VI AGENCY STAFFING

Following the example shown below, complete the Staffing Complement. List all current agency staff by position and note the Staff allocation number in terms of Full-Time Equivalents (FTE's). Indicate the number of current vacancies by position and identify each by FTE.

Note: A "Full-Time Equivalent is on employee working full time (40 hours per week) and is reported as one FTE. A person working less than full-time is computed as a percent of full-time (a person working 20 hours per week would be reported as.5). This is a comparison of the current County Fiscal Year (October 1, 2007 - September 30, 2008) versus the upcoming County Fiscal Year ().

EXAMPLE:

POSITION TITLE	CFY 2008-2009 NUMBER OF EMPLOYEES	CFY 2009-2010 NUMBER OF EMPLOYEES
Director	1	1
Secretary	1.5	2.5
Driver	1	1
TOTAL	3.5	4.5

SECTION VII STATEMENT OF ASSURANCES

Self explanatory.

SECTION VIII ACCOUNTING SYSTEM CERTIFICATION

Self explanatory.

SECTION IX ORGANIZATION CHART

Self explanatory.

SECTION X APPLICATION CHECKLIST

The checklist is provided for your convenience to ensure a complete application package.

ST LUCIE COUNTY BOARD OF COUNTY COMMISSIONERS
APPLICATION FOR FUNDING NON-PROFIT AGENCY
COUNTY FISCAL YEAR 2009/10
(OCTOBER 1, 2009 - SEPTEMBER 30, 2010)

SECTION I
ADMINISTRATIVE INFORMATION

1. AGENCY:

Name: Council on Aging of St. Lucie, Inc.

Address: 2501 SW Bayshore Blvd., Port Saint Lucie, FL 34984

Telephone: 772-336-8608

Fax Number: 772-336-3314

Tax Exempt No: 85-8012618780C-4

2. CONTRACT/PROJECT DIRECTOR:

Name: Darrell J. Drummond

Title: President/CEO

Telephone: 772-336-8608

email: ddrummond@coasl.com

3. CHIEF FINANCIAL OFFICER:

Name: Eve D. Joseph's

Address: 2501 SW Bayshore Blvd., Port Saint Lucie, FL 34984

Telephone: 772-336-8608

email: ejoseph@coasl.com

ST.LUCIE COUNTY BOARD OF COUNTY COMMISSIONERS
APPLICATION FOR FUNDING NON-PROFIT AGENCY
OCTOBER 1, 2009 - SEPTEMBER 30, 2010

SECTION II

PROJECT IDENTIFICATION

Council on Aging of St. Lucie, Inc.'s goal has been, and continues to be, to improve the quality of life for seniors of St. Lucie County by providing programs and services that promote independence and minimize premature institutionalization.

The latest Florida Department of Elder Affairs Florida County Profile, year 2007, reports a population of 74,685(28%) seniors 60 years of age and over. Of these seniors, over 25,000 have at least one type of disability.

The number of residents age 60 and over in St. Lucie County is expected to increase over 100% by 2030 according to the 2007 Assessment of St. Lucie County's needs. "In St. Lucie County, for one in six (17%) residents, finding affordable adult day care is a major issue. This tends to be as much of an issue for residents age 40 to 59 who are caring for aging parents as it is for residents 60 years of age and older. In addition, this is a greater problem for black residents than white residents, which is not surprising due to generally lower income levels." (a)

An estimated 80% of clients receiving home and community based services are Medicaid eligible. St. Lucie County taxpayers support those individuals who are prematurely institutionalized.

Council on Aging of St. Lucie, Inc. is the agency recognized by the Area Agency on Aging and the Department of Elder Affairs as the lead agency in St. Lucie County. Programs are not fragmented, nor are services duplicated by any other organization. Local, State and Federal resources intended for the support of senior services are generally funded to the Council on Aging of St. Lucie, Inc. No one governmental funded program in itself supports 100% of the cost of service delivery; most grants require matching funds.

Council on Aging of St. Lucie, Inc. has a strong history of maximizing local contributions to leverage grant awards from state and federal grant programs. Typically, a 10% local match is required for state and federal grant programs.

(a) 2007 Assessment of St. Lucie County's Social, Health, and Public Safety Services.

Services provided under these programs are as follows:

Community Care for the Elderly (CCE) (State funded)	**Older American's ACT (OAA)** (Federally funded)
Adult Day Care	**Homemaking**
Case Management	**Respite**
Personal Care	**Meals on Wheels** (both congregate and Home delivered)
Chore, Homemaking, and Respite	

ST. LUCIE COUNTY BOARD OF COUNTY COMMISSIONERS
APPLICATION FOR FUNDING NON-PROFIT AGENCY
COUNTY FISCAL YEAR 2009/10
OCTOBER 1, 2009 - SEPTEMBER 30, 2010

SECTION III

PROPOSED SOLUTION TO THE TARGETED PROBLEM

Council on Aging of St. Lucie, Inc. delivers long term health support and social programs in the homes of frail elderly individuals as well as provides a licensed therapeutic Adult Day Care program for functionally impaired seniors. By providing Adult Day Care, Case Management, Homemaking, Personal Care, and Respite services, the Council on Aging of St. Lucie, Inc. assumes a supportive role in the delivery of long term health care.

In its sole role of assisting seniors in receiving home and community based long term care services, Council on Aging employs five (5) Case Managers and one (1) Case Aide, each certified by the State of Florida Department of Elder Affairs.

Council on Aging of St. Lucie, Inc. administers the Title IIIC Senior Nutrition Program funded under the Older American's Act (OAA). In excess of five hundred and fifty (550) meals are served daily. Three congregate meal sites are maintained and meals are delivered to homebound seniors determined to be nutritionally at risk.

ST. LUCIE COUNTY BOARD OF COUNTY COMMISSIONERS
APPLICATION FOR FUNDING NON-PROFIT AGENCY
COUNTY FISCAL YEAR 2009/10
OCTOBER 1, 2009 - SEPTEMBER 30, 2010

SECTION IV

OBJECTIVES AND PERFORMANCE MEASURES

In 2008, Council on Aging of St. Lucie, Inc. again surpassed contracted requirements with the Area Agency on Aging in reported unduplicated client services. The agency served over 20,000 seniors and caregivers with one or more services during the year.

Objectives:

1. To delay premature placement of Council on Aging of St. Lucie, Inc.'s Meals on Wheels clients into Assisted Living Facilities (ALF) or Nursing Homes, by 80% (328). Baseline: 410 Current Meals on Wheels clients.
   - Council on Aging of St. Lucie, Inc. will continue its collaboration with numerous St. Lucie County organizations to make limited funding resources stretch further, as well as seek new collaborative resources.

2. To increase Meals on Wheels service to target population of St. Lucie County (age 60+ below poverty level), by 50% (80). Baseline: 159 Meals on Wheels clients below poverty level.
   - Council on Aging of St. Lucie, Inc. will, through use of its Senior and Outreach Services Director, provide Nutritional Education through marketing and receive referrals through networking.

3. Increase the number of clients enrolled in adult day care centers in calendar year 2009 as measured by the daily attendance records by 5% (5 clients) to 104.
Baseline: Calendar year 2008= 99 clients.

   - Staff will achieve the objective through increasing participation by utilizing alternative payment sources

4. Ninety percent of caregivers responding to Needs/Satisfaction Survey will acknowledge a reduction of stress due to use of Adult Day Care Services. No ADC specific survey done since 2005.
   - Objectives will be met by interaction and interviews with caregivers by Adult Day Care staff and/or Care Manager.

ST. LUCIE COUNTY BOARD OF COUNTY COMMISSIONERS
APPLICATION FOR FUNDING NON-PROFIT AGENCY
COUNTY FISCAL YEAR 2009/10
OCTOBER 1, 2009 - SEPTEMBER 30, 2010

SECTION V

BUDGET INFORMATION

(A)

COUNTY FUNDING - CFY 2008/09
(October 1, 2008- SEPTEMBER 30, 2009) $

REQUESTED COUNTY FUNDING -CFY 2009/10
(OCTOBER 1, 2009 - SEPTEMBER 30, 2010 $

*TOTAL AGENCY BUDGET - CFY 2009/10
(OCTOBER 1, 2009- SEPTEMBER 30, 2010) $

* (Refer to information below)

*Total Agency Budget Amount is to include all requests for funding from other sources. Use this space to identify the sources and the amounts of funding requested wherein the award status is currently unknown.

Please see attached

ST LUCIE COUNTY BOARD OF COUNTY COMMISSIONERS
APPLICATION FOR FUNDING NON-PROFIT AGENCY
COUNTY FISCAL YEAR 2009/2010
(OCTOBER 1, 2009 - SEPTEMBER 30, 2010)

SECTION V

BUDGET INFORMATION

(A)

COUNTY FUNDING - CFY 2008/09	50,130	CCE (JULY THROUGH JUNE)	08/09
(OCTOBER 1, 2008 - SEPTEMBER 30, 2009)	98,834	OAA (JANUARY THROUGH DECEMBER)	2009
REQUESTED COUNTY FUNDING - CFY 2009/10	50,076	CCE (JULY THROUGH JUNE)	09/10
(OCTOBER 1, 2009 - SEPTEMBER 30, 2010)	99,159	OAA (JANUARY THROUGH DECEMBER)	2010
TOTAL AGENCY BUDGET - CFY 2009/10	1,561,483		
(OCTOBER 1, 2009-SEPTEMBER 30, 2010)			
COA FISCAL YEAR JULY - JUNE			

ST. LUCIE COUNTY BOARD OF COUNTY COMMISSIONERS
APPLICATION FOR FUNDING NON-PROFIT AGENCY
COUNTY FISCAL YEAR 2009/10
OCTOBER 1, 2009 - SEPTEMBER 30, 2010
SECTION V

BUDGET INFORMATION

PROJECT BUDGET SCHEDULE
(B)

This section must specifically identify the Project Budget Schedule. Prepare a line item budget. Start below (Use continuation pages if necessary).

Please see attached

ST LUCIE COUNTY BOARD OF COUNTY COMMISSIONERS
APPLICATION FOR FUNDING NON-PROFIT AGENCY
COUNTY FISCAL YEAR 2009/2010
(OCTOBER 1, 2009 - SEPTEMBER 30, 2010)

SECTION V

BUDGET INFORMATION

PROJECT BUDGET SCHEDULE
(B)

COST CATEGORIES	TOTAL FUNDING AMOUNT	TITLE III B	TITLE III C1	TITLE III C2	TITLE IIIE	CCE
1. PERSONNEL	746,179.00	130,101.00	132,748.00	151,974.00	63,336.00	268,020.00
2. TRAVEL	37,806.00	4,639.00	6,563.00	20,668.00	990.00	4,946.00
3. BUILDING SPACE	0.00	0.00	0.00	0.00	0.00	0.00
4. COMMUNICATION & UTILITIES	45,171.00	9,563.00	6,417.00	11,423.00	2,721.00	15,047.00
5. PRINTING AND SUPPLIES	12,485.00	2,599.00	1,780.00	3,274.00	725.00	4,107.00
6. EQUIPMENT PURCHASES	0.00	0.00	0.00	0.00	0.00	0.00
7. MEALS	167,877.00	0.00	60,489.00	107,388.00	0.00	0.00
8. SERVICE SUBCONTRACTS	461,094.00	178,639.00	1,275.00	46,350.00	43,077.00	191,753.00
9. OTHER	90,871.00	19,099.00	15,372.00	25,096.00	5,258.00	26,046.00
10. TOTAL BUDGETED CASH COSTS	**1,561,483.00**	**344,640.00**	**224,644.00**	**366,173.00**	**116,107.00**	**509,919.00**
11. LESS: PROGRAM INCOME	20,288.00	430.00	4,693.00	5,795.00	206.00	9,164.00
12. LESS: USDA CASH	48,848.00	0.00	17,281.00	31,567.00	0.00	0.00
13. LESS: IN-KIND	0.00	0.00	0.00	0.00	0.00	0.00
14. NET PROVIDER BUDGET	**1,492,347.00**	**344,210.00**	**202,670.00**	**328,811.00**	**115,901.00**	**500,755.00**
15. LESS: LOCAL MATCH	149,235.00	34,421.00	20,267.00	32,881.00	11,590.00	50,076.00
16. STATE/FEDERAL SHARE	1,343,112.00	309,789.00	182,403.00	295,930.00	104,311.00	450,679.00

ST.LUCIE COUNTY BOARD OF COUNTY COMMISSIONERS
APPLICATION FOR FUNDING NON-PROFIT AGENCY
COUNTY FISCAL YEAR 2009/10
OCTOBER 1, 2009 - SEPTEMBER 30, 2010

SECTION V

BUDGET INFORMATION

BUDGET NARRATIVE
©

County matched funds are budgeted together with the respective state or federal grant fund allocation. A unit costing worksheet is prepared to arrive at a proposed reimbursable cost per unit of service which becomes the contracted rate with the Area Agency on Aging for the provision of each service.

ST. LUCIE COUNTY BOARD OF COUNTY COMMISSIONERS
APPLICATION FOR FUNDING NON-PROFIT AGENCY
COUNTY FISCAL YEAR 2009/10
OCTOBER 1, 2009 - SEPTEMBER 30, 2010

SECTION V

BUDGET INFORMATION

REVENUE
(D)

Complete the following items as indicated. Include all revenue/anticipated revenue. Use an * if funding has been requested and the award is currently unknown. Start below (use continuation pages if necessary).

TOTAL AGENCY REVENUE - CFY 2008/09
(OCTOBER 1, 2008 - SEPTEMBER 30, 2009) $

TOTAL ANTICIPATED AGENCY REVENUE - CFY 2009/10
(OCTOBER 1, 2009 - SEPTEMBER 30, 2010) $

1. FEDERAL GRANTS GRANT PERIOD AMOUNT

Please see attached

2. STATE GRANTS GRANT PERIOD AMOUNT

3. CASH DONATIONS/CONTRIBUTIONS/FUND RAISING/NON-PROFIT GRANTS

FUNDING SOURCE GRANT PERIOD AMOUNT

4. CLIENT FEES/FIRST AND THIRD PARTY REIMBURSEMENTS AMOUNT

TOTAL $

ST LUCIE COUNTY BOARD OF COUNTY COMMISSIONERS
APPLICATION FOR FUNDING NON-PROFIT AGENCY
COUNTY FISCAL YEAR 2009/2010
(OCTOBER 1, 2009 - SEPTEMBER 30, 2010)

SECTION V

REVENUE

(D)

TOTAL ANTICIPATED AGENCY REVENUE - CFY 08/09 (OCTOBER 1, 2008 - SEPTEMBER 30, 2009)	1,563,456
TOTAL ANTICIPATED AGENCY REVENUE - CFY 09/10 (OCTOBER 1, 2009 - SEPTEMBER 30, 2010)	1,561,483

1. FEDERAL GRANTS	GRANT PERIOD	AMOUNT
OLDER AMERICAN'S ACT PROJECTED 2010 GRANT YEAR	JAN-DEC	892,433
USDA CASH		48,848

2. STATE GRANTS	GRANT PERIOD	AMOUNT
COMMUNITY CARE FOR THE ELDERLY 2009/2010 PROJECTED AWARD AMOUNT		450,679

3. CASH DONATIONS/CONTRIBUTIONS/FUND RAISING/NON-PROFIT GRANTS

FUNDING SOURCE	GRANT PERIOD	AMOUNT
LOCAL MATCH-OAA	CFY 09/10	99,159
LOCAL MATCH-CCE	CFY 09/10	50,076

4. CLIENT FEES/FIRST AND THIRD PARTY REIMBURSEMENTS	AMOUNT
PROJECTED OAA PROGRAM INCOME	11,124
PROJECTED CCE PROGRAM INCOME	9,164
TOTAL	1,561,483

ST. LUCIE COUNTY BOARD OF COUNTY COMMISSIONERS
APPLICATION FOR FUNDING NON-PROFIT AGENCY
COUNTY FISCAL YEAR 2009/10
OCTOBER 1, 2009 - SEPTEMBER 30, 2010

SECTION V

BUDGET INFORMATION

FORM 990
(E)

Attach a copy of the Agency's form 990 Department of the Treasure Internal Revenue Service Return of Organization Exempt From Income Tax.

(Number pages of Form 990 as 9-1, 9-2, etc.)

Please see attached

Form **990**

Department of the Treasury
Internal Revenue Service(77)

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2007

Open to Public Inspection

A For the 2007 calendar year, or tax year beginning Jul 1 , 2007, and ending Jun 30 , 2008

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See specific Instructions.

C Name of organization: COUNCIL ON AGING OF ST. LUCIE, INC.

Number and street (or P.O. box if mail is not delivered to street addr) Room/suite: 2501 SW BAYSHORE BLVD

City, town or country: PORT ST LUCIE

State: FL ZIP code + 4: 34984

D Employer Identification Number: 59-1474012

E Telephone number: (772) 336-8608

F Accounting method: ☐ Cash ☒ Accrual ☐ Other (specify) ►

- **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

H and I are not applicable to section 527 organizations.

H (a) Is this a group return for affiliates? ☐ Yes ☒ No

H (b) If 'Yes,' enter number of affiliates ►

H (c) Are all affiliates included? ☐ Yes ☒ No (If 'No,' attach a list. See instructions.)

H (d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

G Web site: ► N/A

J Organization type (check only one) ► ☒ 501(c) 3 ◄ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check here ► ☐ if the organization is not a 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

I Group Exemption Number ►

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ► 6,906,782.

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

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

REVENUE	1	Contributions, gifts, grants, and similar amounts received:			
	a	Contributions to donor advised funds	1a		
	b	Direct public support (not included on line 1a)	1b	925.	
	c	Indirect public support (not included on line 1a)	1c		
	d	Government contributions (grants) (not included on line 1a)	1d	5,420,594.	
	e	Total (add lines 1a through 1d) (cash $ 5,421,519. noncash $ 0.)	1e		5,421,519.
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		1,323,020.
	3	Membership dues and assessments	3		
	4	Interest on savings and temporary cash investments	4		7,933.
	5	Dividends and interest from securities	5		
	6a	Gross rents	6a	13,510.	
	b	Less: rental expenses	6b		
	c	Net rental income or (loss). Subtract line 6b from line 6a	6c		13,510.
	7	Other investment income (describe ►)	7		
	8a	Gross amount from sales of assets other than inventory — (A) Securities	8a		
	b	Less: cost or other basis and sales expenses — (B) Other	8b		
	c	Gain or (loss) (attach schedule)	8c		
	d	Net gain or (loss). Combine line 8c, columns (A) and (B)	8d		
	9	Special events and activities (attach schedule). If any amount is from **gaming**, check here ► ☐			
	a	Gross revenue (not including $ of contributions reported on line 1b)	9a	34,540.	
	b	Less: direct expenses other than fundraising expenses	9b		
	c	Net income or (loss) from special events. Subtract line 9b from line 9a	9c		34,540.
	10a	Gross sales of inventory, less returns and allowances	10a		
	b	Less: cost of goods sold	10b		
	c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c		
	11	Other revenue (from Part VII, line 103)	11		106,260.
	12	**Total revenue.** Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12		6,906,782.
EXPENSES	13	Program services (from line 44, column (B))	13		6,752,930.
	14	Management and general (from line 44, column (C))	14		462,580.
	15	Fundraising (from line 44, column (D))	15		0.
	16	Payments to affiliates (attach schedule)	16		
	17	**Total expenses.** Add lines 16 and 44, column (A)	17		7,215,510.
NET ASSETS	18	Excess or (deficit) for the year. Subtract line 17 from line 12	18		-308,728.
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		5,192,181.
	20	Other changes in net assets or fund balances (attach explanation)	20		
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21		4,883,453.

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (*See instruct.*)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach sch) (cash $ ____ non-cash $ ____) If this amount includes foreign grants, check here .. ▶ ☐ ...	22a				
22b Other grants and allocations (att sch) (cash $ ____ non-cash $ ____) If this amount includes foreign grants, check here .. ▶ ☐ ...	22b				
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A ..... See L-25a Stmt	25a	105,423.	102,051.	3,372.	0.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b				
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c				
26 Salaries and wages of employees not included on lines 25a, b, and c	26	3,616,203.	3,333,666.	282,537.	0.
27 Pension plan contributions not included on lines 25a, b, and c	27				
28 Employee benefits not included on lines 25a - 27	28				
29 Payroll taxes	29				
30 Professional fundraising fees	30				
31 Accounting fees	31				
32 Legal fees	32	33,967.	20,934.	13,033.	0.
33 Supplies	33	40,438.	37,267.	3,171.	0.
34 Telephone	34	46,183.	41,055.	5,128.	0.
35 Postage and shipping	35	20,375.	18,759.	1,616.	0.
36 Occupancy	36				
37 Equipment rental and maintenance	37	135,384.	124,393.	10,991.	0.
38 Printing and publications	38	3,212.	2,764.	448.	0.
39 Travel	39	71,218.	60,061.	11,157.	0.
40 Conferences, conventions, and meetings	40				
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42	787,878.	742,341.	45,537.	0.
43 Other expenses not covered above (itemize):					
a ADVERTISING/MARKETING	43a	44,827.	41,554.	3,273.	0.
b FOOD MGMT	43b	245,687.	223,810.	21,877.	0.
c INSURANCE	43c	386,709.	380,259.	6,450.	0.
d MISCELLANEOUS	43d	49,863.	5,768.	44,095.	0.
e SECURITY	43e	3,029.	2,522.	507.	0.
f SUBCONTRACT SERVICES	43f	259,072.	258,208.	864.	0.
g See Other Expenses Stmt	43g	1,366,042.	1,357,518.	8,524.	0.
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	7,215,510.	6,752,930.	462,580.	0.

Joint Costs. Check . ▶ ☐ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in **(B)** Program services? ..... ▶ ☐ **Yes** ☒ **No**

If 'Yes,' enter **(i)** the aggregate amount of these joint costs $ ____; **(ii)** the amount allocated to Program services $ ____; **(iii)** the amount allocated to Management and general $ ____; and **(iv)** the amount allocated to Fundraising $ ____.

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

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► ELDER CARE & TRANSPORTATION All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)
a PROVIDE PUBLIC TRANSPORTATION AND COORDINATE MEDICAID TRANSPORTATION TO ALL CITIZENS OF ST. LUCIE COUNTY. BENEFITS AN ESTIMATED 3500+ INDIVIDUALS. (Grants and allocations $ 0.) If this amount includes foreign grants, check here ► ☐	4,830,698.
b PROVIDES ELDERLY PERSONS WITH PERSONAL AND HOME CARE, MEALS INFORMATION & REFERRAL AND OTHER SERVICES. BENEFITS AN ESTIMATED 6000+ INDIVIDUALS. (Grants and allocations $ 0.) If this amount includes foreign grants, check here ► ☐	2,384,812.
c (Grants and allocations $) If this amount includes foreign grants, check here ► ☐	
d (Grants and allocations $) If this amount includes foreign grants, check here ► ☐	
e Other program services (Grants and allocations $) If this amount includes foreign grants, check here ► ☐	
f **Total of Program Service Expenses** (should equal line 44, column (B), Program services) ►	7,215,510.

BAA Form 990 (2007)

TEEA0103 12/27/07

Part IV Balance Sheets *(See the instructions.)*

Note: *Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.*			(A) Beginning of year		(B) End of year
ASSETS	45 Cash – non-interest-bearing		898,259.	45	834,483.
	46 Savings and temporary cash investments			46	
	47a Accounts receivable	47a 168,287.			
	b Less: allowance for doubtful accounts	47b 0.	231,742.	47c	168,287.
	48a Pledges receivable	48a			
	b Less: allowance for doubtful accounts	48b		48c	
	49 Grants receivable		917,559.	49	972,871.
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)			50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)			50b	
	51a Other notes and loans receivable (attach schedule)	51a			
	b Less: allowance for doubtful accounts	51b		51c	
	52 Inventories for sale or use			52	
	53 Prepaid expenses and deferred charges			53	
	54a Investments – publicly-traded securities ► ☐ Cost ☐ FMV			54a	
	b Investments – other securities (attach sch) ► ☐ Cost ☐ FMV			54b	
	55a Investments – land, buildings, & equipment: basis	55a			
	b Less: accumulated depreciation (attach schedule)	55b		55c	
	56 Investments – other (attach schedule)			56	
	57a Land, buildings, and equipment: basis	57a 7,997,084.			
	b Less: accumulated depreciation (attach schedule) L-57 Stmt	57b 4,419,653.	3,809,671.	57c	3,577,431.
	58 Other assets, including program-related investments (describe ► See Line 58 Stmt)		45,497.	58	5,661.
	59 **Total assets** (must equal line 74). Add lines 45 through 58		5,902,728.	59	5,558,733.
LIABILITIES	60 Accounts payable and accrued expenses		544,694.	60	507,313.
	61 Grants payable			61	
	62 Deferred revenue		165,853.	62	167,967.
	63 Loans from officers, directors, trustees, and key employees (attach schedule)			63	
	64a Tax-exempt bond liabilities (attach schedule)			64a	
	b Mortgages and other notes payable (attach schedule)			64b	
	65 Other liabilities (describe ►)			65	
	66 **Total liabilities.** Add lines 60 through 65		710,547.	66	675,280.
NET ASSETS OR FUND BALANCES	**Organizations that follow SFAS 117, check here** ► ☒ and complete lines 67 through 69 and lines 73 and 74.				
	67 Unrestricted		5,192,181.	67	4,883,453.
	68 Temporarily restricted			68	
	69 Permanently restricted			69	
	Organizations that do not follow SFAS 117, check here ► ☐ and complete lines 70 through 74.				
	70 Capital stock, trust principal, or current funds			70	
	71 Paid-in or capital surplus, or land, building, and equipment fund			71	
	72 Retained earnings, endowment, accumulated income, or other funds			72	
	73 **Total net assets or fund balances.** Add lines 67 through 69 **or** lines 70 through 72. (Column (A) **must** equal line 19 and column (B) **must** equal line 21)		5,192,181.	73	4,883,453.
	74 **Total liabilities and net assets/fund balances.** Add lines 66 and 73		5,902,728.	74	5,558,733.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return *(See the instructions.)*

a	Total revenue, gains, and other support per audited financial statements		a	6,906,782.
b	Amounts included on line **a** but not on Part I, line 12:			
	1 Net unrealized gains on investments	b1		
	2 Donated services and use of facilities	b2		
	3 Recoveries of prior year grants	b3		
	4 Other (specify):	b4		
	Add lines **b1** through **b4**		b	
c	Subtract line **b** from line **a**		c	6,906,782.
d	Amounts included on Part I, line 12, but not on line **a:**			
	1 Investment expenses not included on Part I, line 6b	d1		
	2 Other (specify):	d2		
	Add lines **d1** and **d2**		d	
e	**Total revenue** (Part I, line 12). Add lines **c** and **d**		e	6,906,782.

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements		a	7,215,510.
b	Amounts included on line **a** but not on Part I, line 17:			
	1 Donated services and use of facilities	b1		
	2 Prior year adjustments reported on Part I, line 20	b2		
	3 Losses reported on Part I, line 20	b3		
	4 Other (specify):	b4		
	Add lines **b1** through **b4**		b	
c	Subtract line **b** from line **a**		c	7,215,510.
d	Amounts included on Part I, line 17, but not on line **a:**			
	1 Investment expenses not included on Part I, line 6b	d1		
	2 Other (specify):	d2		
	Add lines **d1** and **d2**		d	
e	**Total expenses** (Part I, line 17). Add lines **c** and **d**		e	7,215,510.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) *(See the instructions.)*

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
PAULA LEWIS FORT PIERCE FL 34950	DIRECTOR 0.00	0.	0.	0.
PADRICK PINKNEY FORT PIERCE FL 34950	VICE CHAIRMAN 0.00	0.	0.	0.
R. ALLEN MILLER FORT PIERCE FL 34950	TREASURER 0.00	0.	0.	0.
CHARLES NERGARD PORT ST. LUCIE FL 34982	DIRECTOR 0.00	0.	0.	0.
DARRELL DRUMMOND FT. PIERCE FL 34950	PRESIDENT 40.00	102,260.	3,163.	0.
See List of Officers, Directors, Trustees, & Key Employees Statement				

Part V-A Current Officers, Directors, Trustees, and Key Employees *(continued)*

		Yes	No
75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ►			
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If 'Yes,' attach a statement that identifies the individuals and explains the relationship(s)	75b		X
c Do any officers, directors, trustees, or key employees listed in form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of 'related organization' ►	75c		X
If 'Yes,' attach a statement that includes the information described in the instructions.			
d Does the organization have a written conflict of interest policy?	75d		X

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances

Part VI Other Information *(See the instructions.)*

		Yes	No
76 Did the organization make a change in its activities or methods of conducting activities? If 'Yes,' attach a detailed statement of each change	76		X
77 Were any changes made in the organizing or governing documents but not reported to the IRS?	77		X
If 'Yes,' attach a conformed copy of the changes.			
78a Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	78a		X
b If 'Yes,' has it filed a tax return on **Form 990-T** for this year?	78b		
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement	79		X
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc, to any other exempt or nonexempt organization?	80a		X
b If 'Yes,' enter the name of the organization ► _____ and check whether it is ☐ exempt or ☐ nonexempt.			
81a Enter direct and indirect political expenditures. (See line 81 instructions.) 81a			
b Did the organization file **Form 1120-POL** for this year?	81b		X

Part VI Other Information *(continued)*

			Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X	
b	If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) 82b			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to *quid pro quo* contributions?	83b	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		
85a	*501(c)(4), (5), or (6).* Were substantially all dues nondeductible by members?	85a	N/A	
b	Did the organization make only in-house lobbying expenditures of $2,000 or less?	85b	N/A	
	If 'Yes' was answered to either 85a or 85b, **do not** complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			
c	Dues, assessments, and similar amounts from members 85c N/A			
d	Section 162(e) lobbying and political expenditures 85d N/A			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A	
86	*501(c)(7) organizations.* Enter: **a** Initiation fees and capital contributions included on line 12 86a N/A			
b	Gross receipts, included on line 12, for public use of club facilities 86b N/A			
87	*501(c)(12) organizations.* Enter: **a** Gross income from members or shareholders 87a N/A			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b N/A			
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX	88a		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Part XI	88b		X
89a	*501(c)(3) organizations.* Enter: Amount of tax imposed on the organization during the year under: section 4911 ► 0. ; section 4912 ► 0. ; section 4955 ► 0.			
b	*501(c)(3) and 501(c)(4) organizations.* Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction	89b		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► 0.			
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization ►			
e	*All organizations.* At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e		X
f	*All organizations.* Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		X
g	*For supporting organizations and sponsoring organizations maintaining donor advised funds.* Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g		X
90a	List the states with which a copy of this return is filed ►			
b	Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)	90b	92	

91a The books are in care of ► DARRELL DRUMMOND Telephone number ► (772) 465-5220

Located at ► 1505 ORANGE AVE., FORT PIERCE FL ZIP + 4 ► 34950

			Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b		
	If 'Yes,' enter the name of the foreign country ►			
	See the instructions for exceptions and filing requirements for **Form TD F 90-22.1,** Report of Foreign Bank and Financial Accounts.			

Part VI Other Information *(continued)*

		Yes	No
c At any time during the calendar year, did the organization maintain an office outside of the United States?	91c		
If 'Yes,' enter the name of the foreign country ►			
92 *Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of* ***Form 1041*** – Check here ► ☐			
and enter the amount of tax-exempt interest received or accrued during the tax year ►	92		

Part VII Analysis of Income-Producing Activities *(See the instructions.)*

Note: *Enter gross amounts unless otherwise indicated.*	Unrelated business income		Excluded by section 512, 513, or 514		(E)
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	Related or exempt function income
93 Program service revenue:					
a CLIENT VOLUNTARY CONTRIBUTIONS					209,571.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					1,113,449.
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts			14	7,933.	
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property			16	13,510.	
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			1	34,540.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b REIMBURSEMENTS & OTHER			41	106,260.	
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				162,243.	1,323,020.
105 **Total** (add line 104, columns (B), (D), and (E)) ►					1,485,263.

Note: *Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.*

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes *(See the instructions.)*

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93A	VOLUNTARY FEES FROM CLIENTS FOR PROVIDING SERVICES
93G	REIMBURSEMENTS FROM MEDICIAD AND OTHER GOVERNMENT PROGRAMS

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities *(See the instructions.)* N/A

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts *(See the instructions.)*

a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	☐ Yes	☒ No
b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	☐ Yes	☒ No

Note: *If 'Yes' to* ***(b),*** *file Form 8870* ***and*** *Form 4720 (see instructions).*

Part XI Information Regarding Transfers To and From Controlled Entities. *Complete only if the organization is a controlling organization as defined in section 512(b)(13).* N/A

		Yes	No
106	Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity		

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
	Totals			

		Yes	No
107	Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity		

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
	Totals			

		Yes	No
108	Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?		

Please Sign Here

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.

► Signature of officer Date

► Type or print name and title.

Paid Preparer's Use Only

Preparer's signature ► Date Check if self-employed ► Preparer's SSN or PTIN (See General Instruction X)

Firm's name (or yours if self-employed), address, and ZIP + 4 ► DiBartolomeo, McBee, Hartley & Barnes, P.A.
2222 Colonial Road, Suite 200
Fort Pierce FL 34950

EIN ►

Phone no. ► (772) 461-8833

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information — (See separate instructions.)

► MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.

OMB No. 1545-0047

2007

Name of the organization: COUNCIL ON AGING OF ST. LUCIE, INC.

Employer identification number: 59-1474012

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See instructions. List each one. If there are none, enter 'None.')

(a) Name and address of each employee paid more than $50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
MARIANNE ARBORE ST LUCIE COUNTY FL 34982	TRANSIT MANAGER 40.00	77,089.	2,313.	0.
EVE JOESPHS ST LUCIE COUNTY FL 34982	CHIEF OPERATIONG OFFIC 40.00	82,455.	2,474.	0.
TERRI LARRIVEE ST LUCIE COUNTY FL 34982	HUMAN RESOURCE DIRECTOR 40.00	71,096.	2,133.	0.
JIM BOURNE ST LUCIE COUNTY FL 34982	INFORMATION RESOURCES 40.00	57,420.	1,723.	0.
PAT CURTO-NYMAM ST LUCIE COUNTY FL 34982	FINANCE/ PROGEAMMACTIC 40.00	51,031.	1,531.	0.
Total number of other employees paid over $50,000 ►	NONE			

Part II – A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See instructions. List each one (whether individuals or firms). If there are none, enter 'None.')

(a) Name and address of each independent contractor paid more than $50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over $50,000 for professional services ► NONE		

Part II – B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None.' See instructions.)

(a) Name and address of each independent contractor paid more than $50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over $50,000 for other services ► NONE		

Part III Statements About Activities (See instructions.)

		Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities ► $ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	1		X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? *(If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)*			
a Sale, exchange, or leasing of property?	2a		X
b Lending of money or other extension of credit?	2b		X
c Furnishing of goods, services, or facilities?	2c	X	
d Payment of compensation (or payment or reimbursement of expenses if more than $1,000)?	2d		X
e Transfer of any part of its income or assets?	2e		X
3a Did the organization make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a		X
b Did the organization have a section 403(b) annuity plan for its employees?	3b	X	
c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' attach a detailed statement	3c		X
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		X
4a Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g. If 'No,' complete lines 4f and 4g	4a		X
b Did the organization make any taxable distributions under section 4966?	4b		
c Did the organization make a distribution to a donor, donor advisor, or related person?	4c		

d Enter the total number of donor advised funds owned at the end of the tax year ►

e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ►

f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ► 0

g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ► 0.

Part IV Reason for Non-Private Foundation Status (See instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).

6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)

7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).

8 ☐ A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).

9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ►

10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)

11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

12 ☐ 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 charitable, etc, 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). (Also complete the **Support Schedule** in Part IV-A.)

13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization: ►

☐ Type I ☐ Type II ☐ Type III-Functionally Integrated ☐ Type III-Other

Provide the following information about the supported organizations. (See instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents? Yes	(d) No	(e) Amount of support
Total ►					

14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) ***Use cash method of accounting.***

Note: *You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.*

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	4,615,329.	6,989,728.	3,847,611.	4,378,472.	19,831,140.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc, purpose	1,297,410.	1,106,867.	1,167,039.	1,210,399.	4,781,715.
18 Gross income from interest, dividends, amts rec'd from payments on securities loans (sec. 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less sec. 511 taxes) from businesses acquired by the organization after June 30, 1975	169,795.	164,636.	146,395.	151,289.	632,115.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	6,082,534.	8,261,231.	5,161,045.	5,740,160.	25,244,970.
24 Line 23 minus line 17	4,785,124.	7,154,364.	3,994,006.	4,529,761.	20,463,255.
25 Enter 1% of line 23	60,825.	82,612.	51,610.	57,402.	

26 Organizations described on lines 10 or 11:

a Enter 2% of amount in column (e), line 24 ► 26a 409,265.

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. **Do not file this list with your return.** Enter the total of all these excess amounts ► 26b

c Total support for section 509(a)(1) test: Enter line 24, column (e) ► 26c 20,463,255.

d Add: Amounts from column (e) for lines: 18 632,115. 19 _____ 22 _____ 26b _____ ► 26d 632,115.

e Public support (line 26c minus line 26d total) ► 26e 19,831,140.

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ► 26f 96.91 %

27 Organizations described on line 12:

a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' **Do not file this list with your return.** Enter the sum of such amounts for each year:

(2006) _____ (2005) _____ (2004) _____ (2003) _____

b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the **larger** of **(1)** the amount on line 25 for the year or **(2)** $5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) **Do not file this list with your return.** After computing the difference between the amount received and the larger amount described in **(1)** or **(2),** enter the sum of these differences (the excess amounts) for each year:

(2006) _____ (2005) _____ (2004) _____ (2003) _____

c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ ► 27c

d Add: Line 27a total _____ and line 27b total _____ ► 27d

e Public support (line 27c total minus line 27d total) ► 27e

f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) ► 27f

g **Public support percentage (line 27e (numerator) divided by line 27f (denominator))** ► 27g %

h **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))** ► 27h %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. **Do not file this list with your return.** Do not include these grants in line 15.

Part V **Private School Questionnaire** (See instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		N/A	Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
	If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.)			
32	Does the organization maintain the following:			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
	If you answered 'Yes' to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation.	35		

Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions.)

(To be completed **ONLY** by an eligible organization that filed Form 5768)

NA

Check ► **a** ☐ if the organization belongs to an affiliated group. Check ► **b** ☐ if you checked 'a' and 'limited control' provisions apply.

Limits on Lobbying Expenditures (The term 'expenditures' means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for **all** electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount. Enter the amount from the following table —			
If the amount on line 40 is — / **The lobbying nontaxable amount is —**			
Not over $500,000 / 20% of the amount on line 40	41		
Over $500,000 but not over $1,000,000 / $100,000 plus 15% of the excess over $500,000			
Over $1,000,000 but not over $1,500,000 / $175,000 plus 10% of the excess over $1,000,000			
Over $1,500,000 but not over $17,000,000 / $225,000 plus 5% of the excess over $1,500,000			
Over $17,000,000 / $1,000,000			
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		
Caution: *If there is an amount on either line 43 or line 44, you must file Form 4720.*			

4 -Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50.)

	Lobbying Expenditures During 4 -Year Averaging Period				
Calendar year (or fiscal year beginning in) ►	**(a)** 2007	**(b)** 2006	**(c)** 2005	**(d)** 2004	**(e)** Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See instructions.)

NA

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines **c** through **h.**)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (add lines **c** through **h.**)			

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See instructions)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

		Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of:			
(i) Cash	51a (i)		X
(ii) Other assets	a (ii)		X
b Other transactions:			
(i) Sales or exchanges of assets with a noncharitable exempt organization	b (i)		X
(ii) Purchases of assets from a noncharitable exempt organization	b (ii)		X
(iii) Rental of facilities, equipment, or other assets	b (iii)		X
(iv) Reimbursement arrangements	b (iv)		X
(v) Loans or loan guarantees	b (v)		X
(vi) Performance of services or membership or fundraising solicitations	b (vi)		X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c		X

d If the answer to any of the above is 'Yes,' complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ► ☐ Yes ☒ No

b If 'Yes,' complete the following schedule:

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Form **4562**

Department of the Treasury
Internal Revenue Service

Depreciation and Amortization
(Including Information on Listed Property)

► See separate instructions. ► Attach to your tax return.

OMB No. 1545-0172

2007

Attachment Sequence No. **67**

Name(s) shown on return

COUNCIL ON AGING OF ST. LUCIE, INC.

Identifying number

59-1474012

Business or activity to which this form relates

Form 990 / Form 990EZ

Part I Election To Expense Certain Property Under Section 179

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

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	$125,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	$500,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2006 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2008. Add lines 9 and 10, less line 12 ►	13	

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

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

14	Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) and cellulosic biomass ethanol plant property placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

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

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2007	17	731,227.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ► ☐		

Section B — Assets Placed in Service During 2007 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		564,138.	5 YRS	HY	SL	56,651.
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
			27.5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C — Assets Placed in Service During 2007 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (see instructions)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations — see instructions	22	787,878.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: *For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete* ***only*** *24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.*

Section A – Depreciation and Other Information (Caution: *See the instructions for limits for passenger automobiles.***)**

24a Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No | 24b If 'Yes,' is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special allowance for qualified Gulf Opportunity Zone property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						25		
26 Property used more than 50% in a qualified business use:								
27 Property used 50% or less in a qualified business use:								
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1						28		
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1						29		

Section B – Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (**do not** include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
	Yes	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C – Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions).

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)		
Note: *If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles.*		

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2007 tax year (see instructions):					
43 Amortization of costs that began before your 2007 tax year				43	
44 **Total.** Add amounts in column (f). See the instructions for where to report				44	

Form 990 **Compensation of Current Officers, Directors,** **2007**
Part II, Line 25a **Key Employees, Etc.**

Name as Shown on Return	Employer Identification No.
COUNCIL ON AGING OF ST. LUCIE, INC.	59-1474012

Compensation

Name	Chk if a Bus	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
PAULA LEWIS		0.			
PADRICK PINKNEY		0.			
R. ALLEN MILLER		0.			
CHARLES NERGARD		0.			
See Compensation					
Total Compensation Received		102,260.	99,078.	3,182.	0.

Contributions to Employee Benefit Plans & Deferred Compensation Plans

Name	Chk if a Bus	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
PAULA LEWIS		0.			
PADRICK PINKNEY		0.			
R. ALLEN MILLER		0.			
CHARLES NERGARD		0.			
See Employee Benefit Plans & Deferred Compensation Plans					
Total Contributions to Employee Benefit Plans & Deferred Compensation Plans		3,163.	2,973.	190.	0.

Expense Account and Other Allowances

Name	Chk if a Bus	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
PAULA LEWIS		0.			
PADRICK PINKNEY		0.			
R. ALLEN MILLER		0.			
CHARLES NERGARD		0.			
See Expense Account and Other Allowances					
Total Expense Account and Other Allowances		0.			
Total to Part II, Line 25a ►		105,423.	102,051.	3,372.	0.

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Form 990, Page 2, Part II, Line 43
Other Expenses Stmt

Other expenses not covered above (itemize):	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
TRAINING	2,243.	1,933.	310.	0.
TRANSPORTATION	461,013.	461,013.	0.	0.
UNIFORMS	14,270.	14,270.	0.	0.
UTILITIES	52,479.	44,265.	8,214.	0.
VEHICLE SERVICE/FUEL	834,657.	834,657.	0.	0.
RENT	1,380.	1,380.	0.	0.
Total	1,366,042.	1,357,518.	8,524.	0.

Form 990, Page 5, Part V-A
List of Officers, Directors, Trustees, & Key Employees Statement

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation **(if not paid, enter -0-)**	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
Business .... ☐ Person ..... ☐ RUFUS ALEXANDER FT. PIERCE FL 34950	DIRECTOR 0.00	0.	0.	0.
Business .... ☐ Person ..... ☐ ANDRE HAWKINS FT. PIERCE FL 34950	CHAIRMAN 0.00	0.	0.	0.
Business .... ☐ Person ..... ☐ LINDA BARTZ PORT ST LUCIE FL 34982	DIRECTOR 0.00	0.	0.	0.
Business .... ☐ Person ..... ☐ CYNTHIA ANGELOS FT. PIERCE FL 34950	DIRECTOR 0.00	0.	0.	0.
Business .... ☐ Person ..... ☐ JUDY CULPEPPER FT. PIERCE FL 34950	DIRECTOR 0.00	0.	0.	0.
Business .... ☐ Person ..... ☐ MICHELLE MILLER FT. PIERCE FL 34950	DIRECTOR 0.00	0.	0.	0.

Foirm 990, Part II. Line 25a
Compensation

Compensation

Name	Chk if a Bus	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
DARRELL DRUMMOND		102,260.	99,078.	3,182.	0.
RUFUS ALEXANDER		0.			
ANDRE HAWKINS		0.			
LINDA BARTZ		0.			
CYNTHIA ANGELOS		0.			
JUDY CULPEPPER		0.			
MICHELLE MILLER		0.			
Total		102,260.	99,078.	3,182.	0.

Form 990, Part II, Line 25a
Employee Benefit Plans & Deferred Compensation Plans

Contributions to Employee Benefit Plans & Deferred Compensation Plans

Name	Chk if a Bus	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
DARRELL DRUMMOND		3,163.	2,973.	190.	0.
RUFUS ALEXANDER		0.			
ANDRE HAWKINS		0.			
LINDA BARTZ		0.			
CYNTHIA ANGELOS		0.			
JUDY CULPEPPER		0.			
MICHELLE MILLER		0.			
Total		3,163.	2,973.	190.	0.

Form 990, Part II. Line 25a
Expense Account and Other Allowances

Expense Account and Other Allowances

Name	Chk if a Bus	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
DARRELL DRUMMOND		0.			
RUFUS ALEXANDER		0.			
ANDRE HAWKINS		0.			
LINDA BARTZ		0.			
CYNTHIA ANGELOS		0.			
JUDY CULPEPPER		0.			
MICHELLE MILLER		0.			
Total		0.			

Form 990, Page 4, Part IV, Lines 57a & 57b
Land, Buildings and Equipment Statement

	(a) Cost/Other Basis	(b) Accumulated Depreciation	(c) Book Value
LAND	92,657.	0.	92,657.
BUILDINGS & IMPROVEMENTS	2,463,188.	621,413.	1,841,775.
EQUIPMENT & VEHICLES	5,441,239.	3,798,240.	1,642,999.
CONSTRUCTION IN PROGRESS	0.	0.	0.
Total	7,997,084.	4,419,653.	3,577,431.

Form 990, Page 4, Part IV, Line 58
Other Assets Statement

Line 58 - Other Assets:	**Beginning of Year**	**End of Year**
DEPOSITS / PREPAID EXPENSES	45,497.	5,661.
Total	45,497.	5,661.

Supporting Statement of:

Form 990 p 8/Line 103(D)-1

Description	Amount
FOOD MANAGEMENT	8,532.
ENDOWMENT	16,000.
SPECIAL OLYMPICS	20,340.
MATCHING FUNDS	34,359.
EXCEL ALTERNATIVES	14,435.
MISC	12,594.
Total	106,260.

ST. LUCIE COUNTY BOARD OF COUNTY COMMISSIONERS
APPLICATION FOR FUNDING NON-PROFIT AGENCY
COUNTY FISCAL YEAR 2009/10
OCTOBER 1, 2009 - SEPTEMBER 30, 2010

SECTION VI

AGENCY STAFFING COMPLEMENT

POSITION TITLE	CFY 2008/09 NUMBER OF EMPLOYEES	CFY 2009/10 NUMBER OF EMPLOYEES

Please see attached

TOTAL EMPLOYEES

St. Lucie County Board of County Commissioners
Application for Funding Non-Profit Agency
County Fiscal Year 2009/10
(October 1, 2009 - September 30, 2010)

Section VI

Agency Staffing Complement

Position Title	CFY 2008 /2009 Number of Employees	CFY 2009/2010 Number of Employees
COASL		
President / CEO	1	1
Chief Operating Officer	1	1
Management Information Specialist	2	2
Case Manager Director	1	1
Case Manager	4	4
Adult Day Care (R.N.,L.P.N., CNA, Aide)	7.5	7.5
Sr. Campus Coord.	1	1
H.R. Assistant	.5	.5
Admin Clerk/Recp.	2	2
In-Home Service Director	1	1
In-Home Service Worker	3	3
Case Aides	3.0	2.5
DOEA' CIRTS/Services	1	1
Administrative Associate	1	1
Maintenance/Custodian	1.5	1.5
Human Resource Director	1	1
Program and Data Information	1	1
Fiscal /Programatic Director	1	1
Staff Accountant/Bookkeeper	2.5	2.5
Outreach and Senior Services Director	1	1
Nutrition Program Manager	1	1
Nutrition Program Specialist	1	1
Nutrition Site Worker	1.5	1.5
Nutrition Drivers	2.5	2.5
Program Specialist	1	1
Programs Marketing and Sales Coord.	0	0
Consumer Service Specialist	1	1
SubTotal	45	44.5
COMMUNITY TRANSIT		
TransitDirector, V.P	1	1
Transit Administrative Assistant	1	1
Transit Veh Maint. and Security Director	1	1
Transit Staff Accountant	1	1
Transit Road Supervisor	1	2
Transit Staff Accountant Manager	1	1
Transit Bookkeeper	1	1
Transit Operations Director	1	1
Transit Operations Dispatcher	2	2
Transit Customer Information Rep.	1	1
Transit Reservationist/Sched	8	8
Transit Driver	32	39.5
Transit Scheduler	1	1
Security Guard (Unarmed)	1	1
Sub-Total	49	57.5
ORGANIZATION TOTALS	93.5	102.00

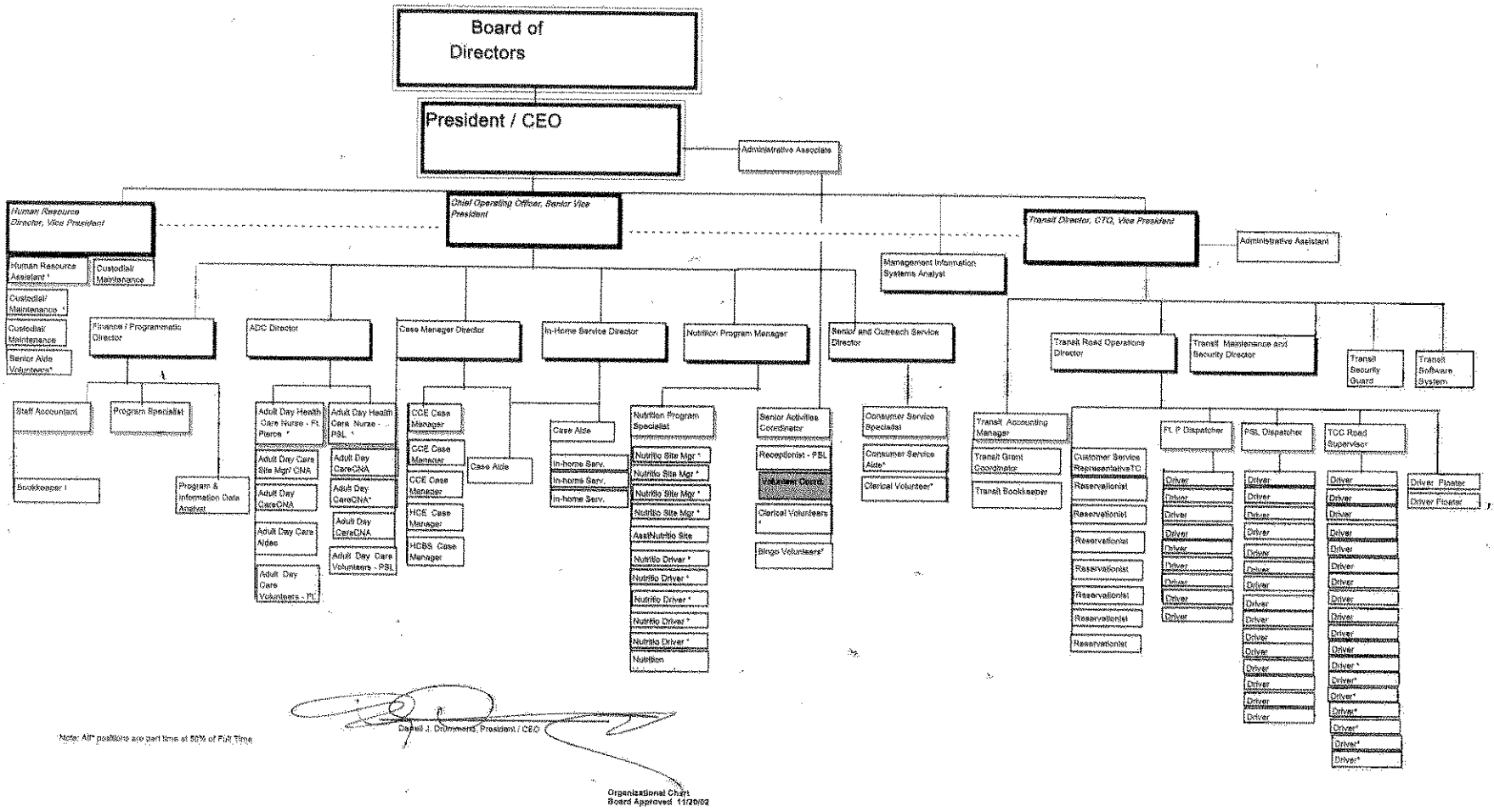
ST. LUCIE COUNTY BOARD OF COUNTY COMMISSIONERS
APPLICATION FOR FUNDING NON-PROFIT AGENCY
COUNTY FISCAL YEAR 2009/10
OCTOBER 1, 2009 - SEPTEMBER 30, 2010

SECTION VII

ORGANIZATIONAL CHART

Provide an Organizational Chart. If chart does not identify the names and positions held by the Board of Directors, include a separate list.

Please see attached



Note: All* positions are part time at 50% of Full Time

Darrell J. Drummond, President / CEO

Organizational Chart
Board Approved 11/20/02

Revised 02/2008

ST. LUCIE COUNTY BOARD OF COUNTY COMMISSIONERS
APPLICATION FOR FUNDING NON-PROFIT AGENCY
COUNTY FISCAL YEAR 2009/10
OCTOBER 1, 2009 - SEPTEMBER 30, 2010

SECTION VIII
STATEMENT OF ASSURANCES

As a condition of receipt of County funds, the applicant must comply with the requirements of courts, local, state and federal laws, rules, regulations, and guidelines. As a part of the application and as a part of acceptance and use of County funds, the applicant agrees that:

1. It possesses legal authority to apply for the assistance, that the application has been approved by the applicant's governing body, including all assurances contained herein.

2. It will utilize County funds to provide a range of services and activities having measurable and potentially major impact on the community's mental and physical welfare needs.

3. It will submit copies of executed grant contracts when match funds are requested. In addition, the County will be advised of amendments and provide copies of each amendment to grant contracts.

4. It possesses the sound fiscal controls and fund accounting procedures necessary to assure the proper disbursal of an accounting for County funds.

5. It will permit and cooperate with county, state, and federal investigations designed to evaluate compliance with the law.

6. It will give the Board, the Clerk of the Circuit Court, or any authorized representative complete access to examine all records, books, papers, or documents related to the assistance.

7. It will, in accordance with Florida Statutes, comply with nondiscrimination provisions.

8. It will, in accordance with Florida Statute 119.07, comply with the provisions of public examination of records in regards to said funds.

9. It will attest, the application and its various sections, including budget data, are true and correct. Information contained in this application accurately reflects the activities of this agency and that the expenditures or portions thereof for

which the County funds are being requested are not reimbursed by any other source.

10. Upon being awarded assistance, the applicant agrees to furnish a copy of the last audit performed in accordance with accepted accounting procedures.

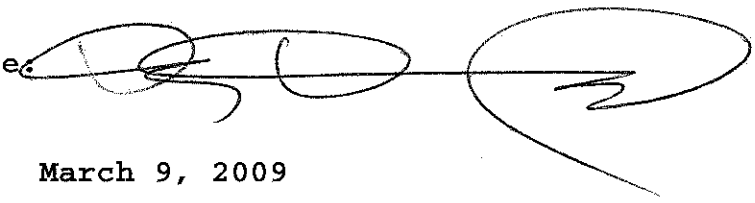
11. An organizational chart of the Board of Directors and Administrators, including their names and offices or position held will be submitted as part of the application.

12. The application will become part of a contract between the Board and the Applicant.

AGENCY AUTHORIZED OFFICIAL:

Name: Darrell J. Drummond

Title: President/CEO

Signature: 

Date: March 9, 2009

ST. LUCIE COUNTY BOARD OF COUNTY COMMISSIONERS
APPLICATION FOR FUNDING NON-PROFIT AGENCIES
COUNTY FISCAL YEAR 2009/10
OCTOBER 1, 2009 - SEPTEMBER 30, 2010

INSTRUCTIONS

Complete A (requirement for ALL Applicants).

A. STATEMENT OF FINANCIAL OFFICER

I am the Chief Financial Officer of Council on Aging of St. Lucie, Inc. and, in this capacity, I will be responsible for providing financial services adequate to insure that establishment and maintenance of an accounting system for Council on Aging of St. Lucie, Inc. which is a non profit agency charged with carrying out a program(s) under County funding. The accounting system will have internal controls adequate to safeguard the assets of such agency, and the accuracy and reliability of accounting data, promote operating efficiency, and encourage compliance with prescribed management policies of the agency.

Council on Aging of St. Lucie, Inc.
(Name of Operation)

Eve D. Joseph's
(Name of Chief Financial Officer)

(Signature of Chief Financial Officer)

03/09/09
(Date)

772-336-8608
(Telephone Number)

ST. LUCIE COUNTY BOARD OF COUNTY COMMISSIONERS
APPLICATION FOR FUNDING NON-PROFIT AGENCY
COUNTY FISCAL YEAR 2009/10
OCTOBER 1, 2009 - SEPTEMBER 30, 2010

SECTION X

APPLICATION CHECKLIST

The Application must be complete, including all necessary attachments and signatures. The following is a checklist:

Section I	Administrative Information
Section II	Project Identification
Section III	Proposed Solution to the Targeted Problem
Section IV	Objectives and Performance Measures
Section V	Budget Information (A through E)
Section VI	Agency Staffing Complement
Section VII	Organizational Chart
Section VIII	Statement of Assurances
Section IX	Accounting System Certification
Section X	Application Checklist

NOTE: Applications approved for County funding will become an attachment to a contract between ST. LUCIE COUNTY Board of County Commissioners and the Applicant

St. Lucie County Board of County Commissioners
Application for funding Non-Profit Agency
County Fiscal Year 2009/2010
(October 1, 2009 – September 30, 2010)

Received by
MAR 05 2009
St. Lucie County
Community Services

Section I
Administrative Information

1. Agency:

   Name: Council on Aging of St. Lucie, Inc.

   Address: 1505 Orange Avenue
   Fort Pierce, FL 34950

   Telephone: (772) 345-8228

   Fax Number: (772) 465-1682

   Tax Exempt No. 85-8012618780C-4

2. Contract/Project Director:

   Name: Darrell J. Drummond

   Title: President/Chief Executive Officer

   Telephone: (772) 336-8608

   Email: ddrummond@coasl.com

3. Chief Financial Officer:

   Name: Marianne Arbore

   Address: 1505 Orange Avenue
   Fort Pierce, FL 34950

   Telephone: (772) 345-8228

   Email: marbore@coasl.com

St. Lucie County Board of County Commissioners
Application for funding Non-Profit Agency
County Fiscal Year 2009/2010
(October 1, 2009 – September 30, 2010)

Section II
Project Identification

This section must describe in narrative form the specific problem(s) to be addressed by the implementing agency. Current data must be presented which defines the nature and extent of the targeted problem(s). Start below (use continuation pages if necessary).

See 2005 Transit Development Plan (TDP) Major Update (copies provided to LCB, TAC and MPO).

St. Lucie County Board of County Commissioners
Application for funding Non-Profit Agency
County Fiscal Year 2009/2010
(October 1, 2009 – September 30, 2010)

Section III
Proposed Solution to the Targeted Problem

This section must describe in narrative form the proposed implementation plan to reduce or eliminate the targeted problem(s) as identified in Section II. Start below (use continuation pages if necessary).

See 2005 Transit Development Plan (TDP) Major Update (copies provided to LCB, TAC and MPO).

St. Lucie County Board of County Commissioners
Application for funding Non-Profit Agency
County Fiscal Year 2009/2010
(October 1, 2009 – September 30, 2010)

Section IV
Objectives and Performance Measures

This section must identify in narrative form the specific objectives of the project and how attainment of the objectives will be measured. Each objective must include: (1) The current level of performance; (2) The proposed change reflected as a rate, percent or other index and (3) An estimated time period for accomplishment of the objective. Start below (use continuation pages if necessary).

Objective: To maintain a cost effective and efficient fleet of vehicles to meet the public transportation needs of St. Lucie County residents as measured by each vehicle's maintenance record as reported on the annual FTA National Transit Database report.

Objective: To transport the Transportation Disadvantaged for life sustaining needs.

St. Lucie County Board of County Commissioners
Application for funding Non-Profit Agency
County Fiscal Year 2009/2010
(October 1, 2009 – September 30, 2010)

Section V
Budget Information

(A)

County Funding – CFY 2008/09
(October 1, 2008 – September 30, 2009)

$ 17,000 (49 U.S.C. Section 5310 – 08/09)

Requested County Funding – CFY 2009/10
(October 1, 2009 – September 30, 2010)

$ 17,000 (49 U.S.C. Section 5310)
$ 35,088 (Transportation Disadvantaged)

Total Match Request: $52,088

***Total Agency Budget – CFY 2008/09**
(October 1, 2008 – September 30, 2009

$170,000 *(Requested 49 U.S.C. Section 5310)
$315,800 *(Transportation Disadvantaged)

* **(Refer to information below)**

***Total Agency Budget amount is to include all requests for funding from other sources. Use this space to identify the sources and the amounts of funding requested wherein the award status is currently unknown.**

St. Lucie County Board of County Commissioners
Application for funding Non-Profit Agency
County Fiscal Year 2009/2010
(October 1, 2009 – September 30, 2010)

Section V

Budget Information

Project Budget Schedule

(B)

This section must specifically identify the Project Budget Schedule. Prepare a line item budget. Start below (Use continuation pages if necessary).

See 2005 Transit Development Plan Major Update (TDP) (copies provided to LCB, TAC and MPO).

St. Lucie County Board of County Commissioners
Application for funding Non-Profit Agency
County Fiscal Year 2009/2010
(October 1, 2009 – September 30, 2010)

Section V

Budget Information

Budget Narrative

(C)

This section is to detail in narrative form how the requested County funds will be expended per line item as reported under the project budget schedule. Start below (use continuation pages if necessary).

County match funds are requested for capital match in the amount of 10% on vehicle procurements and 10% on the Transportation Disadvantaged Grant. These funds will be requested at the time each vehicle is procured; and when trips are provided for the Transportation Disadvantaged.

St. Lucie County Board of County Commissioners
Application for funding Non-Profit Agency
County Fiscal Year 2009/2010
(October 1, 2009 – September 30, 2010)

Section V
Budget Information

Revenue

(D)

Complete the following items as indicated. Include all revenue/anticipated revenue. Use an *if funding has been requested and the award is currently unknown. Start below (use continuation pages if necessary).

Total Anticipated Agency Revenue – CFY 2008/09
(October 1, 2008 – September 30, 2009

$170,000 (49 U.S.C. Section 5310 – 08/09)

Total Anticipated Agency Revenue – CFY 2009/10
(October 1, 2009– September 30, 2010)

$170,000 *(49 U.S.C. Section 5310)
$350,888 *(Transportation Disadvantaged)

1.	Federal Grants	Grant Period	Amount
2.	State Grants	Grant Period 2009/2010	Amount $153,000 (49 U.S.C. – Section 5310) $315,800 (Transportation Disadvantaged)

3. Cash Donations/Contributions/Fund raising/Non-Profit Grants

Funding Source	Grant Period	Amount
County Match	2009/20010	$17,000 (49 USC Section 5310) $35,088 (Transportation Disadvantaged)

4. Client Fees/First and Third Part Reimbursements Amount

TOTAL $520,088

St. Lucie County Board of County Commissioners
Application for funding Non-Profit Agency
County Fiscal Year 2009/2010
(October 1, 2009 – September 30, 2010)

Section V

Budget Information

FORM 990

(E)

Attach a copy of the Agency's form 990 Department of Treasure Internal Revenue Service Return of Organization Exempt From Income Tax.

(Number pages of form 990 as 9-1, 9-2, etc.)

(Attached)

TROPICAL STORM FAY

Form **990**

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)

Department of the Treasury Internal Revenue Service(77)

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

OMB No. 1545-0047

2007

Open to Public Inspection

A For the 2007 calendar year, or tax year beginning Jul 1 , 2007, and ending Jun 30 , 2008

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See specific instructions.

C Name of organization: COUNCIL ON AGING OF ST. LUCIE, INC.

Number and street (or P.O. box if mail is not delivered to street addr) Room/suite: 2501 SW BAYSHORE BLVD

City, town or country: PORT ST LUCIE State: FL ZIP code + 4: 34984

D Employer Identification Number: 59-1474012

E Telephone number: (772) 336-8608

F Accounting method: ☐ Cash ☒ Accrual ☐ Other (specify) ►

- Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

H (a) Is this a group return for affiliates? ... ☐ Yes ☒ No

H (b) If 'Yes,' enter number of affiliates ►

H (c) Are all affiliates included? ..... ☐ Yes ☒ No (If 'No,' attach a list. See instructions.)

H (d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

G Web site: ► N/A

J Organization type (check only one) ..... ► ☒ 501(c) 3 ◄ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check here ► ☐ if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than $25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

I Group Exemption Number ... ►

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

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ► 6,906,782.

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

REVENUE	1	Contributions, gifts, grants, and similar amounts received:			
	a	Contributions to donor advised funds	1a		
	b	Direct public support (not included on line 1a)	1b	925.	
	c	Indirect public support (not included on line 1a)	1c		
	d	Government contributions (grants) (not included on line 1a)	1d	5,420,594.	
	e	Total (add lines 1a through 1d) (cash $ 5,421,519. noncash $ 0.)			1e 5,421,519.
	2	Program service revenue including government fees and contracts (from Part VII, line 93)			2 1,323,020.
	3	Membership dues and assessments			3
	4	Interest on savings and temporary cash investments			4 7,933.
	5	Dividends and interest from securities			5
	6a	Gross rents	6a	13,510.	
	b	Less: rental expenses	6b		
	c	Net rental income or (loss). Subtract line 6b from line 6a			6c 13,510.
	7	Other investment income (describe ►)			7
	8a	Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	
	b	Less: cost or other basis and sales expenses	8b		
	c	Gain or (loss) (attach schedule)	8c		
	d	Net gain or (loss). Combine line 8c, columns (A) and (B)			8d
	9	Special events and activities (attach schedule). If any amount is from gaming, check here ► ☐			
	a	Gross revenue (not including $ _____ of contributions reported on line 1b)	9a	34,540.	
	b	Less: direct expenses other than fundraising expenses	9b		
	c	Net income or (loss) from special events. Subtract line 9b from line 9a			9c 34,540.
	10a	Gross sales of inventory, less returns and allowances	10a		
	b	Less: cost of goods sold	10b		
	c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a			10c
	11	Other revenue (from Part VII, line 103)			11 106,260.
	12	**Total revenue.** Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11			12 6,906,782.
EXPENSES	13	Program services (from line 44, column (B))			13 6,752,930.
	14	Management and general (from line 44, column (C))			14 462,580.
	15	Fundraising (from line 44, column (D))			15 0.
	16	Payments to affiliates (attach schedule)			16
	17	**Total expenses.** Add lines 16 and 44, column (A)			17 7,215,510.
NET ASSETS	18	Excess or (deficit) for the year. Subtract line 17 from line 12			18 -308,728.
	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19 5,192,181.
	20	Other changes in net assets or fund balances (attach explanation)			20
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20			21 4,883,453.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. TEEA0101 12/27/07 Form **990** (2007)

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. *See instruct.*

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach sch) (cash $ ____ non-cash $ ____) If this amount includes foreign grants, check here ▶ ☐	22a				
22b Other grants and allocations (att sch) (cash $ ____ non-cash $ ____) If this amount includes foreign grants, check here ▶ ☐	22b				
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A ..... See L-25a Stmt	25a	105,423.	102,051.	3,372.	0.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b				
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c				
26 Salaries and wages of employees not included on lines 25a, b, and c	26	3,616,203.	3,333,666.	282,537.	0.
27 Pension plan contributions not included on lines 25a, b, and c	27				
28 Employee benefits not included on lines 25a - 27	28				
29 Payroll taxes	29				
30 Professional fundraising fees	30				
31 Accounting fees	31				
32 Legal fees	32	33,967.	20,934.	13,033.	0.
33 Supplies	33	40,438.	37,267.	3,171.	0.
34 Telephone	34	46,183.	41,055.	5,128.	0.
35 Postage and shipping	35	20,375.	18,759.	1,616.	0.
36 Occupancy	36				
37 Equipment rental and maintenance	37	135,384.	124,393.	10,991.	0.
38 Printing and publications	38	3,212.	2,764.	448.	0.
39 Travel	39	71,218.	60,061.	11,157.	0.
40 Conferences, conventions, and meetings	40				
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42	787,878.	742,341.	45,537.	0.
43 Other expenses not covered above (itemize):					
a ADVERTISING/MARKETING	43a	44,827.	41,554.	3,273.	0.
b FOOD MGMT	43b	245,687.	223,810.	21,877.	0.
c INSURANCE	43c	386,709.	380,259.	6,450.	0.
d MISCELLANEOUS	43d	49,863.	5,768.	44,095.	0.
e SECURITY	43e	3,029.	2,522.	507.	0.
f SUBCONTRACT SERVICES	43f	259,072.	258,208.	864.	0.
g See Other Expenses Stmt	43g	1,366,042.	1,357,518.	8,524.	0.
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	7,215,510.	6,752,930.	462,580.	0.

Joint Costs. Check ▶ ☐ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ▶ ☐ Yes ☒ No

If 'Yes,' enter (i) the aggregate amount of these joint costs $ ____; (ii) the amount allocated to Program services $ ____; (iii) the amount allocated to Management and general $ ____; and (iv) the amount allocated to Fundraising $

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

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► ELDER CARE & TRANSPORTATION All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expense (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)
a PROVIDE PUBLIC TRANSPORTATION AND COORDINATE MEDICAID TRANSPORTATION TO ALL CITIZENS OF ST. LUCIE COUNTY. BENEFITS AN ESTIMATED 3500+ INDIVIDUALS. (Grants and allocations $ 0.) If this amount includes foreign grants, check here ► ☐	4,830,698.
b PROVIDES ELDERLY PERSONS WITH PERSONAL AND HOME CARE, MEALS INFORMATION & REFERRAL AND OTHER SERVICES. BENEFITS AN ESTIMATED 6000+ INDIVIDUALS. (Grants and allocations $ 0.) If this amount includes foreign grants, check here ► ☐	2,384,812.
c (Grants and allocations $) If this amount includes foreign grants, check here ► ☐	
d (Grants and allocations $) If this amount includes foreign grants, check here ► ☐	
e Other program services (Grants and allocations $) If this amount includes foreign grants, check here ► ☐	
f **Total of Program Service Expenses** (should equal line 44, column (B), Program services) ►	7,215,510.

BAA

Form **990** (2007)

Part IV Balance Sheets *(See the instructions.)*

Note: *Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.*

				(A) Beginning of year		(B) End of year
ASSETS	45 Cash – non-interest-bearing			898,259.	45	834,481
	46 Savings and temporary cash investments				46	
	47a Accounts receivable	47a	168,287.			
	b Less: allowance for doubtful accounts	47b	0.	231,742.	47c	168,287
	48a Pledges receivable	48a				
	b Less: allowance for doubtful accounts	48b			48c	
	49 Grants receivable			917,559.	49	972,871
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)				50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)				50b	
	51a Other notes and loans receivable (attach schedule)	51a				
	b Less: allowance for doubtful accounts	51b			51c	
	52 Inventories for sale or use				52	
	53 Prepaid expenses and deferred charges				53	
	54a Investments – publicly-traded securities ► ☐ Cost ☐ FMV				54a	
	b Investments – other securities (attach sch) ► ☐ Cost ☐ FMV				54b	
	55a Investments – land, buildings, & equipment: basis	55a				
	b Less: accumulated depreciation (attach schedule)	55b			55c	
	56 Investments – other (attach schedule)				56	
	57a Land, buildings, and equipment: basis	57a	7,997,084.			
	b Less: accumulated depreciation (attach schedule) L-57 Stmt	57b	4,419,653.	3,809,671.	57c	3,577,431.
	58 Other assets, including program-related investments (describe ► See Line 58 Stmt)			45,497.	58	5,661.
	59 **Total assets** (must equal line 74). Add lines 45 through 58			5,902,728.	59	5,558,733.
LIABILITIES	60 Accounts payable and accrued expenses			544,694.	60	507,313.
	61 Grants payable				61	
	62 Deferred revenue			165,853.	62	167,967.
	63 Loans from officers, directors, trustees, and key employees (attach schedule)				63	
	64a Tax-exempt bond liabilities (attach schedule)				64a	
	b Mortgages and other notes payable (attach schedule)				64b	
	65 Other liabilities (describe ►)				65	
	66 **Total liabilities.** Add lines 60 through 65			710,547.	66	675,280.
NET ASSETS OR FUND BALANCES	**Organizations that follow SFAS 117, check here** ► ☒ and complete lines 67 through 69 and lines 73 and 74.					
	67 Unrestricted			5,192,181.	67	4,883,453.
	68 Temporarily restricted				68	
	69 Permanently restricted				69	
	Organizations that do not follow SFAS 117, check here ► ☐ and complete lines 70 through 74.					
	70 Capital stock, trust principal, or current funds				70	
	71 Paid-in or capital surplus, or land, building, and equipment fund				71	
	72 Retained earnings, endowment, accumulated income, or other funds				72	
	73 **Total net assets or fund balances.** Add lines 67 through 69 or lines 70 through 72. (Column (A) **must** equal line 19 and column (B) **must** equal line 21)			5,192,181.	73	4,883,453.
	74 **Total liabilities and net assets/fund balances.** Add lines 66 and 73			5,902,728.	74	5,558,733.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return *(See the instructions.)*

a	Total revenue, gains, and other support per audited financial statements		a	6,906,782
b	Amounts included on line a but not on Part I, line 12:			
	1 Net unrealized gains on investments	b1		
	2 Donated services and use of facilities	b2		
	3 Recoveries of prior year grants	b3		
	4 Other (specify):	b4		
	Add lines b1 through b4		b	
c	Subtract line b from line a		c	6,906,782
d	Amounts included on Part I, line 12, but not on line a:			
	1 Investment expenses not included on Part I, line 6b	d1		
	2 Other (specify):	d2		
	Add lines d1 and d2		d	
e	**Total revenue** (Part I, line 12). Add lines c and d		e	6,906,782.

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements		a	7,215,510.
b	Amounts included on line a but not on Part I, line 17:			
	1 Donated services and use of facilities	b1		
	2 Prior year adjustments reported on Part I, line 20	b2		
	3 Losses reported on Part I, line 20	b3		
	4 Other (specify):	b4		
	Add lines b1 through b4		b	
c	Subtract line b from line a		c	7,215,510.
d	Amounts included on Part I, line 17, but not on line a:			
	1 Investment expenses not included on Part I, line 6b	d1		
	2 Other (specify):	d2		
	Add lines d1 and d2		d	
e	**Total expenses** (Part I, line 17). Add lines c and d		e	7,215,510.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) *(See the instructions.)*

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
PAULA LEWIS FORT PIERCE FL 34950	DIRECTOR 0.00	0.	0.	0.
PADRICK PINKNEY FORT PIERCE FL 34950	VICE CHAIRMAN 0.00	0.	0.	0.
R. ALLEN MILLER FORT PIERCE FL 34950	TREASURER 0.00	0.	0.	0.
CHARLES NERGARD PORT ST. LUCIE FL 34982	DIRECTOR 0.00	0.	0.	0.
DARRELL DRUMMOND FT. PIERCE FL 34950	PRESIDENT 40.00	102,260.	3,163.	0.
See List of Officers, Directors, Trustees, & Key Employees Statement				

Part V-A Current Officers, Directors, Trustees, and Key Employees *(continued)*

		Yes	No
75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ►			
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If 'Yes,' attach a statement that identifies the individuals and explains the relationship(s)	75b		X
c Do any officers, directors, trustees, or key employees listed in form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of 'related organization' ►	75c		X
If 'Yes,' attach a statement that includes the information described in the instructions.			
d Does the organization have a written conflict of interest policy?	75d		X

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances

Part VI Other Information *(See the instructions.)*

		Yes	No
76 Did the organization make a change in its activities or methods of conducting activities? If 'Yes,' attach a detailed statement of each change	76		X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes.	77		X
78a Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	78a		X
b If 'Yes,' has it filed a tax return on **Form 990-T** for this year?	78b		
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement	79		X
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc, to any other exempt or nonexempt organization?	80a		X
b If 'Yes,' enter the name of the organization ► _____ and check whether it is ☐ exempt or ☐ nonexempt.			
81a Enter direct and indirect political expenditures. (See line 81 instructions.) 81a			
b Did the organization file **Form 1120-POL** for this year?	81b		X

Part VI Other Information *(continued)*

			Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X	
b	If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) 82b			
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to *quid pro quo* contributions?	83b	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		
85 a	*501(c)(4), (5), or (6).* Were substantially all dues nondeductible by members?	85a	N/A	
b	Did the organization make only in-house lobbying expenditures of $2,000 or less?	85b	N/A	
	If 'Yes' was answered to either 85a or 85b, **do not** complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			
c	Dues, assessments, and similar amounts from members 85c N/A			
d	Section 162(e) lobbying and political expenditures 85d N/A			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A	
86	*501(c)(7) organizations.* Enter: **a** Initiation fees and capital contributions included on line 12 86a N/A			
b	Gross receipts, included on line 12, for public use of club facilities 86b N/A			
87	*501(c)(12) organizations.* Enter: **a** Gross income from members or shareholders 87a N/A			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b N/A			
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX	88a		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Part XI	88b		X
89 a	*501(c)(3) organizations.* Enter: Amount of tax imposed on the organization during the year under: section 4911 ► 0. ; section 4912 ► 0. ; section 4955 ► 0.			
b	*501(c)(3) and 501(c)(4) organizations.* Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction	89b		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► 0.			
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization ►			
e	*All organizations.* At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e		X
f	*All organizations.* Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		X
g	*For supporting organizations and sponsoring organizations maintaining donor advised funds.* Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g		X
90 a	List the states with which a copy of this return is filed ►			
b	Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)	90b	92	
91 a	The books are in care of ► DARRELL DRUMMOND Telephone number ► (772) 465-5220 Located at ► 1505 ORANGE AVE., FORT PIERCE FL ZIP + 4 ► 34950			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country ►	91b		

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1**, Report of Foreign Bank and Financial Accounts.

Part VI Other Information *(continued)*

		Yes	No
c	At any time during the calendar year, did the organization maintain an office outside of the United States? 91c		
	If 'Yes,' enter the name of the foreign country ►		
92	*Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041* – Check here ►		
	and enter the amount of tax-exempt interest received or accrued during the tax year ► 92		

Part VII Analysis of Income-Producing Activities *(See the instructions.)*

Note: *Enter gross amounts unless otherwise indicated.*	Unrelated business income (A) Business code	Unrelated business income (B) Amount	Excluded by section 512, 513, or 514 (C) Exclusion code	Excluded by section 512, 513, or 514 (D) Amount	(E) Related or exempt function income
93 Program service revenue:					
a CLIENT VOLUNTARY CONTRIBUTIONS					209,571.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					1,113,449.
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts			14	7,933.	
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property			16	13,510.	
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			1	34,540.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b REIMBURSEMENTS & OTHER			41	106,260.	
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				162,243.	1,323,020.
105 **Total** (add line 104, columns (B), (D), and (E)) ►					1,485,263.

Note: *Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.*

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes *(See the instructions.)*

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93A	VOLUNTARY FEES FROM CLIENTS FOR PROVIDING SERVICES
93G	REIMBURSEMENTS FROM MEDICIAD AND OTHER GOVERNMENT PROGRAMS

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities *(See the instructions.)* N/A

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts *(See the instructions.)*

a	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	☐ Yes	☒ No
b	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	☐ Yes	☒ No

Note: *If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions).*

Part XI Information Regarding Transfers To and From Controlled Entities. *Complete only if the organization is a controlling organization as defined in section 512(b)(13).* N/A

		Yes	No
106	Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity		

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
	Totals			

		Yes	No
107	Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity		

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
	Totals			

		Yes	No
108	Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?		

Please Sign Here

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.

► [signature] Date 10/21/08

Signature of officer

► Darrell J. Drummond, President/CEO

Type or print name and title.

Paid Preparer's Use Only

Preparer's signature ►	[signature]	Date 10/16/08	Check if self-employed ►
Preparer's SSN or PTIN (See General instruction X)	178-50-3406		
Firm's name (or yours if self-employed), address, and ZIP + 4 ►	DiBartolomeo, McBee, Hartley & Barnes, P.A. 2222 Colonial Road, Suite 200 Fort Pierce FL 34950	EIN ►	65-0361148
		Phone no. ►	(772) 461-8833

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information — (See separate instructions.)

► MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.

OMB No. 1545-0047

2007

Name of the organization: COUNCIL ON AGING OF ST. LUCIE, INC.

Employer identification number: 59-1474012

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See instructions. List each one. If there are none, enter 'None.')

(a) Name and address of each employee paid more than $50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
MARIANNE ARBORE ST LUCIE COUNTY FL 34982	TRANSIT MANAGER 40.00	77,089.	2,313.	0.
EVE JOESPHS ST LUCIE COUNTY FL 34982	CHIEF OPERATIONG OFFICE 40.00	82,455.	2,474.	0.
TERRI LARRIVEE ST LUCIE COUNTY FL 34982	HUMAN RESOURCE DIRECTOR 40.00	71,096.	2,133.	0.
JIM BOURNE ST LUCIE COUNTY FL 34982	INFORMATION RESOURCES 40.00	57,420.	1,723.	0.
PAT CURTO-NYMAM ST LUCIE COUNTY FL 34982	FINANCE/ PROGEAMMACTIC 40.00	51,031.	1,531.	0.

Total number of other employees paid over $50,000 ► NONE

Part II – A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See instructions. List each one (whether individuals or firms). If there are none, enter 'None.')

(a) Name and address of each independent contractor paid more than $50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over $50,000 for professional services ► NONE

Part II – B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None.' See instructions.)

(a) Name and address of each independent contractor paid more than $50,000	(b) Type of service	(c) Compensation
NONE		

Total number of other contractors receiving over $50,000 for other services ► NONE

Part III Statements About Activities (See instructions.)

		Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities ► $ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	1		X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? *(If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)*			
a Sale, exchange, or leasing of property?	2a		X
b Lending of money or other extension of credit?	2b		X
c Furnishing of goods, services, or facilities?	2c	X	
d Payment of compensation (or payment or reimbursement of expenses if more than $1,000)?	2d		X
e Transfer of any part of its income or assets?	2e		X
3a Did the organization make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a		X
b Did the organization have a section 403(b) annuity plan for its employees?	3b	X	
c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' attach a detailed statement	3c		X
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		X
4a Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g. If 'No,' complete lines 4f and 4g	4a		X
b Did the organization make any taxable distributions under section 4966?	4b		
c Did the organization make a distribution to a donor, donor advisor, or related person?	4c		
d Enter the total number of donor advised funds owned at the end of the tax year ► _____			
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ► _____			
f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ► 0			
g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ► 0.			

Part IV Reason for Non-Private Foundation Status (See instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).

6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)

7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).

8 ☐ A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).

9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ►

10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)

11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

12 ☐ 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 charitable, etc, 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). (Also complete the **Support Schedule** in Part IV-A.)

13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization: ►

☐ Type I ☐ Type II ☐ Type III-Functionally Integrated ☐ Type III-Other

Provide the following information about the supported organizations. (See instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents? Yes	(d) No	(e) Amount of support
Total ►					

14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) *Use cash method of accounting.*

Note: *You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.*

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	4,615,329.	6,989,728.	3,847,611.	4,378,472.	19,831,140
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc, purpose	1,297,410.	1,106,867.	1,167,039.	1,210,399.	4,781,715.
18 Gross income from interest, dividends, amts rec'd from payments on securities loans (sec. 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less sec. 511 taxes) from businesses acquired by the organization after June 30, 1975	169,795.	164,636.	146,395.	151,289.	632,115.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	6,082,534.	8,261,231.	5,161,045.	5,740,160.	25,244,970.
24 Line 23 minus line 17	4,785,124.	7,154,364.	3,994,006.	4,529,761.	20,463,255.
25 Enter 1% of line 23	60,825.	82,612.	51,610.	57,402.	

26 Organizations described on lines 10 or 11:

a Enter 2% of amount in column (e), line 24 ► 26a 409,265.

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. **Do not file this list with your return.** Enter the total of all these excess amounts ► 26b

c Total support for section 509(a)(1) test: Enter line 24, column (e) ► 26c 20,463,255.

d Add: Amounts from column (e) for lines: 18 632,115. 19 _____ 22 _____ 26b _____ ► 26d 632,115.

e Public support (line 26c minus line 26d total) ► 26e 19,831,140.

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ► 26f 96.91 %

27 Organizations described on line 12:

a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' **Do not file this list with your return.** Enter the sum of such amounts for each year:

(2006) _____ (2005) _____ (2004) _____ (2003) _____

b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the **larger** of **(1)** the amount on line 25 for the year or **(2)** $5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) **Do not file this list with your return.** After computing the difference between the amount received and the larger amount described in **(1)** or **(2)**, enter the sum of these differences (the excess amounts) for each year:

(2006) _____ (2005) _____ (2004) _____ (2003) _____

c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ ► 27c

d Add: Line 27a total _____ and line 27b total _____ ► 27d

e Public support (line 27c total minus line 27d total) ► 27e

f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) ► 27f

g **Public support percentage (line 27e (numerator) divided by line 27f (denominator))** ► 27g %

h **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))** ► 27h %

28 **Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. **Do not file this list with your return.** Do not include these grants in line 15.

Part V Private School Questionnaire (See instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		N/A	Yes	N
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
	If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.)			
32	Does the organization maintain the following:			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
	If you answered 'Yes' to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation.	35		

Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions.)

(To be completed **ONLY** by an eligible organization that filed Form 5768)

NA

Check ► a ☐ if the organization belongs to an affiliated group. Check ► b ☐ if you checked 'a' and 'limited control' provisions apply.

Limits on Lobbying Expenditures (The term 'expenditures' means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for all electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount. Enter the amount from the following table —			
If the amount on line 40 is — / **The lobbying nontaxable amount is —**			
Not over $500,000 / 20% of the amount on line 40	41		
Over $500,000 but not over $1,000,000 / $100,000 plus 15% of the excess over $500,000			
Over $1,000,000 but not over $1,500,000 / $175,000 plus 10% of the excess over $1,000,000			
Over $1,500,000 but not over $17,000,000 / $225,000 plus 5% of the excess over $1,500,000			
Over $17,000,000 / $1,000,000			
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		
Caution: *If there is an amount on either line 43 or line 44, you must file Form 4720.*			

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50.)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See instructions.)

NA

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (add lines c through h.)			

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See instructions)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

		Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of:			
(i) Cash	51 a (i)		X
(ii) Other assets	a (ii)		X
b Other transactions:			
(i) Sales or exchanges of assets with a noncharitable exempt organization	b (i)		X
(ii) Purchases of assets from a noncharitable exempt organization	b (ii)		X
(iii) Rental of facilities, equipment, or other assets	b (iii)		X
(iv) Reimbursement arrangements	b (iv)		X
(v) Loans or loan guarantees	b (v)		X
(vi) Performance of services or membership or fundraising solicitations	b (vi)		X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c		X

d If the answer to any of the above is 'Yes,' complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ► ☐ Yes ☒ No

b If 'Yes,' complete the following schedule:

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Form **4562**

Department of the Treasury
Internal Revenue Service

Depreciation and Amortization
(Including Information on Listed Property)

► See separate instructions. ► Attach to your tax return.

OMB No. 1545-0172

2007

Attachment Sequence No. 67

Name(s) shown on return: COUNCIL ON AGING OF ST. LUCIE, INC.

Identifying number: 59-1474012

Business or activity to which this form relates: Form 990 / Form 990EZ

Part I Election To Expense Certain Property Under Section 179

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

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	$125,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	$500,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2006 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2008. Add lines 9 and 10, less line 12 ►	13	

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

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

14	Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) and cellulosic biomass ethanol plant property placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

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

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2007	17	731,227.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ► ☐		

Section B — Assets Placed in Service During 2007 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		564,138.	5 YRS	HY	SL	56,651.
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
			27.5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C — Assets Placed in Service During 2007 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (see instructions)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations — see instructions	22	787,878.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: *For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.*

Section A – Depreciation and Other Information (Caution: *See the instructions for limits for passenger automobiles.*)

24a Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No | 24b If 'Yes,' is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special allowance for qualified Gulf Opportunity Zone property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						25		
26 Property used more than 50% in a qualified business use:								
27 Property used 50% or less in a qualified business use:								
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1						28		
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1							29	

Section B – Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (**do not** include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
	Yes	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C – Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions).

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)		

Note: *If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles.*

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2007 tax year (see instructions):					
43 Amortization of costs that began before your 2007 tax year				43	
44 **Total.** Add amounts in column (f). See the instructions for where to report				44	

Form 990 Part II, Line 25a

Compensation of Current Officers, Directors, Key Employees, Etc.

2007

Name as Shown on Return	Employer Identification No.
COUNCIL ON AGING OF ST. LUCIE, INC.	59-1474012

Compensation

Name	Chk if a Bus	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
PAULA LEWIS		0.			
PADRICK PINKNEY		0.			
R. ALLEN MILLER		0.			
CHARLES NERGARD		0.			
See Compensation					
Total Compensation Received		102,260.	99,078.	3,182.	0.

Contributions to Employee Benefit Plans & Deferred Compensation Plans

Name	Chk if a Bus	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
PAULA LEWIS		0.			
PADRICK PINKNEY		0.			
R. ALLEN MILLER		0.			
CHARLES NERGARD		0.			
See Employee Benefit Plans & Deferred Compensation Plans					
Total Contributions to Employee Benefit Plans & Deferred Compensation Plans		3,163.	2,973.	190.	0.

Expense Account and Other Allowances

Name	Chk if a Bus	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
PAULA LEWIS		0.			
PADRICK PINKNEY		0.			
R. ALLEN MILLER		0.			
CHARLES NERGARD		0.			
See Expense Account and Other Allowances					
Total Expense Account and Other Allowances		0.			
Total to Part II, Line 25a ►		105,423.	102,051.	3,372.	0.

st990l25a.SCR 01/25/08

Form 990, Page 2, Part II, Line 43
Other Expenses Stmt

Other expenses not covered above (itemize):	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
TRAINING	2,243.	1,933.	310.	0.
TRANSPORTATION	461,013.	461,013.	0.	0.
UNIFORMS	14,270.	14,270.	0.	0.
UTILITIES	52,479.	44,265.	8,214.	0.
VEHICLE SERVICE/FUEL	834,657.	834,657.	0.	0.
RENT	1,380.	1,380.	0.	0.
Total	1,366,042.	1,357,518.	8,524.	0.

Form 990, Page 5, Part V-A
List of Officers, Directors, Trustees, & Key Employees Statement

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation **(if not paid, enter -0-)**	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
Business .... ☐ Person ..... ☐ RUFUS ALEXANDER FT. PIERCE FL 34950	DIRECTOR 0.00	0.	0.	0.
Business .... ☐ Person ..... ☐ ANDRE HAWKINS FT. PIERCE FL 34950	CHAIRMAN 0.00	0.	0.	0.
Business .... ☐ Person ..... ☐ LINDA BARTZ PORT ST LUCIE FL 34982	DIRECTOR 0.00	0.	0.	0.
Business .... ☐ Person ..... ☐ CYNTHIA ANGELOS FT. PIERCE FL 34950	DIRECTOR 0.00	0.	0.	0.
Business .... ☐ Person ..... ☐ JUDY CULPEPPER FT. PIERCE FL 34950	DIRECTOR 0.00	0.	0.	0.
Business .... ☐ Person ..... ☐ MICHELLE MILLER FT. PIERCE FL 34950	DIRECTOR 0.00	0.	0.	0.

Foirm 990, Part II. Line 25a
Compensation

Compensation

Name	Chk if a Bus	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
DARRELL DRUMMOND		102,260.	99,078.	3,182.	0.
RUFUS ALEXANDER		0.			
ANDRE HAWKINS		0.			
LINDA BARTZ		0.			
CYNTHIA ANGELOS		0.			
JUDY CULPEPPER		0.			
MICHELLE MILLER		0.			
Total		102,260.	99,078.	3,182.	0.

Form 990, Part II, Line 25a
Employee Benefit Plans & Deferred Compensation Plans

Contributions to Employee Benefit Plans & Deferred Compensation Plans

Name	Chk if a Bus	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
DARRELL DRUMMOND		3,163.	2,973.	190.	0.
RUFUS ALEXANDER		0.			
ANDRE HAWKINS		0.			
LINDA BARTZ		0.			
CYNTHIA ANGELOS		0.			
JUDY CULPEPPER		0.			
MICHELLE MILLER		0.			
Total		3,163.	2,973.	190.	0.

Form 990, Part II. Line 25a
Expense Account and Other Allowances

Expense Account and Other Allowances

Name	Chk if a Bus	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
DARRELL DRUMMOND		0.			
RUFUS ALEXANDER		0.			
ANDRE HAWKINS		0.			
LINDA BARTZ		0.			
CYNTHIA ANGELOS		0.			
JUDY CULPEPPER		0.			
MICHELLE MILLER		0.			
Total		0.			

Form 990, Page 4, Part IV, Lines 57a & 57b
Land, Buildings and Equipment Statement

	(a) Cost/Other Basis	(b) Accumulated Depreciation	(c) Book Value
LAND	92,657.	0.	92,657.
BUILDINGS & IMPROVEMENTS	2,463,188.	621,413.	1,841,775.
EQUIPMENT & VEHICLES	5,441,239.	3,798,240.	1,642,999.
CONSTRUCTION IN PROGRESS	0.	0.	0.
Total	7,997,084.	4,419,653.	3,577,431.

Form 990, Page 4, Part IV, Line 58
Other Assets Statement

Line 58 - Other Assets:	Beginning of Year	End of Year
DEPOSITS / PREPAID EXPENSES	45,497.	5,661.
Total	45,497.	5,661.

Supporting Statement of:

Form 990 p 8/Line 103(D)-1

Description	Amount
FOOD MANAGEMENT	8,532.
ENDOWMENT	16,000.
SPECIAL OLYMPICS	20,340.
MATCHING FUNDS	34,359.
EXCEL ALTERNATIVES	14,435.
MISC	12,594.
Total	106,260.

St. Lucie County Board of County Commissioners
Application for funding Non-Profit Agency
County Fiscal Year 2009/2010
(October 1, 2009 – September 30, 2010)

Section VI

Agency Staffing Complement

Position Title	CFY 2008/09 Number Of Employees	CFY 2009/10 Number Of Employees
President/CEO	1	1
Transit Director, VP/CTO	1	1
Administrative Assistant	1	1
Road Operations Director	1	1
Vehicle Maintenance & Security Director	1	1
Accountant Manager	1	1
Grants Coordinator	1	1
Bookkeeper	1	1
Dispatchers	2	2
Road Supervisor	2	2
Drivers	44	44
Reservationists	7	7
Customer Service Representative	1	1
Systems Software Administrator	1	1
Security Guard	1	1

Total Employees

66

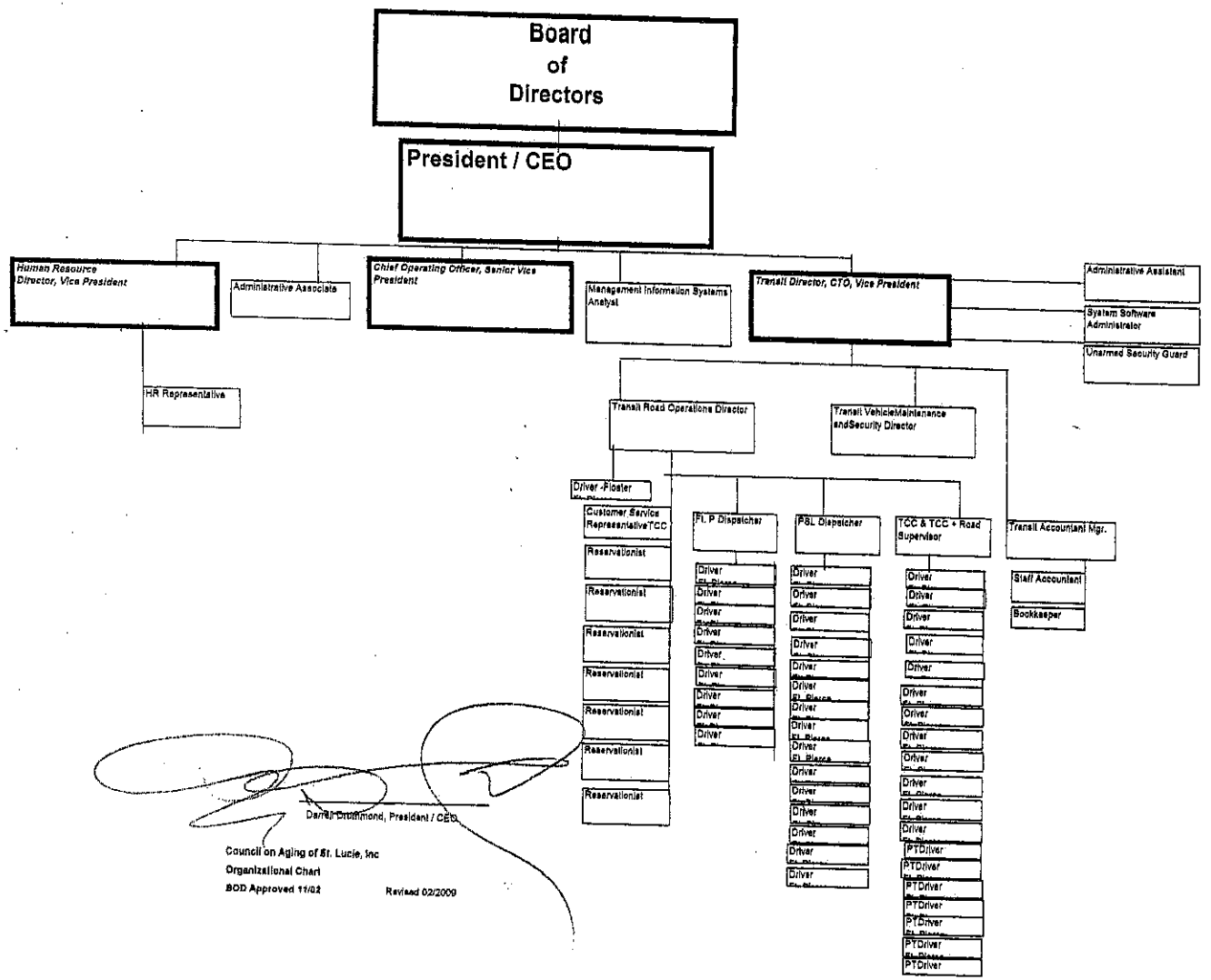
St. Lucie County Board of County Commissioners
Application for funding Non-Profit Agency
County Fiscal Year 2009/2010
(October 1, 2009 – September 30, 2010)

Section VII

Organizational Chart

Provide an Organizational Chart. If chart does not identify the names and positions held by the Board of Directors, include a separate list.

(See Attachments) 11a - 11b


Board of Directors
President / CEO
Human Resource Director, Vice President
Administrative Associate
Chief Operating Officer, Senior Vice President
Management Information Systems Analyst
Transit Director, CTO, Vice President
Administrative Assistant
System Software Administrator
Unarmed Security Guard
HR Representative
Transit Road Operations Director
Transit Vehicle Maintenance and Security Director
Driver - Floater
Customer Service Representative TCC
Reservationist
Reservationist
Reservationist
Reservationist
Reservationist
Reservationist
Reservationist
Ft. P Dispatcher
Driver
PSL Dispatcher
Driver
TCC & TCC + Road Supervisor
Driver
PTDriver
Transit Accountant Mgr.
Staff Accountant
Bookkeeper
Darrell Drummond, President / CEO
Council on Aging of St. Lucie, Inc
Organizational Chart
BOD Approved 11/02
Revised 02/2009

11-a

BOARD OF DIRECTORS

COUNCIL ON AGING OF ST. LUCIE, INC.

Andre Hawkins, Chairman

Padrick A. Pinkney, Vice Chairman

R. Allen Miller, Treasurer

Rufus Alexander, Director

Linda Bartz, Director

Chris Dzadovsky, Director

Charles Nergard, Director

11b

St. Lucie County Board of County Commissioner
Application for funding Non-Profit Agency
County Fiscal Year 2009/2010
(October 1, 2009 – September 30, 2010)

Section VIII

Statement of Assurances

As a condition of receipt of County funds, the applicant must comply with the requirements of courts, local, state and federal laws, rules, regulations, and guidelines. As a part of the application and as a part of acceptance and use of County funds, the applicant agrees that:

1. It possesses legal authority to apply for the assistance, that the application has been approved by the applicant's governing body, including all assurances contained herein.

2. It will utilize County funds to provide a range of services and activities having measurable and potentially major impact on the community's mental and physical welfare needs.

3. It will submit copies of executed grant contracts when match funds are requested. In addition, the County will be advised of amendments and provide copies of each amendment to grant contracts.

4. It possesses the sound fiscal controls and fund accounting procedures necessary to assure the proper disbursal of an accounting for County funds.

5. It will permit and cooperate with county, state, and federal investigations designed to evaluate compliance with the law.

6. It will give the Board, the Clerk of the Circuit Court, or any authorized representative complete access to examine all records, books, papers, or documents related to the assistance.

7. It will, in accordance with Florida Statutes, comply with nondiscrimination provisions.

8. It will, in accordance with Florida Statute 119.07, comply with the provisions of public examination of records in regards to said funds.

9. It will attest, the application and its various sections, including budget data, are true and correct. Information contained in this application accurately reflects the activities of this agency and that the expenditures or portions thereof for which the County funds are being requested are not reimbursed by any other source.

10. Upon being awarded assistance, the applicant agrees to furnish a copy of the last audit performed in accordance with accepted accounting procedures.

11. An organization chart of the Board of Directors and Administrators, including their names and offices or position held will be submitted as part of the application.

12. The application will become part of a contract between the Board and the Applicant.

AGENCY AUTHORIZED OFFICIAL:

Name: **Darrell J. Drummond**

Title: **President/Chief Executive Officer**

Signature:

Date: **March 2, 2009**

St. Lucie County Board of County Commissioners
Application for funding Non-Profit Agency
County Fiscal Year 2009/2010
(October 1, 2009 – September 30, 2010)

Section IX

Accounting System Certification

Instructions

Complete A (requirement for all applicants).

A. Statement of Financial Officer

I am the Chief Financial Officer of Council on Aging of St. Lucie, Inc./Community Transit and, in this capacity, I will be responsible for providing financial services adequate to insure that establishment and maintenance of an accounting system for Council on Aging of St. Lucie, Inc./Community Transit which is a non profit agency charged with carrying out a program (s) under County funding. The accounting system will have internal controls adequate to safeguard the assets of such agency, and the accuracy and reliability of accounting data, promote operating efficiency, and encourage compliance with prescribed management policies of the agency.

Council on Aging of St. Lucie, Inc./Community Transit
(Name of Operation)

Marianne Arbore
(Name of Chief Financial Officer)

Marianne Arbore
(Signature of Chief Financial Officer)

March 2, 2009
(Date)

(772) 345-8228
(Telephone Number)

St. Lucie County Board of County Commissioners
Application for funding Non-Profit Agency
County Fiscal Year 2009/2010
(October 1, 2009 – September 30, 2010)

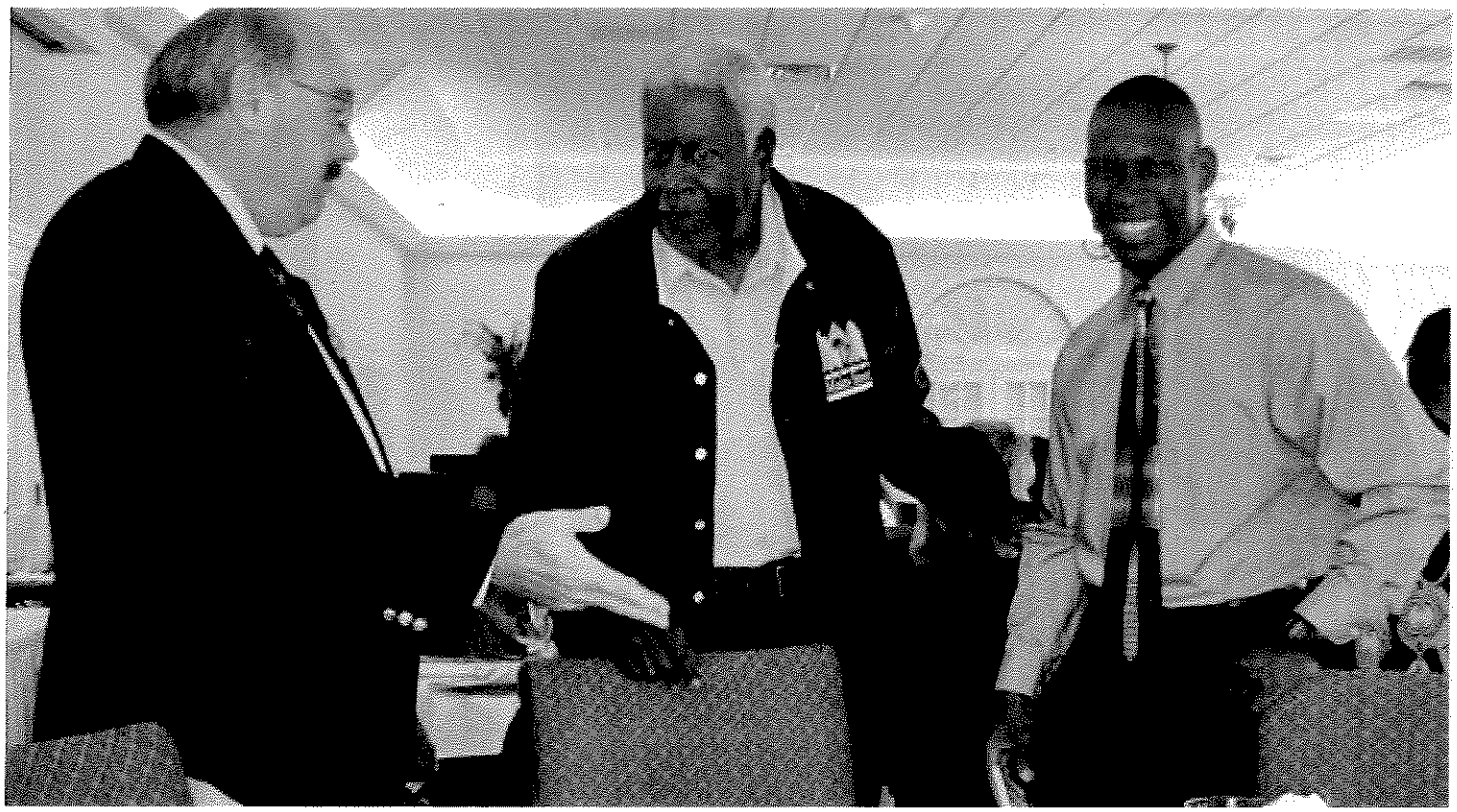
Section X

APPLICATION CHECKLIST

The Application must be complete, including all necessary attachments and signatures. The following is a checklist:

Section I	**Administrative Information**
Section II	**Project Identification**
Section III	**Proposed Solution to the Targeted Problem**
Section IV	**Objectives and Performance Measures**
Section V	**Budget Information (A through E)**
Section VI	**Agency Staffing Complement**
Section VII	**Organizational Chart**
Section VIII	**Statement of Assurances**
Section IX	**Accounting System Certification**
Section X	**Application Checklist**

NOTE: Applications approved for County funding will become an attachment to a contract between ST. LUCIE COUNTY Board of County Commissioners and the Applicant.



Anthony Westbury, Havert Fenn, and Nate Wells attending our 7th annual volunteer and community partner appreciation luncheon, on April 18, 2008. Anthony Westbury wrote numerous columns to increase public awareness of HIV in St. Lucie County. "Coach" Fenn is chair of Lincoln Park Main Street, and our partnership with this organization on several community projects has assisted us with our messaging in the community. Nate Wells represents the U.S. Marine Corps Toys for Tots program, and has been our partner for the last 13 years providing toys to the underprivileged children in the community.

ST. LUCIE COUNTY FLORIDA

ST. LUCIE COUNTY Health DEPARTMENT

APPLICATION FOR FUNDING

TO:
THE SAINT LUCIE COUNTY BOARD OF COUNTY COMMISSIONERS

COUNTY FISCAL YEAR 2009/2010

SAINT LUCIE COUNTY BOARD OF COUNTY COMMISSIONERS

APPLICATION FOR FUNDING NON-PROFIT AGENCY
COUNTY FISCAL YEAR 2009/2010
(OCTOBER 1, 2009 - SEPTEMBER 30, 2010)

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Section V	Budget Information (A through E)	
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	B. Budget Schedule	3
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Section IX	Accounting System Certification	26
Section X	Application Checklist	26

ATTACHEMENT

- Sources of Revenue Contributions

SECTION I
ADMINISTRATIVE INFORMATION

1. AGENCY:

Name:	**Saint Lucie County Health Department (SLCHD)**
Address:	**5150 NW Milner Drive** **Port Saint Lucie, FL 34983**
Telephone:	**873-4924**
Fax Number:	**873-4940**
Tax Exempt No:	**47-00-040325-52C**

2. CONTRACT/PROJECT DIRECTOR:

Name:	**Larry Lee**
Title:	**Administrator/County Health Officer**
Telephone:	**873-4924**

3. CHIEF FINANCIAL OFFICER:

Name:	**Jim Gilbert** **Administrative Services Director**
Address:	**5150 NW Milner Drive** **Port Saint Lucie, FL 34983**
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SECTION II
PROJECT IDENTIFICATION

Not Applicable

SECTION III
PROPOSED SOLUTION TO THE TARGETED PROBLEM

See Narrative in Section V. C. Below

SECTION IV
OBJECTIVES AND PERFORMANCE MEASURES

Saint Lucie County Health Department

Vision Statement

Healthy communities fostering healthy people.

Mission Statement

The St. Lucie County Health Department is dedicated to providing leadership in health promotion, disease prevention and control for all residents and visitors.

Strategic Plan for St. Lucie County Health Department

1. **Protect St. Lucie County's residents and visitors from disease, injury, environmental risks, and disasters:**
   - Reduce the incidence and impact of disease
   - Reduce the adverse impact of environmental factors on human health
   - Increase the capacity of local public health systems to prepare for and respond to public health threats, emergencies, disease outbreaks, chemical, biological or nuclear terrorism, and natural disasters
   - Reduce the incidence of unintentional injuries and subsequent morbidity and mortality

2. **Promote the healthy behavior of St. Lucie County's residents and visitors and their communities:**
   - Reduce tobacco use and substance abuse, especially among youth
   - Improve diet and physical activity
   - Promote safer sexual behaviors
   - Enhance public knowledge by providing timely, accurate, and understandable science and public health education programs, and by disseminating appropriate educational resources

3. **Increase access to health care for St. Lucie County's residents and visitors:**
   - Reduce disparities in health access and outcomes
   - Increase the availability of primary health care services for underserved populations
   - Increase the availability and effectiveness of preventive health services for all St. Lucie County's residents and visitors
   - Increase the availability and effectiveness of services for the treatment and management of chronic diseases
   - Assure a system of school health services meeting the needs of all St. Lucie County students.

4. **Optimize the Department's capacity to achieve its goals:**
   - Improve organizational responsiveness to the needs of the public
   - Assure the delivery of high quality products and services
   - Improve the performance of our programs and systems through employee development, as well as organizational learning
   - Strengthen community partnerships to address the health needs of our community

SECTION V - BUDGET INFORMATION
(A)

COUNTY FUNDING - CFY 2008/2009
(October 1, 2008 - September 30, 2009) **$ 964,782**

REQUESTED COUNTY FUNDING -CFY 2009-2010 **$ 964,782**
(October 1, 2009 - September 30, 2010)

TOTAL AGENCY BUDGET - CFY 2008/2009
(October 1, 2008 - September 30, 2009) **$ 12,800,000**

SECTION V - BUDGET INFORMATION
PROJECT BUDGET SCHEDULE
(B)

Activity	Approved by BOCC 2008-09	Requested 2009-10	Difference 08/09 to 09/10	Comments
Communicable Disease Control/Epidemiology/ STD/Tuberculosis Clinic	$175,000	$185,000	+ $10,000 (shift BOCC $ to core public health services to offset state GR reductions)	Supplements federal and state funds for programs to detect and prevent infectious disease.
School Health	$236,000	$239,000	+ $3,000 (shift BOCC $ to core public health services to offset state GR reductions)	Program is jointly funded by state grants & general revenue, St. Lucie BOCC, School Board, and the Children's Services Council.
Environmental Health	$38,000	$40,000	+ $2,000 (shift BOCC $ to core public health services to offset state GR reductions)	Supports services not funded through fees or grants such as group care inspections, sanitary nuisance complaints, and testing of river water quality.
Friends of St. Lucie County Public Health	$5,000	$5,000	NO CHANGE	Minimal amount necessary to cover operating costs related to managing Blue Foundation Grant and misc. expenses.
HIV/AIDS (Prevention and Patient Care)	$230,000	$230,000	NO CHANGE	Supplements state and federal funding for HIV/AIDS prevention and patient care services. Used as grant match.
Children's Immunization	$40,000	$60,000	+ $20,000 (shift BOCC $ to core public health services to offset state GR reductions)	Supplements federal and state funding, which is inadequate to cover staff costs. Vaccine for Children Program provides free vaccinations for eligible children.
Family Healthcare Services (OB/GYN, pediatrics, adult health)	$240,782	$205,782	- $35,000 (a continued focus on increased productivity, maternal child health services, and Medicaid clients will try to offset state and county reductions)	Supplements fee revenue and state/federal funding. 25% of St. Lucie's adult population is uninsured and services to this population are often uncompensated. We are working on improving productivity and focusing on Medicaid eligible clients to support these services.
TOTAL	**$964,782**	**$964,782**	**NO CHANGE**	

SECTION V - BUDGET INFORMATION
(C) BUDGET NARRATIVE

PUBLIC HEALTH IN FLORIDA: A STATE AND COUNTY PARTNERSHIP

- **Excerpt from Chap. 154, FS: The Legislature recognizes the** unique partnership **which necessarily exists** between the state and its counties in meeting the public health needs of the state. **To strengthen this partnership, the Legislature intends** that the public health needs of the several counties be provided through contractual arrangements between the state and each county.
- **Excerpts from Chap. 381, FS: "The Legislature recognizes that** the state's public health system must be founded on an active partnership between federal, state, and local government..." **"...furthermore, the intent of the Legislature is that the department** provide public health services through the 67 county health departments in partnership with county governments..."

St. Lucie County Health Department (SLCHD) services and operations are funded through a combination of county funds, categorical federal funds, fees for services, grants, and the Florida Legislature. To meet the challenges of our growing community, funding provided by the St. Lucie County Board of County Commissioners helps to fill vital gaps in other funding sources, provides necessary matching funds, and supplements services that otherwise could not be provided.

Accomplishments 2008/09 (Many of these are services are not directly funded by St. Lucie County)

Access to Health – This planning process has resulted in the formation of a multi-agency Health Access Network. The network has established a non-profit corporation to facilitate grants and to assure independence from individual member agencies. The first project underway is the development of a free clinic for low-income, uninsured residents. The project would provide extended hours of care to provide an alternative to emergency room use as well as other services for low-income, uninsured county residents. The two hospitals, Mustard Seed Ministries, St. Lucie County Community Services, the United Way, SLCHD, the medical society, Florida Community Health Centers, both colleges, and others are working on the "free clinic" project and efforts to better coordinate resources available through existing services. New community partners are needed to support these healthcare services due the on-going reduction of public financing.

13th Annual Community Holiday Party- Several hundred children attend this annual event at our Avenue C site which we do in partnership with the US Marines Toys for Tots program, IRSC, City of Fort Pierce, and Jackson Drugs. This was an afternoon of fun and education for the children as we used this opportunity to promote some of our services to the parents including our pediatric and dental clinics.

7th Annual Volunteer Recognition Luncheon – Sponsors are secured to underwrite the cost of our Annual Volunteer Luncheon held every year at the Pelican Yacht Club for all of our volunteers.

Best Places to Work – We were recognized as a best place to work in St. Lucie County.

Community Health Fairs – Staff participate in numerous health fairs to provide screenings, health information, and information about SLCHD services. Community surveys are collected at these events to better understand the needs of our residents. We have been a major supporter in providing health screenings to the community during the **Dr. Martin Luther King, Jr.** event.

Chronic Disease Prevention Health Education – This program focuses on preventing the most prevalent diseases in the county and reducing the risk factors associated with them. CDPHE supports other department initiatives in program development and implementation, strategic planning, resource development, and community health promotion. These include such diverse areas as school health, diabetes, heart disease, nutrition and activity, cancer, family planning, HIV/AIDS, tobacco and injury prevention. The program also coordinates the annual Step Up Florida initiative and supports numerous interactive learning projects through schools and recreation programs in St. Lucie County. One project currently underway is a weekly series of half hour radio soap operas called "Body Love". This program provides culturally competent health education in an entertaining format developed by the University of Alabama for minority populations. The program is co-sponsored by Lawnwood Regional Medical Center, St. Lucie Medical Center, and WFLM Radio.

Dental Services - The dental program provides much-needed dental care by providing 14,214 services in the last contract year. The program focuses on preventative services for children who are covered by Medicaid since providers are limited. We also provide basic services to uninsured adults to alleviate pain and infection. This scope of practice is common in public health dentistry. This program is financially self supporting.

(Dental) Give Kids A Smile Program – This is an annual event involving SLCHD, the St. Lucie County Dental Society, and IRCC. Volunteer dentists provided free dental care to children during a half day event at IRSC's dental clinic.

Emergency Preparedness – The health department works with local hospitals, law enforcement, fire rescue, and other community partners to enhance our county's ability to respond to natural and manmade disasters. We coordinate planning to assure medical surge capacity, special needs sheltering, disease surveillance, and mass distribution of pharmaceuticals. Part of this planning includes preparing for a possible influenza pandemic. St. Lucie, Indian River, and Martin County health departments and their emergency management partners developed the Treasure Coast Pandemic Influenza Council to collaborate on developing a consistent pandemic influenza plan for each county that follows local

practice, state guidelines, and federal recommendations. The Council recognized the need for a community-wide mutual effort involving the cooperation of numerous parties to address the overwhelming needs for medical care anticipated during a pandemic scenario. A medical committee comprised of hospital, emergency management, and health department representatives was formed. The committee developed a medical system to take care of adult and pediatric patients. This scientific-based approach, in theory, will place the sickest patients in hospitals and divert others that meet admission criteria, to the pandemic medical treatment site (PMTS). This operational guide includes roles and responsibilities of key stakeholders; a location to administer care; staffing and resources required for around the clock care; admission orders and home health care recommendations.

HIV/AIDS –SLCHD, along with a broad coalition of community organizations and individuals, is developing and implementing strategies to turn the tide of the HIV/AIDS epidemic in St. Lucie County (more information below).

Linking to Care - The uninsured falling through the cracks has become quite prevalent in St. Lucie County and it is necessary to have hands on in linking the patient to specialty care. The process can become arduous in trying to find a physician to sometimes take a no-pay patient or finding a provider for a Medicaid patient.

St. Lucie County Medical Reserve Corps (SLCMRC) - Our SLCMRC volunteer unit has experienced substantial growth during fiscal year 2007-08. Unit membership has increased to over 100 members. A training partnership with Indian River State College insured our membership were offered required Incident Command System (ICS 100, 700) and the unit orientation required by the Office of the US Surgeon General. A Pandemic Influenza (Pan Flu) Tabletop/ Functional Exercise and Catastrophic Health Incident Response Planning (CHIRP) Tabletop exercise were given. At each exercise attendance included MRC Members, Department of Health Employees (DOH) and other community response members who all became familiar with our local Pandemic Influenza event and a mass casualty event plans. We are scheduled to offer more specialized training such as DEEP psychological training and Point of Dispensing (POD) exercise. We continue to seek more integration with our local responders and prepare and train for the next event that will require our participation. SLCHD secured grant funding to recruit, train, and equip the Medical Reserve Corp.

Sexually Transmitted Disease Program - The STD Program provides health education on STDs' and HIV/AIDS to schools and community groups including classes for students, teachers, and parents. The STD Program participated in several health fairs offering STD/HIV screenings and education. The jail linkage project has tested over 600 people in the past year and offered educational classes to approximately 1,000 inmates at the St. Lucie County Jail. Outreach activities have been increased to identify new cases of HIV. We have partnered with the Haitian Coalition and participated in National Latino HIV Awareness Day.

Step Up Florida – Sponsor events and activities to promote active lifestyles in St. Lucie County and showcase the many venues available to further that goal. This annual project is supported locally by St. Lucie County Parks and Recreation, schools, businesses, health care providers, community organizations and other local groups.

Teen Health –The Teen Health Network of the Executive Roundtable, is working on developing a "teen friendly" clinic" with specialized after hours services to teens. The health department has offered to use its Milner Drive clinic site as a location for this initiative, slated to start later this summer.

Tobacco Prevention – SLCHD has received grant funding to create two full-time positions for tobacco prevention initiatives. These efforts are targeted to youth but also include workplace policy change initiatives and cessation programs for current smokers.

Volunteer Recruitment – We continue to recruit volunteers and benefit from hundreds of hours of donated time from professionals, students, and retirees. A new volunteer initiative launched last year is the Medical Reserve Corp (see above). This initiative is done under the auspices of the U.S. Surgeon General and recruits medical volunteers to assist in an emergency. This project is the corollary to the CERT project that recruits citizen volunteers to assist in a disaster.

Program/Service COMMUNICABLE DISEASE CONTROL/EPIDEMIOLOGY/TUBERCULOSIS

Program/Service Description: St. Lucie County Health Department's (SLCHD) Disease Control Division has been reorganized to include sexually transmitted disease control, epidemiology, and tuberculosis control in one coordinated program. The Epidemiology team oversees collection and analysis of communicable or environmental disease information. This team is on alert to investigate any sentinel disease, outbreaks, or emerging disease. Additional responsibilities include surveillance for suspected bioterrorism events, Hepatitis B in pregnant women, lead investigations in children, St. Louis Encephalitis, food and water borne outbreak investigation, Rabies prevention and abatement, HIV/AIDS surveillance, chronic disease surveillance, and health care access and utilization analysis. The Epidemiology Team plays a key role in developing and executing response and eradication of emerging diseases, terrorist attacks, biological, chemical and weapons of mass destruction (WMD) events. They are active members of the Florida Region 5 EPI-Strike Team, which is a key responder to natural or manmade disasters. County funds are needed to supplement state and federal funds received to provide these services. The Tuberculosis Program is responsible under Florida Statute to assure that all active cases of TB are treated to cure and that clients identified as contacts to active TB cases are tested. The TB Program works with pulmonologist physicians out of AG Holley Hospital who specialize in treating tuberculosis. The STD program ensures that all clients that test positive for a sexually transmitted disease receive adequate treatment; all partners are referred in for testing and preventative treatment. All pregnant cases and anyone testing positive for Syphilis or HIV are case managed until all partners and clusters are referred for testing and treatment. Outreach activities are performed in high risk and case related areas. The program is supported by a CDC program manager who coordinates STD control on an area wide basis covering St. Lucie, Martin, Okeechobee and Indian River Counties.

Past Year's Accomplishments: The Epidemiology Program has expanded the system of surveillance for early detection of outbreaks and potential bioterrorism attack through the introduction of ESSENCE program in our local hospitals. The Epidemiology Program continues to partner with the Saint Lucie County School Board to address emerging health issues in our schools and community. The Epi Strike Team has attended several joint educational trainings and drills this year covering such topics of pandemic flu and I First II (which incorporated an outbreak exercise for plague/anthrax). Immunizations of County Employees, Public Works and Utility Companies, and Water Treatment Facilities are being offered vaccines for Hepatitis A, Hepatitis B and Tetanus with Pertussis. Our department has attended community health fairs promoting health and wellness through disease prevention and education fostering the SLCHD's strive for "Healthy communities fostering healthy people"

The Tuberculosis Program continues to provide quality services to county residents:

Active TB Case Information	Preventative Services
• Cases – 13	• Contacts identified- 59
• Cases foreign born- 7 (71%)	• Patients started on preventative therapy-76
• Cases pediatric 0	• Chest x-rays performed- 166

Goals New Fiscal Year: Streamlining the Integrated Active Surveillance Program to streamline existing disease detection systems. Participation on the Alternate Medical Treatment Site Plan Action Team which is developing a trauma model, medical protocol, ethics team, and patient care system to treat the county's population in the event of a pandemic influenza. Expanded outreach services to community partners for Infection Control and Prevention of Communicable Diseases. The TB Program's goal is to continue to provide aggressive case management and contact follow-up to assure complete treatment of every case and every contact. The State of Florida's TB program is striving to reduce the TB rate in US born to < 0.7 cases/ 100,000 by 2015 and in foreign born to < 14 cases/100,000 by 2015. Currently St. Lucie County stands at US born – 1.1 cases/100,000 and foreign born is 3.7/100,000 for 2008.

Strategic Goal(s) Addressed: 1, 2, 3	
Requested BOCC Funding: $185,000	**Increase/Decrease from prior CFY:** + $10,000

Other Resources Supporting Program/Service: One position in this division receives federal funding support for HIV surveillance. This position's surveillance efforts help maintain and have increased federal and state allocations for SLCHD HIV prevention and abatement. The Tuberculosis program works actively with medical providers in our community providing information and expert knowledge on tuberculosis. County funds are needed to supplement federal funding in order to assure a continued level of effort to control the rate of TB infection and disease.

Program/Service: ENVIRONMENTAL HEALTH

Program/Service Description: Environmental Health encompasses those areas of the environment which can adversely impact the public's health. The Division performs 21 public health programs under state, county and contracted authority. These programs include such diverse responsibilities as beach and river water quality, institutional food, body art, group care, migrant housing, minimum housing, mobile home parks, fuel storage tanks, SUPER Act, limited use water systems, wells, public pools, septic tanks, biomedical waste, body art, sanitary nuisances, rabies surveillance, arbovirus surveillance, medical quality assurance and emergency response. Many services, such as sanitary nuisance complaint follow-up, animal bite investigations, inquiries from the public on issues such as Chinese drywall, and some group care inspections receive no federal or state funding or fee revenue.

Past Year's Accomplishments: In the last year the Division's 8 field staff performed 9,941 direct services and 1,480 hours of direct assistance to various members of the public and private sector. Over 90% of these direct services directly benefited the public which including 5,663 (57%) inspections and 3,230 (33%) drinking and recreational water samples. The Drinking Water and Public Pool programs both achieved *Excellent* ratings in state audits. In the past year program workloads have been reorganized to mitigate probable funding issues. Indian River Lagoon monitoring has been discontinued.

Goals for New Fiscal Year: Maintain programs at their *Excellent* status; maintain routine monitoring of the North fork of the St Lucie River.

Strategic Goal(s) Addressed: 1,2,4	
Requested BOCC Funding: $40,000	**Increase/Decrease from prior CFY**: + $2,000

Community Partners/Other Resources Supporting Program/Service: The Environmental Health Division receives revenue from permit fees, the FL Dept. of Health, and contracts with the FL Dept. of Environmental Protection. St. Lucie County Environmental Resources (boat and crew) North Fork sampling; Ft Pierce, Port St Lucie, St Lucie County Animal Controls assist with suspect rabies exposure situations.

Program/Service: **FAMILY HEALTHCARE SERVICES**

Program/Service Description: SLCHD provides a full range of family oriented services. A wide range of services from family planning and obstetrical services to child health and adult care services are offered. Our Obstetrical program continues since we began seeing pregnant women in 2007. SLCHD is able to deliver a unique menu of services with regard to family health. We can manage a woman's family planning needs until she is prepared to conceive and then provide complete care from diagnosis of her pregnancy, determining eligibility for her Medicaid coverage during her pregnancy, providing her prenatal care, delivering her baby and finally having a board certified pediatrician ready to see the child at age 1 day. This continuum of care equates to a more even service delivery for our staff and an increased comfort level for citizens accessing the services. Maternal and child services, coupled with our dental and adult care systems, equate to one stop healthcare for the entire family. The federally-funded Women, Infants, and Children Nutrition Program also provides services at both of our sites.

The St. Lucie County Health Department, unlike other providers in the community, can NOT deny services for inability to pay. The clinical staff also performs an important secondary function: without this medical and nursing staff we would lack the vital infrastructure needed for emergency response. The employees performing primary care services are also needed to staff special medical need shelters during a hurricane or to provide mass vaccination clinics in the event of an influenza pandemic. 100% of our SLCHD employees are required to respond to disasters and have been a valuable community resource as demonstrated during hurricanes Frances, Jeanne, and Wilma.

Services provided include in the last contract year include: Family Planning (14,036); Maternal Health (14,240); Child Health (8,956), Adult Health (16,454); Healthy Start Prenatal (18,515).

Past Year's Accomplishments: Family Healthcare Services:

Ft. Pierce Clinic at 714 Ave C

- Obstetric, pediatric, and adult health services five days a week by a staff physicians and a nurse practitioner.
- Dental Services five days per week.
- STD diagnosis and treatment/HIV testing and counseling services five days per week.
- Currently we now have Family Planning Nurse practitioner two days per week that provides the bulk of our Family planning services however services are available the remaining three days via our staff physicians
- Childhood immunization services three days per week.
- Pregnancy testing, counseling, referral and Presumptive Eligibility for Pregnant Women Services five days per week.
- Epileptic and Insulin drug program to medically indigent population based on federal OMB 100% of poverty level.
- The Epileptic drug program was frozen this year due to state funding restrictions. All clients that were currently enrolled into the program are continuing with services however are mandated to not accept any new clients for the program.
- Foreign travel immunizations are offered three days per week through the immunization clinic.
- SLCHD continues to partner with Lawnwood Regional Hospital to provide Emergency room and hospital discharge follow-up primary care services for non-emergent adults and children.

Port St. Lucie Clinic at 5150 NW Milner Drive

- The clinic provides adult services five days a week by a staff physician.
- Family Planning services are offered five days per week.
- STD diagnosis and treatment/HIV testing and counseling services five days per week.
- Ophthalmologist services two afternoons per month
- Childhood immunization clinics operates four days per week
- SLCHD continues to partner with St. Lucie Medical Center to provide Emergency Room follow-up primary care services for non-emergent adults and children at the Port St. Lucie Clinic site.
- Foreign Travel immunizations are offered through the immunization clinic for the community.

Strategic Goal(s) Addressed 1,2,3

Requested BOCC Funding: $205,782 | **Increase/Decrease from prior CFY:** ($35,000)

Community Partners/Other Resources Supporting Program/Service: Our healthcare services receive funding from nominal fees and are partially subsidized with federal, state, and county funds. Many of the fees are adjusted based on ability to pay and many clients qualify for Medicaid. .

Program/Service "FRIENDS OF ST. LUCIE COUNTY PUBLIC HEALTH"

Program/Service Description: "Friends of St. Lucie County Public Health, Inc." was established as a not for profit 501C entity to promote, support, and advance the vision and mission of the St. Lucie County Health Department. One of the primary reasons for this was to create a method of securing grant funds and donations unavailable to public entities such as the county or the health department. Friends currently supports the implementation of key community activities such as access to health care, HIV prevention, and increasing community awareness on health issues and health department services.

Past Year's Accomplishments: Friends of St. Lucie County Public Health, Inc. has served as the fiscal agent for the "St. Lucie County Access to Health Care Clinic", managing grants from the United Way and the Allegheny Franciscan Foundation. The Blue Foundation awarded Friends a grant for $100,000 over two years to provide HIV/AIDS education to the at risk population in St. Lucie County. This grant is being implemented by trained community health educators in local beauty salons and churches.

Goals for New Fiscal Year (Friends of St. Lucie County Public Health- continued): To continue supporting efforts to expand access to health care, promotion of the mission and vision of the St. Lucie County Health Department, HIV/AIDS outreach to minority communities, healthy community coalition building, and to enhance community relations. Also will pursue more fund-raising and grant applications. Having this 501 c) 3) non-profit allows us to access additional grant sources not available to a government agency.

Strategic Goal(s) Addresse: Supports all	
Requested BOCC Funding: $ 5,000	**Increase/Decrease from prior CFY**: no change

Community Partners/Other Resources Supporting Program/Service: Friends of St. Lucie County Public Health, Inc. will continue to apply for grants and seek additional support for the above goals.

Program/Service: HIV/AIDS PREVENTION AND PATIENT CARE

The St. Lucie County Health Department manages numerous HIV Prevention and Patient Care programs such as: Care Connection; Jail Link; The Right Choice Program; AIDS Drug Assistance Program (ADAP); Project AIDS Care (PAC); Ryan White Part C Patient Care. In addition to these direct service programs, several contracts are managed through the HIV Department providing funding to community based organizations in St. Lucie County to provide HIV Testing under the African American Testing Initiative, Ryan White Part B Patient Care, and HIV prevention initiatives such as Shop Talk, Faith Talk, and VOICES. Traditionally, monies granted through the BOCC is needed to off-set operational costs of these programs in addition to leveraging continued and increased funding amounts through each programs designated funding source. Although BOCC funding accounts for roughly 14% of our overall HIV/AIDS budget, the funding continues to be a necessary supplement to our current program operations. Without this funding, many of our Patient Care and Prevention programs would be eliminated from our spectrum of services.

Past Year's Accomplishments: - Ryan White Part C. SLCHD is the grantee for the Ryan White Care Act Part C. The Part C Care Act supports outpatient primary medial care and early intervention services to people living with HIV disease. The dollar allocation has been level funded for the past 3 years while the number of clients served has increased 22% for a total of 125 clients currently enrolled in the program. SLCHD in collaboration with its Subcontracted HIV Primary Care Provider under the Ryan White Part C Patient Care Program, relocated program operations in July of 2008. The more modern and larger medical building (an additional 1800 square feet), houses the entire Ryan White Part C primary medical care program, including ancillary services such as Mental Health, Nutritional Counseling, Substance, Dental, linkage and adherence case management (Care Connection), and laboratory services. The new office is centrally located within Fort Pierce on the public bus line and within a one mile radius from 60% of the program's clients. This re-location would not have been possible without funding from the BOCC.

BOCC funding has contributed greatly to the Ryan White Patient Care program by offsetting operational costs by approximately $130,000 each year to continue serving HIV infected individuals throughout St. Lucie County. Another contributor to this program is the Department of Children and Families who allocated $30,000 this program year to off-set the costs of substance abuse counseling and treatment for our HIV infected clients. The program also received 2008 funding in the amount of $34,000, from the DOH Bureau of HIV to purchase and furnish or dental room, which will accommodate to dental chairs.

Care Connection: Care connection is an integral component of the HIV Prevention and Patient Care System. The program has a target population of newly-infected and non-adherent HIV infected individuals who have missed medical appointments and essentially have been classified as "falling out of the System." The objective of the program is to locate these clients and get them linked back into care, re-assessing their problems and providing them with further resources and education. The program excludes pregnant women and HIV exposed babies. BOCC funding has made it possible for the program to expand its operations by staffing the program with an additional case manager to overcome the increase in referrals. In addition, the program has added a supplemental service component entitled ARTAS. The main focus of ARTAS is to identify newly infected persons who are not receiving medical care/treatment or have been out of care for a period greater or equal to six months, and link them back

HIV/AIDS PROGRAM ACCOMPLISHMENTS (continued):

into care. The program utilizes four fundamental principles to address this issue: Increase the number of HIV Tests given; Identify and locate minorities with HIV, but receiving no treatment; Link client to medical care provider for treatment; and, Use Strengths-Based Case Management to empower client to navigate the medical care system independently. The care connection program has reported the following numbers since July 1, 2008 to March 1, 2009 the care connection program has an open caseload of 212 individuals.

Right Choice Program - The SLCHD is into its second year of the third three-year cycle of Closing the Gap funds awarded by the State of Florida Office of Minority Health. Currently the program provides for HIV counseling and testing, including Rapid HIV Antibody testing which came on line in October of 2007. Testing is utilized to assist in identifying HIV positive individuals in addition to offering HIV negative individuals enrollment into HIV Prevention interventions that the program performs, SISTA and VOICES. The SISTA Intervention, or Sisters Informing Sisters about Topics on AIDS is an intervention serving black females ages 18 plus, while the VOICES or Video Opportunities for Innovative Condom Education and Safer Sex is a snapshot HIV prevention and condom class targeting Black males and Black females. Since July 1, 2008, the SISTA intervention has graduated 46 black females through five cycles, and 294 individuals have participated in VOICES, through 37 classes.

The St. Lucie County Health Department receives $100,000 from the state per year to operate these programs; however, this amount was reduced this year by 4% or $4,000.00 due to funding cuts. BOCC funding has supplemented the cost of this program each year, which currently expends approximately $175,000 annually.

Haitian Initiative - BOCC Funds continue to assist in our efforts to build the capacity of community based organizations and mobilize different racial populations who are most effected by the continued HIV crises. On June 1, 2007 the St. Lucie County Health Department launched a second community mobilization project dealing with the underserved Haitian Population residing in St. Lucie County Florida. Due to our efforts, 2008 brought about the start of a Haitian Health Coalition, advisory group, and the formal creation of a new not-for-profit agency known as the Center for Health Education and Social Services (CHESS), predominantly serving the Haitian Population in St, Lucie County Florida.

The DOH Bureau of HIV/AIDS provided SLCHD with additional funding to supplement the operations of **In the Image of Christ, Inc.**, a non-profit 501 (c)(3), community based minority organization led by Hazel Hoylman, which provides grassroots HIV/AIDS prevention, education, referral, and support to individuals in desperate need of HIV services in Fort Pierce. Established in 2001, the agency's mission is to provide charitable services to people of color, and to help those identified as infected with HIV/AIDS to obtain medical care and treatment. The CBO received these funds to provide Rapid HIV Antibody Testing and the HIV prevention intervention known as VOICES. Funding to this agency was increased in September of 2009 through the African American Testing Initiative funds to provide an increase in HIV testing services to the black community. Throughout the five months from receipt of this funding, the agency has performed more than 550 HIV tests including both Rapid HIV Antibody Tests and Orasure Swab.

The **Community Planning Partnership** Group (A local HIV prevention planning body), was restructured over the course of the program year under the guidelines of the State of Florida prevention planning group. The planning body is currently working with the Florida Department of Health Bureau of HIV prevention department to assess the state prevention priorities and develop a strategic plan best suited for St. Lucie County's prevention needs based upon the rates of HIV in this area. The goal of this group is to re-identify and rank the target populations most effected by HIV, and further develop strategies and programs that address the HIV prevention needs of the three highest ranking populations.

Our "**Faith Talk**" prevention program has 22 participating churches with 60 community health educators trained. This met our original projections and has allowed us to educate and counsel over 2,800 church members with an estimated 120 new contacts each month.

Our "**Shop Talk**" Salon Chat prevention program increased participating salons from 10 to 19 with 51 hair/nail technicians trained, allowing us to educate and counsel 459 unduplicated salon patrons as of December 2008.

HIV/AIDS PROGRAM ACCOMPLISHMENTS (continued):

In September of 2008, the **Jail Link Program** received additional funding through the Florida Bureau of HIV to hire an additional full-time Jail Link worker. The program provides HIV/STD counseling, testing, & education to inmates at the St. Lucie County Jail, maintaining a presence in the jail booking area, offering testing to inmates being processed on entry into jail. Preliminary positives undergo pre-enrollment into the centralized HIV Primary Medical Care clinic operated by the St. Lucie County Health Department. This strategy allows the St. Lucie County Health Department to identify HIV-positive individuals who may otherwise not access HIV Counseling and testing services and therefore experience delayed entry into medical care. Incarcerated individuals attend HIV educational classes on Friday of every week and HIV Testing is performed all week long for those consenting. Since August of 2008, 32 individuals have taken the educational class and 1,141 HIV tests have been administered since January 1, 2008.

Over the course of 2008, the St. Lucie County Health Department purchased a mobile unit. The 15 passenger Ford Van was recently modified over the course of this program year with a 10 foot slide out awning, a refrigerator to keep specimens cold, a linear table top that automatically levels the table for rapid HIV testing, and a 15" built in DVD player for the purpose of conducting educational interventions in the field and at various outreach events.

The St. Lucie County Health Department launched a massive HIV Prevention Media Campaign marketing HIV testing in our community which combined radio and TV commercials and interviews, spotlight ticker tape messages, mobile billboards, brochures and condom packages with HIV testing site information displayed, along with display equipment for outreach events.

Since April 1, 2008, the St. Lucie County Health Department has sponsored two major conferences. The 5th National Haitian Health Conference was held in St. Lucie County on October 3, 2008 and co-sponsored by the National Haitian American Health Alliance. Speakers from across the country were present to give information regarding the health disparities of the Haitian population with a concentration on HIV/AIDS. 78 guests attended this conference.

The St. Lucie County Health Department sponsored a Women's conference on October 11, 2008, as a community awareness conference geared specifically towards black females, and a statewide campaign entitled "Sisters Organizing to Survive" (SOS). 94 individuals attended this conference which presented information on HIV/AIDS and its current effects on the black female population, and various presentations on HIV Prevention were given.

The St. Lucie County Health Department sponsored the 4th Annual HIV Symposium on December 7, 2008 in honor of World AIDS Day. The symposium entitled, "Breaking the Silence Year Two," recapped our efforts and accomplishments over the past two years in increasing HIV awareness, services, and community collaborations to reduce the HIV epidemic within St. Lucie County. Over 150 individuals attended this event which was held at Indian River Community College.

Due to all of these efforts; HIV testing has again seen an increase over the amount of test performed in 2007. The comparison chart below shows the amount of HIV tests performed in 2008 compared to the number of test performed in 2007:

St. Lucie County HIV Tests: 2007 2008
(N = test result negative / P = test result positive)

Sex	N	Ps	Total	P%	N	P	Total	P%
Female	3953	37	3992	0.93	3942	33	3981	0.83
Male	2606	40	2649	1.51	3478	41	3520	1.16
Transgender	2	0	2	0	4	0	4	0
Missing Data	83	1	84	1.19	19	0	19	0
Grand Total	6644	78	6727	1.16	7443	74	7524	0.98

Source: Florida Dept. of Health

HIV/AIDS PREVENTION AND PATIENT CARE (continued):

Goals for New Fiscal Year: To Employ a dentist and dental hygienist within our new HIV Patient Care Facility, to exclusively serve HIV Infected individuals enrolled within the Ryan White Part B and C HIV Early Intervention and Primary Medical Care Programs.

- Implement the Directly Observed Therapy (DOT) model for HIV treatment adherence as a component of the AIDS Drug Assistance Program (ADAP).
- To Increase mobile unit outreach HIV Counseling and testing activities including STD, and other health exam services in collaboration with other mobile clinics.
- Increase community awareness of HIV with the goal of reducing STIGMA.
- Increase HIV awareness and advertise HIV related services through continued media campaigns.
- To employ a medical biller to collect third party revenues generated from dental services and enhanced and expanded laboratory services of our Ryan White Part C Patient Care Program.
- To increase and enhance consumer involvement projects within the realm of HIV prevention and patient care.
- To secure another position titled "Administrative Assistant I," to offset the current work demands of existing staff.
- To increase Counseling and Testing Initiatives and testing locations thereby increasing the number of individuals aware of their HIV status, increase identification of HIV infected individuals and increase linkages of HIV positive individuals into care Continue thereby decreasing the HIV death rate.
- To develop a long term strategic plan for the continued provision of HIV services to St. Lucie County.
- To increase HIV technical, monetary, and training support to small and newly developed community agencies
- To increase collaborations through the community planning partnership and develop further HIV Service programming to continue assisting the Haitian population and the MSM community (males who have sex with males).
- To mobilize the Spanish community in response to rising HIV concerns reduce STIGMA and develop new programs for the Spanish community.
- To develop and enhance consumer survey instruments to measure the success and GAPS in HIV service Programming.

Strategic Goal(s) Addressed	1,2,3		
Requested BOCC Funding	$230,000	Increase/Decrease from prior CFY	no change

Community Partners/Other Resources Supporting Program/Service: Federal and State funding for HIV patient Care, early intervention services and HIV prevention. In the Image of Christ, Inc.; Florida Community Health Centers, Inc.; Project Response, Inc.; Healthy Changes; Healthy Start; Center for Health Education and Social Services; Esther's House; AIDS Research and Treatment Center of the Treasure Cost, Inc.; Restoration Ministries, Inc.; Family Preservation Services of Florida, Inc.; Faith Based Network Membership.

Program/Service IMMUNIZATION SERVICES

Program/Service Description: The health department is requesting continued funding for immunization programs. These dollars augment state funding for staff salaries to provide adult and childhood immunizations within the clinics. Several new vaccines are available for children and they are currently being offered under the Vaccine for Children program (VFC). Capacity to administer mass vaccination programs is also vital to our emergency preparedness capability.

Past Year's Accomplishments:

MEASURES:

- Kindergarten immunization compliance was at 96.4%. The State percentage was 93.6 %. The statewide goal is currently 95%.
- Seventh grade immunization compliance was 97.0%. The State percentage was 94.4%. The statewide goal is currently 95%. The St. Lucie County Health Department continues to administer the majority of the required 7th grade immunizations.
- Two year old immunization level [4:3:1:3:3:1] was 92.0%. The State percentage was 82.0%. The statewide goal is 90%. The department is one of approximately 20 *Vaccine for Children* providers in the county. Through partnerships with The Early Learning Coalition and WIC programs, the department is striving towards raising the overall county average.
- SLCHD documents all vaccines given county-wide in the Florida SHOTS computer registry. This year the Health Department is in the process of converting to paperless for our immunization program. The Florida Shots process is used by many providers of vaccine in the state enabling staff to access records faster and provide the appropriate services. Florida Shots has also been extended to the public school system, which assists both the Health Department and the school health aids to expedite the completion of required immunizations for entry into school.
- Our Vaccine accountability process ranks 5th in the state.
- Staff continues to participate in vaccine distribution initiatives and training so they are prepared to respond to vaccine events as part of their role in homeland security efforts.

Goals for New Fiscal Year:

- Continue to work towards increasing our Kindergarten and 7th grade immunization levels.
- Maintain our staff readiness to respond to vaccine events as part of their role in homeland security efforts.

Strategic Goal(s) Addressed: 1, 3	
Requested BOCC Funding: $ 60,000	Increase/Decrease from prior CFY: + $20,000

Community Partners/Other Resources Supporting Program/Service: The health department works closely with other vaccine providers and community agencies to assure reaching vaccinations targets.

Program/Service SCHOOL HEALTH PROGRAM

Program/Service Description: School Health Services promote student health through prevention, early intervention, and treatment or referral for acute or chronic health problems. The program is currently comprised of 9 Registered Nurses serving a student population of 39,800 while overseeing 43 schools. This puts our nurse to student ratio at 1:4,422. This is an improvement from the 1:8,909 in 2005/6 and 1:5,500 in 2006/7. Thanks to support from the BOCC, School Board, and Children's Services Council, funding was allowed us to maintain the same staff as the previous year. The State of Florida average RN to student ratio is 1:2,600 and the American Nurses Association recommended ratio is 1:1,500. We have reduced the ratio from three times the state average to double it. With the current economic situation, an increase number of children are eligible for the free and reduced lunch program in our county. We can anticipate an increase need for health services in the school population in the coming year.

The goal is to maintain level funding and for this year in order to prevent the student ration to rise above double the state average. Additionally the number of schools served for next year will increase by at least two. With just maintaining the current nurse staffing the student to nurse ratio will be negatively impacted.

SCHOOL HEALTH PROGRAM (continued):

Past Year's Accomplishments The eight pilot schools continue to receive health education on various topics: hand washing, nutrition, water safety, dental health and physical activity. Topics are changed as the need arises. Adult staff also received education on heart health, cancer awareness and nutrition. The Wellness Committee which is a joint effort between the School District and the Health Department is promoting physical activity and good nutrition. To promote physical activity among students, the Wellness Committee challenged administration and staff to support the importance of physical activity and wellness. The Administrative Challenge was created; two hundred and sixty plus people participated and kicked it off with a basketball game between principals and staff. Teams were established to work on weight loss and physical activity.

Dental screenings were provided to 1,000 students in first grade as a result of the Dental Coalition wishing to document the need for education and services in our county, in the hopes to secure future funding. Thirty-eight children were seen in February at the "Give Kids a Smile" event which resulted in $20,000.00 of pro bono restorative treatment being provided by the collaborative effort of local dentists, IRSC and the health department.

With the schools having increased access to a registered nurse more days per week, case management of children with chronic diseases continues to increase resulting in better outcomes for these children.

School Health Services

School Year	05/06 (12 months)	07/08 (12 months)	08/09 (7 months)
Scoliosis Screenings	2,363	2,253	2,915
Nursing Assessments	30,362	30,141	10,480
Staff/Parent Consultations	84,193	88,761	43,527
Care Plan Development	485	670	601
School Visits	2,775	3,506	2,200
Educational Sessions	612 (2,906attending)	1,915 (11,444 attending)	840 (13,844 attending)

Goals for New Fiscal Year: Maintain level funding to support the current Nursing FTE's

Strategic Goal(s) Addressed 1,2,3	
Requested BOCC Funding $239,000	**Increase/Decrease from prior CFY** + $3,000

Community Partners/Other Resources Supporting Program/Service: Department of Education (St. Lucie County School District) provides 38 Health Aides to help perform daily clinic activities at each school. Volunteer School Nurse program under DOH assists with mandated school screenings, i.e. Vision, Hearing, Body Mass Index and Scoliosis.

SECTION V - BUDGET INFORMATION
(D) REVENUE

TOTAL ANTICIPATED AGENCY REVENUE - CFY 2008/09
(OCTOBER 1, 2008 - SEPTEMBER 30, 2009) $12,800,000

1.	**FEDERAL GRANTS**	**GRANT PERIOD**	**AMOUNT**
	See attached	Varies	$2,760,000
2.	**STATE GRANTS**	**GRANT PERIOD**	**AMOUNT**
	See attached	Varies	$3,680,000
3.	**CASH DONATIONS/CONTRIBUTIONS/FUND RAISING/NON-PROFIT GRANTS**		
	FUNDING SOURCE	**GRANT PERIOD**	**AMOUNT**
	See attached	Varies	$1,410,000
4.	**CLIENT FEES/FIRST AND THIRD PARTY REIMBURSEMENTS**		**AMOUNT**
			$3,920,000

SECTION VI – AGENCY STAFFING COMPLIMENT

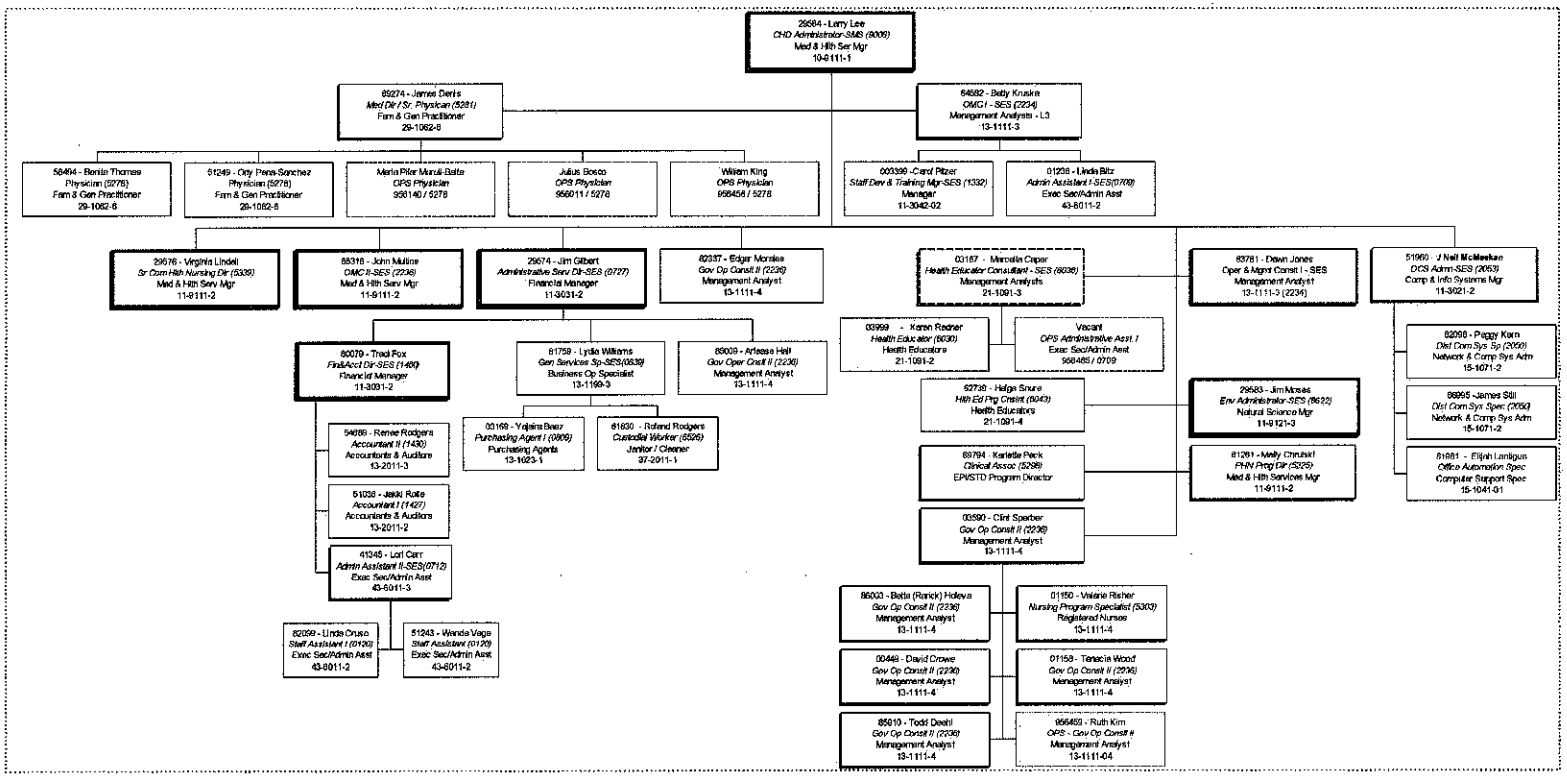
POSITION TITLES (OPS are temporary, non-benefited positions) COUNTY HEALTH DEPARTMENT EMPLOYEES:	CFY 08/09	CFY 09/10	COMMENTS
ACCOUNTANT I	1	1	
ACCOUNTANT II	1	1	
ADMINISTRATIVE ASSISTANT I	1	1	
ADMINISTRATIVE ASSISTANT I - SES	4	4	2 positions are federally funded by WIC
ADMINISTRATIVE ASSISTANT I - OPS	0.5	0	
ADMINISTRATIVE ASSISTANT II - SES	2	2	
ADMINISTRATIVE SERVICES DIRECTOR	1	1	
ADVANCED RN PRACTITIONER (OPS)	1.4	1.4	OB/Women's Health Services
CLINICAL ASSOCIATE	1	1	
COUNTY HEALTH DEPT. ADMINISTRATOR	1	1	
CUSTODIAL WORKER	1	1	
DENTAL ASSISTANT	3	3	
DENTAL HYGENIST	1	1	
DENTIST	1	1	
DISTRIBUTED COMPUTER SYSTEMS ADMIN.	1	1	
DISTRIBUTED COMPUTER SYSTEMS SPECIALIST	2	2	
ENVIRONMENTAL ADMINISTRATOR	1	1	
ENVIRONMENTAL SPECIALIST I	1	1	
ENVIRONMENTAL SPECIALIST II	6	6	
ENVIRONMENTAL SPECIALIST III	1	1	

POSITION TITLES (OPS are temporary, non-benefited positions)	CFY 08/09	CFY 09/10	COMMENTS
COUNTY HEALTH DEPARTMENT EMPLOYEES:			
ENVIRONMENTAL SUPERVISOR II - SES	1	1	
FAMILY SUPPORT WORKER	6	4	funded through Healthy Start contract
FAMILY SUPPORT WORKER (OPS)	2.25	2.25	WIC funded positions
FINANCE & ACCOUNTING DIRECTOR I	1	1	
FISCAL ASSISTANT II - SES	1	1	
GENERAL SERVICES SPECIALIST	1	1	
GOVERNMENT OPERATIONS CONSULTANT II	3	3	1 federal preparedness grant funded
HEALTH EDUCATION PROGRAM CONSULTANT	1	1	50% federally funded by CDC
HEALTH EDUCTOR	1	1	Tobacco grant-funded
HEALTH EDUCATOR (OPS)	0.5	0.5	WIC
HEALTH EDUCATOR CONSULTANT	1	1	Tobacco grant-funded
HEALTH INFORMATION SPECIALIST	2	2	
HEALTH SERVICES REPRESENTATIVE	5	4.6	STD/HIV Programs
HEALTH SUPPORT SPECIALIST	1	1	
HEALTH SUPPORT TECHNICIAN	13.5	13.5	4 WIC-funded
HEALTH SUPPORT TECHNICIAN (OPS)	2	2	
HUMAN SERVICES ANALYST	2	2	Patient AIDS Care (Medicaid)-funded
HUMAN SERVICES COUNSELOR I	5	5	Healthy Start Program funded
HUMAN SERVICES PROGRAM ANALYST	3	3	HIV grant-funded positions
HUMAN SERVICES PROGRAM CONSULTANT I	1	1	Healthy Start Program funded
HUMAN SERVICES PROGRAM SPECIALIST -SES	2	2	1 HIV/AIDS Grant-funded
HUMAN SERVICES PROGRAM SPECIALIST (OPS)	1	1	HIV grant-funded positions
LICENSED PRACTICAL NURSE	4.6	4.6	1 Healthy Start
MEDICAL LABORATORY MANAGER - SES	1	1	
MEDICAL TECHNOLOGIST II	1	1	
NURSING PROGRAM SPECIALIST	3	3	1 funded by Healthy Start
NUTRITION EDUCATOR	4	4	WIC
OFFICE AUTOMATION SPECIALIST I	1	1	
OPERATION & MANAGEMENT CONSULTANT I	2	2	
PHARMACY TECHNICIAN	1	1	
PHYSICIAN	2	2	
PHYSICIAN (OPS)	1.1	1.1	
PUBLIC HEALTH NUTRITIONIST PROG. DIRECTOR	1	1	WIC
PUBLIC HEALTH NUTRITIONIST SUPERVISOR	1	1	WIC
PUBLIC HEALTH SERVICES MANAGER-SES	1	1	
PURCHASING AGENT I	1	1	
REGISTERED NURSE	2	2	
REGISTERED NURSE SPECIALIST	1	1	AIDS Drug Assistance Program
SECRETARY SPECIALIST	1	1	
SENIOR CLERK	25	25	10 WIC / 1 Health Start
SENIOR CLERK (OPS)	2	2	
SENIOR COMMUNITY HEALTH NURSE	20.8	19.8	
SR. COMMUNITY HEALTH NURSING DIRECTOR	1	1	

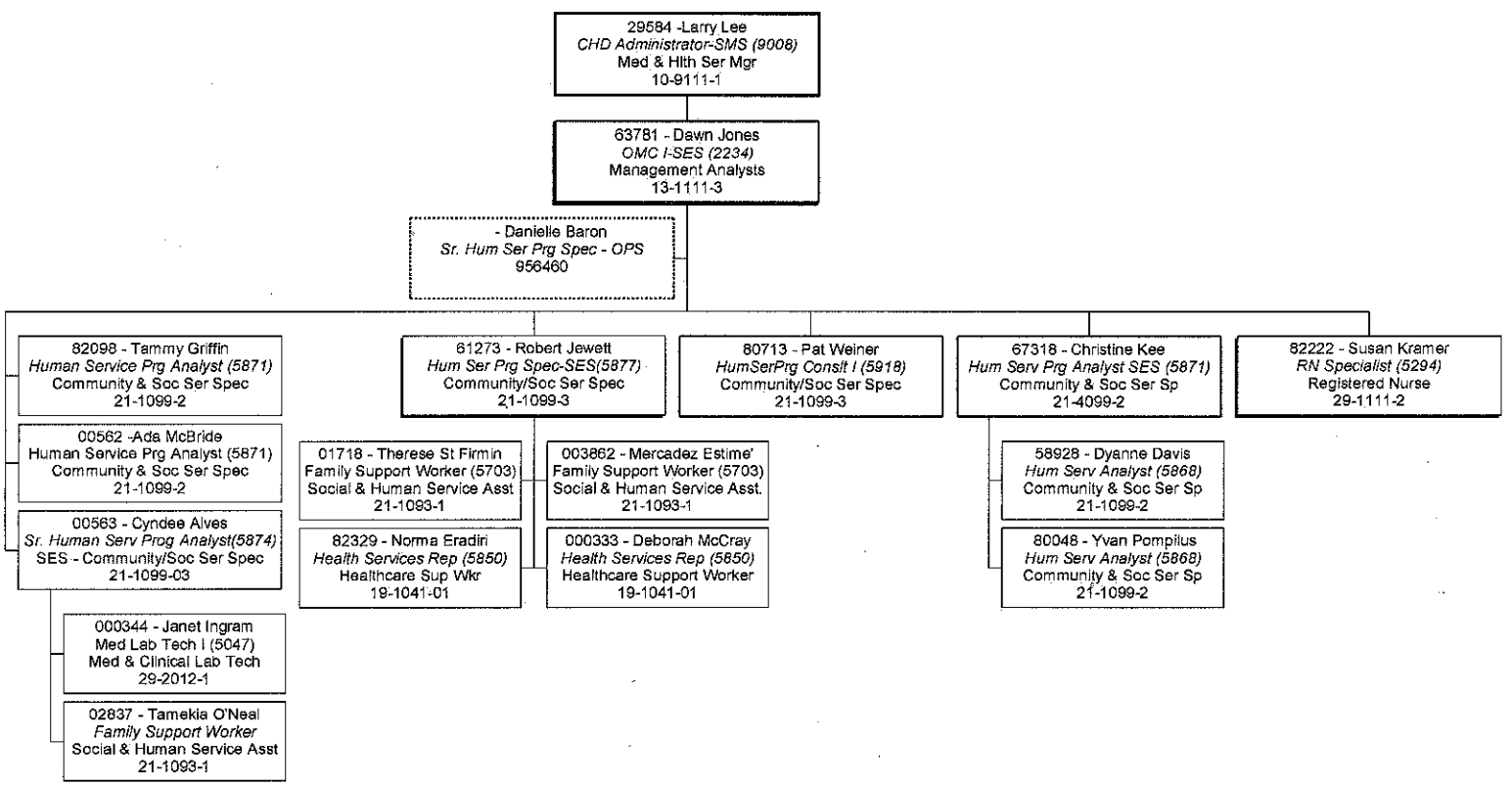
POSITION TITLES (OPS are temporary, non-benefited positions)	CFY 08/09	CFY 09/10	COMMENTS
COUNTY HEALTH DEPARTMENT EMPLOYEES:			
SR. COMMUNITY HEALTH NURSING SUPERVISOR	3	3	
SR. HUMAN SERVICES PROGRAM ANALYST	2	2	HIV & STD Grant funded positions
SENIOR PHYSICIAN / MEDICAL DIRECTOR	1	1	
SENIOR PHYSICIAN (OPS)	0.4	0.4	OB Provider
SENIOR PUBLIC HEALTH NUTRITIONIST	3.1	3.1	WIC
STAFF ASSISTANT	8.5	8.5	
STAFF DEVELOPMENT & TRAINING MGR	1	1	
COUNTY HEALTH DEPT. SUBTOTAL	**184.65**	**180.75**	
AREA 15 (FOUR COUNTY) & REGION V DOMESTIC SECURITY TASK FORCE POSITIONS:			
GOVERNMENT OPERATIONS CONSULTANT II	2	2	HIV/AIDS & Disaster Preparedness
GOV'T OPERATIONS CONSULTANT II - OPS	0.5	0	Preparedness grant funded project
HEALTH SERVICES SUPERVISOR - SES	1	1	STD Program
HUMAN SERVICES PROGRAM CONSULTANT I	1	1	Ryan White Contract Manager (federal)
NURSING PROGRAM SPECIALIST	1	1	Region V Special Needs Consultant
OPERATION & MANAGEMENT CONSULTANT I	1	1	Area 15 HIV/AIDS Program
OPERATION & MANAGEMENT CONSULTANT II	1	1	disaster preparedness grant funded
PLANNING CONSULTANT	1	1	Region V Emergency Response
PUBLIC INFORMATION SPECIALIST	1	1	Region V Risk Communication t
STAFF ASSISTANT	0.5	0.5	STD Surveillance & HIV/AIDS Program
AREA 15 / REGION V SUBTOTAL:	**10**	**9.5**	
GRAND TOTALS:	**194.7**	**190.3**	

ST. LUCIE COUNTY HEALTH DEPARTMENT
ADMINISTRATION/BUSINESS OFFICE/SR. MANAGEMENT

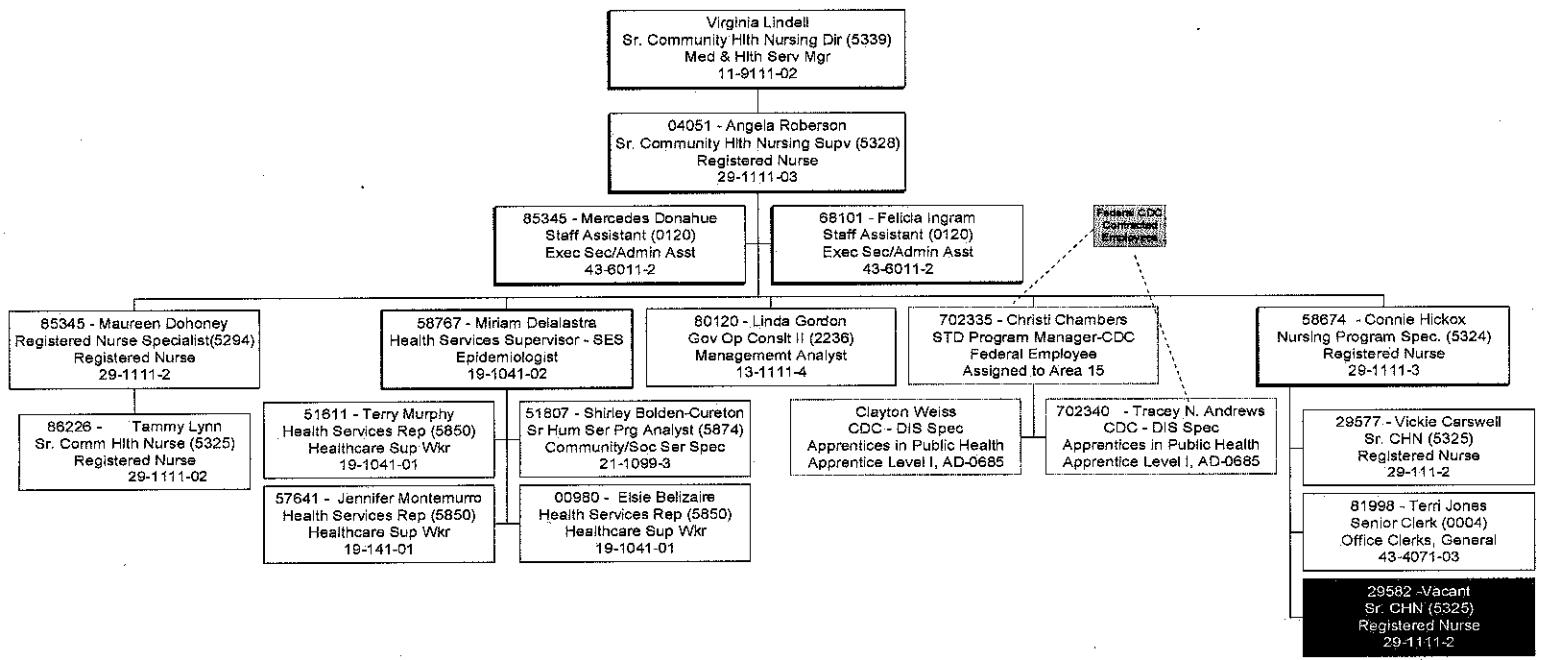
February 20, 2009



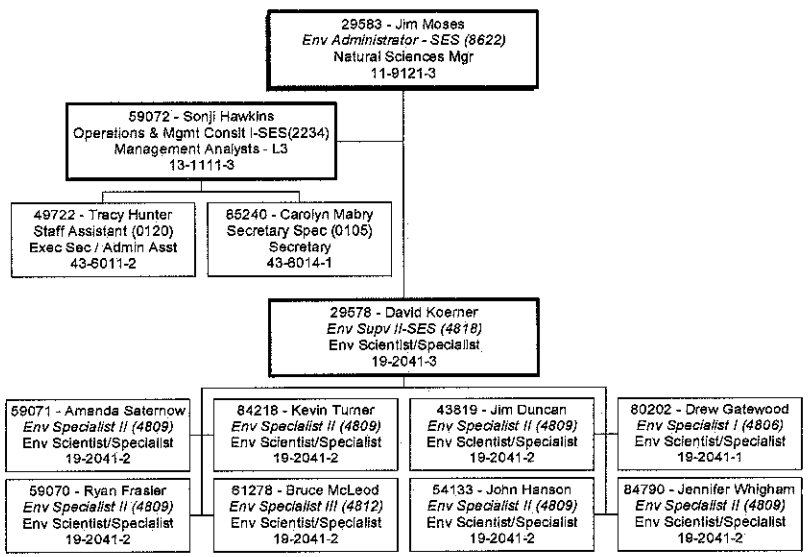
ST. LUCIE COUNTY HEALTH DEPARTMENT
Disease Control (1 of 2 pages HIV/AIDS)
February 20, 2009



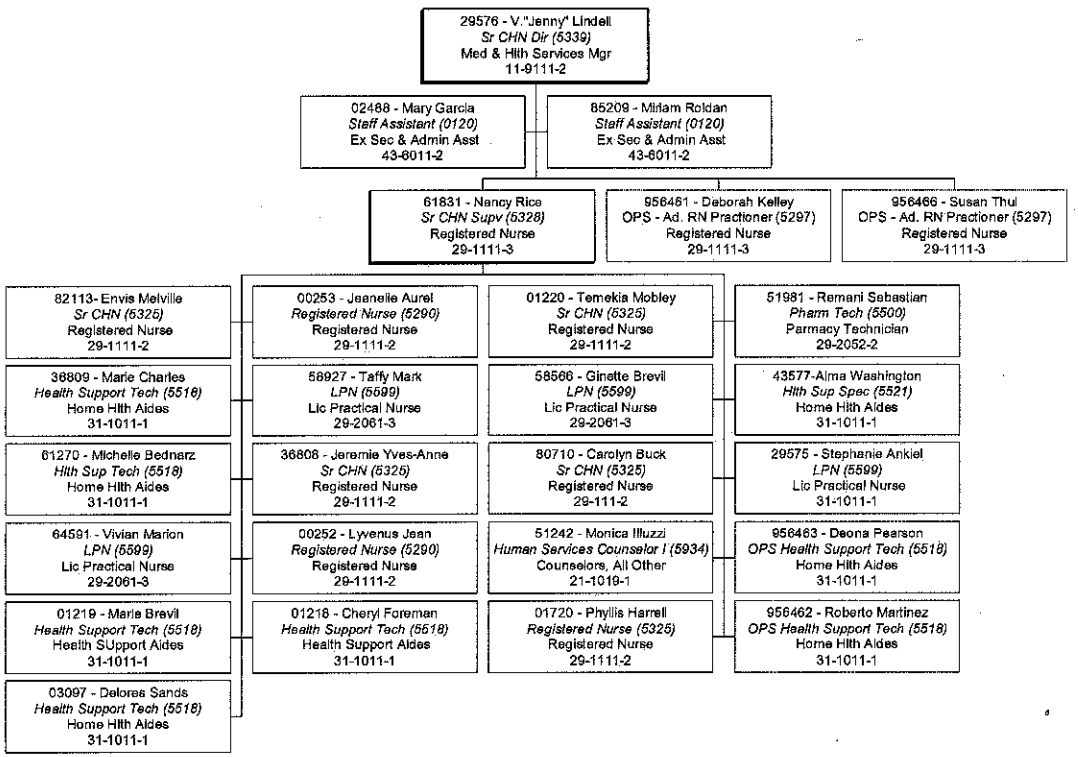
ST. LUCIE COUNTY HEALTH DEPARTMENT
Disease Control (page 2 of 2 EPI – STD - TB)
February 20, 2009



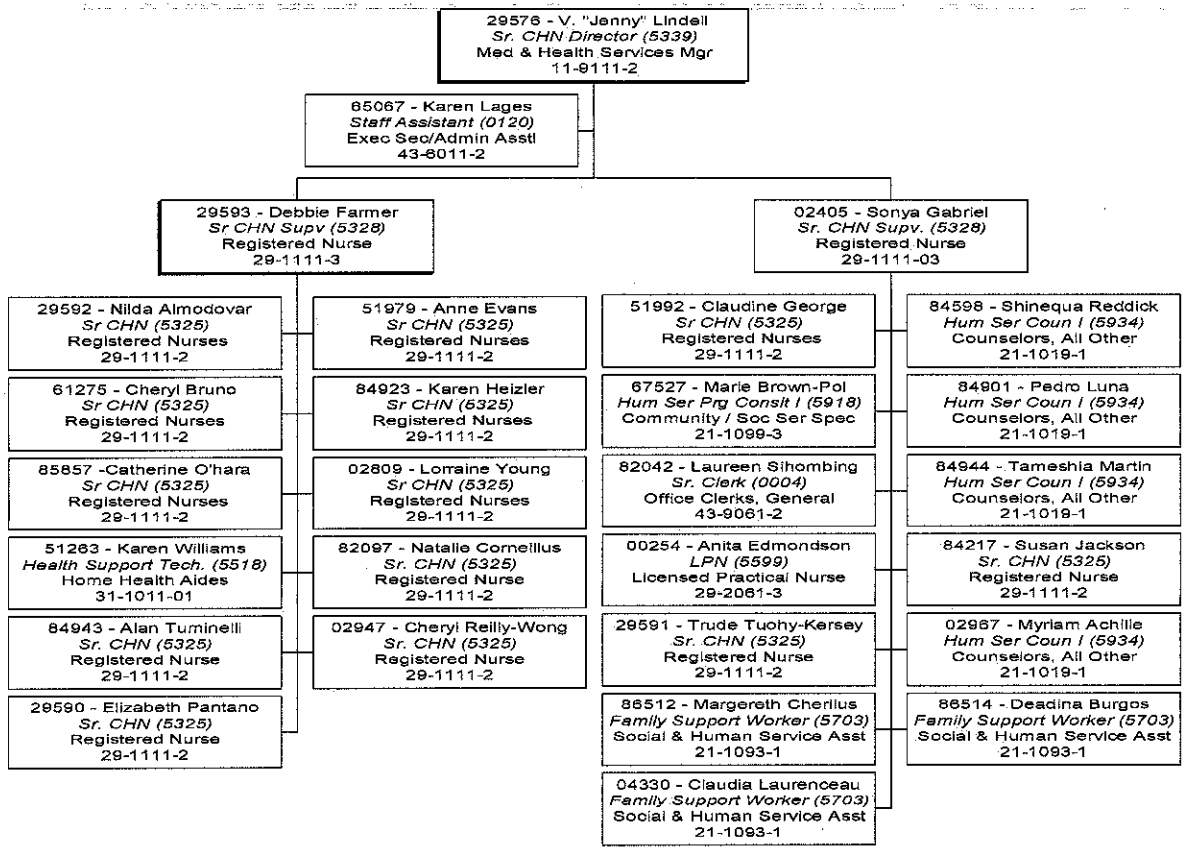
ST. LUCIE COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH
February 20, 2009



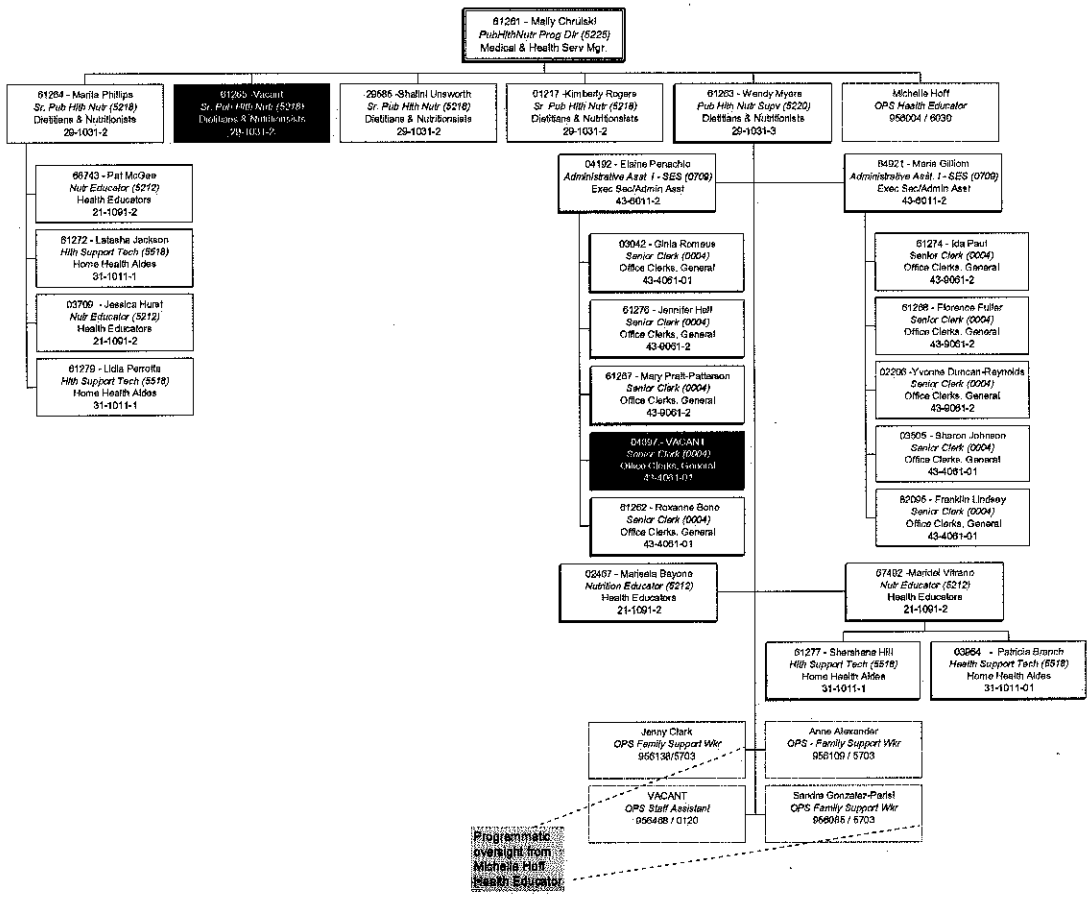
ST. LUCIE COUNTY HEALTH DEPARTMENT
NURSING (page 1 of 2 - Clinic Services/Ft. Pierce)
February 20, 2009



ST. LUCIE COUNTY HEALTH DEPARTMENT
NURSING (page 2 of 2 –School Health, Healthy Start, PSL)
February 20, 2009



ST. LUCIE COUNTY HEALTH DEPARTMENT
WOMEN, INFANT AND CHILDREN PROGRAM (WIC)
February 20, 2009



SECTION VIII
STATEMENT OF ASSURANCES

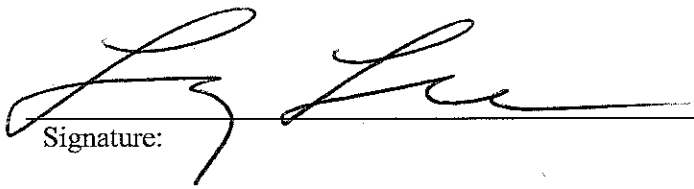
As a condition of receipt of County funds, the applicant must comply with the requirements of courts, local, state, and federal laws, rules, regulations, and guidelines. As a part of the application and as a part of acceptance and use of County funds, the applicant agrees that:

1. It possesses legal authority to apply for the assistance, that the application has been approved by the applicant's governing body, including all assurances contained herein.
2. It will utilize County funds to provide a range of services and activities having measurable and potentially major impact on the community's mental and physical welfare needs.
3. It will submit copies of executed grant contracts when match funds are requested. In addition, the County will be advised of amendments and provide copies of each amendment to grant contracts.
4. It possesses the sound fiscal controls and fund accounting procedures necessary to assure the proper disbursal of an accounting for County funds.
5. It will permit and cooperate with county, state, and federal investigations designed to evaluate compliance with the law.
6. It will give the Board, the Clerk of the Circuit Court, or any authorized representative complete access to examine all records, books, papers, or documents related to the assistance.
7. It will, in accordance with Florida Statutes, comply with nondiscrimination provisions.
8. It will, in accordance with Florida Statute 119.07, comply with the provisions of public examination of records in regards to said funds.
9. It will attest, the application and its various sections, including budget data, are true and correct. Information contained in this application accurately reflects the activities of this agency and that the expenditures or portions there of for which the County funds are being requested are not reimbursed by any other source.
10. Upon being awarded assistance, the applicant agrees to furnish a copy of the last audit performed in accordance with accepted accounting procedures.
11. An organizational chart of the Board of Directors and Administrators, including their names and offices or position held will be submitted as part of the application.
12. The application will become part of a contract between the Board and the Applicant.

AGENCY AUTHORIZED OFFICIAL:

Name: Larry Lee

Title: Administrator/Health Officer



Signature:

March 13, 2009

Date:

SECTION IX
ACCOUNTING SYSTEM CERTIFICATION

A. STATEMENT OF FINANCIAL OFFICER

I am the Chief Financial Officer of Saint Lucie County Health Department and, in this capacity, I will be responsible for providing financial services adequate to insure that establishment and maintenance of an accounting system for Saint Lucie County Health Department which is a non profit agency charged with carrying out a program(s) under County funding. The accounting system will have internal controls adequate to safeguard the assets of such agency, and the accuracy and reliability of accounting data, promote operating efficiency, and encourage compliance with prescribed management policies of the agency.

Saint Lucie County Health Department
(Name of Operation)

James L. Gilbert, Business Manager
(Name of Chief Financial Officer)

(Signature of Chief Financial Officer)

March 13, 2008
(Date)

873-4884
(Telephone Number)

SECTION X
APPLICATION CHECKLIST

The Application must be complete, including all necessary attachments and signatures. The following is a checklist:

1 Section I Administrative Information
2 Section II Project Identification
3 Section III Proposed Solution to the Targeted Problem
4 Section IV Objectives and Performance Measures
5 Section V Budget Information (A through E)
6 Section VI Agency Staffing Complement
7 Section VII Organizational Chart
8 Section VIII Statement of Assurances
9 Section IX Accounting System Certification
10 Section X Application Checklist
11 ATTACHMENTS:
- Sources of Revenue Contributions

ATTACHMENT II.

SAINT LUCIE COUNTY HEALTH DEPARTMENT
Part II. Sources of Contributions to County Health Department

October 1, 2008 to September 30, 2009

		State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
1. GENERAL REVENUE - STATE						
015040	ALG/CESSPOOL IDENTIFICATION AND ELIMINATION	0	0	0	0	0
015040	ALG/CONTR TO CHDS-AIDS PATIENT CARE	192,000	0	192,000	0	192,000
015040	ALG/CONTR TO CHDS-AIDS PREV & SURV & FIELD STAFF	118,417	0	118,417	0	118,417
015040	ALG/CONTR TO CHDS-DENTAL PROGRAM	0	0	0	0	0
015040	ALG/CONTR TO CHDS-MIGRANT LABOR CAMP SANITATION	414	0	414	0	414
015040	ALG/CONTR. TO CHDS-IMMUNIZATION OUTREACH TEAMS	13,170	0	13,170	0	13,170
015040	ALG/CONTR. TO CHDS-INDOOR AIR ASSIST PROG	0	0	0	0	0
015040	ALG/CONTR. TO CHDS-MCH HEALTH - FIELD STAFF COST	0	0	0	0	0
015040	ALG/CONTR. TO CHDS-SOVEREIGN IMMUNITY	0	0	0	0	0
015040	ALG/CONTRIBUTION TO CHDS-PRIMARY CARE	25,937	0	25,937	0	25,937
015040	ALG/FAMILY PLANNING	49,181	0	49,181	0	49,181
015040	ALG/IPO HEALTHY START/IPO	0	0	0	0	0
015040	ALG/PRIMARY CARE	316,647	0	316,647	0	316,647
015040	ALG/SCHOOL HEALTH/SUPPLEMENTAL	0	0	0	0	0
015040	CATE - ESCAMBIA	0	0	0	0	0
015040	CHD SUPPORT POSITION	0	0	0	0	0
015040	CLOSING THE GAP PROGRAM	0	0	0	0	0
015040	COMMUNITY TB PROGRAM	129,907	0	129,907	0	129,907
015040	DENTAL SPECIAL INITIATIVE PROJECTS	0	0	0	0	0
015040	DUVAL TEEN PREGNANCY PREVENTION	0	0	0	0	0
015040	ENHANCED DENTAL SERVICES	0	0	0	0	0
015040	FL CLPPP SCREENING & CASE MANAGEMENT	0	0	0	0	0
015040	FL HEPATITIS & LIVER FAILURE PREVENTIONCONTROL	0	0	0	0	0
015040	HEALTHY BEACHES MONITORING	6,826	0	6,826	0	6,826
015040	HEALTHY PROMO & EDUCATION INITITATIVES	7,520	0	7,520	0	7,520
015040	HIV/AIDS JAIL LINKAGE PROJECT	50,000	0	50,000	0	50,000
015040	INDIGENT DENTAL CARE - ESCAMBIA	0	0	0	0	0
015040	LA LIGA CONTRA EL CANCER	0	0	0	0	0
015040	MEDIVAN - BROWARD	0	0	0	0	0
015040	METRO ORLANDO URBAN LEAGUE TEENAGE PREG PREV	0	0	0	0	0
015040	PENALVER CLINIC - MIAMI-DADE	0	0	0	0	0
015040	PRIMARY CARE SPECIAL DENTAL PROJECTS	17,580	0	17,580	0	17,580
015040	SPECIAL NEEDS SHELTER PROGRAM	45,750	0	45,750	0	45,750
015040	STATEWIDE DENTISTRY NETWORK - ESCAMBIA	0	0	0	0	0
015040	STD GENERAL REVENUE	30,049	0	30,049	0	30,049
015050	ALG/CONTR TO CHDS	2,099,637	0	2,099,637	0	2,099,637
GENERAL REVENUE TOTAL		3,103,035	0	3,103,035	0	3,103,035
2. NON GENERAL REVENUE - STATE						
015010	ALG/CONTR TO CHDS-REBASING TOBACCO TF	102,362	0	102,362	0	102,362
015010	BASIC SCHOOL HEALTH - CMS TF	12,817	0	12,817	0	12,817
015010	BASIC SCHOOL HEALTH - TOBACCO TF	142,237	0	142,237	0	142,237
015010	Robert Woods Johnson Multisite Learning Collabrative	1,000	0	1,000	0	1,000
015010	CHD SUPPORT EXPENSE	0	0	0	0	0
015010	CHD SUPPORT POSITION	0	0	0	0	0
015010	CHRONIC DISEASE PREVENTION & CESSATION PROGRAM	33,000	0	33,000	0	33,000
015010	FL HEPATITIS & LIVER FAILURE PREVENTIONCONTROL	0	0	0	0	0
015010	FULL SERVICE SCHOOLS - TOBACCO TF	110,100	0	110,100	0	110,100

ATTACHMENT II.

SAINT LUCIE COUNTY HEALTH DEPARTMENT
Part II. Sources of Contributions to County Health Department

October 1, 2008 to September 30, 2009

		State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
2. NON GENERAL REVENUE - STATE						
015010	HEALTHY PEOPLE HEALTHY COMM	5,373	0	5,373	0	5,373
015010	PUBLIC SWIMMING POOL PROGRAM	0	0	0	0	0
015010	SCHOOL HEALTH/SUPPLEMENTAL	0	0	0	0	0
015010	SUPPLEMENTAL/COMPREHENSIVE SCHOOL HEALTH - TOB TF	0	0	0	0	0
015010	TOBACCO PREVENTION & CESSATION PROGRAM	53,072	0	53,072	0	53,072
015010	VARICELLA IMMUNIZATION REQUIREMENT TOBACCO TF	7,041	0	7,041	0	7,041
015010	YOUTH SCHOOL & AFTER SCHOOL PROGRAM	104,293	0	104,293	0	104,293
015018	Summer Food Program	0	0	0	0	0
015020	ALG/CONTR. TO CHDS-BIOMEDICAL WASTE/DEP ADM TF	8,098	0	8,098	0	8,098
015020	ALG/CONTR. TO CHDS-SAFE DRINKING WATER PRG/DEP ADM	0	0	0	0	0
015020	FOOD AND WATERBORNE DISEASE PROGRAM ADM TF/DACS	0	0	0	0	0
NON GENERAL REVENUE TOTAL		579,393	0	579,393	0	579,393
3. FEDERAL FUNDS - State						
007000	AFRICAN AMERICAN TESTING INITIATIVE(AATI)	197,250	0	197,250	0	197,250
007000	AIDS PREVENTION	324,156	0	324,156	0	324,156
007000	AIDS SURVEILLANCE	0	0	0	0	0
007000	BIOTERR SURVEILLANCE & EPIDEMIOLOGY	61,238	0	61,238	0	61,238
007000	BIOTERRORISM PLANNING & READINESS	345,327	0	345,327	0	345,327
007000	Bioterrorism MRC	34,002	0	34,002	0	34,002
007000	CHILDHOOD LEAD POISONING PREVENTION	0	0	0	0	0
007000	COASTAL BEACH MONITORING PROGRAM	5,832	0	5,832	0	5,832
007000	FGTF/AIDS MORBIDITY	0	0	0	0	0
007000	FGTF/BREAST & CERVICAL CANCER-ADMIN/CASE MAN	0	0	0	0	0
007000	FGTF/FAMILY PLANNING TITLE X SPECIAL INITIATIVES	0	0	0	0	0
007000	FGTF/FAMILY PLANNING-TITLE X	80,234	0	80,234	0	80,234
007000	FGTF/IMMUNIZATION ACTION PLAN	19,914	0	19,914	0	19,914
007000	FGTF/WIC ADMINISTRATION	1,259,580	0	1,259,580	0	1,259,580
007000	FLORIDA PANDEMIC INFLUENZA	34,544	0	34,544	0	34,544
007000	HEALTH PROGRAM FOR REFUGEES	0	0	0	0	0
007000	HEALTHY PEOPLE HEALTHY COMMUNITIES	20,639	0	20,639	0	20,639
007000	HIV INCIDENCE SURVEILLANCE	0	0	0	0	0
007000	IMMUNIZATION FIELD STAFF EXPENSE	0	0	0	0	0
007000	IMMUNIZATION SPECIAL PROJECT	6,269	0	6,269	0	6,269
007000	IMMUNIZATION SUPPLEMENTAL	0	0	0	0	0
007000	IMMUNIZATION WIC-LINKAGES	0	0	0	0	0
007000	IMMUNIZATION-WIC LINKAGES	0	0	0	0	0
007000	MCH BGTF-GADSDEN SCHOOL CLINIC	0	0	0	0	0
007000	MCH BGTF-HEALTHY START IPO	0	0	0	0	0
007000	PHP LAB CAP - BIOLOGICAL AGENTS2007-08 - FOCUS C	0	0	0	0	0
007000	PHP LAB CAP - BIOLOGICAL AGENTS2007-08 - FOCUS D	0	0	0	0	0
007000	PHP-CITIES RESPONSE INITIATIVE	0	0	0	0	0
007000	PHP-CITIES RESPONSE INITIATIVE2007-2008	0	0	0	0	0
007000	RISK COMMUNICATIONS	43,134	0	43,134	0	43,134
007000	RYAN WHITE	107,712	0	107,712	0	107,712
007000	RYAN WHITE - EMERGING COMMUNITIES	0	0	0	0	0
007000	RYAN WHITE-AIDS DRUG ASSIST PROG-ADMIN	78,552	0	78,552	0	78,552
007000	RYAN WHITE-CONSORTIA	0	0	0	0	0

ATTACHMENT II.

SAINT LUCIE COUNTY HEALTH DEPARTMENT
Part II. Sources of Contributions to County Health Department

October 1, 2008 to September 30, 2009

		State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
3. FEDERAL FUNDS - State						
007000	STD FEDERAL GRANT - CSPS	50,050	0	50,050	0	50,050
007000	STD PROGRAM - PHYSICIAN TRAINING CENTER	0	0	0	0	0
007000	STD PROGRAM INFERTILITY PREVENTION PROJECT(IPP)	0	0	0	0	0
007000	STD PROGRAM-INFERTILITY PREVENTION PROJECT(IPP)	0	0	0	0	0
007000	SYPHILIS ELIMINATION	0	0	0	0	0
007000	TITLE X HIV/AIDS PROJECT	0	0	0	0	0
007000	TITLE X MALE PROJECT	0	0	0	0	0
007000	TUBERCULOSIS CONTROL - FEDERAL GRANT	54,396	0	54,396	0	54,396
007000	WIC BREASTFEEDING PEER COUNSELING	34,149	0	34,149	0	34,149
015009	MEDIPASS WAIVER-HLTHY STRT CLIENT SERVICES	0	0	0	0	0
015009	MEDIPASS WAIVER-SOBRA	0	0	0	0	0
015075	CHD SUPPORT POSITION	0	0	0	0	0
015075	STATE ENVIRONMENTAL FEES	0	0	0	0	0
FEDERAL FUNDS TOTAL		2,756,978	0	2,756,978	0	2,756,978
4. FEES ASSESSED BY STATE OR FEDERAL RULES - STATE						
001020	TANNING FACILITIES	10,000	0	10,000	0	10,000
001020	BODY PIERCING	2,000	0	2,000	0	2,000
001020	MIGRANT HOUSING PERMIT	0	0	0	0	0
001020	MOBILE HOME AND PARKS	20,000	0	20,000	0	20,000
001020	FOOD HYGIENE PERMIT	20,000	0	20,000	0	20,000
001020	BIOHAZARD WASTE PERMIT	10,000	0	10,000	0	10,000
001020	SWIMMING POOLS	10,000	0	10,000	0	10,000
001020	PRIVATE WATER CONSTR PERMIT	0	0	0	0	0
001020	PUBLIC WATER ANNUAL OPER PERMIT	100,000	0	100,000	0	100,000
001020	PUBLIC WATER CONSTR PERMIT	0	0	0	0	0
001020	NON-SDWA SYSTEM PERMIT	0	0	0	0	0
001020	SAFE DRINKING WATER	149,951	0	149,951	0	149,951
001092	NON SDWA LAB SAMPLE	25,000	0	25,000	0	25,000
001092	OSDS VARIANCE FEE	0	0	0	0	0
001092	ENVIRONMENTAL HEALTH FEES	165,129	0	165,129	0	165,129
001092	OSDS REPAIR PERMIT	0	0	0	0	0
001092	OSDS PERMIT FEE	0	0	0	0	0
001092	I & M ZONED OPERATING PERMIT	0	0	0	0	0
001092	AEROBIC OPERATING PERMIT	0	0	0	0	0
001092	SEPTIC TANK SITE EVALUATION	0	0	0	0	0
001170	LAB FEE CHEMICAL ANALYSIS	0	0	0	0	0
001170	NONPOTABLE WATER ANALYSIS	0	0	0	0	0
001170	WATER ANALYSIS-POTABLE	0	0	0	0	0
010304	MQA INSPECTION FEE	0	0	0	0	0
FEES ASSESSED BY STATE OR FEDERAL RULES TOTAL		512,080	0	512,080	0	512,080
5. OTHER CASH CONTRIBUTIONS - STATE						
010304	STATIONARY POLLUTANT STORAGE TANKS	183,288	0	183,288	0	183,288
090001	DRAW DOWN FROM PUBLIC HEALTH UNIT	0	0	0	0	0
OTHER CASH CONTRIBUTIONS TOTAL		183,288	0	183,288	0	183,288

ATTACHMENT II.

SAINT LUCIE COUNTY HEALTH DEPARTMENT
Part II. Sources of Contributions to County Health Department

October 1, 2008 to September 30, 2009

		State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
6. MEDICAID - STATE/COUNTY						
001056	MEDICAID PHARMACY	0	0	0	0	0
001076	MEDICAID TB	0	0	0	0	0
001078	MEDICAID ADMINISTRATION OF VACCINE	0	0	0	0	0
001079	MEDICAID CASE MANAGEMENT	0	0	0	0	0
001080	MEDICAID OTHER	135,033	192,399	327,432	0	327,432
001081	MEDICAID CHILD HEALTH CHECK UP	0	0	0	0	0
001082	MEDICAID DENTAL	282,923	403,117	686,040	0	686,040
001083	MEDICAID FAMILY PLANNING	12,000	108,000	120,000	0	120,000
001087	MEDICAID STD	0	0	0	0	0
001089	MEDICAID AIDS	76,706	109,294	186,000	0	186,000
001147	MEDICAID HMO RATE	0	0	0	0	0
001191	MEDICAID MATERNITY	317,672	452,629	770,301	0	770,301
001192	MEDICAID COMPREHENSIVE CHILD	37,116	52,884	90,000	0	90,000
001193	MEDICAID COMPREHENSIVE ADULT	110,901	158,015	268,916	0	268,916
001194	MEDICAID LABORATORY	0	0	0	0	0
001208	MEDIPASS $3.00 ADM. FEE	22,500	22,500	45,000	0	45,000
001059	Medicaid Low Income Pool	0	0	0	0	0
001051	Emergency Medicaid	0	0	0	0	0
MEDICAID TOTAL		994,851	1,498,838	2,493,689	0	2,493,689
7. ALLOCABLE REVENUE - STATE						
018000	REFUNDS	0	0	0	0	0
037000	PRIOR YEAR WARRANT	0	0	0	0	0
038000	12 MONTH OLD WARRANT	0	0	0	0	0
ALLOCABLE REVENUE TOTAL		0	0	0	0	0
8. OTHER STATE CONTRIBUTIONS NOT IN CHD TRUST FUND - STATE						
	PHARMACY SERVICES	0	0	0	147,548	147,548
	LABORATORY SERVICES	0	0	0	152,852	152,852
	TB SERVICES	0	0	0	0	0
	IMMUNIZATION SERVICES	0	0	0	257,129	257,129
	STD SERVICES	0	0	0	61,760	61,760
	CONSTRUCTION/RENOVATION	0	0	0	0	0
	WIC FOOD	0	0	0	6,735,843	6,735,843
	ADAP	0	0	0	875,882	875,882
	DENTAL SERVICES	0	0	0	0	0
	OTHER (SPECIFY)	0	0	0	0	0
	OTHER (SPECIFY)	0	0	0	0	0
OTHER STATE CONTRIBUTIONS TOTAL		0	0	0	8,231,014	8,231,014
9. DIRECT COUNTY CONTRIBUTIONS - COUNTY						
008030	BCC Contribution from Health Care Tax	0	0	0	0	0
008034	BCC Contribution from General Fund	0	959,782	959,782	0	959,782
DIRECT COUNTY CONTRIBUTION TOTAL		0	959,782	959,782	0	959,782
10. FEES AUTHORIZED BY COUNTY ORDINANCE OR RESOLUTION - COUNTY						

ATTACHMENT II.

SAINT LUCIE COUNTY HEALTH DEPARTMENT
Part II. Sources of Contributions to County Health Department

October 1, 2008 to September 30, 2009

		State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
10. FEES AUTHORIZED BY COUNTY ORDINANCE OR RESOLUTION - COUNTY						
001060	VITAL STATISTICS FEES OTHER	0	6,000	6,000	0	6,000
001077	RABIES VACCINE	0	0	0	0	0
001077	CHILD CAR SEAT PROG	0	0	0	0	0
001077	PERSONAL HEALTH FEES	0	497,129	497,129	0	497,129
001077	AIDS CO-PAYS	0	0	0	0	0
001094	LOCAL ORDINANCE FEES	0	0	0	0	0
001094	ADULT ENTER. PERMIT FEES	0	0	0	0	0
001114	NEW BIRTH CERTIFICATES	0	105,000	105,000	0	105,000
001115	DEATH CERTIFICATES	0	159,370	159,370	0	159,370
001117	VITAL STATS-ADM. FEE 50 CENTS	0	4,000	4,000	0	4,000
001073	Co-Pay for the AIDS Care Program	0	0	0	0	0
001025	Client Revenue from GRC	0	0	0	0	0
FEES AUTHORIZED BY COUNTY TOTAL		0	771,499	771,499	0	771,499
11. OTHER CASH AND LOCAL CONTRIBUTIONS - COUNTY						
001009	RETURNED CHECK ITEM	0	0	0	0	0
001029	THIRD PARTY REIMBURSEMENT	0	0	0	0	0
001029	HEALTH MAINTENANCE ORGAN (HMO)	0	0	0	0	0
001054	MEDICARE PART D	0	0	0	0	0
001077	RYAN WHITE TITLE II	0	0	0	0	0
001090	MEDICARE PART B	0	0	0	0	0
001190	Health Maintenance Organization	0	0	0	0	0
005040	INTEREST EARNED	0	0	0	0	0
005041	INTEREST EARNED-STATE INVESTMENT ACCOUNT	0	22,620	22,620	0	22,620
007010	U.S. GRANTS DIRECT	0	0	0	0	0
008010	Contribution from City Government	0	0	0	0	0
008020	Contribution from Health Care Tax not thru BCC	0	0	0	0	0
008050	School Board Contribution	0	0	0	0	0
008060	Special Project Contribution	0	0	0	0	0
010300	SALE OF GOODS AND SERVICES TO STATE AGENCIES	0	0	0	0	0
010301	EXP WITNESS FEE CONSULTNT CHARGES	0	0	0	0	0
010405	SALE OF PHARMACEUTICALS	0	0	0	0	0
010409	SALE OF GOODS OUTSIDE STATE GOVERNMENT	0	0	0	0	0
011000	GRANT-DIRECT	0	923,503	923,503	0	923,503
011000	GRANT-DIRECT	0	0	0	0	0
011000	GRANT-DIRECT	0	0	0	0	0
011000	GRANT-DIRECT	0	0	0	0	0
011000	GRANT-DIRECT	0	0	0	0	0
011000	GRANT-DIRECT	0	0	0	0	0
011000	GRANT-DIRECT	0	0	0	0	0
011000	GRANT-DIRECT	0	0	0	0	0
011001	HEALTHY START COALITION CONTRIBUTIONS	0	521,534	521,534	0	521,534
011007	CASH DONATIONS PRIVATE	0	0	0	0	0
012020	FINES AND FORFEITURES	0	0	0	0	0
012021	RETURN CHECK CHARGE	0	0	0	0	0
028020	INSURANCE RECOVERIES-OTHER	0	0	0	0	0
090002	DRAW DOWN FROM PUBLIC HEALTH UNIT	0	0	0	0	0
011000	GRANT DIRECT-QUANTUM DENTAL	0	0	0	0	0

ATTACHMENT II.

SAINT LUCIE COUNTY HEALTH DEPARTMENT
Part II. Sources of Contributions to County Health Department

October 1, 2008 to September 30, 2009

		State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
11. OTHER CASH AND LOCAL CONTRIBUTIONS - COUNTY						
011000	GRANT DIRECT-HEALTH CARE DISTRICT PAHOKEE	0	0	0	0	0
011000	GRANT DIRECT-NOVA UNIVERSITY CHD TRAINING	0	0	0	0	0
011000	GRANT DIRECT-COUNTY HEALTH DEPARTMENT DIRECT SERVICES	0	0	0	0	0
011000	DIRECT-ARROW	0	0	0	0	0
011000	GRANT DIRECT-ARROW	0	0	0	0	0
010402	Recycled Material Sales	0	0	0	0	0
OTHER CASH AND LOCAL CONTRIBUTIONS TOTAL		0	1,467,657	1,467,657	0	1,467,657
12. ALLOCABLE REVENUE - COUNTY						
018000	REFUNDS	0	0	0	0	0
037000	PRIOR YEAR WARRANT	0	0	0	0	0
038000	12 MONTH OLD WARRANT	0	0	0	0	0
COUNTY ALLOCABLE REVENUE TOTAL		0	0	0	0	0
13. BUILDINGS - COUNTY						
	ANNUAL RENTAL EQUIVALENT VALUE	0	0	0	720,000	720,000
	BUILDING MAINTENANCE	0	0	0	75,000	75,000
	INSURANCE	0	0	0	0	0
	UTILITIES	0	0	0	0	0
	GROUNDS MAINTENANCE	0	0	0	0	0
	OTHER (SPECIFY)	0	0	0	0	0
	OTHER (SPECIFY)	0	0	0	0	0
BUILDINGS TOTAL		0	0	0	795,000	795,000
14. OTHER COUNTY CONTRIBUTIONS NOT IN CHD TRUST FUND - COUNTY						
	EQUIPMENT/VEHICLE PURCHASES	0	0	0	0	0
	VEHICLE INSURANCE	0	0	0	0	0
	VEHICLE MAINTENANCE	0	0	0	0	0
	OTHER COUNTY CONTRIBUTION (SPECIFY)	0	0	0	0	0
	OTHER COUNTY CONTRIBUTION (SPECIFY)	0	0	0	0	0
OTHER COUNTY CONTRIBUTIONS TOTAL		0	0	0	0	0
GRAND TOTAL CHD PROGRAM		8,129,625	4,697,776	12,827,401	9,026,014	21,853,415

ATTACHMENT II.

SAINT LUCIE COUNTY HEALTH DEPARTMENT

Part III. Planned Staffing, Clients, Services, And Expenditures By Program Service Area Within Each Level Of Service

October 1, 2008 to September 30, 2009

	FTE's (0.00)	Clients Units	Services	Quarterly Expenditure Plan 1st	2nd	3rd	4th	State	County	Grand Total
					(Whole dollars only)					
A. COMMUNICABLE DISEASE CONTROL:										
VITAL STATISTICS(180)	4.00	10,000	23,000	87,000	50,000	55,324	50,000	0	242,324	242,324
IMMUNIZATION(101)	8.00	4,500	12,000	63,000	107,000	110,000	107,000	194,000	193,000	387,000
STD (102)	12.00	1,200	12,000	120,000	155,000	165,000	155,000	147,413	447,587	595,000
A.I.D.S. (103)	25.00	275	5,188	725,000	659,473	725,000	659,473	2,062,968	705,978	2,768,946
TB CONTROL SERVICES (104)	7.00	800	3,000	113,000	108,134	113,000	108,133	184,303	257,964	442,267
COMM. DISEASE SURV. (106)	5.00	0	3,000	73,000	76,606	85,000	76,606	0	311,212	311,212
HEPATITIS PREVENTION(109)	0.02	1	0	175	900	1,200	1,021	3,296	0	3,296
PUBLIC HEALTH PREP AND RESP(116)	5.00	0	50	166,000	92,000	102,000	92,000	277,000	175,000	452,000
COMMUNICABLE DISEASE SUBTOTAL	66.02	16,776	58,238	1,347,175	1,249,113	1,356,524	1,249,233	2,868,980	2,333,065	5,202,045
B. PRIMARY CARE:										
CHRONIC DISEASE SERVICES (210)	1.00	5,500	450	41,000	36,861	38,000	36,861	33,626	119,096	152,722
TOBACCO PREVENTION (212)	1.50	0	3,200	49,000	30,000	32,000	30,000	141,000	0	141,000
HOME HEALTH (215)	0.00	0	0	0	0	0	0	0	0	0
W.I.C. (221)	26.00	0	90,000	288,000	313,285	338,284	313,285	1,252,854	0	1,252,854
FAMILY PLANNING(223)	11.00	5,500	13,000	105,000	172,000	178,000	172,000	337,498	289,502	627,000
IMPROVED PREGNANCY OUTCOME (225)	10.00	1,800	14,000	148,000	144,582	148,000	144,583	292,583	292,582	585,165
HEALTHY START PRENATAL(227)	3.50	2,400	16,000	103,000	70,000	75,000	70,000	0	318,000	318,000
COMPREHENSIVE CHILD HEALTH(229)	10.00	1,200	9,000	131,000	145,000	155,000	145,000	576,000	0	576,000
HEALTHY START INFANT(231)	4.00	1,600	15,000	41,000	52,000	55,000	52,000	0	200,000	200,000
SCHOOL HEALTH (234)	14.00	0	500,000	268,000	262,740	268,000	262,739	711,479	350,000	1,061,479
COMPREHENSIVE ADULT HEALTH(237)	13.00	3,000	16,000	280,000	270,547	280,000	270,548	726,159	374,936	1,101,095
DENTAL HEALTH(240)	6.50	3,300	15,000	125,000	121,193	125,000	121,193	350,000	142,386	492,386
Healthy Start Interconception Woman(232)	0.00	0	0	0	0	0	0	0	0	0
PRIMARY CARE SUBTOTAL	100.50	24,300	691,650	1,579,000	1,618,208	1,692,284	1,618,209	4,421,199	2,086,502	6,507,701
C. ENVIRONMENTAL HEALTH:										
Water and Onsite Sewage Programs										
COASTAL BEACH MONITORING(347)	0.14	250	250	5,000	4,668	5,000	4,667	19,335	0	19,335
LIMITED USE PUBLIC WATER SYSTEMS(357)	2.33	150	3,000	50,000	45,862	50,000	45,863	171,725	20,000	191,725
PUBLIC WATER SYSTEM(358)	0.00	0	0	0	0	0	0	0	0	0
PRIVATE WATER SYSTEM(359)	2.63	600	900	35,000	41,366	35,000	41,366	132,732	20,000	152,732
INDIVIDUAL SEWAGE DISP. (361)	3.00	600	1,400	55,000	51,748	55,000	51,748	193,496	20,000	213,496
Group Total	8.10	1,600	5,550	145,000	143,644	145,000	143,644	517,288	60,000	577,288
Facility Programs										
FOOD HYGIENE (348)	1.66	140	600	27,000	24,491	27,000	24,490	0	102,981	102,981
BODY ART (349)	0.03	10	10	1,400	1,078	1,400	1,078	0	4,956	4,956
GROUP CARE FACILITY(351)	1.11	300	500	20,000	16,827	20,000	16,827	0	73,654	73,654
MIGRANT LABOR CAMP(352)	1.00	1	15	2,400	2,110	2,400	2,110	9,020	0	9,020
HOUSING,PUBLIC BLDG SAFETY,SANITATION(355)	0.00	0	0	0	0	0	0	0	0	0
MOBILE HOME AND PARKS SERVICES (354)	0.40	25	200	8,000	6,946	8,000	6,946	0	29,892	29,892
SWIMMING POOLS/BATHING (360)	0.65	225	1,100	12,000	9,099	12,000	9,098	42,197	0	42,197
BIOMEDICAL WASTE SERVICES(364)	0.50	150	150	9,000	7,553	9,000	7,554	32,107	1,000	33,107

ATTACHMENT II.

SAINT LUCIE COUNTY HEALTH DEPARTMENT

Part III. Planned Staffing, Clients, Services, And Expenditures By Program Service Area Within Each Level Of Service

October 1, 2008 to September 30, 2009

	FTE's (0.00)	Clients Units	Services	Quarterly Expenditure Plan 1st	2nd	3rd	4th	State	County	Grand Total
				(Whole dollars only)						
C. ENVIRONMENTAL HEALTH:										
Facility Programs										
TANNING FACILITY SERVICES(369)	0.05	15	35	650	600	650	600	2,500	0	2,500
Group Total	5.40	866	2,610	80,450	68,704	80,450	68,703	85,824	212,483	298,307
Groundwater Contamination										
STORAGE TANK COMPLIANCE(355)	2.00	225	550	50,000	44,209	50,000	44,209	188,418	0	188,418
SUPER ACT SERVICE (356)	0.52	40	175	10,000	7,644	10,000	7,645	35,289	0	35,289
Group Total	2.52	265	725	60,000	51,853	60,000	51,854	223,707	0	223,707
Community Hygiene										
RADIOLOGICAL HEALTH(372)	0.00	0	0	0	0	0	0	0	0	0
TOXIC SUBSTANCES (373)	0.00	0	0	0	0	0	0	0	0	0
OCCUPATIONAL HEALTH(344)	0.15	0	200	250	208	250	207	915	0	915
CONSUMER PRODUCT SAFETY (345)	0.00	0	0	0	0	0	0	0	0	0
INJURY PREVENTION (346)	0.00	0	0	0	0	0	0	0	0	0
LEAD MONITORING SERVICES(350)	0.00	0	0	0	0	0	0	0	0	0
PUBLIC SEWAGE(362)	0.00	0	0	0	0	0	0	0	0	0
SOLID WASTE DISPOSAL(363)	0.00	0	0	0	0	0	0	0	0	0
SANITARY NUISANCE(365)	0.06	10	25	1,500	1,363	1,500	1,363	0	5,726	5,726
RABIES SURVEILLANCE/CONTROL SERVICES (366)	0.05	0	120	2,200	2,052	2,200	2,052	8,504	0	8,504
ARBOVIRUS SURVEILLANCE(367)	0.00	0	0	0	0	0	0	0	0	0
RODENT/ARTHROPOD CONTROL (368)	0.00	0	0	0	0	0	0	0	0	0
WATER POLLUTION(370)	0.00	0	0	0	0	0	0	0	0	0
AIR POLLUTION(371)	0.04	0	5	950	654	950	654	3,208	0	3,208
Group Total	0.30	10	350	4,900	4,277	4,900	4,276	12,627	5,726	18,353
ENVIRONMENTAL HEALTH SUBTOTAL	16.32	2,741	9,235	290,350	268,478	290,350	268,477	839,446	278,209	1,117,655
D. SPECIAL CONTRACTS:										
SPECIAL CONTRACTS(599)	0.00	0	0	0	0	0	0	0	0	0
SPECIAL CONTRACTS SUBTOTAL	0.00	0	0	0	0	0	0	0	0	0
TOTAL CONTRACT	182.84	43,817	759,123	3,216,525	3,135,799	3,339,158	3,135,919	8,129,625	4,697,776	12,827,401

COMMUNITY SERVICES GRANTS AND AID
APPLICATION FOR FUNDING NON-PROFIT AGENCY
COUNTY FISCAL YEAR 2008/09
(OCTOBER 1, 2009 - SEPTEMBER 30, 2010)

Received by
MAR 1 2 2009
St. Lucie County
Community Services

Instructions for completing Community Services Grants and Applications.

SECTION I ADMINISTRATIVE INFORMATION

SECTION II PROJECT IDENTIFICATION

Describe in narrative form the problem to be addressed and include the Florida statue number that mandates County match for the program.

SECTION III PROPOSED SOLUTION TO THE TARGETED PROBLEM

Describe in narrative form the proposed implementation plan to reduce or eliminate the targeted problem(s) identified in Section II

SECTION IV OBJECTIVES AND PERFORMANCE MEASURES

Describe in narrative form the specific objectives of the project and how the objectives will be measured.

SECTION V BUDGET DATA (A)

Self explanatory.

SECTION V BUDGET DATA (B)

Prepare a Budget Schedule reflecting a breakdown of requested County Grants and other funding sources.

SECTION V BUDGET DATA (C)

Self explanatory.

SECTION V BUDGET DATA (D)

Self explanatory.

SECTION V BUDGET DATA (E)

Provide a copy of Agency's most recent IRS form 990.

SECTION VI AGENCY STAFFING

Following the example shown below, complete the Staffing Complement. List all current agency staff by position and note the Staff allocation number in terms of Full-Time Equivalents (FTE's). Indicate the number of current vacancies by position and identify each by FTE.

Note: A "Full-Time Equivalent is on employee working full time (40 hours per week) and is reported as one FTE. A person working less than full-time is computed as a percent of full-time (a person working 20 hours per week would be reported as.5). This is a comparison of the current County Fiscal Year (October 1, 2007 - September 30, 2008) versus the upcoming County Fiscal Year ().

EXAMPLE:

POSITION TITLE	CFY 2008-2009 NUMBER OF EMPLOYEES	CFY 2009-2010 NUMBER OF EMPLOYEES
Director	1	1
Secretary	1.5	2.5
Driver	1	1
TOTAL	3.5	4.5

SECTION VII STATEMENT OF ASSURANCES

Self explanatory.

SECTION VIII ACCOUNTING SYSTEM CERTIFICATION

Self explanatory.

SECTION IX ORGANIZATION CHART

Self explanatory.

SECTION X APPLICATION CHECKLIST

The checklist is provided for your convenience to ensure a complete application package.

ST LUCIE COUNTY BOARD OF COUNTY COMMISSIONERS
APPLICATION FOR FUNDING NON-PROFIT AGENCY
COUNTY FISCAL YEAR 2008/09
(OCTOBER 1, 2009 - SEPTEMBER 30, 2010)

SECTION I
ADMINISTRATIVE INFORMATION

SECTION I

ADMINISTRATIVE INFORMATION

1. AGENCY:

Name: Healthy Start Coalition of St. Lucie County, Inc.

Address: 117 Atlantic Ave.

Telephone (772) 467-2016

Fax Number: (772) 467- 2018

Tax Exempt No: 650466549

2. CONTRACT/PROJECT DIRECTOR:

Name: Sylvie H. Kramer

Title: Executive Director

Telephone: (772) 467-2016

3. CHIEF FINANCIAL OFFICER:

Name: Sylvie H. Kramer

Address: 117 Atlantic Ave

Telephone: (772) 467-2016

ST.LUCIE COUNTY BOARD OF COUNTY COMMISSIONERS
APPLICATION FOR FUNDING NON-PROFIT AGENCY

(OCTOBER 1, 2009 - SEPTEMBER 30, 2010)

SECTION II

PROJECT IDENTIFICATION

This Section must describe in narrative form the specific problem(s) to be addressed by the implementing agency. Current data must be presented which defines the nature and extent of the targeted problem(s). Start below (use continuation pages if necessary).

During pregnancy, if a woman does not receive medical treatment, she increases the risks of having poor birth outcomes. This can include prematurity as well as multiple physical complications. These poor birth outcomes can necessitate not only intensive care at the time of birth but also the need for interventions because of physical and developmental delays relative to them. This care and these interventions are costly to a community for both the short and long term.

Prevention of poor pregnancy outcomes is two pronged. Primary prevention is the provision of information, education to high risk women before they become pregnant. This Pre / Inter-conceptual information focus around the health of the women and the impact this health has on future pregnancies. Its goal is the optimum health, physical and emotional, of women before pregnancy and between pregnancies. Because the health of the mother has a strong effect on the unborn fetus the provision of inter-conceptual interventions can have positive impact pregnancy outcomes.

Denying prenatal care to a pregnant woman is denying the unborn child basic health care. The second prong of prevention is the provision of prenatal care. It is less costly to provide prenatal than to pay for the consequences of lack of care. The second prong of this program is a mechanism to provide prenatal care. It is a voucher program. In 1996 -1997, 118 prenatal vouchers were issued. The yearly average of vouchers issued, from 1999 - 2002, was 144. For the fiscal year 06-07 a total of 155 new vouchers were issued. From July 2006 - January 2008 77 new Vouchers had been issued the same

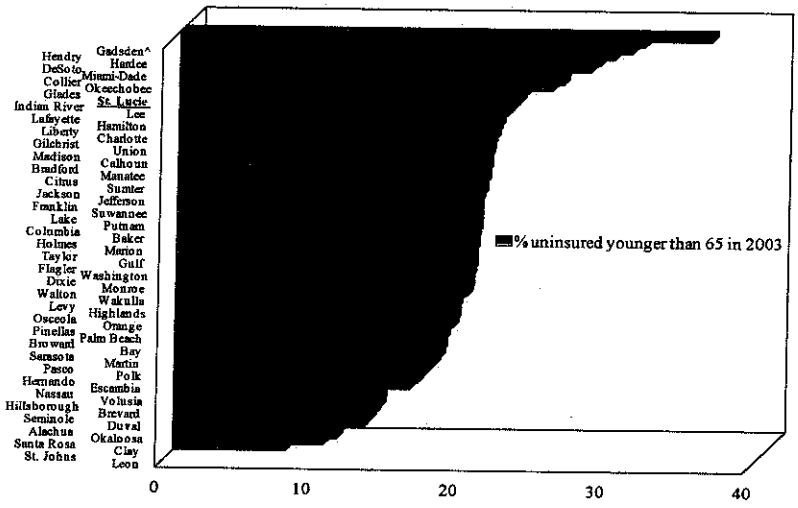
is true for the last fiscal year.

Recent changes within the economic structure of the county has ranked it high nationally in the number of foreclosures. Historically there are geographical areas within St. Lucie County which have been consistently high for unemployment and low for income. The downward shift of the economics has not only intensified these factors in those areas but has increased needs throughout the county. Below is the chart depicting the rate of uninsured across all of Florida's counties as of 2003 which does not reflect the changes in the economy over the last two years.

In 2003 St. Lucie County ranked 9th highest between all Florida counties in the rate of uninsured at 25.4.

Comparison of the Rate of Uninsured Between all Florida Counties in 2003. All Counties range was 7.7 - 36.2

In 2003 St. Lucie County ranked 9th highest in the rate of uninsured at 25.4. Since 2003 the percent of Hispanics within th total population has increased by 4.3 percent of the population the number of Hispanics has almost doubled from 2003 - 20(

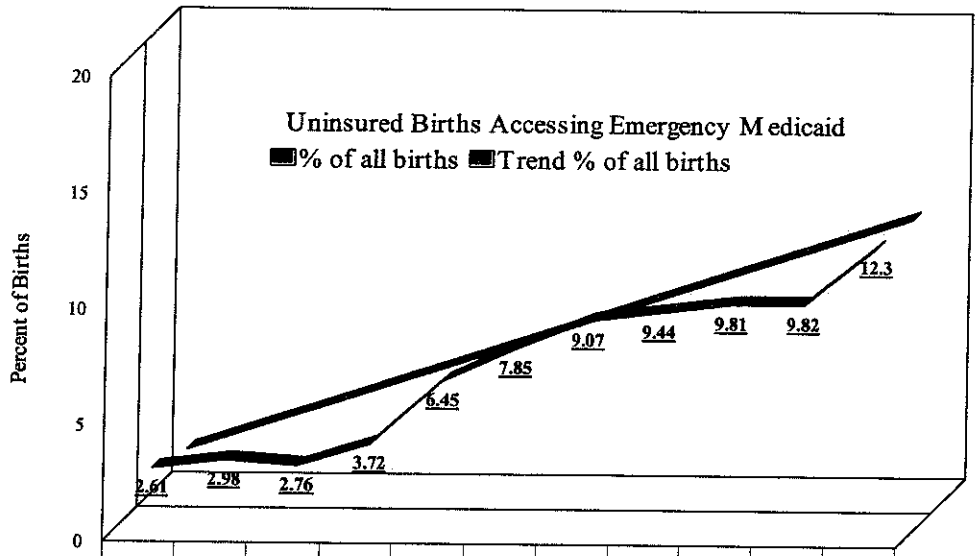


Source: Healthy Start Coalition of St Lucie County, Inc., Florida Health Insurance Study 2004, County Estimates, University of Florida Bureau of Economic and Business Research

The following chart shows clearly the marked increase of uninsured women who are accessing Emergency Medicaid at the time of delivery. This data is generated by ACAHA and does not reflect the number of women who are uninsured and do not qualify for Emergency Medicaid. These women are considered "self pay". It also does not reflect the number of uninsured women who do not complete the application process and so never access this payment source.

The Percent of Births in St. Lucie County that were funded through Emergency Medicaid

1996-2006



	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
# Emerg. Medicaid	56	65	62	80	145	175	207	231	281	295	436
total births	2144	2179	2250	2151	2247	2228	2281	2448	2864	3003	3534
% of all births	2.61	2.98	2.76	3.72	6.45	7.85	9.07	9.44	9.81	9.82	12.3

Healthy Start Coalition of St. Lucie County, Inc. Source DOH:ACHA 2006 birth data is provisional

From 2003 -2006 the number of Hispanic people in St. Lucie County. has increased by 1.7 times. Consistent with that number is the increase in the number of deliveries paid for through Emergency Medicaid. That number has increased from 2003 - 2006 by 1.9 times. The number of births to Hispanic women in St. Lucie County has increased by 1.8 times between 2003 - 2006. The consistency in the increases within these variables supports the premise that the growth within this population has stressed the Maternal Child Care delivery system and services. Funding to Healthy Start has not kept up with the growth and in particular the growth of a high risk population in St. Lucie County. This growth, along with the overall population growth , has left many women and babies in St. Lucie County without access to services which may include prenatal care.

Access to care has multiple barriers; the most obvious are financial ones. When entrance into prenatal care is compared along payment sources for all populations the obvious result of having Private Insurance is seen. Women with private insurance enter care earlier than their peers with either Medicaid or who self pay. Eight out of ten women with Private Insurance enter care in the first trimester, 6 out of ten women with Medicaid entered care in the first trimester and only

half of the women who were self pay entered care in the first trimester. By the end of the second trimester 89% of the women with Medicaid had sought prenatal care, 84% of the women who were self pay had initiated care but 92.9% of women with Private insurance had received care.

For the purpose of this document adequate care does not assess quality of the prenatal care that is delivered, only its utilization. It takes into consideration timeliness of the initiation of Prenatal Care and adequacy of the number of received services defined and is consistent with the 1985 American College of Obstetricians and Gynecologist (ACOG) recommendations for PNC utilization.

Despite the logical deduction that if one has insurance than one would have adequate care, is the fact that over the three year period almost 19% of women with private insurance were designated as having inadequate care. Thirty-five percent (35%) of women whose deliveries were funded by Medicaid had the same designation. Almost half (43%) of women with self pay status were designated as having inadequate care.

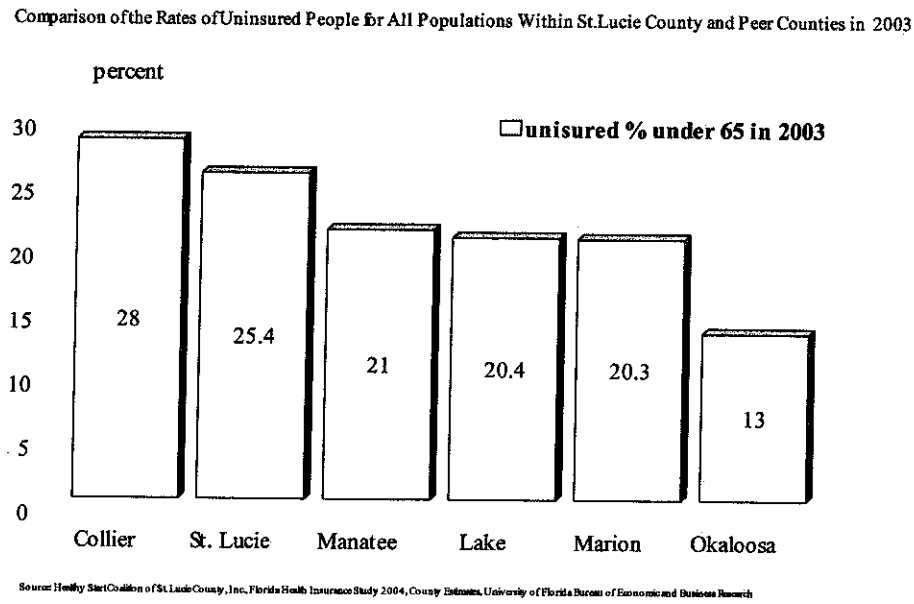
The question as to why 17.1% of insured women did not initiate prenatal care within the first trimester is an important one. The answer is straightforward. Many women, although insured are unable to pay copayments and/or deductibles.

The question as to why only 61.5 % of women whose deliveries were funded by Medicaid entered in the first trimester is also an important one. Medicaid allows for only ten prenatal visits for an uncomplicated pregnancy. Providers and women both work within that framework. This actually discourages early entry into care since the earlier care starts, the more visits will be used.

On average, between 2004-2006, 59% of the women who were designated as having inadequate care, who had private insurance initiated prenatal care in the first trimester. For that time period there were approximately 351 women who fell into this category.

This represents about 4% of all of the resident births in St. Lucie County for 2004-2006. It points to the fact that these women understood the need to initiate care but were inconsistent in their ongoing participation, despite the fact that they had insurance. Apparently this group of women is part of the working population of St. Lucie County.

According to the 2007 Assessment of SLC's Social, Health and Public Safety Services "Compared to $712 statewide, the average weekly wage for SLC is 2006 was $634. This would be equivalent to $15.85 per hour. Over 26% of all employment is in the construction and trade industries. 17% of employment is within government agencies. 12% of employment is within Education and Health Services.



Based on data from the U.S.Census Bureau regarding Income, Poverty and Health Insurance Coverage in the United States 34% of all Hispanics were uninsured in 2006, and 45 % of all foreign born people were also uninsured in 2006. Resources and systems are drained in an effort to provide prenatal care and perinatal services to these high risk, high maintenance pregnant women.

St. Lucie County has a high number of undocumented, uninsured and uninsurable individuals migrating to it. Because of this St. Lucie is faced with the need to

provide prenatal care to a whole group of women who have no means to pay.

Since 2003 the percent of Hispanics within the total population has increased by 4.3 percent of the population the number of Hispanics has almost doubled from 2003 - 2006.

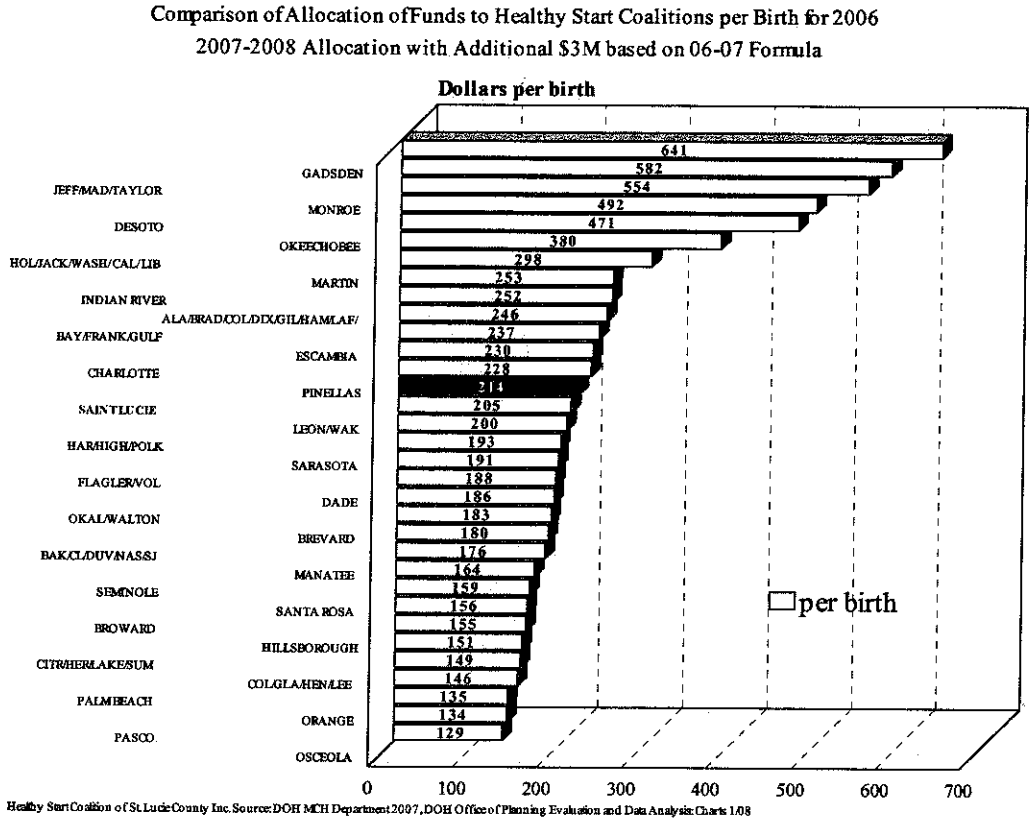
When compared to its Peer Counties (Lake, Manatee, Okaloosa, Marion, and Collier) St. Lucie County ranks highest in the increase in population, in the increase in the number of women of child bearing years (10-44) and in the increase of the number of Hispanic residents. Consistent with these increases St. Lucie County has the greatest rate of change in the number of births between 2003-2004. Aside from Okaloosa, St. Lucie County has shown the highest rate of change within the rates of Hispanic births. Considering that half of the counties population is female extrapolation to the Hispanic resident increase would result in the fact that half the increase of this population is female. That would indicate that the increase in the total number of female Hispanics within St. Lucie County has doubled. The rate of birth to Hispanic Women has also doubled between 2003-3006.

The impact of the increase in overall population and in particular an increase in the number of uninsured / uninsurable individuals has served to place excess stress on the Maternal Child Care system of St. Lucie County.

After review of the data regarding women accessing prenatal care it becomes obvious that these numbers would apply not only to prenatal care but also to post natal and gynecological follow up after and between pregnancies. The chance for an unwanted, unplanned pregnancy increases as the access to medical care and interconceptual interventions become less available to women.

Comparison of the amount of Healthy Start Service Dollars between All Florida Coalitions clearly shows that the dollars per birth have a wide range. This range is from $129 per birth to $ 641 per birth. If each birth in Florida were funded equally for Healthy Start Services the average amount per baby would be

$170. Although confounding variables are calculated within the distribution of funds, the disparity between the highest funded coalition and the lowest funded is remarkable.



Funding cuts on top of an already disparate system used to distribute money between Florida Counties for Healthy Start services has pointed to the need for not only secondary but also on primary prevention. This is especially true in St. Lucie County.

ST. LUCIE COUNTY BOARD OF COUNTY COMMISSIONERS
APPLICATION FOR FUNDING NON-PROFIT AGENCY
COUNTY FISCAL YEAR 2008/09
(OCTOBER 1, 2009 - SEPTEMBER 30, 2010)

SECTION III

PROPOSED SOLUTION TO THE TARGETED PROBLEM

This Section must describe in narrative form the proposed implementation plan to reduce or eliminate the targeted problem(s) as identified in Section II. Start below (use continuation pages if necessary).

An exclusive system is not conducive to an effective system. By including all women we have been able to reduce the birth rate, infant mortality rate and teen pregnancy. When/ if pregnant women are kept out of the system of care, the added benefits of education on family planning, child rearing, and many other parenting issues is lost. By bringing women into early prenatal care, we have proven that the outcomes are improved and the overall cost has diminished.

Last year the primary prevention intervention of a Pre / Inter-conceptual program was added to the previously funded system which had supported women receiving prenatal care. This program targets all women of child bearing years. It provides education and information which support healthy lifestyles, which in turn, maximizes healthy pregnancies. As of this time over one hundred women, over and above those who have received vouchers, have participated and benefited from this program

The primary prevention aspect of this system has been successfully embedded into the previously funded Voucher program. By contracting with two Obstetrical Providers the gap that ordinarily would have left some women without prenatal health care services and pre/inter-conceptual interventions has been closed. These physicians provide quality prenatal care for less by participating in the voucher system. They also provide access to information and family planning interventions.

Based on the positive response to the program, the continued growth in the target population served and the success in obtaining care for a group of women who otherwise would not be able to do so, Healthy Start supports the continuation of the program with increased emphasis of Pre and Inter-conceptual interventions.

ST. LUCIE COUNTY BOARD OF COUNTY COMMISSIONERS
APPLICATION FOR FUNDING NON-PROFIT AGENCY
COUNTY FISCAL YEAR 2008/09
(OCTOBER 1, 2009 - SEPTEMBER 30, 2010)

SECTION IV

OBJECTIVES AND PERFORMANCE MEASURES

This Section must identify in narrative form the specific objectives of the project and how attainment of the objectives will be measured. Each objective must include: (1) The current level of performance; (2) The proposed change reflected as a rate, percent or other index and (3) An estimated time period for accomplishment of the objective. Start below (use continuation pages if necessary).

The goal of this community is to have universal access to quality prenatal care. There is not one intervention which can be credited to prevent all poor pregnancy outcomes. Prenatal care, however, is accepted as a major factor in accomplishing positive birth outcomes.

Historically, approximately 5% of those women where afforded the opportunity to obtain medical care through this program. Last year that declined to 4.4%. The expansion of St. Lucie County is resulting in an increase of births across populations. This increase includes women who are uninsured, which is the target of this intervention. A total of 7553 responses on Healthy Start Screens, completed between 2003-2006,were reviewed. The question reviewed specifically was:

Regarding the timing of your pregnancy you would:

1. not change the timing of the pregnancy,
2. preferred it earlier
3. would have rather the pregnancy occur at a later time or not at all.

Almost 2,900 (38%) of the pregnant women responded that they would either have the pregnancy later or not at all. Fifteen percent didn't want the pregnancy at all. This highlights the need for women to have access to education and interventions which focus on pre and inter-conceptual care.

<u>At this time we are not asking for an increase but rather are requesting that we maintain level funding for distribution for Vouchers and Pre / Inter-conceptual Care</u>.

All of money goes directly for services to women; this money pays for no other costs (including Administrative).

ST. LUCIE COUNTY BOARD OF COUNTY COMMISSIONERS
APPLICATION FOR FUNDING NON-PROFIT AGENCY
COUNTY FISCAL YEAR 2008/09
(OCTOBER 1, 2009 - SEPTEMBER 30, 2010)

SECTION V

BUDGET INFORMATION

(A)

COUNTY FUNDING - CFY 2007/08 (October 1, 2007- SEPTEMBER 30, 2008)	$ 57,600.00
REQUESTED COUNTY FUNDING -CFY 2008/09 (OCTOBER 1, 2008 - SEPTEMBER 30, 2009	$ 51,840.00
*TOTAL AGENCY BUDGET - CFY 2008/09 (OCTOBER 1, 2008- SEPTEMBER 30, 2009) * (Refer to information below)	$2,789,967.00

*Total Agency Budget Amount is to include all requests for funding from other sources. Use this space to identify the sources and the amounts of funding requested wherein the award status is currently unknown.

ST. LUCIE COUNTY BOARD OF COUNTY COMMISSIONERS
APPLICATION FOR FUNDING NON-PROFIT AGENCY
COUNTY FISCAL YEAR 2008/09
(OCTOBER 1, 2009 - SEPTEMBER 30, 2010)

SECTION V

BUDGET INFORMATION

PROJECT BUDGET SCHEDULE
(B)

This section must specifically identify the Project Budget Schedule. Prepare a line item budget. Start below (Use continuation pages if necessary).

Prenatal Vouchers 17 @ $800 (Grace Women's Health Care)	$ 13,600
Pre conceptual Interconceptual education & interventions: average 69 @ $554.20	$ 38,240

(Florida Community Health Center
St. Lucie Women and Children
Grace Women's Health Care)

ST.LUCIE COUNTY BOARD OF COUNTY COMMISSIONERS
APPLICATION FOR FUNDING NON-PROFIT AGENCY
COUNTY FISCAL YEAR 2008/09
(OCTOBER 1, 2009 - SEPTEMBER 30, 2010)

SECTION V

BUDGET INFORMATION

BUDGET NARRATIVE
(C)

This Section is to detail in narrative form how the requested County funds will be expended per line item as reported under the project budget schedule. Start below (use continuation pages if necessary).

Board of Commissioners	$ 57,600.00
Prenatal Vouchers 20 @ $800	**$ 16,000**
Pre conceptual Interconceptual education & interventions: average 75 @ $554.20	**$ 41,565**
Total:	**$ 57,565**

ST. LUCIE COUNTY BOARD OF COUNTY COMMISSIONERS
APPLICATION FOR FUNDING NON-PROFIT AGENCY
COUNTY FISCAL YEAR 2008/09
(OCTOBER 1, 2009 - SEPTEMBER 30, 2010)

SECTION V

BUDGET INFORMATION

REVENUE
(D)

Complete the following items as indicated. Include all revenue/anticipated revenue. Use an * if funding has been requested and the award is currently unknown. Start below (use continuation pages if necessary).

TOTAL AGENCY REVENUE - CFY 2008-09 (OCTOBER 1, 2008- SEPTEMBER 30, 2009)	$2,789,967.00
TOTAL ANTICIPATED AGENCY REVENUE - CFY 2009-10 (OCTOBER 1, 2009 - SEPTEMBER 30, 2010)	$2,868,883.78

1. FEDERAL GRANTS	GRANT PERIOD	AMOUNT
CDC	7/1/09 - 6/30/10	333,931.00

2. STATE GRANTS	GRANT PERIOD	AMOUNT
Dept. of Health:		
Healthy Start Provider	7/1/09 - 6/30/10	753,136.00
Administrative Dollars	7/1/09 - 6/30/10	147,900.00
SOBRA	7/1/09 - 6/30/10	97,734.30
Medicaid Waiver	7/1/09 - 6/30/10	243,946.39
Ounce of Prevention	7/1/09 - 6/30/10	430,271.79
TOPWA	7/1/09 - 6/30/10	169,960.00

**NOTE: Due to Fiscal uncertainties we cannot contemplate next years State Revenue Streams and therefore have used current budget years figures (08-09)

3. CASH DONATIONS/CONTRIBUTIONS/FUND RAISING/NON-PROFIT GRANTS

FUNDING SOURCE	GRANT PERIOD	AMOUNT
*Children's Service Council	10/01/09 - 9/30/10	634,404.30
*BOCC	10/01/09 - 9/30/10	57,600.00

4. CLIENT FEES/FIRST AND THIRD PARTY REIMBURSEMENTS	AMOUNT
TOTAL	$2,868,883.78

ST. LUCIE COUNTY BOARD OF COUNTY COMMISSIONERS
APPLICATION FOR FUNDING NON-PROFIT AGENCY
COUNTY FISCAL YEAR 2008/09
(OCTOBER 1, 2009 - SEPTEMBER 30, 2010)

SECTION V

BUDGET INFORMATION

FORM 990
(E)

Attach a copy of the Agency's form 990 Department of the Treasure Internal Revenue Service Return of Organization Exempt From Income Tax.

(Number pages of Form 990 as 9-1, 9-2, etc.)

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2007

Open to Public Inspection

A For the 2007 calendar year, or tax year beginning July 1 , 2007, and ending June 30 , 2008

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: Healthy Start Coalition of St Lucie County, Inc.

Number and street (or P.O. box if mail is not delivered to street address): 117 Atlantic Avenue — Room/suite:

City or town, state or country, and ZIP + 4: Fort Pierce, FL 34950

D Employer identification number: 65-0466549

E Telephone number: 772-467-2016

F Accounting method: ☐ Cash ☑ Accrual ☐ Other (specify) ▶

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

G Website: ▶

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) If "Yes," enter number of affiliates ▶

H(c) Are all affiliates included? ☐ Yes ☐ No (If "No," attach a list. See instructions.)

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☐ No

J Organization type (check only one) ▶ ☑ 501(c) (3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check here ▶ ☐ if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than $25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

I Group Exemption Number ▶

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 2,844,516

M Check ▶ ☑ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

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

Revenue	1	Contributions, gifts, grants, and similar amounts received:			
	a	Contributions to donor advised funds	1a		
	b	Direct public support (not included on line 1a)	1b		
	c	Indirect public support (not included on line 1a)	1c	3,565	
	d	Government contributions (grants) (not included on line 1a)	1d	2,776,299	
	e	Total (add lines 1a through 1d) (cash $ ____ noncash $ ____)			1e 2,779,864
	2	Program service revenue including government fees and contracts (from Part VII, line 93)			2 0
	3	Membership dues and assessments			3
	4	Interest on savings and temporary cash investments			4 6,394
	5	Dividends and interest from securities			5
	6a	Gross rents	6a		
	b	Less: rental expenses	6b		
	c	Net rental income or (loss). Subtract line 6b from line 6a			6c 0
	7	Other investment income (describe ▶)			7
	8a	Gross amount from sales of assets other than inventory — (A) Securities / (B) Other	8a		
	b	Less: cost or other basis and sales expenses	8b		
	c	Gain or (loss) (attach schedule)	8c	0 / 0	
	d	Net gain or (loss). Combine line 8c, columns (A) and (B)			8d 0
	9	Special events and activities (attach schedule). If any amount is from gaming, check here ▶ ☐			
	a	Gross revenue (not including $ ____ of contributions reported on line 1b)	9a		
	b	Less: direct expenses other than fundraising expenses	9b		
	c	Net income or (loss) from special events. Subtract line 9b from line 9a			9c 0
	10a	Gross sales of inventory, less returns and allowances	10a		
	b	Less: cost of goods sold	10b		
	c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a			10c 0
	11	Other revenue (from Part VII, line 103)			11 3,329
	12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11			12 2,789,587
Expenses	13	Program services (from line 44, column (B))			13 2,403,012
	14	Management and general (from line 44, column (C))			14 347,967
	15	Fundraising (from line 44, column (D))			15
	16	Payments to affiliates (attach schedule)			16 0
	17	Total expenses. Add lines 16 and 44, column (A)			17 2,750,979
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 12			18 38,608
	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19 464,265
	20	Other changes in net assets or fund balances (attach explanation)			20
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20			21 502,873

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. *(See the instructions.)*

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash $ _____ noncash $ _____) If this amount includes foreign grants, check here ▶ ☐	22a	0			
22b Other grants and allocations (attach schedule) (cash $ _____ noncash $ _____) If this amount includes foreign grants, check here ▶ ☐	22b	0			
23 Specific assistance to individuals (attach schedule)	23	0			
24 Benefits paid to or for members (attach schedule)	24	0			
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a	0			
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b	0			
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c	0			
26 Salaries and wages of employees not included on lines 25a, b, and c	26	0			
27 Pension plan contributions not included on lines 25a, b, and c	27	0			
28 Employee benefits not included on lines 25a 27	28	0			
29 Payroll taxes	29	0			
30 Professional fundraising fees	30	0			
31 Accounting fees	31	5,100	3,500.	1,600.	
32 Legal fees	32	0			
33 Supplies	33	20,873	20,873		
34 Telephone	34	18,469	18,469		
35 Postage and shipping	35	10,504	8,361	2,143	
36 Occupancy	36	0			
37 Equipment rental and maintenance	37	4,265	4,265		
38 Printing and publications	38	0			
39 Travel	39	225		225.	
40 Conferences, conventions, and meetings	40	7,190	7,190		
41 Interest	41	0			
42 Depreciation, depletion, etc. (attach schedule)	42	2,600		2,600	
43 Other expenses not covered above (itemize):					
a see attached statement	43a	2,681,753	2,340,354	341,399	
b	43b	0			
c	43c	0			
d	43d	0			
e	43e	0			
f	43f	0			
g	43g	0			
44 **Total functional expenses.** Add lines 22a through 43g. (Organizations completing columns (B) (D), carry these totals to lines 13 15)	44	2,750,979	2,403,012	347,967	

Joint Costs. Check ▶ ☐ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ▶ ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs $ _____; (ii) the amount allocated to Program services $ _____; (iii) the amount allocated to Management and general $ _____; and (iv) the amount allocated to Fundraising $ _____

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

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization s programs and accomplishments.

What is the organization's primary exempt purpose? ▶ Prenatal and infant care All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	**Program Service Expenses** (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a Addresses the prenatal and infant care needs of St. Lucie County residents through development and implementation of coordinated systems of maternal and child health care. (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	2,403,012
b (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
c (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
d (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
e Other program services (attach schedule) (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
f **Total of Program Service Expenses** (should equal line 44, column (B), Program services). . . . . ▶	2,403,012

Form **990** (2007)

Part IV Balance Sheets *(See the instructions.)*

	Note: *Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.*			(A) Beginning of year		(B) End of year
Assets	45 Cash—non-interest-bearing			277,594	45	510,636
	46 Savings and temporary cash investments				46	
	47a Accounts receivable	47a	228,196			
	b Less: allowance for doubtful accounts	47b		376,658	47c	228,196
	48a Pledges receivable	48a				
	b Less: allowance for doubtful accounts	48b			48c	
	49 Grants receivable				49	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)				50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)				50b	
	51a Other notes and loans receivable (attach schedule)	51a				
	b Less: allowance for doubtful accounts	51b			51c	
	52 Inventories for sale or use				52	
	53 Prepaid expenses and deferred charges				53	
	54a Investments—publicly-traded securities ▶ ☐ Cost ☐ FMV				54a	
	b Investments—other securities (attach schedule) ▶ ☐ Cost ☐ FMV				54b	
	55a Investments—land, buildings, and equipment: basis	55a	22,090			
	b Less: accumulated depreciation (attach schedule)	55b	18,572	6,117	55c	3,517
	56 Investments—other (attach schedule)				56	
	57a Land, buildings, and equipment: basis	57a				
	b Less: accumulated depreciation (attach schedule)	57b			57c	
	58 Other assets, including program-related investments (describe ▶ Organization cost)			200	58	200
	59 **Total assets** (must equal line 74). Add lines 45 through 58			660,569	59	742,549
Liabilities	60 Accounts payable and accrued expenses			196,304	60	239,676
	61 Grants payable				61	
	62 Deferred revenue				62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)				63	
	64a Tax-exempt bond liabilities (attach schedule)				64a	
	b Mortgages and other notes payable (attach schedule)				64b	
	65 Other liabilities (describe ▶)				65	
	66 **Total liabilities.** Add lines 60 through 65			196,304	66	239,676
Net Assets or Fund Balances	**Organizations that follow SFAS 117, check here** ▶ ☒ and complete lines 67 through 69 and lines 73 and 74.					
	67 Unrestricted			464,265	67	502,873
	68 Temporarily restricted				68	
	69 Permanently restricted				69	
	Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 70 through 74.					
	70 Capital stock, trust principal, or current funds				70	
	71 Paid-in or capital surplus, or land, building, and equipment fund				71	
	72 Retained earnings, endowment, accumulated income, or other funds				72	
	73 **Total net assets or fund balances.** Add lines 67 through 69 **or** lines 70 through 72. (Column (A) **must** equal line 19 and column (B) **must** equal line 21)			464,265	73	502,873
	74 **Total liabilities and net assets/fund balances.** Add lines 66 and 73			660,569	74	742,549

Part IV-A **Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** *(See the instructions.)*

a	Total revenue, gains, and other support per audited financial statements			a	2,844,516
b	Amounts included on line a but not on Part I, line 12:				
1	Net unrealized gains on investments	b1			
2	Donated services and use of facilities	b2	54,929		
3	Recoveries of prior year grants	b3			
4	Other (specify):	b4			
	Add lines b1 through b4			b	54,929
c	Subtract line b from line a			c	2,789,587
d	Amounts included on Part I, line 12, but not on line a:				
1	Investment expenses not included on Part I, line 6b	d1			
2	Other (specify):	d2			
	Add lines d1 and d2			d	0
e	**Total revenue** (Part I, line 12). Add lines c and d ▶			e	2,789,587

Part IV-B **Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

a	Total expenses and losses per audited financial statements			a	2,805,908
b	Amounts included on line a but not on Part I, line 17:				
1	Donated services and use of facilities	b1	54,929		
2	Prior year adjustments reported on Part I, line 20	b2			
3	Losses reported on Part I, line 20	b3			
4	Other (specify):	b4			
	Add lines b1 through b4			b	54,929
c	Subtract line b from line a			c	2,750,979
d	Amounts included on Part I, line 17, but not on line a:				
1	Investment expenses not included on Part I, line 6b	d1			
2	Other (specify):	d2			
	Add lines d1 and d2			d	0
e	**Total expenses** (Part I, line 17). Add lines c and d ▶			e	2,750,979

Part V-A **Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) *(See the instructions.)*

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Michael Panella Stuart, FL	President Part Time	0	0	0
Elizabeth Mackenzie Port St Lucie, Fl	Vice-President Part Time	0	0	0
Levette Dixon Fort Pierce, FL	Secretary Part Time	0	0	0
Mary Ann Patan Fort Pierce, FL	Treasurer Part Time	0	0	0
Nancy Archer Fort Pierce, FL	Director Part Time	0	0	0
Christine Demitriades Stuart, FL	Director Part Time	0	0	0

Part V-A Current Officers, Directors, Trustees, and Key Employees *(continued)*

		Yes	No
75a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ▶ 7		
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) 75b		x
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." ▶ 75c		x
	If "Yes," attach a statement that includes the information described in the instructions.		
d	Does the organization have a written conflict of interest policy? 75d		x

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
N/A				

Part VI Other Information *(See the instructions.)*

		Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If Yes, attach a detailed statement of each change 76		x
77	Were any changes made in the organizing or governing documents but not reported to the IRS? 77		x
	If Yes, attach a conformed copy of the changes.		
78a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return? 78a		x
b	If Yes, has it filed a tax return on Form 990-T for this year? 78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If Yes, attach a statement 79		x
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? 80a	x	
b	If "Yes," enter the name of the organization ▶ Kids Connected by Design, Inc. and check whether it is [x] exempt or [ ] nonexempt		
81a	Enter direct and indirect political expenditures. (See line 81 instructions.) 81a 0		
b	Did the organization file Form 1120-POL for this year? 81b		x

Part VI Other Information *(continued)*

			Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	x	
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) 82b 54,929			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	x	
b	Did the organization comply with the disclosure requirements relating to *quid pro quo* contributions?	83b	x	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		
85a	*501(c)(4), (5), or (6).* Were substantially all dues nondeductible by members?	85a		
b	Did the organization make only in-house lobbying expenditures of $2,000 or less?	85b		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			
c	Dues, assessments, and similar amounts from members 85c			
d	Section 162(e) lobbying and political expenditures 85d			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f 0			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		
86	*501(c)(7) orgs.* Enter: a Initiation fees and capital contributions included on line 12 86a N/A			
b	Gross receipts, included on line 12, for public use of club facilities 86b			
87	*501(c)(12) orgs.* Enter: a Gross income from members or shareholders 87a N/A			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b			
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a		x
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI ▶	88b		x
89a	*501(c)(3) organizations.* Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0			
b	*501(c)(3) and 501(c)(4) orgs.* Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		x
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0			
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶ 0			
e	*All organizations.* At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e		x
f	*All organizations.* Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		x
g	*For supporting organizations and sponsoring organizations maintaining donor advised funds.* Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g		x

90a List the states with which a copy of this return is filed ▶ None

b Number of employees employed in the pay period that includes March 12, 2007 (See instructions.) 90b 0

91a The books are in care of ▶ Sylvie Kramer Telephone no. ▶ 772-467-2016

Located at ▶ 117 Atlantic Ave., Fort Pierce, FL ZIP + 4 ▶ 34950-4319

			Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b		x
	If Yes, enter the name of the foreign country ▶			
	See the instructions for exceptions and filing requirements for **Form TD F 90-22.1**, Report of Foreign Bank and Financial Accounts.			

Part VI Other Information *(continued)*

		Yes	No
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If Yes, enter the name of the foreign country ▶	91c	X
92	*Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041*—Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92		

Part VII Analysis of Income-Producing Activities *(See the instructions.)*

Note: *Enter gross amounts unless otherwise indicated.*

		Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
		(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93	Program service revenue:					
a						
b						
c						
d						
e						
f	Medicare/Medicaid payments					
g	Fees and contracts from government agencies					
94	Membership dues and assessments					
95	Interest on savings and temporary cash investments					6,394
96	Dividends and interest from securities					
97	Net rental income or (loss) from real estate:					
a	debt-financed property					
b	not debt-financed property					
98	Net rental income or (loss) from personal property					
99	Other investment income					
100	Gain or (loss) from sales of assets other than inventory					
101	Net income or (loss) from special events					
102	Gross profit or (loss) from sales of inventory					
103	Other revenue: a Car Seat & Crib Safety					3,329
b						
c						
d						
e						
104	Subtotal (add columns (B), (D), and (E))		0		0	9,723
105	**Total** (add line 104, columns (B), (D), and (E)) ▶					9,723

Note: *Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.*

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes *(See the instructions.)*

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
95	Interest from monies temporarily invested is used in operations, promoting prenatal and infant care needs.
103	Car seat income is used in promoting infant care needs

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities *(See the instructions.)*

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts *(See the instructions.)*

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: *If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).*

Part XI **Information Regarding Transfers To and From Controlled Entities.** *Complete only if the organization is a controlling organization as defined in section 512(b)(13).*

		Yes	No
106	Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If Yes, complete the schedule below for each controlled entity.		X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
	Totals			

		Yes	No
107	Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.		X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
	Totals			

		Yes	No
108	Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above? N/A		

Please Sign Here

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.

Signature of officer — Date: 11-21-09

Sylvie Kramer, Executive Director
Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date 12/24/08	Check if self-employed ▶ ☐	Preparer's SSN or PTIN (See Gen. Inst. X) 267-06-6783	
Firm's name (or yours if self-employed), address, and ZIP + 4	McAlpin, Cavalcanti, and Lewis CPAs P.O. Box 3688, Fort Pierce, FL 34948		EIN ▶65-0265969 Phone no. ▶772-595-0500	

Form **990** (2007)

ST. LUCIE COUNTY BOARD OF COUNTY COMMISSIONERS
APPLICATION FOR FUNDING NON-PROFIT AGENCY
COUNTY FISCAL YEAR 2008/09
(OCTOBER 1, 2009 - SEPTEMBER 30, 2010)

SECTION VI

AGENCY STAFFING COMPLEMENT

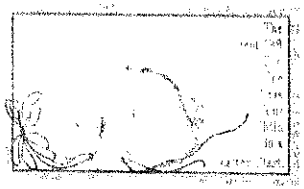
POSITION TITLE	CFY 2008-2009 NUMBER OF EMPLOYEES	CFY 2009-2010 NUMBER OF EMPLOYEES
Administrative	4.5	4.5
Lawnwood	4.5	4
St. Lucie County Health Dept.	10	10
Florida Community Health Center s	1	2
Kids Connected by Design	21	20.5
TOTAL EMPLOYEES	41	41

ST. LUCIE COUNTY BOARD OF COUNTY COMMISSIONERS
APPLICATION FOR FUNDING NON-PROFIT AGENCY
COUNTY FISCAL YEAR 2008/09
(OCTOBER 1, 2009- SEPTEMBER 30, 2010)

SECTION VII

ORGANIZATIONAL CHART

Provide an Organizational Chart. If chart does not identify the names and positions held by the Board of Directors, include a separate list.



Mission Statement

The Healthy Start Coalition of St. Lucie County, Inc. is dedicated to improving birth outcomes by ensuring that all services needed to maintain a state of well being are available and accessible to pregnant women, infants and children up to age three.

Organizational Chart

(As of February 2009)

Healthy Start Coalition of St. Lucie County, Inc.

- **Board of Directors**
- **Healthy Start Coalition Staff**

Healthy Changes

Healthy Families

- **Healthy Start/ Healthy Families Education/Classes**
- **Lawnwood Regional Medical Center** Classes
- **St. Lucie Medical Center** Classes
- **HPS: Helping People Succeed** Parenting / Infant Massage

Healthy Start

Contracting Agencies

- **Lawnwood Regional Medical Center & Heart Institute**
  Lead Service Agency
  Care Coordinator + Assist. CC CM + Educational Coordinator
- **St. Lucie County Health Department**
  Nurse CM + Teen Ed Coordinator, CM for sexually active, Male and Female & Pregnant Teens PEPW Clerk + Data Entry Clerk + 2 TOPWA Outreach Workers Hug Me Nurse
- **Florida Community Health Centers**
  Hispanic CM

Home Visitation Program

- Lawnwood Regional Medical Center RN
- St. Lucie Medical Center RN

SOBRA

- **Kids Connected by Design**
  Mom Care Workers

Prenatal Uninsured Voucher Program

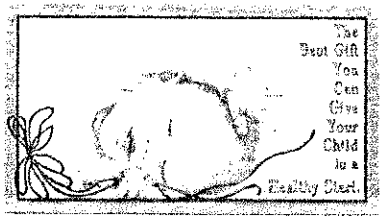
- Grace Women's Healthcare

Healthy Kids

Local Board

Source: Healthy Start Coalition St. Lucie County D:PM5D\Charts\HSORG02

117 Atlantic Avenue Ft. Pierce, Florida 34950
(772)467-2016 FAX: (772) 467-2018 kcbdslc@bellsouth.net



Healthy Start Coalition of St. Lucie County, Inc

Board Members

NAME	OFFICE / ADDRESS	PHONE	FAX
Michael Panella **President**	**Planned Parenthood**-Community Educator/Development Ass 1322 NW Federal Hwy., Stuart, FL 34994	336-7006	692-1555
Elizabeth Mackenzie **Vice President**	**Guardian Ad Litem** – Executive Director 250 NW Country Club Dr, PSL, FL 34986	785-5804	785-5869
Levette Dixon **Secretary**	**Learning Station**-Education Specialist - Vice President P.O. Box 1746 -Fort Pierce, FL 34954	465-5240	465-6253
Mary Anne Patan **Treasurer**	**Private Sector**- 801 South Ocean Drive Unit #502 - Fort Pierce, Fl 34949	468-1955	
Vacant			
Christine Demetriades **Member**	**United for families** – CEO 10570 S. Federal Hwy. Suite 301 Port Saint Lucie, Fl 34952	398-2920	398-2925
Nancy Archer **Member**	**Early Learning Coalition** –Executive Director- 804 South 6th Street Fort Pierce, FL 34950	595-6424	595-6081

ST. LUCIE COUNTY BOARD OF COUNTY COMMISSIONERS
APPLICATION FOR FUNDING NON-PROFIT AGENCY
COUNTY FISCAL YEAR 2008/09
(OCTOBER 1, 2009 - SEPTEMBER 30, 2010)

SECTION VIII
STATEMENT OF ASSURANCES

As a condition of receipt of County funds, the applicant must comply with the requirements of courts, local, state and federal laws, rules, regulations, and guidelines. As a part of the application and as a part of acceptance and use of County funds, the applicant agrees that:

1. It possesses legal authority to apply for the assistance, that the application has been approved by the applicant's governing body, including all assurances contained herein.

2. It will utilize County funds to provide a range of services and activities having measurable and potentially major impact on the community's mental and physical welfare needs.

3. It will submit copies of executed grant contracts when match funds are requested. In addition, the County will be advised of amendments and provide copies of each amendment to grant contracts.

4. It possesses the sound fiscal controls and fund accounting procedures necessary to assure the proper disbursal of an accounting for County funds.

5. It will permit and cooperate with county, state, and federal investigations designed to evaluate compliance with the law.

6. It will give the Board, the Clerk of the Circuit Court, or any authorized representative complete access to examine all records, books, papers, or documents related to the assistance.

7. It will, in accordance with Florida Statutes, comply with nondiscrimination provisions.

8. It will, in accordance with Florida Statute 119.07, complies with the provisions of public examination of records in regards to said funds.

9. It will attest, the application and its various sections, including budget data, are true and correct. Information contained in this application accurately reflects the activities of this agency and that the expenditures or portions thereof for

which the County funds are being requested are not reimbursed by any other source.

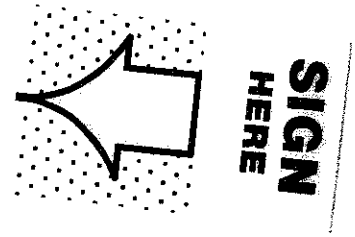
10. Upon being awarded assistance, the applicant agrees to furnish a copy of the last audit performed in accordance with accepted accounting procedures.

11. An organizational chart of the Board of Directors and Administrators, including their names and offices or position held will be submitted as part of the application.

12. The application will become part of a contract between the Board and the Applicant.

AGENCY AUTHORIZED OFFICIAL:

Name: Sylvie H. Kramer
Title: Executive Director
Healthy Start Coalition of St. Lucie County, Inc.



Signature: _____

Date: March 6, 2009

ST. LUCIE COUNTY BOARD OF COUNTY COMMISSIONERS
APPLICATION FOR FUNDING NON-PROFIT AGENCIES
COUNTY FISCAL YEAR 2008/09
(OCTOBER 1, 2009 - SEPTEMBER 30, 2010)

INSTRUCTIONS

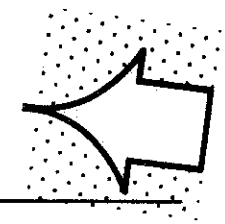
Complete A (requirement for ALL Applicants).

A. STATEMENT OF FINANCIAL OFFICER

I am the Chief Financial Officer of Healthy Start Coalition of St. Lucie County, Inc. and, in this capacity, I will be responsible for providing financial services adequate to insure that establishment and maintenance of an accounting system for Healthy Start Coalition of St. Lucie County, Inc. which is a non profit agency charged with carrying out a program(s) under County funding. The accounting system will have internal controls adequate to safeguard the assets of such agency, and the accuracy and reliability of accounting data, promote operating efficiency, and encourage compliance with prescribed management policies of the agency.

Healthy Start Coalition of St. Lucie County, Inc.
(Name of Operation)

Sylvie H. Kramer
(Name of Chief Financial Officer)



(Signature of Chief Financial Officer)

March 8, 2009
(Date)

772-467-2016
(Telephone Number)

ST. LUCIE COUNTY BOARD OF COUNTY COMMISSIONERS
APPLICATION FOR FUNDING NON-PROFIT AGENCY
COUNTY FISCAL YEAR 2008/09
(OCTOBER 1, 2008 - SEPTEMBER 30, 2009)

SECTION X

APPLICATION CHECKLIST

The Application must be complete, including all necessary attachments and signatures. The following is a checklist:

Section I	Administrative Information
Section II	Project Identification
Section III	Proposed Solution to the Targeted Problem
Section IV	Objectives and Performance Measures
Section V	Budget Information (A through E)
Section VI	Agency Staffing Complement
Section VII	Organizational Chart
Section VIII	Statement of Assurances
Section IX	Accounting System Certification
Section X	Application Checklist

NOTE: ***Applications approved for County funding will become an attachment to a contract between ST. LUCIE COUNTY Board of County Commissioners and the Applicant***

BOARD OF DIRECTORS

Diane Carlino
Achievement Dynamics, Inc.
President

Rosanne M. Duane
Rosanne M. Duane, P.A.
Vice-President

Bradford A. Deflin
Wachovia/Wells Fargo
Treasurer

Janie Fogt
Palm Beach Post
Secretary

Therese M. Shehan
TMS Partners, LLC
Past President

Dorothy Bradshaw
So. Florida Water Management

Kimberly Camejo
City National

Dr. Yvette Coursey
Sickle Cell Foundation

John Deese
PBC Credit Union

Ray Dorsey
Wells Fargo Insurance

George Elmore
Hardrives of Delray

Richard Greenfield
Community Representative

Cpt. Nancy Grimes
PB Sheriff's Office

Bill Howden
Community Representative

James J. Jefferson
Community Representative

Shelia Jones
SunTrust Bank

John H. Kessler
JB Hanauer & Co.

Nancy Albano Lambrecht
Community Representative

R. Lee McElroy, IV
Downey & Downey, P.A.

Pamela DuBose McIver
Community Representative

Lee Robinson Moore
Norris & Company Real Estate

Pamela Farthing Stern
Morgan Stanley

Dianne Verner
Florida Power & Light

Nancy Wibbelsman
Community Representative

Gregory T. Zele
Lytal, Reiter, Clark
Fountain & Williams

Susan K. Buza
Executive Director

Palm Beach/Treasure Coast 211™
Get Connected. Get Answers.

March 11, 2009

Beth Ryder, Director
Community Services Division
St. Lucie County Board of County Commissioners
437 North 7th Street
Fort Pierce, FL 34950

Dear Ms. Ryder:

Enclosed please find four copies of the grant application for FY 2009-2010 that 211 Palm Beach/Treasure Coast is submitting to the St. Lucie County Community Services Division for consideration by the Board of County Commissioners.

Funding from the St. Lucie County Board of County Commissioners is extremely important to 211 Palm Beach/Treasure Coast. It means that 211 and its staff can continue to be there for those in St. Lucie County who are in need – individuals in crisis, elders who are homebound, those who need someone to talk to and those who need to get connected with necessary services It should be noted that our call volume from St. Lucie County residents has increased by 32% comparing 2007 to 2008. The volume continues to escalate with callers being more desperate, requiring more time and support.

211 Palm Beach/Treasure Coast is requesting $17,500 which is a 12% increase over current funding of $15,750. This funding will be directed to support staffing in the call center and also to support the Community Relations Specialist position that is housed at United Way of St. Lucie County and is responsible to "get the word out" about 211 and serve as our community liaison

211 Palm Beach/Treasure Coast, has been serving St Lucie County residents since the fall of 2001. It is the only 24 hour/7 day per week telephone based service providing health and human service information and referral, telephone counseling, crisis intervention and suicide prevention assistance, utilizing highly trained staff and volunteers. Last year our staff responded to over 17,469. We have enclosed a copy of our 2008 Snapshot Report for St. Lucie County which outlines the call types and problem/Needs expressed.

Thank you for your consideration of this grant request. The County's favorable consideration of this request for $17,500 will be most appreciated and will allow us to continue our service to those in need of someone to listen, someone who can connect them to the services and support they need. If you have any questions please call me at 561-533-1099.

Sincerely,

Susan K. Buza
Executive Director

cc: Jack Southard, Public Safety Director
Lee McElroy, Board Member
Bill Howden, Board Member

ST LUCIE COUNTY BOARD OF COUNTY COMMISSIONERS APPLICATION FOR FUNDING NON-PROFIT AGENCY COUNTY FISCAL YEAR 2009/10

(OCTOBER 1, 2009 – SEPTEMBER 30, 2010)

ST LUCIE COUNTY BOARD OF COUNTY COMMISSIONERS
APPLICATION FOR FUNDING NON-PROFIT AGENCY
COUNTY FISCAL YEAR 2009/10
(OCTOBER 1, 2009 - SEPTEMBER 30, 2010)

SECTION I
ADMINISTRATIVE INFORMATION

1. AGENCY: 211 Palm Beach/Treasure Coast. Inc.

Name: 211 Treasure Coast (Program Title)

Address: P.O. Box 3588, Lantana, FL 33465

Telephone: Administration: (561) 547-8637
Direct: (561) 533-1099

Fax Number: (561) 547-8639

Tax Exempt No: 23-7153017

2. CONTRACT/PROJECT DIRECTOR:

Name: Susan K. Buza

Title: Executive Director

Telephone: (561) 533-1099

email: skbuza@211pbtc.org

3. CHIEF FINANCIAL OFFICER:

Name: Mindy Gonzalez

Address: P.O. Box 3588, Lantana FL 33465

Telephone: (561) 533-1096

email: mindy.gonzalez@211pbtc.org

ST.LUCIE COUNTY BOARD OF COUNTY COMMISSIONERS
APPLICATION FOR FUNDING NON-PROFIT AGENCY
OCTOBER 1, 2009 - SEPTEMBER 30, 2010

SECTION II

PROJECT IDENTIFICATION

This Section must describe in narrative form the specific problem(s) to be addressed by the implementing agency. Current data must be presented which defines the nature and extent of the targeted problem(s). Start below (use continuation pages if necessary)

The problem to be addressed by *211 Treasure Coast* is the lack of information on community services and access to these services. Additionally, without *211 Treasure Coast* services individuals in crisis have no confidential, 24-hour/365 day per year resource to provide empathetic listening, support and intervention. Everyday in communities throughout the United States, people begin a difficult and sometimes desperate search for an agency that will provide specific needed/essential health and/or human services. Similarly, in communities throughout the United States there are people who are isolated and depressed, for whom life has become unbearable.

Anyone living anywhere in St. Lucie County can have these needs. Whether the individual is well-educated or a high school dropout, financially secure or living in poverty, a long time resident or a runaway new to the community, a new staff person at a human service agency or a veteran confounded by changes in the delivery system, negotiating the maze of health and human service providers can be a daunting challenge. In these circumstances, there is a need for an information and referral program. For those individuals in desperate situations there is a need for a 24 hour/7day per week access point to someone who cares, someone who will listen - a crisis intervention, telephone counseling service.

It is imperative that individuals have an easy to remember phone number to call to receive assistance or to offer assistance. When the only 3-digit number available to the public is 911, that number will inevitably be misused and overused endangering the effectiveness, efficiency and usefulness of 911 at the most critical of times. In some communities, it is estimated that as many as 70% of the calls to 911 are for non-emergency related matters and often tie up the lines designated to handle police and fire rescue emergencies.

United Way of America has recognized these needs and historically has financially and philosophically supported community-wide

information and referral services. Most recently the United Way of America has been the major advocate for a countrywide three-digit number to be universally recognized as the number to call when in need of community resource information. This need is further confirmed by United Way of St. Lucie County's funding of this service. The result of having this service available means that those in need do not have to go from agency to agency in search of services; they will have a more positive experience accessing health and human services. Further, county government and community agencies will receive fewer inappropriate calls and therefore maximize their staff time. Though there is no statutory requirement for local funding, the need and appropriateness of local support for 211 services is validated by the above recognition of need.

In 2008, 211 responded to 173,105 calls of which 32,828 emanated from the Treasure Coast and 17,469 were from St Lucie County which was a 32.3% increase from 2007! St. Lucie County demographics for 2008 are provided in the 2008 St. Lucie County Service Snapshot Report which is provided as Attachment A. This report also highlights the type of calls received; problem/needs expressed and the top 25 agencies receiving referrals.

ST. LUCIE COUNTY BOARD OF COUNTY COMMISSIONERS
APPLICATION FOR FUNDING NON-PROFIT AGENCY
COUNTY FISCAL YEAR 2009/10
OCTOBER 1, 2009 - SEPTEMBER 30, 2010

SECTION III

PROPOSED SOLUTION TO THE TARGETED PROBLEM

This Section must describe in narrative form the proposed implementation plan to reduce or eliminate the targeted problem(s) as identified in Section II. Start below (use continuation pages if necessary).

211 Treasure Coast provides telephone counseling, crisis intervention, suicide prevention and comprehensive information & referral services, 24 hours a day 7 days per week to individuals in need of support. It is the goal of *211 Treasure Coast* to help individuals who call the three-digit, toll free number to find a way to successfully solve their own problems. To reach this goal a variety of activities may occur including crisis intervention, active listening, telephone counseling, provision of information and referral and client advocacy. I&R Specialists are non-judgmental, exhibit active listening skills and utilize a comprehensive database on available health and human services in order to make appropriate referrals based on callers' needs and requests.

With numerous agencies with specific programs and services, the average individual cannot be expected to know what agency/program is appropriate to meet the need. Further, when an individual is in crisis, he/she cannot be expected to clearly map out a plan of action. In regard to professionals in the community, with the numerous changes in agency/program services, eligibility criteria and telephone numbers, for example, it is difficult to keep up to date on the changes that occur. With these problems/needs in mind, it is the role of the *211 Treasure Coast* to be available 24 hours a day/7 days per week to respond to these needs, reduce these problems and facilitate improved access to services and support.

Further, *211 Treasure Coast* can redirect some non-emergency, non-police, fire/rescue calls away from the area's emergency 911 lines when the calls are related to a individual's need for health or human services and/or crisis intervention. More and more, *211 Treasure Coast* is being looked to by law enforcement in St. Lucie County to assist with individuals in need with which they have come in contact.

Additionally, with several hurricanes over the past few years and with projections for increased hurricane activity during the next decade, 211 is playing a pivotal role in the provision of disaster related information and referral. With this in mind, 211 has established a relationship with the NJ 211 Partnership which allows 211 to seamlessly transfer calls to New Jersey if

our Florida call center must be evacuated. This ensures 211 service before, during and after hurricanes. Further, as the economy allows, there will be efforts toward funding and building a category 5 hurricane resistant building which will permit us to stay operational during serious disasters.

Over the coming years we project that 211 will increasingly support St. Lucie County government, serving as an additional information source for residents who need information or someone to talk to in order to de-escalate their distress. In support of these efforts 211, on an ongoing basis, maintains a comprehensive up-to-date database of resource information; provides ongoing training of staff and volunteers; and has a comprehensive community awareness initiative. The National Alliance of Information & Referral Systems confirms through its accreditation process that these are key elements of a quality program.

ST. LUCIE COUNTY BOARD OF COUNTY COMMISSIONERS
APPLICATION FOR FUNDING NON-PROFIT AGENCY
COUNTY FISCAL YEAR 2009/10
OCTOBER 1, 2009 - SEPTEMBER 30, 2010

SECTION IV

OBJECTIVES AND PERFORMANCE MEASURES

This Section must identify in narrative form the specific objectives of the project and how attainment of the objectives will be measured. Each objective must include: (1) The current level of performance; (2) The proposed change reflected as a rate, percent or other index and (3) An estimated time period for accomplishment of the objective. Start below (use continuation pages if necessary).

Objective #1
To increase the volume of calls to 211 from St. Lucie County residents in crisis or in need of information & referral services as documented by 211's computerized information management system.

(1) 211 received an average of 1456 calls per month from St. Lucie County residents in 2008.

(2) The proposed change is a 5% increase in calls to 211 from St. Lucie County residents in crisis or in need of information & referral services.

(3) The estimated time period is 2009-2010.

Objective #2
To maintain a 90% success rate of caller satisfaction throughout 2009-2010 as measured by the automated caller satisfaction surveys that ask 1) Do you think that staff understood your question or concern? 2) Do you feel more prepared to manage you current situation? 3) Were you satisfied with the service you received? 4) Was your call handled in a reasonable amount of time? 5) Would you call 211 again if you needed assistance?

(1) In the 2008 calendar year, 92% of the caller satisfaction questions received a positive response.

(2) There is no proposed change; it is proposed that 211 continue achieving high feedback regarding client satisfaction.

(3) The time period will be based on 211's fiscal year of July 1, 2009 - June 30, 2010.

Objective #3

To maintain a standard that a minimum of 10% of the most distressed callers (those requiring supportive counseling) who are willing to accept referrals are put into direct contact with the service provider.

(1) In the last half of the 2008 calendar year, 19% of the callers receiving counseling in addition to information and referrals were put into direct contact with the service provider through telephone linkage.

(2) To maintain a standard that a minimum of 10% of the most distressed callers (those requiring supportive counseling) who are willing to accept referrals are put into direct contact with the service provider.

(3) The time period, once again will be based on 211's fiscal year of July 1, 2009 - June 30, 2010.

ST. LUCIE COUNTY BOARD OF COUNTY COMMISSIONERS
APPLICATION FOR FUNDING NON-PROFIT AGENCY
COUNTY FISCAL YEAR 2009/10
OCTOBER 1, 2009 - SEPTEMBER 30, 2010

SECTION V

BUDGET INFORMATION

(A)

COUNTY FUNDING - CFY 2009/10 (October 1, 2008- SEPTEMBER 30, 2009)	$ 15,750
REQUESTED COUNTY FUNDING -CFY 2009/10 (OCTOBER 1, 2009 - SEPTEMBER 30, 2010	$ 17,500
*TOTAL AGENCY BUDGET - CFY 2009/10 (OCTOBER 1, 2009- SEPTEMBER 30, 2010)	$ 2,112,946

* (Refer to information below)

*Total Agency Budget Amount is to include all requests for funding from other sources. Use this space to identify the sources and the amounts of funding requested wherein the award status is currently unknown.

The total agency budget with program budget is provided as Attachment B. Detailed information regarding sources and amounts of funding requested is provided on page 12.

ST. LUCIE COUNTY BOARD OF COUNTY COMMISSIONERS
APPLICATION FOR FUNDING NON-PROFIT AGENCY
COUNTY FISCAL YEAR 2009/10
OCTOBER 1, 2009 - SEPTEMBER 30, 2010
SECTION V
BUDGET INFORMATION

PROJECT BUDGET SCHEDULE
(B)

This section must specifically identify the Project Budget Schedule. Prepare a line item budget. Start below (Use continuation pages if necessary).

Line Item Budget for 211 Program	Total Program	County Funds
Personnel		
Salaries	269,045	14,500
FICA	20582	1,109
Health/Life	24,600	1,155
Pension	4,715	179
SUTA	1,640	57
Tuition Reimbursement	0	0
Worker'sComp	3,875	0
Total Personnel	**$296,346**	**$17,000**
Operating Expenses		
Accounting Services	482	
Audit	3,075	
Bank Fees	615	
Classified Advertising	161	
EquipRental/Main.	6,417	
General Supplies	3,690	
Insurance	9,943	
License/Dues/Subscrip.	1,230	
Meetings/Meals/Incidentals	410	
Occupancy	4,708	
Occupancy Related Expenses	325	
Payroll Services	1,025	
Postage/Shipping	2,050	
Printing/Advertising	2,050	
Printing/Supplies	1,968	
Professional Services	3,075	
Staff Development	103	
Telephone	22,550	500
Travel	4,100	
Utilities	4,677	
Volunteer/Staff Appreciation	101	
Administration	14,948	
Total Operating	**$87,703**	**$500**
TOTAL ALL EXPENSES	**$412,160**	**$17,500**

ST.LUCIE COUNTY BOARD OF COUNTY COMMISSIONERS
APPLICATION FOR FUNDING NON-PROFIT AGENCY
COUNTY FISCAL YEAR 2009/10
OCTOBER 1, 2009 - SEPTEMBER 30, 2010

SECTION V
BUDGET INFORMATION
BUDGET NARRATIVE
(C)

This Section is to detail in narrative form how the requested County funds will be expended per line item as reported under the project budget schedule. Start below (use continuation pages if necessary).

The total budget for the 211 Treasure Coast program serving the entire Treasure Coast area of St. Lucie County, Martin County, Okeechobee County and Indian River County amounts to $412,160 for FY 09-10.

The $17,500 requested from ST. LUCIE COUNTY BOARD OF COUNTY COMMISSIONERS will be directed to the following line items:

Salaries:	$ 14,500
Fringe Benefits:	$ 2,500
Accounting	$ 00
Advertising	$ 00
Audit	$ 00
Insurance	$ 00
Payroll Service	$ 00
Telephone	$ 500
Travel	$ 00
Administration	$ 00

Salaries relate to a portion of one telephone information and referral specialist and a portion of the salary for the Community Relations Specialist that serves St. Lucie County and the Research Specialist that maintains the Treasure Coast resource database.

Telephone relates to a portion of the pro rata share of the program's telephone costs.

ST. LUCIE COUNTY BOARD OF COUNTY COMMISSIONERS
APPLICATION FOR FUNDING NON-PROFIT AGENCY
COUNTY FISCAL YEAR 2009/10
OCTOBER 1, 2009 - SEPTEMBER 30, 2010

SECTION V
BUDGET INFORMATION
REVENUE
(D)

Complete the following items as indicated. Include all revenue/anticipated revenue. Use an * if funding has been requested and the award is currently unknown. Start below (use continuation pages if necessary).

TOTAL AGENCY REVENUE - CFY 2008/09 (OCTOBER 1, 2008 - SEPTEMBER 30, 2009)	$ 2,140,754
TOTAL ANTICIPATED AGENCY REVENUE - CFY 2009/10 (OCTOBER 1, 2009 - SEPTEMBER 30, 2010)	$ 2,112,946

ADDITIONAL REQUESTED INFORMATION ON THE FOLLOWING PAGE

ST. LUCIE COUNTY BOARD OF COUNTY COMMISSIONERS

APPLICATION FOR FUNDING NON-PROFIT AGENCY

COUNTY FISCAL YEAR 2008/09

(OCTOBER 1, 2009 - SEPTEMBER 30, 2010)

SECTION V

BUDGET INFORMATION

REVENUE (CONTINUED)

(D)

	Grant Period	Amount	Status
1. FEDERAL GRANTS			
HUD	May-April	155,000	Approved
2. STATE GRANTS			
State DCF-Dist. 9	July-June	158,797	*
State DCF-Dist. 15	July-June	96,463	*
3. CASH DONATIONS/CONTRIBUTIONS/FUNDRAISING/PRIVATE GRANTS			
Foundations		140,188	*
PB Community Chest	May-April	185,000	*
United Way of Martin Cty	July-June	47,000	*
United Way of PBC	July-June	252,919	*
United Way St. Lucie Cty	July-June	60,000	*
United Way of Indian River Cty	July-June	70,000	*
Hobe Sound Community Chest	April-March	9,000	Approved
United Way of Okeechobee	April-March	3,000	*
Bequests/Memorials	na	1,500	*
Board Leadership Development	na	34,374	*
General Contributions	na	17,134	*
Special Events	na	244,931	*
Sunshine Campaign	na	10,000	*
4. CLIENT FEES/FIRST AND THIRD PARTY REIMBURSEMENTS			
5. OTHER			
CSC PBC	Oct-Sept	116,422	*
CSC Martin County	Oct-Sept	22,000	*
CSC St. Lucie County	Oct-Sept	22,000	*
CSC Okeechobee	Oct-Sept	1,500	
Martin County Commission	Oct-Sept	15,000	*
Municipality	Oct-Sept	4,500	*
Palm Beach County	Oct-Sept	301,693	*
Palm Beach County LETF	na	29,500	*
St. Lucie County Commission	Oct-Sept	17.500	*
Administrative Fees/Training	na	27,000	
Answering Service Contracts	na	2,400	
Directory Sales	na	0	*
Website Hosting	na	5,000	
Interest	na	3,000	*
In-Kind	na	58,625	
Endowment	na	1,500	
TOTAL		$ 2,112,946	

* Pending

ST. LUCIE COUNTY BOARD OF COUNTY COMMISSIONERS
APPLICATION FOR FUNDING NON-PROFIT AGENCY
COUNTY FISCAL YEAR 2009/10
OCTOBER 1, 2009 - SEPTEMBER 30, 2010

SECTION V

BUDGET INFORMATION

FORM 990
(E)

Attach a copy of the Agency's form 990 Department of the Treasure Internal Revenue Service Return of Organization Exempt From Income Tax.

(Number pages of Form 990 as 9-1, 9-2, etc.)

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2007

Open to Public Inspection

A For the 2007 calendar year, or tax year beginning JUL 1, 2007 and ending JUN 30, 2008

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
211 PALM BEACH/TREASURE COAST, INC.

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
P.O. BOX 3588

City or town, state or country, and ZIP + 4
LANTANA, FL 33465-3588

D Employer identification number
23-7153017

E Telephone number
561-533-1096

F Accounting method: ☐ Cash ☒ Accrual ☐ Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Website: ▶WWW.211PB.ORG

J Organization type (check only one) ▶ ☒ 501(c) (3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check here ▶ ☐ if the organization is not a 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 2,236,518.

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) If "Yes," enter number of affiliates ▶ N/A

H(c) Are all affiliates included? N/A ☐ Yes ☐ No (If "No," attach a list.)

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

I Group Exemption Number ▶ N/A

M Check ▶ ☒ if the organization is **not** required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

DRAFT

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1	Contributions, gifts, grants, and similar amounts received:			
	a	Contributions to donor advised funds	1a		
	b	Direct public support (not included on line 1a)	1b	282,302.	
	c	Indirect public support (not included on line 1a)	1c	543,769.	
	d	Government contributions (grants) (not included on line 1a)	1d	1,187,921.	
	e	**Total** (add lines 1a through 1d) (cash $ 2,013,992. noncash $)			1e 2,013,992.
	2	Program service revenue including government fees and contracts (from Part VII, line 93)			2
	3	Membership dues and assessments			3
	4	Interest on savings and temporary cash investments			4 7,186.
	5	Dividends and interest from securities			5
	6 a	Gross rents SEE STATEMENT 1	6a	120,406.	
	b	Less: rental expenses SEE STATEMENT 2	6b	107,260.	
	c	Net rental income or (loss). Subtract line 6b from line 6a			6c 13,146.
	7	Other investment income (describe ▶)			7
	8 a	Gross amount from sales of assets other than inventory — (A) Securities	8a	(B) Other	
	b	Less: cost or other basis and sales expenses	8b		
	c	Gain or (loss) (attach schedule)	8c		
	d	Net gain or (loss). Combine line 8c, columns (A) and (B)			8d
	9	Special events and activities (attach schedule). If any amount is from **gaming**, check here ▶ ☐			
	a	Gross revenue (not including $ 110,389. of contributions reported on line 1b)	9a	80,499.	
	b	Less: direct expenses other than fundraising expenses	9b	49,483.	
	c	Net income or (loss) from special events. Subtract line 9b from line 9a SEE STATEMENT 3			9c 31,016.
	10 a	Gross sales of inventory, less returns and allowances	10a		
	b	Less: cost of goods sold	10b		
	c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a			10c
	11	Other revenue (from Part VII, line 103)			11 14,435.
	12	**Total revenue.** Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11			12 2,079,775.
Expenses	13	Program services (from line 44, column (B))			13 1,962,752.
	14	Management and general (from line 44, column (C))			14 68,444.
	15	Fundraising (from line 44, column (D))			15 100,457.
	16	Payments to affiliates (attach schedule)			16
	17	**Total expenses.** Add lines 16 and 44, column (A)			17 2,131,653.
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 12			18 -51,878.
	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19 834,488.
	20	Other changes in net assets or fund balances (attach explanation)			20 0.
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20			21 782,610.

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash $ 0. noncash $ 0.) If this amount includes foreign grants, check here ▶ ☐	22a				
22b Other grants and allocations (attach schedule) (cash $ 0. noncash $ 0.) If this amount includes foreign grants, check here ▶ ☐	22b				
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a	171,436.	157,721.	5,143.	8,572.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b	0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c				
26 Salaries and wages of employees not included on lines 25a, b, and c	26	1,163,270.	1,069,273.	39,299.	54,698.
27 Pension plan contributions not included on lines 25a, b, and c	27	35,563.	32,853.	1,095.	1,615.
28 Employee benefits not included on lines 25a - 27	28	152,875.	142,452.	3,291.	7,132.
29 Payroll taxes	29	112,941.	104,333.	3,478.	5,130.
30 Professional fundraising fees	30				
31 Accounting fees	31	8,939.	8,186.	332.	421.
32 Legal fees	32				
33 Supplies	33	23,159.	21,472.	563.	1,124.
34 Telephone	34	123,738.	118,257.	2,990.	2,491.
35 Postage and shipping	35	10,136.	8,820.	156.	1,160.
36 Occupancy	36	53,435.	49,101.	1,790.	2,544.
37 Equipment rental and maintenance	37	44,317.	43,979.	334.	4.
38 Printing and publications	38	31,809.	26,389.	629.	4,791.
39 Travel	39	22,550.	20,013.	1,413.	1,124.
40 Conferences, conventions, and meetings	40				
41 Interest	41				
42 Depreciation, depletion, etc. (attach schedule)	42	44,205.	40,620.	1,481.	2,104.
43 Other expenses not covered above (itemize):					
a	43a				
b	43b				
c	43c				
d	43d				
e	43e				
f	43f				
g SEE STATEMENT 4	43g	133,280.	119,283.	6,450.	7,547.
44 **Total functional expenses.** Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	2,131,653.	1,962,752.	68,444.	100,457.

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Joint Costs. Check ▶ ☐ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ▶ ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs $ N/A ; (ii) the amount allocated to Program services $ N/A ; (iii) the amount allocated to Management and general $ N/A ; and (iv) the amount allocated to Fundraising $ N/A

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

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ▶ SEE STATEMENT 7

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

a SEE STATEMENT 5

(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐ 843,694.

b ELDER HELPLINE PROVIDES AN INFORMATION AND REFERRAL SERVICE VIA TELEPHONE AND TO ELDERLY CALLERS. IT ALSO REFERS ELDERLY CALLERS TO OTHER LEAD SERVICE PROVIDERS.

(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐ 253,305.

c SEE STATEMENT 6

(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐ 213,803.

d CALL MANAGEMENT INFORMATION SERVICES PROVIDES THE TECHNICAL STAFF SUPPORT FOR HUD MANDATED INTERNET-BASED CLIENT SHARING SYSTEM, INCLUDING TRAINING, OVERSIGHT, DEVELOPMENT, HELP DESK SERVICES, AND REPORT GENERATION.

(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐ 143,200.

e Other program services (attach schedule) SEE STATEMENT 8

(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐ 508,750.

f **Total of Program Service Expenses** (should equal line 44, column (B), Program services) ▶ 1,962,752.

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Part IV Balance Sheets *(See the instructions.)*

Note: *Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.*

			(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing		39,830.	45	136,883.
	46 Savings and temporary cash investments		184,329.	46	
	47 a Accounts receivable	47a 255,904.			
	b Less: allowance for doubtful accounts	47b	9,275.	47c	255,904.
	48 a Pledges receivable	48a			
	b Less: allowance for doubtful accounts	48b		48c	
	49 Grants receivable		250,073.	49	
	50 a Receivables from current and former officers, directors, trustees, and key employees			50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)			50b	
	51 a Other notes and loans receivable	51a			
	b Less: allowance for doubtful accounts	51b		51c	
	52 Inventories for sale or use			52	
	53 Prepaid expenses and deferred charges		30,883.	53	44,059.
	54 a Investments - publicly-traded securities ▶ ☐ Cost ☐ FMV			54a	
	b Investments - other securities ▶ ☐ Cost ☐ FMV			54b	
	55 a Investments - land, buildings, and equipment: basis	55a			
	b Less: accumulated depreciation	55b		55c	
	56 Investments - other			56	
	57 a Land, buildings, and equipment: basis	57a 1,471,445.			
	b Less: accumulated depreciation STMT 9	57b 716,250.	772,849.	57c	755,195.
	58 Other assets, including program-related investments (describe ▶)		5,284.	58	0.
	59 **Total assets** (must equal line 74). Add lines 45 through 58		1,292,523.	59	1,192,041.
Liabilities	60 Accounts payable and accrued expenses		93,677.	60	77,884.
	61 Grants payable			61	
	62 Deferred revenue		23,569.	62	19,672.
	63 Loans from officers, directors, trustees, and key employees			63	
	64 a Tax-exempt bond liabilities			64a	
	b Mortgages and other notes payable STMT 10		335,789.	64b	311,875.
	65 Other liabilities (describe ▶ DEPOSITS & OTHER MISC)		5,000.	65	0.
	66 **Total liabilities.** Add lines 60 through 65		458,035.	66	409,431.
Net Assets or Fund Balances	**Organizations that follow SFAS 117, check here** ▶ ☒ and complete lines 67 through 69 and lines 73 and 74.				
	67 Unrestricted		696,736.	67	628,612.
	68 Temporarily restricted		137,752.	68	153,998.
	69 Permanently restricted			69	
	Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 70 through 74.				
	70 Capital stock, trust principal, or current funds			70	
	71 Paid-in or capital surplus, or land, building, and equipment fund			71	
	72 Retained earnings, endowment, accumulated income, or other funds			72	
	73 **Total net assets or fund balances.** Add lines 67 through 69 **or** lines 70 through 72. (Column (A) **must** equal line 19 and column (B) **must** equal line 21)		834,488.	73	782,610.
	74 **Total liabilities and net assets/fund balances.** Add lines 66 and 73		1,292,523.	74	1,192,041.

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Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return *(See the instructions.)*

a	Total revenue, gains, and other support per audited financial statements			a	2,308,915.
b	Amounts included on line a but not on Part I, line 12:				
1	Net unrealized gains on investments	b1			
2	Donated services and use of facilities	b2	72,399.		
3	Recoveries of prior year grants	b3			
4	Other (specify): SEE STATEMENT 11	b4	156,741.		
	Add lines b1 through b4			b	229,140.
c	Subtract line b from line a			c	2,079,775.
d	Amounts included on Part I, line 12, but not on line a:				
1	Investment expenses not included on Part I, line 6b	d1			
2	Other (specify):	d2			
	Add lines d1 and d2			d	0.
e	**Total revenue** (Part I, line 12). Add lines c and d		▶	e	2,079,775.

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements			a	2,360,793.
b	Amounts included on line a but not on Part I, line 17:				
1	Donated services and use of facilities	b1	72,399.		
2	Prior year adjustments reported on Part I, line 20	b2			
3	Losses reported on Part I, line 20	b3			
4	Other (specify): SEE STATEMENT 12	b4	156,741.		
	Add lines b1 through b4			b	229,140.
c	Subtract line b from line a			c	2,131,653.
d	Amounts included on Part I, line 17, but not on line a:				
1	Investment expenses not included on Part I, line 6b	d1			
2	Other (specify):	d2			
	Add lines d1 and d2			d	0.
e	**Total expenses** (Part I, line 17). Add lines c and d		▶	e	2,131,653.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) *(See the instructions.)*

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
SEE STATEMENT 13		166,516.	3,120.	1,800.

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Part V-A Current Officers, Directors, Trustees, and Key Employees *(continued)*

		Yes	No
75 a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ▶ 26		
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) 75b		X
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." 75c		X
	If "Yes," attach a statement that includes the information described in the instructions.		
d	Does the organization have a written conflict of interest policy? 75d	X	

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
NONE				

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Part VI Other Information *(See the instructions.)*

		Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change 76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? 77		X
	If "Yes," attach a conformed copy of the changes.		
78 a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return? 78a	X	
b	If "Yes," has it filed a tax return on **Form 990-T** for this year? 78b	X	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement 79		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? 80a	X	
b	If "Yes," enter the name of the organization ▶ 415 GATOR DRIVE, INC. and check whether it is [X] exempt or [ ] nonexempt		
81 a	Enter direct and indirect political expenditures. (See line 81 instructions.) 81a 0.		
b	Did the organization file **Form 1120-POL** for this year? 81b		X

Part VI Other Information *(continued)*

				Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		82a	X	
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b 72,399.			
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?		83a	X	
b	Did the organization comply with the disclosure requirements relating to *quid pro quo* contributions?		83b	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	84b		
85 a	*501(c)(4), (5), or (6).* Were substantially all dues nondeductible by members?	N/A	85a		
b	Did the organization make only in-house lobbying expenditures of $2,000 or less?	N/A	85b		
	If "Yes" was answered to either 85a or 85b, **do not** complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.				
c	Dues, assessments, and similar amounts from members	85c N/A			
d	Section 162(e) lobbying and political expenditures	85d N/A			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e N/A			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f N/A			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A	85h		
86	*501(c)(7) organizations.* Enter: a Initiation fees and capital contributions included on line 12	86a N/A			
b	Gross receipts, included on line 12, for public use of club facilities	86b N/A			
87	*501(c)(12) organizations.* Enter: a Gross income from members or shareholders	87a N/A			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b N/A			
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		88a	X	
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI ▶		88b		X
89 a	*501(c)(3) organizations.* Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0. ; section 4912 ▶ 0. ; section 4955 ▶ 0.				
b	*501(c)(3) and 501(c)(4) organizations.* Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		89b		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶	0.			
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶	0.			
e	*All organizations.* At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		89e		X
f	*All organizations.* Did the organization acquire a direct or indirect interest in any applicable insurance contract?		89f		X
g	*For supporting organizations and sponsoring organizations maintaining donor advised funds.* Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		89g		X
90 a	List the states with which a copy of this return is filed ▶ FL				
b	Number of employees employed in the pay period that includes March 12, 2007	90b 43			
91 a	The books are in care of ▶ MINDY GONZALEZ Telephone no. ▶ 561 533-1096 Located at ▶ P.O. BOX 3588, LANTANA, FL ZIP + 4 ▶ 33465				
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ N/A See the instructions for exceptions and filing requirements for **Form TD F 90-22.1,** Report of Foreign Bank and Financial Accounts.		91b		X

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Part VI Other Information *(continued)*

		Yes	No
c	At any time during the calendar year, did the organization maintain an office outside of the United States? 91c		X
	If "Yes," enter the name of the foreign country ▶ N/A		
92	*Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of* **Form 1041**- Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92 N/A		

Part VII Analysis of Income-Producing Activities *(See the instructions.)*

Note: *Enter gross amounts unless otherwise indicated.*

	Unrelated business income		Excluded by section 512, 513, or 514		
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	(E) Related or exempt function income
93 Program service revenue:					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	7,186.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property	531120	13,146.			
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			01	31,016.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a DIRECTORY INCOME					5,504.
b TRAINING INCOME					8,826.
c OTHER REVENUE					105.
d					
e					
104 Subtotal (add columns (B), (D), and (E))		13,146.		38,202.	14,435.
105 **Total** (add line 104, columns (B), (D), and (E)) ▶					65,783.

Note: *Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.*

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Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes *(See the instructions.)*

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
103	TO PROVIDE AN INFORMATION AND REFERRAL BASE THAT CAN BE
103	UTILIZED BY OTHER NONPROFIT AGENCIES AS WELL AS PROMOTING THE SERVICES
103	AVAILABLE BY THE CENTER AND SPREADING THE INFORMATION TO THE COMMUNITY
103	THROUGH THE DIRECTORIES, SPECIALIZED SOFTWARE, AND BROCHURES.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities *(See the instructions.)*

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
415 GATOR DRIVE,	%			
INC. - P.O. BOX	%			
3588, LANTANA, FL	%			
33465 - 65-0951123	100%	RENTAL PROPERTY		

Part X Information Regarding Transfers Associated with Personal Benefit Contracts *(See the instructions.)*

(a)	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	☐ Yes	☒ No
(b)	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	☐ Yes	☒ No

Note: *If "Yes" to* **(b)**, *file Form 8870* **and** *Form 4720 (see instructions).*

Part XI Information Regarding Transfers To and From Controlled Entities. *Complete only if the organization is a controlling organization as defined in section 512(b)(13).* N/A

		Yes	No
106	Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.		

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
	Totals			

		Yes	No
107	Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.		

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
	Totals			

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		Yes	No
108	Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?		

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.

Please Sign Here

▶ Signature of officer Date

▶ SUSAN K BUZA, EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ | Date | Check if self-employed ▶ ☐ | Preparer's SSN or PTIN (See Gen. Inst. X)

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ HOLYFIELD & THOMAS, LLC
1601 FORUM PLACE, SUITE 801
WEST PALM BEACH, FLORIDA 33401

EIN ▶

Phone no. ▶ (561)689-6000

Form **990** (2007)

723164/12-27-07

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No. 1545-0047

2007

Name of the organization: 211 PALM BEACH/TREASURE COAST, INC.

Employer identification number: 23 7153017

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than $50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
DIANE HUFF P.O. BOX 3588, LANTANA, FL 33465	DIR. COMM. SVCS. 40.00	56,646.	545.	0.
RHONDA THROOP P.O. BOX 3588, LANTANA, FL 33465	DIR. COMM. REL. 40.00	51,525.	1,490.	0.
Total number of other employees paid over $50,000 ▶	0			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than $50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over $50,000 for professional services ▶	0	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than $50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over $50,000 for other services ▶	0	

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Part III Statements About Activities (See page 2 of the instructions.)

		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ $ _____ $ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	1		X
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? *(If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)*			
a	Sale, exchange, or leasing of property?	2a		X
b	Lending of money or other extension of credit?	2b		X
c	Furnishing of goods, services, or facilities?	2c		X
d	Payment of compensation (or payment or reimbursement of expenses if more than $1,000)? SEE PART V-A, FORM 990	2d	X	
e	Transfer of any part of its income or assets?	2e		X
3 a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a		X
b	Did the organization have a section 403(b) annuity plan for its employees?	3b	X	
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c		X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		X
4 a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a		X
b	Did the organization make any taxable distributions under section 4966? N/A	4b		
c	Did the organization make a distribution to a donor, donor advisor, or related person? N/A	4c		
d	Enter the total number of donor advised funds owned at the end of the tax year ▶			0
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶			N/A
f	Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶			0.
g	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year ▶			0.

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Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).

6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)

7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).

8 ☐ A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).

9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ▶

10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)

11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

12 ☐ 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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)

13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:

☐ Type I ☐ Type II ☐ Type III-Functionally Integrated ☐ Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents? Yes	(d) No	(e) Amount of support
Total ▶					

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14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

Part IV-A **Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**
Note: *You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.*

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	1,888,231.	1,771,024.	1,616,928.	1,543,449.	6,819,632.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	215,645.	169,458.	149,833.	119,990.	654,926.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	127,613.	148,689.	86,883.	87,890.	451,075.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	43,357.	3,430.	SEE STATEMENT 14 8,933.	16,551.	72,271.
23 Total of lines 15 through 22	2,274,846.	2,092,601.	1,862,577.	1,767,880.	7,997,904.
24 Line 23 minus line 17	2,059,201.	1,923,143.	1,712,744.	1,647,890.	7,342,978.
25 Enter 1% of line 23	22,748.	20,926.	18,626.	17,679.	

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26 **Organizations described on lines 10 or 11:** a Enter 2% of amount in column (e), line 24 ▶	26a	146,860.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. **Do not file this list with your return.** Enter the total of all these excess amounts ▶	26b	0.
c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶	26c	7,342,978.
d Add: Amounts from column (e) for lines: 18 451,075. 19 ____ 22 72,271. 26b ____ ▶	26d	523,346.
e Public support (line 26c minus line 26d total) ▶	26e	6,819,632.
f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ▶	26f	92.8728%

27 **Organizations described on line 12:** a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." **Do not file this list with your return.** Enter the sum of such amounts for each year: N/A
(2006) ____ (2005) ____ (2004) ____ (2003) ____

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the **larger of (1)** the amount on line 25 for the year or **(2)** $5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) **Do not file this list with your return.** After computing the difference between the amount received and the larger amount described in **(1)** or **(2)**, enter the sum of these differences (the excess amounts) for each year: N/A
(2006) ____ (2005) ____ (2004) ____ (2003) ____

c Add: Amounts from column (e) for lines: 15 ____ 16 ____ 17 ____ 20 ____ 21 ____ ▶	27c	N/A
d Add: Line 27a total ____ and line 27b total ____ ▶	27d	N/A
e Public support (line 27c total minus line 27d total) ▶	27e	N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e) ▶ 27f N/A		
g **Public support percentage (line 27e (numerator) divided by line 27f (denominator))** ▶	27g	N/A %
h **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))** ▶	27h	N/A %

28 **Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. **Do not file this list with your return.** Do not include these grants in line 15.
NONE

Part V **Private School Questionnaire** (See page 9 of the instructions.) N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
32	Does the organization maintain the following:			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
	If you answered "Yes" to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		

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Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.)

N/A

(To be completed **ONLY** by an eligible organization that filed Form 5768)

Check ▶ a ☐ if the organization belongs to an affiliated group. Check ▶ b ☐ if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for all electing organizations
		N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount. Enter the amount from the following table -			
If the amount on line 40 is - / **The lobbying nontaxable amount is -**			
Not over $500,000 — 20% of the amount on line 40			
Over $500,000 but not over $1,000,000 — $100,000 plus 15% of the excess over $500,000			
Over $1,000,000 but not over $1,500,000 — $175,000 plus 10% of the excess over $1,000,000			
Over $1,500,000 but not over $17,000,000 — $225,000 plus 5% of the excess over $1,500,000			
Over $17,000,000 — $1,000,000	41		
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		

Caution: *If there is an amount on either line 43 or line 44, you must file Form 4720.*

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4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

N/A

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h.)			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 14 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

		Yes	No
a	Transfers from the reporting organization to a noncharitable exempt organization of:		
	(i) Cash	51a(i)	X
	(ii) Other assets	a(ii)	X
b	Other transactions:		
	(i) Sales or exchanges of assets with a noncharitable exempt organization	b(i)	X
	(ii) Purchases of assets from a noncharitable exempt organization	b(ii)	X
	(iii) Rental of facilities, equipment, or other assets	b(iii)	X
	(iv) Reimbursement arrangements	b(iv)	X
	(v) Loans or loan guarantees	b(v)	X
	(vi) Performance of services or membership or fundraising solicitations	b(vi)	X
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c	X

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received: N/A

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

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52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ ☐ Yes ☒ No

b If "Yes," complete the following schedule: N/A

(a) Name of organization	(b) Type of organization	(c) Description of relationship

FORM 990 RENTAL INCOME STATEMENT 1

KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME
415 GATOR DRIVE	1 3	120,406.
TOTAL TO FORM 990, PART I, LINE 6A		120,406.

FORM 990 RENTAL EXPENSES STATEMENT 2

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
DEPRECIATION		21,940.	
AMORTIZATION		548.	
OCCUPANCY		11,562.	
PROFESSIONAL SERVICES		13,301.	
EQUIPMENT REPAIRS AND MAINTENANCE		8,904.	
INSURANCE		2,974.	
OPERATING SUPPLIES		36.	
LICENSES		145.	
PROPERTY TAX		14,167.	
MORTGAGE INTEREST		23,793.	
UNCOLLECTABLE REVENUES		9,845.	
BANK CHARGES		45.	
- SUBTOTAL -	1		107,260.
TOTAL TO FORM 990, PART I, LINE 6B			107,260.

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FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 3

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME OR (LOSS)
BINGO, FASHION SHOWS AND CROQUET	190,888.	110,389.	80,499.	49,483.	31,016.
TO FM 990, PART I, LINE 9	190,888.	110,389.	80,499.	49,483.	31,016.

FORM 990 OTHER EXPENSES STATEMENT 4

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
OTHER EXPENSES -PROGRAM SERVICES	5,976.	5,976.		
ADVERTISING	14,306.	14,306.		
PROFESSIONAL FEES	20,334.	20,334.		
INSURANCE	44,632.	44,632.		
LICENSES, DUES, SUBSCRIPTIONS	4,544.	4,544.		
TRAINING	6,782.	6,782.		
SPECIAL EVENTS	0.	0.		
PAYROLL EXPENSE	22,709.	22,709.		
ADVERTISING-MAN	40.		40.	
ADVERTISING-FUN	350.			350.
UNCOLLECTABLE REV.	23.		23.	
BANK CHARGES	2,729.		2,729.	
INSURANCE	1,627.		1,627.	
INSURANCE	2,312.			2,312.
LIC., DUES, SUB.	240.		240.	
LIC. DUES, SUB.	1,396.			1,396.
PAYROLL EXP.	827.		827.	
PAYROLL EXP	1,182.			1,182.
PROFF. SERV.	807.		807.	
PROFF. SERV.	1,036.			1,036.
STAFF TRAINING	157.		157.	
STAFF TRAINING	654.			654.
OTHER EXPENSES	339.			339.

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SPECIAL EVENTS	278.			278.
TOTAL TO FM 990, LN 43	133,280.	119,283.	6,450.	7,547.

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 5

DESCRIPTION OF PROGRAM SERVICE ONE

211 IS A TELEPHONE BASED INFORMATION, REFERRAL, CRISIS INTERVENTION, SUICIDE PREVENTION AND TELEPHONE COUNSELING SERVICE. THE SERVICE IS PROVIDED BY TRAINED STAFF AND VOLUNTEERS, 24 HOURS A DAY, 7 DAYS A WEEK BY DIALING THE EASY TO REMEMBER THREE DIGIT DIALING CODE, 2-1-1 OR (561) 383-1111 OR (866) 882-2991. THE CALL CENTER SERVES THE RESIDENTS OF PALM BEACH,COUNTY. IN 2005-2006, 106,182 CALLS WERE RECEIVED FROM PALM BEACH COUNTY.

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	GRANTS	EXPENSES
TO FORM 990, PART III, LINE A		843,694.

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 6

DESCRIPTION OF PROGRAM SERVICE THREE

ELDER CRISIS OUTREACH SERVES PALM BEACH COUNTY INDIVIDUALS AGE 60 AND OVER WHO ARE IN EMOTIONAL, FINANCIAL OR SOCIAL DISTRESS. IN-HOME CRISIS INTERVENTION SERVICES ARE ALSO PROVIDED. THIS IS DONE IN AN EFFORT TO INTERVENE AS EARLY AS POSSIBLE TO ASSIST OLDER ADULTS IN MAINTAINING THEIR INDEPENDENCE SO THEY CAN FUNCTION IN THE LEAST RESTRICTIVE ENVIRONMENT POSSIBLE. IN 2005-2006, 375 ELDERS RECEIVED SUPPORT SERVICES THROUGH THE ELDER CRISIS OUTREACH PROGRAM AND ANOTHER 520 WERE PROVIDED ASSISTANCE IN THE AFTERMATH OF HURRICANE WILMA.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE C		213,803.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE PART III STATEMENT 7

EXPLANATION

TO PROVIDE INFORMATION TO THE PUBLIC CONCERNING AVAILABLE HEALTH AND HUMAN SERVICE RESOURCES, TELEPHONE COUNSELING TO INDIVIDUALS WITH PERSONAL OR FAMILY PROBLEMS, AND SERVICES TO SPECIAL POPULATIONS, SUCH AS OLDER ADULTS AND ADOLESCENTS.

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FORM 990 OTHER PROGRAM SERVICES STATEMENT 8

DESCRIPTION OF OTHER PROGRAM SERVICES	GRANTS AND ALLOCATIONS	EXPENSES
SUNSHINE TELEPHONE REASSURANCE IS A FREE TELEPHONE REASSURANCE SERVICE DESIGNED TO CHECK ON CLIENT WELL-BEING AND ACT AS A SOURCE OF FRIENDLY CONTACT.	0.	164,354.

OFTEN THESE CALLS ARE THE ONLY CONTACT THE CLIENT HAS WITH OTHERS THAT DAY. IN 2005-2006, 477 ISOLATED ELDERS AND DISABLED PERSONS RECEIVED DAILY TELEPHONE CALLS FROM PERSONS WHO LONGED IN 4,582 VOLUNTEER HOURS. CLIENT MANAGEMENT INFORMATION SYSTEMS (CMIS) IS A SECURE INTERNET NETWORK MANAGED BY THE ENTITY.

CIMS ALLOWS FOR THE EXCHANGE OF VITAL INFORMATION REGARDING THE HOMELESS POPULACE AND OTHER PERSONS THOUGHT TO BE IN PERIL. IN 2005-2006, 47 HUMAN SERVICE AGENCIES RECORDED CLIENT RECORDS ALLOWING FOR THE EXCHANGE OF VITAL INFORMATION ABOUT THE HOMELESS AND IN-PERIL PERSONS.	0.	344,396.
CALL CENTER - DCF - PROVIDES SERVICES WITH A FOCUS ON MENTAL HEALTH FOR ADULTS AND CHILDEN AND ASSISTANCE WITH SUBSTANCE ABUSE INFORMATION OR PREVENTION.		
P 1 50 4		
TOTAL TO FORM 990, PART III, LINE E		508,750.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 9

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
PROPERTY & EQUIPMENT - 211	519,539.	407,257.	112,282.
FURNITURE - 211	36,604.	25,155.	11,449.
LEASEHOLD IMPROVEMENTS - 211	200,622.	96,283.	104,339.
CONSTRUCTION IN PROGRESS - 211	51,230.	0.	51,230.
BUILDING AND IMPROVEMENTS - GATOR DR.	503,450.	187,555.	315,895.
LAND - GATOR DRIVE	160,000.	0.	160,000.
TOTAL TO FORM 990, PART IV, LN 57	1,471,445.	716,250.	755,195.

FORM 990 MORTGAGES PAYABLE STATEMENT 10

DESCRIPTION	BALANCE DUE
SUNTRUST BANK	311,875.
TOTAL INCLUDED ON FORM 990, PART IV, LINE 64B, COLUMN B	311,875.

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FORM 990 OTHER REVENUE NOT INCLUDED ON FORM 990 STATEMENT 11

DESCRIPTION	AMOUNT
SPECIAL FUNDRAISING EVENT EXPENSES	49,483.
RENTAL EXPENSES	107,260.
ROUNDING	-2.
TOTAL TO FORM 990, PART IV-A	156,741.

FORM 990 OTHER EXPENSES NOT INCLUDED ON FORM 990 STATEMENT 12

DESCRIPTION	AMOUNT
SPECIAL FUNDRAISING EVENT EXPENSES	49,483.
RENTAL EXPENSES LINE	107,260.
ROUNDING	-2.
TOTAL TO FORM 990, PART IV-B	156,741.

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FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 13

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN-SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
SUSAN K. BUZA P.O. BOX 3588 LANTANA, FL 33456	EXECUTIVE DIRECTOR 40.00	107,600.	3,120.	1,800.
MINDY GONZALEZ P.O. BOX 3588 LANTANA, FL 33456	DIR. OF FINANCE & ADMIN 40.00	58,916.	0.	0.
THERESE M. SHEHAN P.O. BOX 3588 LANTANA, FL 33456	PRESIDENT 4.00	0.	0.	0.
ROSANNE M. DUANE P.O. BOX 3588 LANTANA, FL 33456	VICE PRESIDENT 4.00	0.	0.	0.
SHELIA JONES P.O. BOX 3588 LANTANA, FL 33456	TREASURER 4.00	0.	0.	0.
NANCY ALBANO LAMBRECHT P.O. BOX 3588 LANTANA, FL 33456	SECRETARY 4.00	0.	0.	0.
JOHN DEESE P.O. BOX 3588 LANTANA, FL 33456	PAST PRESIDENT 4.00	0.	0.	0.
DIANE CARLINO P.O. BOX 3588 LANTANA, FL 33456	BOARD MEMBER 4.00	0.	0.	0.
DR. YVETTE COURSEY P.O. BOX 3588 LANTANA, FL 33456	BOARD MEMBER 4.00	0.	0.	0.
BRADFORD A DEFLIN P.O. BOX 3588 LANTANA, FL 33456	BOARD MEMBER 4.00	0.	0.	0.
BRADFORD A DEFLIN P.O. BOX 3588 LANTANA, FL 33456	BOARD MEMBER 4.00	0.	0.	0.

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RAY DORSEY P.O. BOX 3588 LANTANA, FL 33456	BOARD MEMBER 4.00	0.	0.	0.
GEORGE ELMORE P.O. BOX 3588 LANTANA, FL 33456	BOARD MEMBER 4.00	0.	0.	0.
ANN FARAONE P.O. BOX 3588 LANTANA, FL 33456	BOARD MEMBER 4.00	0.	0.	0.
JANIE FOGT P.O. BOX 3588 LANTANA, FL 33456	BOARD MEMBER 4.00	0.	0.	0.
CAPTAIN NANCY GRIMES P.O. BOX 3588 LANTANA, FL 33456	BOARD MEMBER 4.00	0.	0.	0.
BILL HOWDEN P.O. BOX 3588 LANTANA, FL 33456	BOARD MEMBER 4.00	0.	0.	0.
GALE HOWDEN P.O. BOX 3588 LANTANA, FL 33456	BOARD MEMBER 4.00	0.	0.	0.
JAMES L JEFFERSON P.O. BOX 3588 LANTANA, FL 33456	BOARD MEMBER 4.00	0.	0.	0.
JOHN H. KESSLER P.O. BOX 3588 LANTANA, FL 33456	BOARD MEMBER 4.00	0.	0.	0.
R LEE MCELROY IV P.O. BOX 3588 LANTANA, FL 33456	BOARD MEMBER 4.00	0.	0.	0.
PAMELA DUBOSE MCIVER P.O. BOX 3588 LANTANA, FL 33456	BOARD MEMBER 4.00	0.	0.	0.
LEE ROBINSON MOORE P.O. BOX 3588 LANTANA, FL 33456	BOARD MEMBER 4.00	0.	0.	0.
JELIONA RAMIREZ P.O. BOX 3588 LANTANA, FL 33456	BOARD MEMBER 4.00	0.	0.	0.

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JAY H ROSSBACH P.O. BOX 3588 LANTANA, FL 33456	BOARD MEMBER 4.00	0.	0.	0.
BETH THALLER-SPITZ P.O. BOX 3588 LANTANA, FL 33456	BOARD MEMBER 4.00	0.	0.	0.
PAMELA FATHERING STERN P.O. BOX 3588 LANTANA, FL 33456	BOARD MEMBER 4.00	0.	0.	0.
DIANE VERNER P.O. BOX 3588 LANTANA, FL 33456	BOARD MEMBER 4.00	0.	0.	0.
NANCY WIBBELSMAN P.O. BOX 3588 LANTANA, FL 33456	BOARD MEMBER 4.00	0.	0.	0.
GREGORY T. ZELE P.O. BOX 3588 LANTANA, FL 33456	BOARD MEMBER 4.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		166,516.	3,120.	1,800.

SCHEDULE A — OTHER INCOME — STATEMENT 14

DESCRIPTION	2006 AMOUNT	2005 AMOUNT	2004 AMOUNT	2003 AMOUNT
GROSS MISC. INCOME	43,357.	3,430.	8,933.	16,551.
TOTAL TO SCHEDULE A, LINE 22	43,357.	3,430.	8,933.	16,551.

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Form **990-T**

Department of the Treasury
Internal Revenue Service (77)

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

For calendar year 2007 or other tax year beginning JUL 1, 2007 , and ending JUN 30, 2008

OMB No. 1545-0687

2007

Open to Public Inspection for 501(c)(3) Organizations Only

A ☐ Check box if address changed

B Exempt under section
☒ 501(c)(3)
☐ 408(e) ☐ 220(e)
☐ 408A ☐ 530(a)
☐ 529(a)

C Book value of all assets at end of year 663,450.

Print or Type

Name of organization (☐ Check box if name changed and see instructions.)
211 PALM BEACH/TREASURE COAST, INC.

Number, street, and room or suite no. If a P.O. box, see page 9 of instructions.
P.O. BOX 3588

City or town, state, and ZIP code
LANTANA, FL 33465-3588

D Employer identification number (Employees' trust, see instructions for Block D on page 9.)
23-7153017

E Unrelated business activity codes (See instructions for Block E on page 9.)
531120

F Group exemption number (see instructions for Block F.) ▶

G Check organization type ▶ ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust

H Describe the organization's primary unrelated business activity. ▶ RENTAL OF UNUSED REAL ESTATE

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ ☐ Yes ☒ No

If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ MINDY GONZALEZ Telephone number ▶ 561 533-1096

Part I Unrelated Trade or Business Income

		(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales; b Less returns and allowances; c Balance ▶	1c			
2 Cost of goods sold (Schedule A, line 7)	2			
3 Gross profit. Subtract line 2 from line 1c	3			
4a Capital gain net income (attach Schedule D)	4a			
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
c Capital loss deduction for trusts	4c			
5 Income (loss) from partnerships and S corporations (attach statement)	5			
6 Rent income (Schedule C)	6			
7 Unrelated debt-financed income (Schedule E)	7	79,732.	71,028.	8,704.
8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F)	8			
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9			
10 Exploited exempt activity income (Schedule I)	10			
11 Advertising income (Schedule J)	11			
12 Other income (See instructions; attach schedule.)	12			
13 **Total.** Combine lines 3 through 12	13	79,732.	71,028.	8,704.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)
(Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)			14	
15 Salaries and wages			15	
16 Repairs and maintenance			16	
17 Bad debts			17	
18 Interest (attach schedule)			18	
19 Taxes and licenses			19	
20 Charitable contributions (See instructions for limitation rules.)			20	
21 Depreciation (attach Form 4562)	21			
22 Less depreciation claimed on Schedule A and elsewhere on return	22a		22b	
23 Depletion			23	
24 Contributions to deferred compensation plans			24	
25 Employee benefit programs			25	
26 Excess exempt expenses (Schedule I)			26	
27 Excess readership costs (Schedule J)			27	
28 Other deductions (attach schedule)			28	
29 **Total deductions.** Add lines 14 through 28			29	0.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13			30	8,704.
31 Net operating loss deduction (limited to the amount on line 30)			31	8,704.
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30			32	0.
33 Specific deduction (Generally $1,000, but see instructions for exceptions)			33	1,000.
34 **Unrelated business taxable income.** Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32			34	0.

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Part III Tax Computation

35	**Organizations Taxable as Corporations.** See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here ▶ ☐ **See instructions** and:		
a	Enter your share of the $50,000, $25,000, and $9,925,000 taxable income brackets (in that order): (1) $ (2) $ (3) $		
b	Enter organization's share of: (1) Additional 5% tax (not more than $11,750) $		
	(2) Additional 3% tax (not more than $100,000) $		
c	Income tax on the amount on line 34 ▶	35c	0.
36	**Trusts Taxable at Trust Rates.** See instructions for tax computation. Income tax on the amount on line 34 from: ☐ Tax rate schedule or ☐ Schedule D (Form 1041) ▶	36	
37	**Proxy tax.** See instructions ▶	37	
38	Alternative minimum tax	38	
39	**Total.** Add lines 37 and 38 to line 35c or 36, whichever applies	39	0.

Part IV Tax and Payments

40a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	40a			
b	Other credits (see instructions)	40b			
c	General business credit. Check here and indicate which forms are attached: ☐ Form 3800 ☐ Form(s) (specify) ▶	40c			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	40d			
e	**Total credits.** Add lines 40a through 40d			40e	
41	Subtract line 40e from line 39			41	0.
42	Other taxes. Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach schedule)			42	
43	**Total tax.** Add lines 41 and 42			43	0.
44a	Payments: A 2006 overpayment credited to 2007	44a			
b	2007 estimated tax payments	44b			
c	Tax deposited with Form 8868	44c			
d	Foreign organizations: Tax paid or withheld at source (see instructions)	44d			
e	Backup withholding (see instructions)	44e			
f	Other credits and payments: ☐ Form 2439 ☐ Form 4136 ☐ Other Total ▶	44f			
45	**Total payments.** Add lines 44a through 44f			45	
46	Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶ ☐			46	
47	**Tax due.** If line 45 is less than the total of lines 43 and 46, enter amount owed ▶			47	0.
48	**Overpayment.** If line 45 is larger than the total of lines 43 and 46, enter amount overpaid ▶			48	0.
49	Enter the amount of line 48 you want: **Credited to 2008 estimated tax** ▶ **Refunded** ▶			49	

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Part V Statements Regarding Certain Activities and Other Information (See instructions on page 18)

		Yes	No
1	At any time during the 2007 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1. If YES, enter the name of the foreign country here ▶		X
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see page 5 of the instructions for other forms the organization may have to file.		X
3	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ $		

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ▶ N/A

1	Inventory at beginning of year	1		6	Inventory at end of year	6	
2	Purchases	2		7	**Cost of goods sold.** Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3	Cost of labor	3					
4a	Additional section 263A costs	4a		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No X
b	Other costs (attach schedule)	4b					
5	**Total.** Add lines 1 through 4b	5					

Sign Here

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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer | Date | EXECUTIVE DIRECTOR Title

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

Paid Preparer's Use Only

Preparer's signature | Date | Check if self-employed ☐ | Preparer's SSN or PTIN P00002419

Firm's name (or yours if self-employed), address, and ZIP code: HOLYFIELD & THOMAS, LLC, 1601 FORUM PLACE, SUITE 801, WEST PALM BEACH, FLORIDA 33401

EIN 65-1083521

Phone no. (561)689-6000

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instr. on pg 20)

1 Description of property

(1)
(2)
(3)
(4)

	2 Rent received or accrued		3 Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
	(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)			
(2)			
(3)			
(4)			
Total	0.	0.	

Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ▶ 0.

Total deductions. Enter here and on page 1, Part I, line 6, column (B) ▶ 0.

Schedule E - Unrelated Debt-Financed Income (See instructions on page 20)

1 Description of debt-financed property	2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property (a) Straight line depreciation (attach schedule)	3 (b) Other deductions (attach schedule)
			STATEMENT 16
(1) RENTAL OF COMMERCIAL BLDG	120,404.		107,260.
(2)			
(3)			
(4)			

	4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
	STATEMENT 17	STATEMENT 18			
(1)	322,378.	486,865.	66.22%	79,732.	71,028.
(2)			%		
(3)			%		
(4)			%		
				Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Totals ▶				79,732.	71,028.
Total dividends-received deductions included in column 8 ▶					0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (See instructions on page 21)

1 Name of Controlled Organization	2 Employer Identification Number	Exempt Controlled Organizations: 3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross income	6 Deductions directly connected with income in column (5)
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7 Taxable Income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
Totals ▶			0.	0.

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Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization

(see instructions on page 22)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Totals ▶	Enter here and on page 1, Part I, line 9, column (A). 0.			Enter here and on page 1, Part I, line 9, column (B). 0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income

(see instructions on page 22)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals ▶	Enter here and on page 1, Part I, line 10, col. (A). 0.	Enter here and on page 1, Part I, line 10, col. (B). 0.				Enter here and on page 1, Part II, line 26. 0.

Schedule J - Advertising Income (see instructions on page 22)

Part I Income From Periodicals Reported on a Consolidated Basis

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5)) ▶	0.	0.				0.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

(1)						
(2)						
(3)						
(4)						
(5) Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5) ▶	Enter here and on page 1, Part I, line 11, col. (A). 0.	Enter here and on page 1, Part I line 11, col. (B). 0.				Enter here and on page 1, Part II, line 27. 0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions on page 23)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
		%	
		%	
		%	
		%	
Total. Enter here and on page 1, Part II, line 14 ▶			0.

FORM 990-T SCHEDULE E - OTHER DEDUCTIONS STATEMENT 16

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
AMORTIZATION		548.	
EQUIPMENT REPAIRS & MAINTENANCE		8,904.	
LICENSES, DUES & SUBSCRIPTIONS		145.	
MORTGAGE INTEREST		23,793.	
OCCUPANCY		11,562.	
PROFESSIONAL SERVICES		13,301.	
PROPERTY TAX		14,167.	
DEPRECIATION		21,940.	
OPERATING SUPPLIES		36.	
INSURANCE		2,974.	
UNCOLLECTABLE REVENUES		9,845.	
BANK CHARGES		45.	
- SUBTOTAL -	1		107,260.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(B)			107,260.

FORM 990-T AVERAGE ACQUISITION DEBT ON OR ALLOCABLE TO DEBT-FINANCED PROPERTY STATEMENT 17

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
AVG ACQ DEBT TO DEBT FINANCED PROPERTY		322,378.	
- SUBTOTAL -	1		322,378.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 4			322,378.

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FORM 990-T AVERAGE ADJUSTED BASIS OF OR ALLOCABLE TO DEBT-FINANCED PROPERTY STATEMENT 18

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
AVG ADJ. BASIS TO DEBT FINANCED PROPERTY		486,865.	
- SUBTOTAL -	1		486,865.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 5			486,865.

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ST. LUCIE COUNTY BOARD OF COUNTY COMMISSIONERS
APPLICATION FOR FUNDING NON-PROFIT AGENCY
COUNTY FISCAL YEAR 2009/10
OCTOBER 1, 2009 - SEPTEMBER 30, 2010

SECTION VI

AGENCY STAFFING COMPLEMENT

POSITION TITLE	CFY 2008/09 NUMBER OF EMPLOYEES	CFY 2009/10 NUMBER OF EMPLOYEES
Administrative Assistant	1	0
Administrative Coordinator	2	2
Community Relations Specialist	3	3
Director of Community Relations	1	1
Director of Community Services	1	1
Director of Finance & Administration	1	1
ECO Client Advocate	3	3
Executive Director	1	1
HMIS Coordinator	1	1
Human Services Research Specialist	1	1
I & R Specialist	20	15
I & R Specialist/Trainer	1	1
Network Systems Coordinator	1	1
Research Assistant	1	0
Call Center Supervisor	3	3
Sunshine Assistant	3	2
Sunshine Coordinator	1	1
Director of Development	1	1
TOTAL EMPLOYEES	**46**	**38**

ST. LUCIE COUNTY BOARD OF COUNTY COMMISSIONERS
APPLICATION FOR FUNDING NON-PROFIT AGENCY
COUNTY FISCAL YEAR 2009/10
OCTOBER 1, 2009 - SEPTEMBER 30, 2010

SECTION VII

ORGANIZATIONAL CHART

Provide an Organizational Chart. If chart does not identify the names and positions held by the Board of Directors, include a separate list.

Organizational Chart is provided as Attachment C
List of Board of Directors is provided as Attachment D

ST. LUCIE COUNTY BOARD OF COUNTY COMMISSIONERS
APPLICATION FOR FUNDING NON-PROFIT AGENCY
COUNTY FISCAL YEAR 2009/10
OCTOBER 1, 2009 - SEPTEMBER 30, 2010

SECTION VIII
STATEMENT OF ASSURANCES

As a condition of receipt of County funds, the applicant must comply with the requirements of courts, local, state and federal laws, rules, regulations, and guidelines. As a part of the application and as a part of acceptance and use of County funds, the applicant agrees that:

1. It possesses legal authority to apply for the assistance, that the application has been approved by the applicant's governing body, including all assurances contained herein.

2. It will utilize County funds to provide a range of services and activities having measurable and potentially major impact on the community's mental and physical welfare needs.

3. It will submit copies of executed grant contracts when match funds are requested. In addition, the County will be advised of amendments and provide copies of each amendment to grant contracts.

4. It possesses the sound fiscal controls and fund accounting procedures necessary to assure the proper disbursal of an accounting for County funds.

5. It will permit and cooperate with county, state, and federal investigations designed to evaluate compliance with the law.

6. It will give the Board, the Clerk of the Circuit Court, or any authorized representative complete access to examine all records, books, papers, or documents related to the assistance.

7. It will, in accordance with Florida Statutes, comply with nondiscrimination provisions.

8. It will, in accordance with Florida Statute 119.07, comply with the provisions of public examination of records in regards to said funds.

9. It will attest, the application and its various sections, including budget data, are true and correct. Information contained in this application accurately reflects the activities of this agency and that the expenditures or portions thereof for

which the County funds are being requested are not reimbursed by any other source.

10. Upon being awarded assistance, the applicant agrees to furnish a copy of the last audit performed in accordance with accepted accounting procedures.

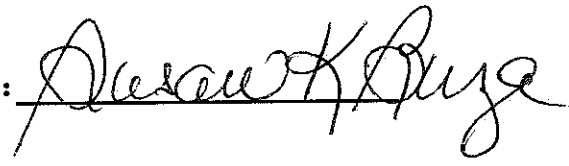
11. An organizational chart of the Board of Directors and Administrators, including their names and offices or position held will be submitted as part of the application.

12. The application will become part of a contract between the Board and the Applicant.

AGENCY AUTHORIZED OFFICIAL:

Name: Susan K Buza

Title: Executive Director

Signature: 

Date: March 11, 2009

ST. LUCIE COUNTY BOARD OF COUNTY COMMISSIONERS
APPLICATION FOR FUNDING NON-PROFIT AGENCIES
COUNTY FISCAL YEAR 2009/10
OCTOBER 1, 2009 - SEPTEMBER 30, 2010

INSTRUCTIONS

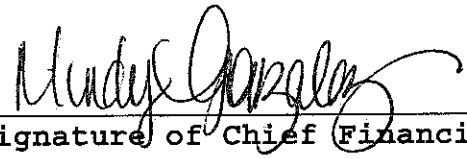
Complete A (requirement for ALL Applicants).

A. STATEMENT OF FINANCIAL OFFICER

I am the Chief Financial Officer of 211 Palm Beach/Treasure Coast and, in this capacity, I will be responsible for providing financial services adequate to insure that establishment and maintenance of an accounting system for 211 Palm Beach/Treasure Coast which is a non profit agency charged with carrying out a program(s) under County funding. The accounting system will have internal controls adequate to safeguard the assets of such agency, and the accuracy and reliability of accounting data, promote operating efficiency, and encourage compliance with prescribed management policies of the agency.

211 Palm Beach/Treasure Coast, Inc.
(Name of Operation)

Mindy Gonzalez
(Name of Chief Financial Officer)



(Signature of Chief Financial Officer)

March 12, 2009
(Date)

561-533-1096
(Telephone Number)

ST. LUCIE COUNTY BOARD OF COUNTY COMMISSIONERS
APPLICATION FOR FUNDING NON-PROFIT AGENCY
COUNTY FISCAL YEAR 2009/10
OCTOBER 1, 2009 - SEPTEMBER 30, 2010

SECTION X

APPLICATION CHECKLIST

The Application must be complete, including all necessary attachments and signatures. The following is a checklist:

Section I	Administrative Information
Section II	Project Identification
Section III	Proposed Solution to the Targeted Problem
Section IV	Objectives and Performance Measures
Section V	Budget Information (A through E)
Section VI	Agency Staffing Complement
Section VII	Organizational Chart
Section VIII	Statement of Assurances
Section IX	Accounting System Certification
Section X	Application Checklist

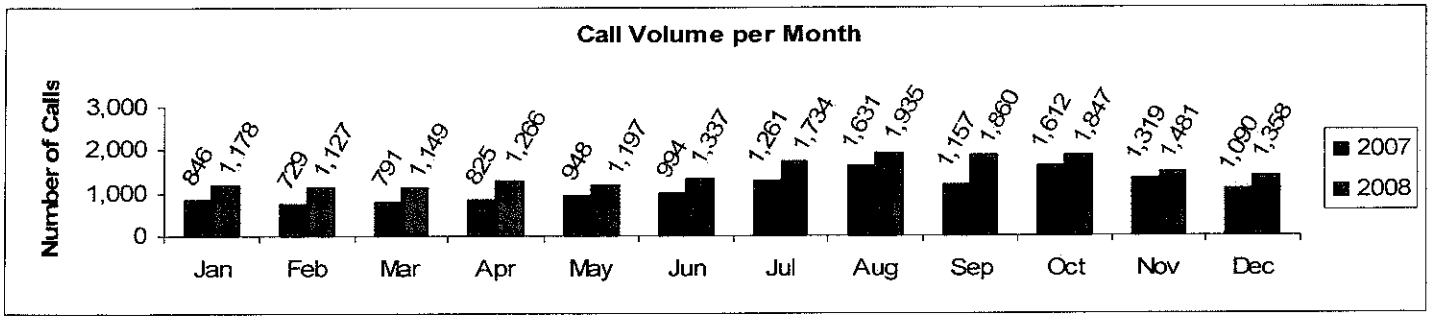
NOTE: Applications approved for County funding will become an attachment to a contract between ST. LUCIE COUNTY Board of County Commissioners and the Applicant

ATTACHMENT A
Service Snapshot
2008

2008 Calendar Year
St. Lucie County

211 Treasure Coast
Service Snapshot

Palm Beach/Treasure Coast 2-1-1
Get Connected. Get Answers.



Call Types	
Information & Referral	88%
Counseling	8%
Counseling with Info & Ref	2%
Advocacy/Linkage	< 1%
Emergency Intervention	< 1%
Unknown	< 1%

Problem/Needs		
Abuse/Neglect/Crime	**213**	**= 1%**
Admin	**16**	**= 0%**
Basic Needs	**2,704**	**= 13%**
Clothing	69	
Food	1,211	
Household/Furniture	98	
Housing	576	
Shelter	750	
Day Care/Child Care	**118**	**= 1%**
Disabilities	**188**	**= 1%**
Employment	**284**	**= 1%**
Financial Assistance	**7,306**	**= 35%**
Health/Medical	**1,931**	**= 9%**
Health/Medical	1,041	
Home Health/Rehab	206	
Insurance	684	
Hurricane	**243**	**= 1%**
Information Only	**1,955**	**= 9%**
Legal	**616**	**= 3%**
Mental Hlth/Personal	**2,784**	**= 14%**
Active Callers	278	
Mental Health	646	
Personal/Interpersonal	1,476	
Substance Abuse	251	
Suicide	133	
Transportation	**247**	**= 1%**
Other	**1,990**	**= 10%**
Total	**20,595**	

Information and Referrals

17,469 - Calls

14,142 referrals made to 1,030 programs

Top 25 Agencies Receiving Referrals

Represents 70% of all referrals made

Mustard Seed Ministries of Fort Pierce, Inc.
The Agricultural and Labor Program, Inc.
The Salvation Army (St. Lucie County)
Florida Department of Children & Families
Council on Aging of St. Lucie, Inc.
Harvest Food & Outreach Center, Inc.
Florida Community Health Centers, Inc.
Florida Rural Legal Services, Inc.
Florida Department of Children & Families (Circuit 19)
Florida Department of Elder Affairs
St. Lucie County - Community Services Division
Homeless Family Center, Inc.
Coalition for Independent Living Options, Inc.
St. Lucie County
New Horizons of the Treasure Coast, Inc.
Lawnwood Regional Medical Center & Heart Institute
Fort Pierce Housing Authority
M.I.S.S. Project (Mothers,Infants,Striving for Success)
Workforce Development Board of the Treasure Coast, Inc.
U.S. Department of Housing and Urban Development
City of Port St. Lucie
St. Lucie County Health Department
Love Center Regeneration, Inc
Catholic Charities of St. Lucie County
Consumer Credit Counseling Service

Call Frequency	
Midnight - 8 AM	4%
8 AM - Noon	40%
Noon - 4 PM	36%
4 PM - Midnight	20%

Busiest Hour: 9 - 10 AM

Call From	
Self	92%
Friend/Relative	7%
Organization	1%

Gender	
Female	73%
Male	26%
Unknown	1%

Age	
0-17	4%
18-21	5%
22-34	25%
35-54	36%
55-59	6%
60-64	5%
65-74	6%
75-79	2%
80 & Older	4%
Unknown	8%

For additional information contact Rhonda Throop, Director of Community Relations at (561) 533-1065 or rhonda.throop@211pbtc.org

www.211treasurecoast.org

ATTACHMENT B

Proposed Budget

211 PALM BEACH/TREASURE COAST

2009-2010 Proposed Budget

July 1, 2009 - June 30, 2010

INCOME		Proposed 211 Call Center Budget	Proposed 2009-2010 Budget
PUBLIC SUPPORT & REVENUE			
Government			
CSC PBC		116,422	116,422
CSC Martin County		22,000	22,000
CSC St. Lucie County		22,000	22,000
CSC Okeechobee Cty		1,500	1,500
Law Enforcement		9,500	29,500
Martin County		15,000	15,000
Municipalities		4,500	4,500
Palm Beach County		156,750	253,193
PBC Div HS		48,500	48,500
St. Lucie County		17,500	17,500
State DCF-Dist. 9		96,463	96,463
State DCF-Dist. 15		158,797	158,797
US Dept of HUD		0	161,090
Private			
Foundations		89,861	131,598
Hobe Sound C. Chest		10,000	11,500
PB Community Chest		145,000	185,000
UW of Indian River Cty		70,000	70,000
United Way of Martin Cty		47,000	47,000
United Way of Okeechobee		3,000	3,000
United Way of PBC		187,183	252,919
United Way St. Lucie Cty		60,000	60,000
Products/Services			
Administrative Fees		0	17,000
Answering Svc Contracts		2,400	2,400
Directory Sales/Sponsors		0	0
Training & Other Services		7,888	10,000
Website Hosting		0	5,000
Other			
In-Kind		12,065	58,625
Interest		0	3,000
Endowment		1,500	1,500
Miscellaneous		0	0
SUB-TOTAL	$	**1,304,829**	**1,805,007**
FUND DEVELOPMENT			
Bequests/Memorials		1,500	1,500
Board Leadership Devel.		20,762	34,374
General Contributions		9,580	17,134
Special Events		10,733	244,931
Sunshine Campaign		0	10,000
SUB-TOTAL	$	**42,575**	**307,939**
TOTAL ALL REVENUE	$	**1,347,404**	**2,112,946**

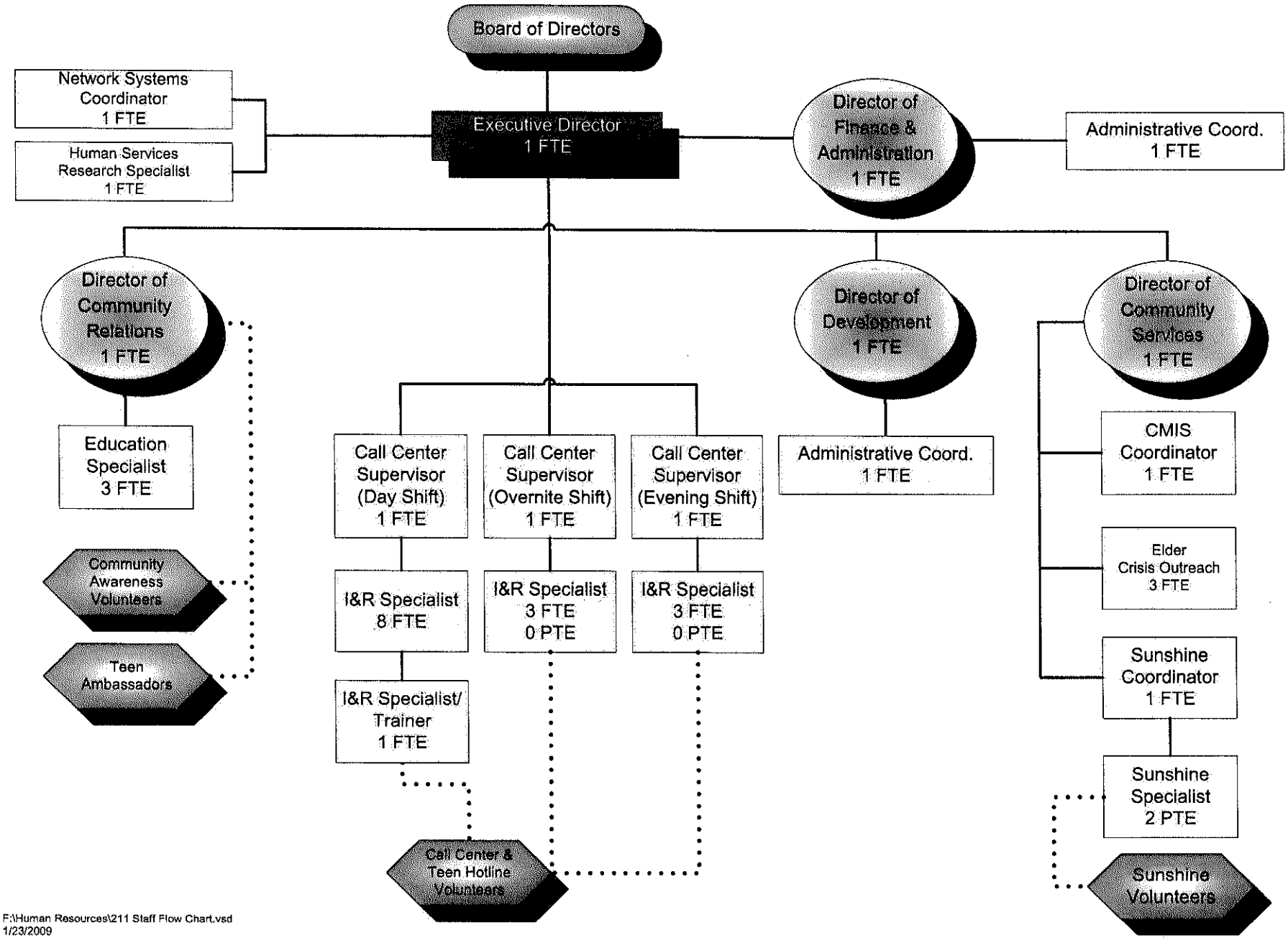
211 PALM BEACH/TREASURE COAST
2009-20010 OPERATING BUDGET
July 1, 2009 - June 30, 2010

EXPENSES		Proposed 211 Call Center Budget	Proposed 2009-2010 Budget
Personnel			
Salaries		863,856	1,321,333
Benefits			
FICA		66,085	101,082
Health/Life/Dental		78,720	120,000
Pension		15,088	23,000
Unemployment (FUTA & SUI)		5,248	8,000
Worker'sComp		12,398	18,900
Total Personnel	**$**	**1,041,395**	**1,592,315**
Operating Expenses			
Accounting Services		1,716	2,400
Audit		9,825	15,000
Bank/Merchant Fees		1,968	3,000
Classified Advertising		572	800
Computer Software/Support		0	46,853
EquipRental/Main.		20,533	31,300
General Supplies		11,808	18,000
Insurance		31,816	48,500
License/Dues/Subscrip.		3,936	6,000
Meetings/Meals/Incidentals		1,312	2,000
Occupancy		15,067	22,968
Occupancy Related Expenses		1,040	1,585
Payroll Services		3,280	5,000
Postage/Shipping		6,560	10,000
Printing/Advertising		6,960	10,000
Printing/Directories		13,000	13,000
Printing/Supplies		6,298	9,600
Professional Services		9,840	15,000
Staff Development		329	500
Telephone		72,160	110,000
Travel		13,120	20,000
Utilities		15,952	25,000
Volunteer/Staff Appreciation		131	500
Total Operating	**$**	**247,223**	**$417,006**
OTHER EXPENSES			
Distribution of Administration		46,721	0
Direct Fundraising		0	45,000
In-Kind Salaries		12,065	58,625
Miscellaneous		0	0
Total Other		**58,786**	**103,625**
TOTAL ALL EXPENSES	**$**	**1,347,404**	**2,112,946**
EXCESS INCOME/EXPENSES			

ATTACHMENT C

Organizational Chart

211 Palm Beach/Treasure Coast Agency Structure



F:\Human Resources\211 Staff Flow Chart.vsd
1/23/2009

ATTACHMENT D

Board of Directors

211 PALM BEACH/TREASURE COAST
BOARD OF DIRECTORS

December 2008

PRESIDENT
Diane Carlino
Achievement Dynamics
4360 Northlake Boulevard, Suite 108
Palm Beach Gardens, FL 33410
Ph: (561)626-0676 Fax: (561)626-8333
E-mail: achievedy@aol.com

VICE PRESIDENT
Rosanne M. Duane, P.A.
Rosanne M. Duane, P.A.
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TREASURER
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SECRETARY
Janie Fogt
The Palm Beach Post
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PAST PRESIDENT
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E-mail: dianne_verner@fpl.com

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Gregory T. Zele
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E-mail: gzele@lytalreiter.com

New Horizons
OF THE TREASURE COAST, INC.

Received by
MAR 13 2009
St. Lucie County
Community Services

March 12, 2009

Ms. Beth Ryder, Director
Community Services Division
St. Lucie County Board of County Commissioners
437 North 7th Street
Fort Pierce, Florida 34950

Dear ~~Ms. Ryder:~~ Beth

Per your request, New Horizons is submitting our application with no increase in funding for FY 2009/2010. An increase, no matter how small, will be appreciated by the clients we serve in St. Lucie County.

As you know, funding mental health and substance abuse services is smart policy and any decrease in funding will adversely affect our clients. A decrease in funding will further negatively impact deep end services like crisis units, state hospitals, and jail settings. In effect, this will cost the county additional money.

Whatever decision is made, New Horizons thanks our St. Lucie County Commission for their continued support. I am confident our services are making a marked difference for the residents of St. Lucie County.

Please feel free to contact me at 672-8350 should you have any questions regarding our submission.

Warmly,

John B. Romano
President/CEO

COMMUNITY SERVICES GRANTS AND AID
APPLICATION FOR FUNDING NON-PROFIT AGENCY
COUNTY FISCAL YEAR 2009/10
(OCTOBER 1, 2009 - SEPTEMBER 30, 2010)

Received by
MAR 13 2009
St. Lucie County
Community Services

Instructions for completing Community Services Grants and Applications.

SECTION I ADMINISTRATIVE INFORMATION

SECTION II PROJECT IDENTIFICATION

Describe in narrative form the problem to be addressed and include the Florida statue number that mandates County match for the program.

SECTION III PROPOSED SOLUTION TO THE TARGETED PROBLEM

Describe in narrative form the proposed implementation plan to reduce or eliminate the targeted problem(s) identified in Section II

SECTION IV OBJECTIVES AND PERFORMANCE MEASURES

Describe in narrative form the specific objectives of the project and how the objectives will be measured.

SECTION V BUDGET DATA (A)

Self explanatory.

SECTION V BUDGET DATA (B)

Prepare a Budget Schedule reflecting a breakdown of requested County Grants and other funding sources.

SECTION V BUDGET DATA (C)

Self explanatory.

SECTION V BUDGET DATA (D)

Self explanatory.

SECTION V BUDGET DATA (E)

Provide a copy of Agency's most recent IRS form 990.

SECTION VI AGENCY STAFFING

Following the example shown below, complete the Staffing Complement. List all current agency staff by position and note the Staff allocation number in terms of Full-Time Equivalents (FTE's). Indicate the number of current vacancies by position and identify each by FTE.

Note: A "Full-Time Equivalent is on employee working full time (40 hours per week) and is reported as one FTE. A person working less than full-time is computed as a percent of full-time (a person working 20 hours per week would be reported as.5). This is a comparison of the current County Fiscal Year (October 1, 2007 - September 30, 2008) versus the upcoming County Fiscal Year ().

EXAMPLE:

POSITION TITLE	CFY 2008-2009 NUMBER OF EMPLOYEES	CFY 2009-2010 NUMBER OF EMPLOYEES
Director	1	1
Secretary	1.5	2.5
Driver	1	1
TOTAL	3.5	4.5

SECTION VII STATEMENT OF ASSURANCES

Self explanatory.

SECTION VIII ACCOUNTING SYSTEM CERTIFICATION

Self explanatory.

SECTION IX ORGANIZATION CHART

Self explanatory.

SECTION X APPLICATION CHECKLIST

The checklist is provided for your convenience to ensure a complete application package.

ST LUCIE COUNTY BOARD OF COUNTY COMMISSIONERS
APPLICATION FOR FUNDING NON-PROFIT AGENCY
COUNTY FISCAL YEAR 2009/10
(OCTOBER 1, 2009 - SEPTEMBER 30, 2010)

SECTION I
ADMINISTRATIVE INFORMATION

1. AGENCY: New Horizons of the Treausre Coast, Inc.

Name: New Horizons of the Treausre Coast, Inc.

Address 4500 West Midway Road, Ft. Pierce, FL 34981

Telephone: 772-468-5600

FAX No.: 772-468-5606

Tax Exempt No.: 59-6153749

Web Site Address: www.nhtcinc.org

Email: jromano@nhtcinc.org

2. CONTRACT/PROJECT DIRECTOR:

Name: John Romano

Title: Chief Executive Officer/President

Telephone: 772-468-5600

E-mail: jromano@nhtcinc.org

3. CHIEF FINANCIAL OFFICER:

Name: Julie Dolan

Address: 4500 West Midway Road, Ft. Pierce, FL 34981

Telephone: 772-468-4079

E-mail: jdolan@nhtcinc.org

ST.LUCIE COUNTY BOARD OF COUNTY COMMISSIONERS
APPLICATION FOR FUNDING NON-PROFIT AGENCY
OCTOBER 1, 2009 - SEPTEMBER 30, 2010

SECTION II

PROJECT IDENTIFICATION

This Section must describe in narrative form the specific problem(s) to be addressed by the implementing agency. Current data must be presented which defines the nature and extent of the targeted problem(s). Start below (use continuation pages if necessary). Please insert the documentation of the Statutory requirement for local funding.

Introduction

New Horizons of the Treasure Coast, Inc. is a private, non-profit corporation providing a comprehensive range of mental health and substance abuse services for children and adults in St. Lucie, Martin, Indian River, and Okeechobee Counties. The agency was organized as the Indian River Community Mental Health Clinic in 1958 by a group of private citizens who were concerned about the lack of mental health and substance abuse services in their communities. This organization has been the area's principal provider of mental health and substance abuse services for over 50 years.

We have a new mission to improve the quality of life in the community through the provision of accessible, recovery-oriented behavioral health care services to improve the quality of life for individuals and families in our community.

Purpose of Application

This application is submitted to secure match funding necessary to obtain funding from the Department of Children and Families (perF.S. 394.76, F.S. 394.674 and F.S. 394.459) The funds requested will be used to address St. Lucie residents' increasing demand for each of the services offered through New Horizons from emergency stabilization provided 24/7 to intensive community based programs.

Program Descriptions of all services is attached.

New Horizons
OF THE TREASURE COAST, INC.

PROGRAM DESCRIPTIONS AND INFORMATION

New Horizons of the Treasure Coast, Inc.
Directory of Services, Phone Numbers

Emergency Services.....772-468-5600 **Toll Free 888-468-5600, Ext 270**

General Information.....772-672-8400 or 772-468-5600

Screening 772-672-8470
Adult Crisis Stabilization 772-672-8451
Detox Unit 772-672-8480
Short-term Residential Treatment
772-672-8442

St. Lucie County
Ft Pierce Outpatient Office (709 5th St.)..... 772-672-8600
Ixoria Learning Center (404 Ixoria Ave)..... 772-468-3910
Midway Outpatient (4500 W. Midway Rd).....772-672-8408
Florida Assertive Community Treatment 772-467-3097

Martin County
Outpatient Center.....772-221-4088

Okeechobee County
Outpatient Center.....863-462-0040

Indian River County
Outpatient Center.....772-778-7217
Fl Assertive Community Treatment 772-467-3097

For more information go to www.nhtcinc.org

Licensed and/or contracted by the
State of Florida
Department of Children and Families

Services and Programs

Program/Service	Page
Case Management Services	3
Clozaril Clinic	3
Community Advocacy Teams	3
Crisis Stabilization Unit	3
Detoxification Unit	4
Emergency Screening Center	4
Family Intervention Services	4
Florida Assertive Community Treatment (FACT)	4
Forensic In-Jail Mental Health Services	4
Forensic Substance Abuse Intervention Programs	5
Mental Health Court	5
Mobile Crisis Response Team	5
Outpatient Counseling Services	6
Psychosocial Rehabilitation	6
Short Term Residential Treatment (SRT)	6
Strengthening Families	7
Student Assistance Program	7
Therapeutic Behavioral On-Site Services	7

New Horizons of the Treasure Coast

In 1958, a small group of citizens who were concerned about the lack of mental health services in our community came together and created the Indian River Mental Health Clinic in Ft. Pierce. Through the years, the organization has evolved to meet the ever changing needs of the community and in the process has experienced many changes including names and locations.

From this humble beginning almost 50 years ago New Horizons of the Treasure Coast, Inc., has become the primary provider of behavioral health services for adults and children in four counties, serving a population of more than 468,000. Through the years, New Horizons has also become one of the largest employers throughout the Treasure Coast with more than 300 employees.

The programs of New Horizons are available to all residents and visitors of Indian River, Martin, Okeechobee, and St. Lucie Counties. Services and treatment for mental health and substance abuse are provided at the 72 bed main campus, 4500 W. Midway Road in Ft. Pierce, and in outpatient centers in each county.

The main criteria for receiving services is need. Individuals may voluntarily request treatment for mental health or drug and alcohol abuse. The agency also operates in accordance with Florida's mental health and substance abuse laws to provide evaluation and treatment to individuals on an involuntary basis.

New Horizons provides services through a contract with the Florida Department of Children and Families, as well as a variety of local and state grants, private donations, third party payments and client fees. Client fees are assessed on a sliding scale based on income and family size. Accepted methods of payment include most insurance, Medicaid and Medicare.

New Horizons of the Treasure Coast, Inc. is a private nonprofit 501c (3) corporation. The organization is governed by a local Board of Directors representing a cross section of the community. A President/CEO, employed by the Board, has responsibility for overall administration and leadership of the organization. The agency is licensed and regulated by the Florida Department of Children & Families (DCF) and the Agency for Health Care Administration (AHCA). The organization is also accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF) for seventeen programs.

New Horizons of the Treasure Coast

Our Mission

New Horizons of Okeechobee and the Treasure Coast will provide accessible, recovery-oriented behavioral health care services to improve the quality of life for individuals and families in our community.

Our Vision

New Horizons shall be recognized as the leader in recovery- oriented behavioral healthcare resources for Indian River, Martin, Okeechobee and St. Lucie Counties.

2009 Officers and Directors

Greg Pickett	Chairman
John Wolsiefer	Vice Chairman
Robert Zomok	Secretary/Treasurer
Dzidra Anderson	Director
Patricia Austin Novak	Director
Havert Fenn	Director
David Hall	Director
Gilbert R. H. Kennedy	Director
Johnny Moore, PhD	Director
Laura Murray	Director
Beverly Whiteley, Ed.D	Director
Garry Wilson	Director

John Romano	President and CEO

Hallmark of Quality

CARF is an international standard-setting accrediting body that promotes and advocates for the delivery of quality rehabilitation services.
A CARF three year accreditation
was awarded to New Horizons for seventeen programs

PROGRAMS AND SERVICES

New Horizons of the Treasure Coast provides numerous programs and services to support the men, women and children in our community who live with mental illness and substance abuse. New Horizons has made a commitment to provide quality care for our clients and to help them on their road to recovery.

CASE MANAGEMENT SERVICES

Case Management is a coordination service offered to adults and children who are mentally ill and need help accessing services. Services are available for residents of Indian River, Martin, Okeechobee and St. Lucie Counties.
Case Managers:

- Provide an assessment of needs
- Develop a service plan
- Link and coordinate services
- Monitor services provided
- Reassess and provide follow-up services

CLOZARIL CLINIC

The Clozaril Clinic serves clients living with schizophrenia who find that clozapine is the most effective medication for managing their symptoms. The Clozaril Clinic follows a drug regime that is tightly monitored according to guidelines established by the FDA. Clients are referred from hospitals, private physicians, mental health centers and patients.

COMMUNITY ADVOCACY TEAMS (CAT)

Community Advocacy Team (CAT) is an innovative, intensive case management team that provides a wide range of on-site therapeutic interventions and support. Services are provided to adults with chronic mental disabilities. When men and women join the program they are usually non-compliant to service, severely lacking in adequate social and coping skills, and are at high risk for re-hospitalization.

The program's goal is to assist the men and women in finding supportive housing; to maintain quality of life; establish linkages with agencies not otherwise available to them; educate families and significant others for enhanced understanding of mental illness; anticipate and prevent mental and physical deterioration of the individual served and reduce the need for re-hospitalization.

CRISIS STABILIZATION UNIT

The Crisis Stabilization Unit is a 30 bed unit that provides emergency and acute care services for people experiencing a mental health crisis. The Unit's primary function is the evaluation, diagnosis and stabilization of mental illness symptoms. This is accomplished by providing a protective environment, medication, counseling and discharge planning with the client's family and social support system.

Services are available to all adult residents of Indian River, Martin, Okeechobee and St. Lucie Counties. Clients are accepted in compliance with State of Florida and Department of Children and Families' regulations.

DETOXIFICATION UNIT

The Detoxification Unit is a 20 bed unit. Services are available to all adult residents of Indian River, Martin, Okeechobee and St. Lucie Counties. The Detox Unit is a medical, non-hospital service for adults who are acutely disabled from substance abuse. The Detox Unit provides necessary medication to prevent withdrawal symptoms. It also provides medical and psychosocial evaluation, diagnosis, and treatment to establish motivation for continued sobriety.

EMERGENCY SCREENING CENTER

The Emergency Screening Center is available for children and adults who are experiencing a mental health or substance abuse crisis. The Center is available for residents of Indian River, Martin, Okeechobee and St. Lucie Counties

Services include diagnostic evaluations for mental illness, serious emotional disturbances, and chemical dependency. If a more extensive evaluation is required, individuals may be admitted to the **Crisis Stabilization Unit** or **Detoxification Unit** either voluntarily or by legal order. Referrals to other services are made when necessary.

FAMILY INTERVENTION SERVICES

Family Intervention Services is a program that provides community-based substance abuse and mental health case management for parents in Indian River, Martin, Okeechobee and St. Lucie Counties. Parents who have been identified as having a possible substance abuse problem, that may be contributing to abuse/neglect of their children, are referred by Family Safety Staff from DCF. Program services include comprehensive behavioral assessments, psychiatric evaluations and removing barriers to treatment.

FLORIDA ASSERTIVE COMMUNITY TREATMENT (FACT)

FACT provides intensive community-based treatment and support services for adults living with severe and persistent mental illness. The program serves men and women residing in Indian River and St. Lucie Counties. Individuals are referred to FACT by case managers and other mental health providers.

FACT is an evidence based program that provides in-home services for our clients. The program operates as a self-contained clinical team. Primary goals are to lessen or eliminate debilitating symptoms of mental illness, meet basic needs, promote recovery, and enhance the client's quality of life.

FORENSIC IN-JAIL MENTAL HEALTH SERVICES

New Horizons contracts with Indian River County to provide direct intervention to meet the needs of emotionally disturbed adults held in correctional facilities. Referrals are made by correctional agencies.

The direct services consist of psychiatric evaluations, psychosocial assessment, treatment planning, prescription of and monitoring of medications, counseling with the individual and medication management.

FORENSIC SUBSTANCE ABUSE INTERVENTION PROGRAMS

New Horizons contracts with Indian River County and Martin County to provide Substance Abuse Intervention Programs for inmates. The programs consist of structured services targeted toward individuals or groups at risk. The programs focus on reducing those factors associated with the onset or the early stages of substance abuse and related problems. Substance abuse intervention programs, aftercare, and counseling are available in the contracted jail sites.

Referrals are made by individual inmate request, forensic mental health, and by jail staff. The intervention programs: Steps to Recovery in Martin County Jail, and Steps to Freedom in Indian River County Jail consist of 6-10 week closed groups and are cyclical. Group work is based on the Hazelden Mind-Body approach, 12-step influence, and addictive brain process. Public defenders and state attorney offices may be contacted when appropriate to coordinate court ordered evaluations or intervention treatment.

MENTAL HEALTH COURT

New Horizons is participating in **Mental Health Court**, an innovative program in St. Lucie County that addresses the needs of individuals with mental illness who are charged with a crime. This successful program is acollaboration with the judiciary, the Public Defender's office, the State's Attorney's office and area mental health and substance abuse treatment providers.

The judiciary has created a specialized court docket for defendants living with mental illness. Mental Health Court substitutes a problem-solving model instead of the traditional court processing. Eligible participants are identified through referrals from the State's attorney and the Public Defender and participation is voluntary.

Professionals from New Horizons work with the defendants to help them navigate the judicially supervised treatment plan and obtain the necessary services and treatment in the community. Rather than remaining in the jail system, the participants receive care more appropriate to their needs. The reward for successfully completing their customized treatment plan is having their charges dismissed.

MOBILE CRISIS RESPONSE TEAM

The **Mobile Crisis Response Team** provides immediate on-site assessment, crisis intervention, counseling, linkage and referral for people who are experiencing crisis. Services are accessed by referral from law enforcement officials, emergency room staff, or school officials. Services also include follow-up as needed to promote crisis resolution, evaluation and arrangement for inpatient hospitalization if necessary.

Mobile Crisis services are provided by trained mental health professionals in an effort to provide safe alternatives to involuntary admissions to a treatment facility.

MOBILE FAMILY SERVICES TEAM

The **Mobile Family Services Team** provides prevention/intervention services to families who are at imminent risk of having their children removed from the home due to abuse or neglect. Families are referred to the team by DCF Protective Investigators and participation is voluntary or may be court ordered.

The Team provides intensive on-site counseling and immediate assistance to help resolve problems the families are facing. Counselors work with the families for up to 60 days to help stabilize the family and connect them to available community services.

The major goal of the Team is to keep the children in their home with their family; and provide services that encourage and support the prevention of child abuse or neglect.

OUTPATIENT COUNSELING SERVICES

Outpatient Counseling Services provide services for men and women in our four county area. Clients may be referred by family, a community agency, the courts, or may be self-referred. Comprehensive social, psychological and psychiatric evaluations are provided. Based upon the evaluation and diagnosis, the appropriate treatment will be provided for adults, children and families.

PSYCHOSOCIAL REHABILITATION SERVICES

New Horizons provides psychosocial rehabilitation services designed to improve skill functioning and reduce barriers resulting from the individual's disability in various life domains. Services are available in Indian River, Martin and St. Lucie Counties. Recovery support staff members work with clients in a classroom environment, and individually to teach and practice the skills necessary for a more independent life. Skill education is provided in a variety of topics including but not limited to; shopping and meal preparation, budgeting, pre-employment skills, community resource use, health maintenance and improvement, and symptom management for mental illness and co-occurring disorders. Services are focused on personal recovery and the improvement of the individual's quality of life.

SHORT-TERM RESIDENTIAL TREATMENT

Short-Term Residential Treatment is a twenty bed adult rehabilitation program that provides intensive psychosocial services to men and women with severe mental illness. The average length of stay is 30-90 days. The goal of this comprehensive program is to re-integrate the client into the community or secure placement in a less restrictive program. Clients are referred to this program from a variety of mental health providers.

STRENGTHENING FAMILIES

Strengthening Families is a family skills training program that serves families in St. Lucie County with children ages 5 to 14. The program provides a 14 week curriculum that addresses family management issues and early and persistent anti-social behavior. Families attend classes and learn parenting skills, children's skills and family life skills.

The program outcomes have shown significant improvement in several areas. Parents are less likely to mistreat their children. Children show reduced problem behaviors, delinquency and alcohol and drug abuse. Children have also exhibited improved social behavior and school performance. This collaborative program is funded by Children's Services Council of St. Lucie County.

STUDENT ASSISTANCE PROGRAM

The Student Assistance Program (SAP) is a substance abuse prevention program that provides a range of services for selected elementary and middle school students in Indian River, Martin, Okeechobee and St. Lucie Counties. The program operates during regular school hours and after school.

Services include classes aimed at educating youth on the dangers of substance abuse and developing skills to prevent future use. Through individual or small group counseling, children also learn to develop greater self-esteem and coping skills.

The program is funded through a contract with Children's Services Council. The program is available with no charge for students and their families. A limited summer program is also available.

THERAPEUTIC BEHAVIORAL ON- SITE SERVICES (TBOS)

The TBOS program is designed as an intensive intervention to assist children who are experiencing severe emotional problems. The program is offered in the child's home and in the child's school setting and includes input from parents, teachers and school officials.

This program provides therapeutic services such as teaching problem solving skills, anger management skills and other treatment methods as needed. These services are designed to maximize the child's strengths and reduce behavior problems in school and at home.

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SECTION III

PROPOSED SOLUTION TO THE TARGETED PROBLEM

This Section must describe in narrative form the proposed implementation plan to reduce or eliminate the targeted problem(s) as identified in Section II. Start below (use continuation pages if necessary).

The goal to reduce or eliminate the need for mental health or substance abuse services can only be accomplished through appropriate funding levels for needed services, provision of necessary services to those in need, measurement of the effectiveness of programs and education of the community to health care issues in the mental health and substance abuse fields.

New Horizons of the Treasure Coast, Inc. will continue to research and identify new funding sources for services provided. Additionally, we are continuing to place greater emphasis on collection of third-party payments from Medicaid, Medicare, commercial insurance and other sources to supplement the necessary funding from the Department of Children and Families in collaboration with other county governments. Approximately 62% of all services are rendered to residents of St. Lucie County.

The following table represents actual levels of services for the period of October 1, 2007 to September 30, 2008.

DCF ST. LUCIE COUNTY - UNITS OF SERVICE REPORT WITH STATE RATE

DATE RANGE: OCTOBER 1, 2007 - SEPTEMBER 30TH, 2008

(*24-hr bed days have been converted into 1 unit of service.)

SERVICES	SAINT LUCIE		SAINT LUCIE			Total of All Counties		Saint Lucie
	DCF Units	Dollar Value	All Units	Dollar Value	%DCF	Units	Dollar Value	%DCF
Adult Mental Health								
AMH TOTAL	47356	$ 4,282,306.27	73369	$ 6,899,805.17	62%	114464	11,229,411.12	38.13%
Adult Substance Abuse								
ASA TOTAL	6397	$ 664,232.32	7676	$ 771,351.83	86%	20207	1,634,563.56	40.64%
Children's Mental Health								
CMH TOTAL	1222	$ 66,860.53	12865	$ 857,605.57	8%	19747	1,351,221.54	4.95%
Children's Substance Abuse								
CSA TOTAL	15843	$ 684,417.60	15843	$ 684,417.60	100%	20623	890,913.60	76.82%
GRAND TOTAL	70818	$ 5,697,816.62	109753	$ 9,213,180.17	62%	175041	15,106,109.82	37.92%
No. Adults Served			4116					
No. Children Served			1076					
Total Served per County (Unduplicated)			5192					

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DCF ST. LUCIE COUNTY - UNITS OF SERVICE REPORT WITH STATE RATE
DATE RANGE: OCTOBER 1, 2007 - JUNE 30TH, 2008

(*24-hr bed days have been converted into 1 unit of service.)

SERVICES	State Rate	St. Lucie DCF Units	St. Lucie Dollar Value	All Counties DCF Units	All Counties Dollar Value	St. Lucie %	Total for All Counties	St. Lucie
Adult Mental Health								
1001 Case Management - CCM	$ 59.61	[illegible]	[illegible]	[illegible]	[illegible]	32%		
1002 Case Management - Forensic	$ 50.00	[illegible]	[illegible]	[illegible]	[illegible]	67%		
1051 Intensive Case Management	$ 55.10	[illegible]	[illegible]	[illegible]	[illegible]	24%		
[illegible]	$ 230.12	[illegible]	[illegible]	[illegible]	[illegible]	72%		
1301 Outpatient Individual	$ 87.77	[illegible]	[illegible]	[illegible]	[illegible]	19%		
1302 Outpatient Group	$ 21.94	[illegible]	$ 109.70	[illegible]	$ 767.90	14%		
1401 Screening	$ 43.17	[illegible]	[illegible]	[illegible]	[illegible]	91%		
1402 Mobile Crisis	$ 43.17	[illegible]	[illegible]	[illegible]	[illegible]	100%		
1501 Medical Services	$ 348.49	[illegible]	[illegible]	[illegible]	[illegible]	20%		
[illegible]	$ 291.24	[illegible]	[illegible]	[illegible]	[illegible]	100%		
1840 FACT	$ 45.47	[illegible]	[illegible]	[illegible]	[illegible]	100%		
[illegible]	$ 50.00	[illegible]	[illegible]	[illegible]	[illegible]	100%		
[illegible]	$ 15.09	[illegible]	[illegible]	[illegible]	[illegible]	99%		
1940 Supported Living	$ 51.99	[illegible]	[illegible]	[illegible]	[illegible]	42%		
1941 Supported Employment	$ 51.99	[illegible]	[illegible]	[illegible]	[illegible]	41%		
1960 FETC - Non Medical	$ 37.86	[illegible]	[illegible]	[illegible]	[illegible]	93%		
1960 FETC Medical	$ 369.55	[illegible]	[illegible]	[illegible]	[illegible]	100%		
AMH TOTAL		[illegible]	[illegible]	[illegible]	[illegible]	61%	86362	8,562,997.58
Adult Substance Abuse								
2002 FIS	$ 52.17	[illegible]	[illegible]	[illegible]	[illegible]	100%		
2301 Outpatient Individual	$ 87.77	[illegible]	[illegible]	[illegible]	[illegible]	36%		
2302 Outpatient Group	$ 30.00	[illegible]	[illegible]	[illegible]	[illegible]	46%		
2401 Screening	$ 43.17	[illegible]	[illegible]	[illegible]	[illegible]	99%		
2752 Steps to Freedom	$ 32.84	[illegible]	[illegible]	[illegible]	[illegible]	85%		
2753 Steps to Recovery	$ 25.60	[illegible]	[illegible]	[illegible]	[illegible]	96%		
[illegible]	$ 173.40	[illegible]	[illegible]	[illegible]	[illegible]	89%		
ASA TOTAL		[illegible]	[illegible]	[illegible]	[illegible]	85%	14914	1,162,343.99
Children's Mental Health								
3001 Case Management	$ 44.00	[illegible]	[illegible]	[illegible]	[illegible]	1%		
3301 Outpatient Individual	$ 44.00	[illegible]	[illegible]	[illegible]	[illegible]	8%		
3350 DJJ	$ 87.64	[illegible]	[illegible]	[illegible]	[illegible]	6%		
3381 ITOS	$ 70.20	[illegible]	[illegible]	[illegible]	[illegible]	2%		
3401 Emergency Assessment	$ 43.17	[illegible]	[illegible]	[illegible]	[illegible]	86%		
3402 Mobile Crisis	$ 43.17	[illegible]	[illegible]	[illegible]	[illegible]	100%		
3403 Protective Investigation	$ 20.83	[illegible]	[illegible]	[illegible]	[illegible]	100%		
3501 Medical Services	$ 290.80	[illegible]	[illegible]	[illegible]	[illegible]	11%		
CMH TOTAL		[illegible]	[illegible]	[illegible]	[illegible]	8%	14690	942,128.95
Children's Substance Abuse								
4871 Prevention	$ 43.20	[illegible]	[illegible]	[illegible]	[illegible]	100%		
CSA TOTAL		[illegible]	[illegible]	[illegible]	[illegible]	100%	16942	731,894.40
GRAND TOTAL		[illegible]	[illegible]	[illegible]	[illegible]	61%	132908	11,399,364.92
No. Adults Served		[illegible]		[illegible]				
No. Children Served		[illegible]		[illegible]				
Total Served per County (Unduplicated)		324		[illegible]				

DCF ST. LUCIE COUNTY - UNITS OF SERVICE REPORT WITH STATE RATE

DATE RANGE: JULY 1, 2008 - SEPTEMBER 30, 2008

(*24-hr bed days have been converted into 1 unit of service.)

SERVICES	State Rate	SAINT LUCIE		ALL COUNTIES			Total for All Counties		Saint Lucie
		DCF Units	Dollar Value	All Units	Dollar Value	%DCF	Units	Dollar Value	%DCF
Adult Mental Health									
1001 Case Management - CCM	$ 37.44	473	$ 17,709.12	2,422	$ 155,239.68	33%			
1051 Intensive Case Management	$ 37.44	612	$ 22,913.28	1802	$ 67,466.88	34%			
1201 ASU (Bed Days/30 Beds)	$ 291.24	1028	$ 299,394.72	1320	$ 384,436.80	78%			
1301 Outpatient Individual **	$ 73.32	111	$ 8,138.52	830	$ 60,855.60	13%			
1302 Outpatient Group **	$ 26.68	7	$ 186.76	89	$ 2,374.52	8%			
1401 Screening	$ 39.30	295	$ 11,593.50	341	$ 13,401.30	87%			
1402 Mobile Crisis	$ 39.30	52	$ 2,043.60	53	$ 2,082.90	98%			
1501 Medical Services	$ 369.55	295	$ 109,017.25	1057	$ 390,614.35	28%			
1701 ASR (Bed Days)	$ 247.28	126	$ 27,719.00	126	$ 27,719.00	100%			
1840 FACT	$ 45.47	4224	$ 192,066.28	4224	$ 192,066.28	100%			
1911 Residential (Bed Days)	$ 47.02	1660	$ 78,072.79	1660	$ 78,072.79	100%			
1916 ATU (Bed Days)	$ 47.02	1475	$ 69,354.50	1475	$ 69,354.50	100%			
1940 Supported Living	$ 37.44	804	$ 30,098.88	2300	$ 86,112.00	35%			
1941 Supported Employment	$ 37.44	252	$ 9,434.88	798	$ 29,877.12	32%			
AMH TOTAL		12478	$ 1,130,462.35	18619	$ 1,759,772.72	66%	28102	2,666,413.54	42.40%
Adult Substance Abuse									
2002 FIS	$ 41.69	279	$ 10,631.51	279	$ 10,631.51	100%			
2301 Outpatient Individual **	$ 73.32	69	$ 5,059.08	138	$ 10,118.16	50%			
2302 Outpatient Group **	$ 26.68	60	$ 1,600.80	146	$ 3,896.28	41%			
2401 Screening	$ 39.30	135	$ 5,305.50	144	$ 5,659.20	94%			
2752 Steps to Freedom	$ 32.84	107	$ 3,514.88	201	$ 6,602.84	53%			
2753 Steps to Recovery	$ 25.60	82	$ 2,099.20	102	$ 2,611.20	80%			
2901 Res/Det (Bed Days)	$ 197.30	806	$ 159,053.80	876	$ 172,834.80	92%			
ASA TOTAL		1538	$ 187,264.77	1885	$ 222,353.99	89%	5293	472,219.57	29.06%
Children's Mental Health									
3001 Case Management	$ 52.80	20	$ 1,056.00	1023	$ 54,014.40	2%			
3301 Outpatient Individual	$ 80.65	20	$ 1,613.00	605	$ 48,793.25	3%			
3381 ITOS	$ 70.20	0	$ -	46	$ 3,229.20	0%			
3401 Emergency Assessment	$ 39.30	41	$ 1,611.30	85	$ 3,340.50	48%			
3402 Mobile Crisis	$ 39.30	27	$ 1,061.10	27	$ 1,061.10	100%			
3403 Protective Investigation	$ 20.83	4	$ 83.32	4	$ 83.32	100%			
3501 Medical Services	$ 342.25	25	$ 8,556.25	202	$ 69,149.50	12%			
CMH TOTAL		137	$ 13,981.97	1992	$ 179,671.27	7%	5057	409,092.59	27.38%
Children's Substance Abuse									
4871 Prevention	$ 43.20	80	$ 3,456.00	80	$ 3,456.00	100%			
CSA TOTAL		80	$ 3,456.00	80	$ 3,456.00	100%	3681	159,019.20	10.64%
GRAND TOTAL		14233	$ 1,335,119.09	22576	$ 2,165,253.98	63%	42133	3,706,744.90	100.00%
No. Adults Served				2,680					
No. Children Served				1,453					
Total Served per County (Unduplicated)				4,133					

** Outpatient Individual/Group services reflect Medicaid Rates/Units

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SECTION IV

OBJECTIVES AND PERFORMANCE MEASURES

This Section must identify in narrative form the specific objectives of the project and how attainment of the objectives will be measured. Each objective must include: (1) The current level of performance; (2) The proposed change reflected as a rate, percent or other index and (3) An estimated time period for accomplishment of the objective. Start below (use continuation pages if necessary).

New Horizons of the Treasure Coast, Inc. collects substance abuse and mental health data as required by its contract with the Department of Children and Families. The collection and analysis of this data provide the Department of Children and Families and the Legislators valid and reliable data on the number of clients served, the cost of care to serve those individuals, and the resultant benefits, both personally and socially, received as well as providing data that will result in improved effectiveness and efficiency.

The attached exhibits outline the target populations and outcome standards as defined in our contracts with the Department of Children and Families.

Listed below are sample objectives for New Horizons' programs. Our success in attaining these objectives is monitored through our ongoing quality improvement process and compliance committees.

- Reduce the number of clients who progress from outpatient services to costlier and more restrictive "deep-end" services.
- 90% of clients surveyed rate New Horizons' services at or above "good".
- 85% of clients served in Intensive Case Management will not require admittance to the adult crisis unit.
- For clients served in our detoxification unit, client stabilization will occur within 3 to 4 days of admission.
- 85% of mental health clients will show an increase in GAF/MGAF-R score.
- Increase the average # of days spent in the community in the past 30 days.

A sample report of Performance Outcomes for 2007-2008 is also attached.

NEW HORIZONS OF THE TREASURE COAST, INC.
PERFORMANCE OUTCOMES 2007-2008
ADULT MENTAL HEALTH

Program		Primary Measures	Goal	Quarter 1	2	3	4	Annual Average
Adult CM (1001)	1	Percentage of consumers who do not require inpatient admission	90%	97%	97%	97%	98%	97%
	2	Avg.# of hours billed monthly by CM's	120	130	128	133	127	130
	3	% of clients seen within 4 bus. days of admission.	100%	100%	100%	100%	100%	100%
	4	Percentage of overall positive consumer satisfaction.	90%	na	98%	98%	98%	98%
		Client Descriptors		Quarter 1	2	3	4	Annual Average
	1	Percent of consumers had forensic involvement.		16%	18%	19%	16%	17%
	2	% of consumers who received CM 0-6 months.		N/A	N/A	N/A	NA	N/A
	3	% of consumers who received CM 6-12 months.		N/A	N/A	N/A	NA	N/A
	4	% of consumers who received CM over 12 months.		N/A	N/A	N/A	NA	N/A
		Supplemental Measures		Quarter 1	2	3	4	Annual Average
	1	Average number of clients in case management per month.		359	345	350	340	349
	2	Average caseload size.		35	32	34	35	34
	3	Number of admissions.		26	25	30	28	27
	4	Number of discharges.		25	17	20	35	24

Program		Primary Measures	Goal	Quarter 1	2	3	4	Annual Average
Intensive C.M. (1051)	1	Percentage of consumers who do not require inpatient admission.	85%	92%	90%	92%	89%	91%
	2	Average # of hours billed monthly by CM's	115	108	117	125	121	118
	3	Percentage of clients seen within 4 bus. days of admission.	100%	100%	100%	100%	100%	100%
	4	Percentage of overall positive consumer satisfaction.	90%	na	98%	94%	95%	96%
		Client Descriptors		Quarter 1	2	3	4	Annual Average
	1	Percent of consumers who had forensic involvement.		16%	12%	19%	21%	17%
	2	% receiving ICM 0-6 months		na	na	na	na	na
	3	% receiving ICM 6-12 months		na	na	na	na	na
	4	% receiving ICM over 12 months		na	na	na	na	na
		Supplemental Measures		Quarter 1	2	3	4	Annual Average
	1	Number of admissions		10	11	19	15	14
	2	Number of discharges		4	13	19	17	13
	3	Average caseload.		15	14	15	16	15
	4	Average number of clients in case mgt per month		125	119	115	130	122

Program		Primary Measures	Goal	Quarter				Annual
				1	2	3	4	Average
Adult Services Unit (1201)	1	% of clients stabilized and capable of discharge in less than 10 days.	85%	85%	84%	82%	90%	85%
	2	Bed utilization rate per month.	85%	84%	90%	94%	84%	88%
	3	% of readmissions within 30 days.	5%	1%	1%	1%	7%	2%
	4	Percentage of overall positive consumer satisfaction.	90%	na	88%	89%	94%	90%
		Supplemental Measures		Quarter				Annual
				1	2	3	4	Average
	1	Percent of clients admitted with a DD of MI/CD.		13%	11%	11%	12%	12%
	2	Percent of clients admitted involuntarily.		81%	80%	81%	82%	81%

NEW HORIZONS OF THE TREASURE COAST, INC.

PERFORMANCE OUTCOMES 2007-2008

ADULT MENTAL HEALTH

Program		Primary Measures	Goal	Quarter				Annual
				1	2	3	4	Average
Adult O/P (1301, 1302, 1501)	1	Percentage of clients showing increased GAF/MGAF-R score.	85%	50%	86%	100%	100%	84%
	2	Average length of stay as measured by # of individual therapy sessions in RU.	8 sessions	7	7	6	8	6.8
	3	Average time to see a Psychiatrist.	≤20 business days	10	26	15	25	19
	4	Percentage of overall positive consumer satisfaction.	90%	na	97%	97%	99%	98%

Program		Primary Measures	Goal	Quarter				Annual
				1	2	3	4	Average
Screening / Assessment Services (1401, 2401, 3401, 4401)	1	Percentage of clients having completed discharge plan.	100%	94%	92%	100%	96%	95%
	2	Average number of Screener hours per week.	292	229	477	382	460	387
	3	Percentage of voluntary persons assessed within one hour of arriving.	85%	92%	87%	87%	85%	88%
	4	Percentage of overall positive consumer satisfaction.	90%	na			97%	97%
		Supplemental Measures		Quarter				Annual
				1	2	3	4	Total
	1	Number of persons assessed in reporting period.		1068	1097	1081	1131	4377
	2	Number on persons released under the Baker Act.		8	10	6	5	29
	3	Number of adults released under the Marchman Act.		23	24	30	29	106
	4	Number of persons assessed who are not admitted to inpatient programs.		118	132	140	142	532
	5	Number of C&A Marchman Act assessments.		1	11	8	4	24

NEW HORIZONS OF THE TREASURE COAST, INC.

PERFORMANCE OUTCOMES 2007-2008

ADULT MENTAL HEALTH

Program	Prim		Goal	Quarter 1	2	3	4	Annual Average
MCRT (1402)	1	Percentage of clients for whom a safety plan can be developed and inpatient admission diverted.	70%	71%	94%	83%	87%	84%
	2	Average number of staff hours per week.	≥ 230	240	291	361	325	304
	3	Average number of working days to be seen by psychiatrist	≤ 3 days	na	na	na	na	N/A
	4	Percentage of overall positive consumer satisfaction.	90%	na			97%	97%

	Supplemental Measures		Quarter 1	2	3	4	Annual Total
	1	Number of persons seen more than one time per episode.	12	11	35	24	82
	2	# referred to private community provider.	11	4	10	2	27
	3	# referred to NHTC services.	19	13	5	15	52
	4	Number of persons referred to: Suncoast					0
		Family Pres.					7
		Tykes and Teens		4	3		22
		CC		2	20		60
		Other	10	19		31	0
	5	Number of persons subsequently hospitalized as reported on follow-up survey.			0		0
		Number of persons contacted			10		10

NEW HORIZONS OF THE TREASURE COAST, INC.

PERFORMANCE OUTCOMES 2007-2008

ADULT MENTAL HEALTH

Program	Primary Measures		Goal	Quarter 1	2	3	4	Annual Average
Short-Term Residential Tx (1701)	1	Average change in GAF score.	≥10 pt increase	10	6	7	9	8
	2	Average bed utilization rate per month.	85%	75%	78%	76%	90%	80%
	3	Length of stay	45 days	na	67	80	76	74
	4	Avg. wait time between SRT acceptance and admission to unit.	≤ 3 days	1	2	2	2	2
	5	Percent of positive responses on the Client Satisfaction Survey	90%	na	93%	99%	95%	96%

	Supplemental Measures		Quarter 1	2	3	4	Annual Total
	1	Number of admissions from SRT to ASU.	0	0	0	0	0
	2	Number of elopements.	1	0	0	0	1

Program	Primary Measures		Goal	Quarter 1	2	3	4	Annual Average
FACT (1840)	1	Avg. # of days in the community in the past 30 days.	≥28 days	26	27	26	27	26
	2	Average # of days worked.	≥10 days	10	9	11	11	11
	3	% of staff availability hours per month.	85%	96%	76%	82%	92%	86%
	4	Response to clients' emergency pages after hours.	100%	100%	100%	100%	100%	100%
	5	Percentage of overall positive consumer satisfaction.	90%	na	84%	87%	100%	90%

Program		Primary Measures	Goal	Quarter				Annual Average
				1	2	3	4	
Supp. Living (1940)	1	% of clients who have residential status of 1, 2, or 3	50%	71%	75%	78%	82%	77%
	2	Monthly avg. # of hours billed by each clinician.	≥ 140 hours	149	139	154	156	150
	3	% of clients seen within 5 bus. days of admission to SL.	100%	100%	100%	100%	100%	100%
	4	Percentage of overall positive consumer satisfaction.	90%	na	94%	87%	97%	93%

Program		Primary Measures	Goal	Quarter				Annual Average
				1	2	3	4	
Supp. Emp. (1941)	1	% of clients who worked at least 10 days in the quarter.	50%	18%	3%	15%	9%	11%
	2	Average caseload per RSS staff	≤ 25	17	13	13	15	15
	3	% of clients seen within 5 bus. days of admission to SE	100%	100%	100%	100%	75%	94%
	4	Percentage of overall positive consumer satisfaction.	90%	na	94%	87%	97%	93%

Program		Primary Measures	Goal	Quarter				Annual Average
				1	2	3	4	
FETC (1960)	1	Percentage of MH clients showing increased GAF/MGAF-R score. After a min of 4 therapy/med. Mgt sessions.	85%	60%	85%		na	73%
	2	Percentage of clients with a fund source at intake who are linked to an appropriate provider.	90%	83%	99%		na	91%
	3	Percentage of priority clients who see Psychiatrist/ ARNP based on the following protocol. DOC- 30 days Jail- 3 days Inpatient D/C's- 21 days BA's not admitted Mobile Crisis- 3 days	90%	85%	89%		na	87%
	4	Percentage of overall positive consumer satisfaction.	90%	na		96%	na	96%

NEW HORIZONS OF THE TREASURE COAST, INC.

PERFORMANCE OUTCOMES 2007-2008

ADULT SUBSTANCE ABUSE

Program		Primary Measures	Goal	Quarter				Annual Average
				1	2	3	4	
Family Intervention Services (2002)	1	% of clients linked with services within 10 bus. Days of assessment	90%	87%	88%	91%	83%	85%
	2	Avg. # of hours billed each month per FIS Case Manager	122	145	138	120	96	120
	3	% of clients contacted within 3 days of referral.	100%	92%	93%	94%	91%	92%
	4	Percentage of overall positive consumer satisfaction.	90%	na				na

Program		Primary Measures	Goal	Quarter				Annual Average
				1	2	3	4	
Adult Outpatient (2301, 2302)	1	Avg. # of days clients used in past 30 days.	5 days	0	0	0	1	0
	2	Avg. number of days between intake and first therapy session.	14 days	4	9	10	15	10
	3	Precentage of clients who successfully completed treatment.	90%	50%	71%	83%	44%	62%
	4	Percentage of overall positive consumer satisfaction.	90%	na	96%	97%	99%	97%

Program		Primary Measures	Goal	Quarter				Annual Average
				1	2	3	4	
STR/ STF (2752, 2753)	1	Avg. cumulative % of increase in scores on Pre/Post-Tests.	30% increase	38%	31%	45%	40%	38%
	2	Average class size.	15- IR	15	18	15	16	16
			10-M	15	12	8	6	10
	3	Wait time for evaluation upon request for services.	≤ 1 week	1	1	1	1	1
	4	Percentage of overall positive consumer satisfaction.	90%	na		100%	99%	100%

Program		Primary Measures	Goal	Quarter				Annual Average
				1	2	3	4	
Detox (2981)	1	# of clients on seizure protocol who have a seizure.	0	0	0	0	1	0
	2	Bed utilization rate per month.	85%	83%	78%	81%	84%	81%
	3	Percent of recidivists within past 30 days	<15%	1%	1%	3%	4%	2%
	4	Percent of overall positive consumer satisfaction	90%	na	96%	96%	97%	96%
		Supplemental Measures		Quarter				Annual Average
				1	2	3	4	
	1	% of clients eloping under the Marchman Act.		0%	0%	0%	<1%	0%
	2	% of clients admitted involuntarily (MA or C/O).		43%	43%	41%	34%	40%

NEW HORIZONS OF THE TREASURE COAST, INC.

PERFORMANCE OUTCOMES 2007-2008

CHILDREN'S MENTAL HEALTH

Program		Primary Measures	Goal	Quarter				Annual Average
				1	2	3	4	
Children's CM (3001)	1	Avg.# of days SED children spent in the community in the last 30 days.	29	30	30	30	30	30
	2	Avg. # of hours billed by staff per month.	130	106	114	119	100	110
	3	% of clients meeting priority criteria who are contacted within 7 bus. day of referral.	100%		100%	100%	100%	100%
	4	Percent of overall positive consumer satisfaction	90%	na	99%		100%	100%

Program		Primary Measures	Goal	Quarter				Annual Average
				1	2	3	4	
Children's OP / TBOS (3301),(3381)	1	% of children who improve functioning (CFARS)	80%	88%				88%
	2	Avg. # of sessions per clinician per month.	112/FTE	97	112	113	91	104
	3	% of guardians contacted within seven (7) days of referral.	100%	100%	100%	100%	100%	100%
	4	Percent of overall positive consumer satisfaction	90%	na	96%	100%	100%	99%

Program		Primary Measures	Goal	Quarter				Annual Average
				1	2	3	4	
DJJ Domestic Violence Diversion Program (3350)	1	% of youth who do not commit a new law violation while participating in the DVDP	90%	88%	100%	98%	95%	95%
	2	% of youth who are not adjudicated or convicted of a new law violation within one year of release from the program	90%	89%	100%	100%	100%	97%
	3	% of youth demonstrating a decrease in criminogenic risk factor as evidenced by pre-test and post-test measures	85%	87%	83%	70%	100%	85%
	4	% of youth who successfully complete the program.	85%	85%	83%	70%	92%	83%
	5	% of youth who receive a written individualized plan.	100%	100%	100%	100%	100%	100%
	6	Avg. # of youth served for the quarter.	25	24	40	33	25	31
	7	Avg. # of bus. days from time of referral to intake.	5 business days	5	5	5	5	5
	8	Percent of overall positive consumer satisfaction	90%	na	98%	100%	99%	99%

Program		Primary Measures	Goal	Quarter				Annual Average
				1	2	3	4	
Mobile Family Services Team (3403)	1	Percentage of children removed from the home who have been referred to the	≤ 50%	10%	5%	0%	34%	12%
	2	Percent of families who remain intact without further episodes of like abuse.	95%	90%	95%	100%	99%	96%
	3	% of cases seen within 3 hrs. of referral or at discretion of PI.	100%	100%	85%	100%	100%	96%
	4	Percentage of overall positive consumer satisfaction.	90%	na	na	na	na	na

Program		Primary Measures	Goal	Quarter				Annual Average
				1	2	3	4	
Student Assistance Program (SAP - 4871)	1	% of students demonstrating a 50% reduction of identified at risk behaviors.	80%	80%		na	na	80%
	2	Avg. # of hours billed by staff per month.	122	167	182	186	180	179
	3	% of students seen within 10 school days.	90%	69%	69%	79%	79%	74%
	4	Percent of overall positive consumer satisfaction	90%	na	98%	98%	99%	98%
		CSC OUTCOMES	**Goal**	**Quarter**				**Annual Average**
				1	2	3	4	
	1	% of students reporting use or experimentation of gateway drugs on the SAP survey.	50%	68%	14%	17%	14%	28%
	2	% of students reporting no drug use who had not previously experimented with drugs.	90%	101%	67%	75%	47%	72%
	3	% change in scores on pre / post SAP test of knowledge.	85%			na	na	na
	4	% change in pre/post test for parents/guardians.	75%	90%		na	na	90%
	5	# of acting out behaviors in elementary students in the past month.	80%	80%	80%	80%	80%	80%

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SECTION V

BUDGET INFORMATION

(A)

COUNTY FUNDING - CFY 2008/09 (October 1, 2008- SEPTEMBER 30, 2009)	$673,606
REQUESTED COUNTY FUNDING -CFY 2009/10 (OCTOBER 1, 2009 - SEPTEMBER 30, 2010	$673,606
*TOTAL AGENCY BUDGET - CFY 2009/10 (OCTOBER 1, 2009- SEPTEMBER 30, 2010)	$20,408,884

* (Refer to information below)

*Total Agency Budget Amount is to include all requests for funding from other sources. Use this space to identify the sources and the amounts of funding requested wherein the award status is currently unknown.

FUNDING FROM OTHER SOURCES	AMOUNT REQUESTED
Department of Children and Families	$11,765,490
United for Families	$335,724
SLC Children's Services Council	$499,952
Martin, Indian River, St. Lucie, Okeechobee Counties	$1,444,293
Martin Co. Sheriff & Indian River Sheriff	$159,169
Okeechobee School Board	$29,000
SLC Jail Diversion	$546,000
SLC Implentation Grant	$179,017

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SECTION V

BUDGET INFORMATION

PROJECT BUDGET SCHEDULE
(B)

This section must specifically identify the Project Budget Schedule. Prepare a line item budget. Start below (Use continuation pages if necessary).

See Attached Excel Spreadsheets

ST. LUCIE COUNTY BOARD OF COUNTY COMMISSIONERS
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COUNTY FISCAL YEAR 2009/2010
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SECTION VI
BUDGET INFORMATION
PROJECT BUDGET SCHEDULE
(B)
ADULT MENTAL HEALTH SERVICES

	AGENCY TOTAL	ST. LUCIE COUNTY	ALL OTHER
REVENUES			
State of Florida-DCF	$ 10,245,996	$6,250,058	$ 3,995,938
United for Families	$ -	$ -	$ -
Match - St. Lucie	$ 339,267	$ 339,267	$ -
Match - Martin	$ 233,120	$ -	$ 233,120
Match - Indian River	$ 217,048	$ -	$ 217,048
Match - Okeechobee	$ 37,920	$ -	$ 37,920
SLC-CSC	$ -	$ -	$ -
Okeechobee School Board	$ -	$ -	$ -
Forensic - St. Lucie	$ 725,017	$ 725,017	$ -
Forensic - Martin	$ -	$ -	$ -
Forensic - Indian River	$ 85,980	$ -	$ 85,980
Forensic - Okeechobee	$ -	$ -	$ -
1st & 3rd Party Fees	$ 3,337,937	$2,036,142	$ 1,301,795
Contributions and Donations	$ 540,000	$ 302,940	$ 237,060
Other Revenues	$ -	$ -	$ -
TOTAL ALL REVENUES	$ 15,762,285	$9,653,423	$ 6,108,862
EXPENSES			
Salaries	$ 6,826,511	$4,164,172	$ 2,662,339
Fringe Benefits	$ 1,681,172	$1,025,515	$ 655,657
Building Occupancy	$ 527,309	$ 321,658	$ 205,651
Professional Services	$ 469,925	$ 286,654	$ 183,271
Travel	$ 66,005	$ 40,263	$ 25,742
Equipment Costs	$ 91,210	$ 55,638	$ 35,572
Food & Dietary Services	$ 350,084	$ 213,551	$ 136,533
Medical & Pharmacy Services	$ 970,184	$ 591,812	$ 378,372
Subcontracted Services	$ 30,300	$ 18,483	$ 11,817
Depreciation	$ 110,188	$ 67,215	$ 42,973
Insurance	$ 445,642	$ 271,842	$ 173,800
Interest	$ 9,142	$ 5,577	$ 3,565
Telephone	$ 105,518	$ 64,366	$ 41,152
Operating Supplies & Expenses	$ 134,651	$ 82,137	$ 52,514
Other Expenses	$ 920,551	$ 561,536	$ 359,015
Administrative Allocations	$ 1,611,898	$ 983,258	$ 628,640
Support Allocations	$ 1,167,624	$ 712,251	$ 455,373
TOTAL EXPENSES	$ 15,517,914	$9,465,928	$ 6,051,986
SURPLUS OR DEFICIT	$ 244,371	$ 187,496	$ 56,875

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BUDGET INFORMATION
PROJECT BUDGET SCHEDULE
(B)
ADULT SUBSTANCE ABUSE SERVICES

	AGENCY TOTAL	ST. LUCIE COUNTY	ALL OTHER
REVENUES			
State of Florida-DCF	$ 956,626	$ 583,542	$ 373,084
United for Families	$ -	$ -	$ -
Match - St. Lucie	$ 276,719	$ 276,719	$ -
Match - Martin	$ 86,666	$ -	$ 86,666
Match - Indian River	$ 114,749	$ -	$ 114,749
Match - Okeechobee	$ 6,035	$ -	$ 6,035
SLC-CSC	$ -	$ -	$ -
Okeechobee School Board	$ -	$ -	$ -
Forensic - St. Lucie	$ -	$ -	$ -
Forensic - Martin	$ 27,677	$ -	$ 27,677
Forensic - Indian River	$ 45,508	$ -	$ 45,508
Forensic - Okeechobee	$ -	$ -	$ -
1st & 3rd Party Fees	$ 240,000	$ 146,400	$ 93,600
Contributions and Donations	$ -	$ -	$ -
Other Revenues	$ -	$ -	$ -
TOTAL ALL REVENUES	$ 1,753,980	$1,006,661	$ 747,319
EXPENSES			
Salaries	$ 823,678	$ 502,444	$ 321,234
Fringe Benefits	$ 201,340	$ 122,817	$ 78,523
Building Occupancy	$ 52,801	$ 32,209	$ 20,592
Professional Services	$ 73,001	$ 44,531	$ 28,470
Travel	$ 6,500	$ 3,965	$ 2,535
Equipment Costs	$ 8,514	$ 5,194	$ 3,320
Food & Dietary Services	$ 80,630	$ 49,184	$ 31,446
Medical & Pharmacy Services	$ 33,997	$ 20,738	$ 13,259
Subcontracted Services	$ 18,460	$ 11,261	$ 7,199
Depreciation	$ 16,326	$ 9,959	$ 6,367
Insurance	$ 55,146	$ 33,639	$ 21,507
Interest	$ 685	$ 418	$ 267
Telephone	$ 10,304	$ 6,285	$ 4,019
Operating Supplies & Expenses	$ 20,247	$ 12,351	$ 7,896
Other Expenses	$ 50,144	$ 30,588	$ 19,556
Administrative Allocations	$ 227,474	$ 138,759	$ 88,715
Support Allocations	$ 171,751	$ 104,768	$ 66,983
TOTAL EXPENSES	$ 1,850,998	$1,129,109	$ 721,889
SURPLUS OR DEFICIT	$ (97,018)	$ (122,448)	$ 25,430

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SECTION VI
BUDGET INFORMATION
PROJECT BUDGET SCHEDULE
(B)
CHILDREN'S MENTAL HEALTH SERVICES

	AGENCY TOTAL	ST. LUCIE COUNTY	ALL OTHER
REVENUES			
State of Florida-DCF	$ 363,344	$ 221,640	$ 141,704
State of Florida-UFF	$ 335,724	$ 204,792	$ 130,932
Match - St. Lucie	$ 57,620	$ 57,620	$ -
Match - Martin	$ 11,601	$ -	$ 11,601
Match - Indian River	$ 52,503	$ -	$ 52,503
Match - Okeechobee	$ 11,045	$ -	$ 11,045
SLC-CSC	$ 70,201	$ 70,201	$ -
Okeechobee School Board	$ -	$ -	$ -
Forensic - St. Lucie	$ -	$ -	$ -
Forensic - Martin	$ -	$ -	$ -
Forensic - Indian River	$ -	$ -	$ -
Forensic - Okeechobee	$ -	$ -	$ -
1st & 3rd Party Fees	$ 1,145,698	$ 698,876	$ 446,822
Contributions and Donations	$ -	$ -	$ -
Other Revenues	$ -	$ -	$ -
TOTAL ALL REVENUES	$ 2,047,736	$ 1,253,128	$ 794,608
EXPENSES			
Salaries	$ 1,141,711	$ 696,444	$ 445,267
Fringe Benefits	$ 280,669	$ 171,208	$ 109,461
Building Occupancy	$ 77,334	$ 47,174	$ 30,160
Professional Services	$ 10,042	$ 6,126	$ 3,916
Travel	$ 37,475	$ 22,860	$ 14,615
Equipment Costs	$ 13,404	$ 8,176	$ 5,228
Food & Dietary Services	$ 4,625	$ 2,821	$ 1,804
Medical & Pharmacy Services	$ 4,742	$ 2,893	$ 1,849
Subcontracted Services	$ 214,267	$ 130,703	$ 83,564
Depreciation	$ 11,566	$ 7,055	$ 4,511
Insurance	$ 62,699	$ 38,246	$ 24,453
Interest	$ 1,250	$ 763	$ 488
Telephone	$ 28,264	$ 17,241	$ 11,023
Operating Supplies & Expenses	$ 18,870	$ 11,511	$ 7,359
Other Expenses	$ 130	$ 79	$ 51
Administrative Allocations	$ 237,626	$ 144,952	$ 92,674
Support Allocations	$ 145,628	$ 88,833	$ 56,795
TOTAL EXPENSES	$ 2,290,302	$ 1,397,084	$ 893,218
SURPLUS OR DEFICIT	$ (242,566)	$ (143,956)	$ (98,610)

ST. LUCIE COUNTY BOARD OF COUNTY COMMISSIONERS
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SECTION VI
BUDGET INFORMATION
PROJECT BUDGET SCHEDULE
(B)
CHILDREN'S SUBSTANCE ABUSE SERVICES

	AGENCY TOTAL	ST. LUCIE COUNTY	ALL OTHER
REVENUES			
State of Florida-DCF	$ 199,524	$ 174,524	$ 25,000
State of Florida-UFF	$ -	$ -	$ -
Match - St. Lucie	$ -	$ -	$ -
Match - Martin	$ -	$ -	$ -
Match - Indian River	$ -	$ -	$ -
Match - Okeechobee	$ -	$ -	$ -
SLC-CSC.	$ 429,751	$ 429,751	$ -
Okeechobee School Board	$ 29,000	$ -	$ 29,000
Forensic - St. Lucie	$ -	$ -	$ -
Forensic - Martin	$ -	$ -	$ -
Forensic - Indian River	$ -	$ -	$ -
Forensic - Okeechobee	$ -	$ -	$ -
1st & 3rd Party Fees	$ -	$ -	$ -
Contributions and Donations	$ -	$ -	$ -
Other Revenues	$ -	$ -	$ -
TOTAL ALL REVENUES	$ 658,275	$ 604,275	$ 54,000
EXPENSES			
Salaries	$ 421,535	$ 387,812	$ 33,723
Fringe Benefits	$ 103,040	$ 94,797	$ 8,243
Building Occupancy	$ 50,019	$ 46,017	$ 4,002
Professional Services	$ 3,583	$ 3,296	$ 287
Travel	$ 26,100	$ 24,012	$ 2,088
Equipment Costs	$ 2,100	$ 1,932	$ 168
Food & Dietary Services	$ 1,200	$ 1,104	$ 96
Medical & Pharmacy Services	$ -	$ -	$ -
Subcontracted Services	$ -	$ -	$ -
Depreciation	$ 1,323	$ 1,217	$ 106
Insurance	$ 24,933	$ 22,938	$ 1,995
Interest	$ 600	$ 552	$ 48
Telephone	$ 4,500	$ 4,140	$ 360
Operating Supplies & Expenses	$ 18,946	$ 17,430	$ 1,516
Other Expenses	$ 3,188	$ 2,933	$ 255
Administrative Allocations	$ 88,603	$ 81,515	$ 7,088
Support Allocations	$ -	$ -	$ -
TOTAL EXPENSES	$ 749,670	$ 689,696	$ 59,974
SURPLUS OR DEFICIT	$ (91,395)	$ (85,421)	$ (5,974)

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SECTION VI
BUDGET INFORMATION
PROJECT BUDGET SCHEDULE
(B)
TOTAL

	AGENCY TOTAL	ST. LUCIE COUNTY	ALL OTHER
REVENUES			
State of Florida-DCF	$ 11,765,490	$ 7,229,763	$ 4,535,727
United for Families	$ 335,724	$ 204,792	$ 130,932
Match - St. Lucie	$ 673,606	$ 673,606	$ -
Match - Martin	$ 331,387	$ -	$ 331,387
Match - Indian River	$ 384,300	$ -	$ 384,300
Match - Okeechobee	$ 55,000	$ -	$ 55,000
SLC-CSC	$ 499,952	$ 499,952	$ -
Okeechobee School Board	$ 29,000	$ -	$ 29,000
Forensic - St. Lucie	$ 725,017	$ 725,017	$ -
Forensic - Martin	$ 27,677	$ -	$ 27,677
Forensic - Indian River	$ 131,488	$ -	$ 131,488
Forensic - Okeechobee	$ -	$ -	$ -
1st & 3rd Party Fees	$ 4,723,635	$ 2,881,417	$ 1,842,218
Contributions and Donations	$ 540,000	$ 302,940	$ 237,060
Other Revenues	$ -	$ -	$ -
TOTAL ALL REVENUES	$ 20,222,276	$12,517,487	$ 7,704,789
EXPENSES			
Salaries	$ 9,213,435	$ 5,750,871	$ 3,462,564
Fringe Benefits	$ 2,266,221	$ 1,414,337	$ 851,884
Building Occupancy	$ 707,463	$ 447,058	$ 260,405
Professional Services	$ 556,551	$ 340,607	$ 215,944
Travel	$ 136,080	$ 91,100	$ 44,980
Equipment Costs	$ 115,228	$ 70,940	$ 44,288
Food & Dietary Services	$ 436,539	$ 266,661	$ 169,878
Medical & Pharmacy Services	$ 1,008,923	$ 615,443	$ 393,480
Subcontracted Services	$ 263,027	$ 160,446	$ 102,581
Depreciation	$ 139,403	$ 85,446	$ 53,957
Insurance	$ 588,420	$ 366,665	$ 221,755
Interest	$ 11,677	$ 7,309	$ 4,368
Telephone	$ 148,586	$ 92,032	$ 56,554
Operating Supplies & Expenses	$ 192,714	$ 123,429	$ 69,285
Other Expenses	$ 974,013	$ 595,136	$ 378,877
Administrative Allocations	$ 2,165,601	$ 1,348,484	$ 817,117
Support Allocations	$ 1,485,003	$ 905,852	$ 579,151
TOTAL EXPENSES	$ 20,408,884	$12,681,817	$ 7,727,067
SURPLUS OR DEFICIT	$ (186,608)	$ (164,330)	$ (22,278)

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SECTION V

BUDGET INFORMATION

BUDGET NARRATIVE
(C)

This Section is to detail in narrative form how the requested County funds will be expended per line item as reported under the project budget schedule. Start below (use continuation pages if necessary).

Community Partnership

New Horizons of the Treasure Coast, Inc. addresses many of the needs of the residents of St. Lucie County who would otherwise not receive services because of an inability to pay for them.

As an agency committed to caring for the indigent population, we are dependent upon funding support such as St. Lucie County match funding. Without funding, New Horizons will be unable to provide needed services, which will result in an increase in County funding for more costly inpatient emergency treatment and/or criminal justice programs. With current funding levels, residents of St. Lucie county who are indigent have limited access to all services provided by New Horizons as described in the Program Descriptions. Services are available to adults, children, and families with mental health or substance abuse illnesses varying between inpatient and community based. The following are some of the new initiatives we are currently participating in within our current funding.

New Horizons has continued its role in planning and implementing the Crisis Intervention Team model in the community. The 40 hour training for law enforcement officers provides crisis de-escalation technique training as well as education on mental health diagnosis, medications, substance abuse issues and the associated Florida Statues. The stigma associated with mental illness and the consumer and family perspectives are explored. The Steering and Curriculum Committees, made up of area mental health providers and officers from multiple area law enforcement agencies, are responsible for the ongoing development of this program. The positive outcomes expected from the implementation of this program are that officers will be better equipped to respond to a mentally ill person increasing the likelihood of a safe resolution to a crisis for the officer and the mentally ill person, reducing arrests and jail diversion to treatment when appropriate, and building strong community partnerships.

One of the new ventures that is emerging from our participation in the Children's Collaborative, is the formation of the Pediatric Mind & Body collaborative between peditricians and behavioral health care providers throughout the county. This collaborative is creating various models which integrates the medical care of children

with their behavioral health care. One of the models includes the availability of psychiatric consultation time for pediatricians in order to assist in prescribing medications and referring those children requiring more extensive diagnostic reviews. Another model incorporates a behavioral health care clinician in the pediatric office. This provides quick easy access and minimizes the stigma associated with mental illness.

Another new program available for counties is the Medicaid Local Match Certification Program. Medicaid has created three new services for enrollees with substance abuse, Intervention, Aftercare, and Recovery Support which are available to counties who contract with a Medicaid, liscensed substance abuse providers. The purpose of the program is to provide additional intensive community based substance abuse services to support the transition from jails, prisons, or detox units. We can start this program if current funding is maintained and begin to realize an expansion of services.

One of the biggest projects for the upcoming year is the construction of a 30 bed Children's Crisis Stabilization Unit for the four county area. This Unit will open operationally as a 20 bed unit next fiscal year. This will alleviate the problem of sending children in need of crisis stabilization services outside of our area. Children in need are currently transported to facilities in Orlando, Miami and other places that have open beds. This is not conducsive to the engagement of family members and quick return to a stabilized home environment. DCF awarded New Horizons $1,590,000 of the $5,500,000 requested for this project. We continue to seek additional funding from the state, local organizations and private funders.

Fund Request

New Horizons' fund request, level funding for CFY 2008-2009, is $673,606 which is required by the Department of Children and Families (F.S. 394.76, F.S. 674 and F.S. 394.459) to match their funding. The level of services provided in previous fiscal year of $9,213,180 to St. Lucie County residents will not be achieved with this significant cut in funding. The funds requested will be used to address St. Lucie residents' need for each of the services offered through New Horizons from emergency stabilization provided 24/7 to intensive community based programs in a more limited capacity.

Proportion of Services

Program Descriptions provided in Section II outline the speciifc services, target population, and desired outcomes.

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SECTION V

BUDGET INFORMATION

REVENUE
(D)

Complete the following items as indicated. Include all revenue/anticipated revenue. Use an * if funding has been requested and the award is currently unknown. Start below (use continuation pages if necessary).

TOTAL AGENCY REVENUE - CFY 2008/09
(OCTOBER 1, 2008 - SEPTEMBER 30, 2009) $19,134,244

TOTAL ANTICIPATED AGENCY REVENUE - CFY 2009/10
(OCTOBER 1, 2009 - SEPTEMBER 30, 2010) $20,408,884

1. FEDERAL GRANTS	GRANT PERIOD	AMOUNT

2. STATE GRANTS	GRANT PERIOD	AMOUNT
Dept-Children & Families Funding requirements F.S. 394.76	FY 2009/2010	$11,765,490*
United for Families	FY 2009/2010	$335,724*

3. CASH DONATIONS/CONTRIBUTIONS/FUND RAISING/NON-PROFIT GRANTS

FUNDING SOURCE	GRANT PERIOD	AMOUNT
County Match Funds	FY 2009/2010	$1,444,293*
SLC CSC	FY 2009/2010	$ 499,952*
Sheriffs	FY 2009/2010	$ 159,169*
Okeechobee School Board	FY 2009/2010	$ 29,000*
SLC Jail Diversion	FY 2009/2010	$ 546,000*
SLC Implementation Grant	FY 2009/2010	$ 179,017*

4. CLIENT FEES/FIRST AND THIRD PARTY REIMBURSEMENTS	AMOUNT
1st and 3rd Party	$4,723,635

TOTAL $

ST. LUCIE COUNTY BOARD OF COUNTY COMMISSIONERS
APPLICATION FOR FUNDING NON-PROFIT AGENCY
COUNTY FISCAL YEAR 2009/10
OCTOBER 1, 2009 - SEPTEMBER 30, 2010

SECTION V

BUDGET INFORMATION

FORM 990
(E)

Attach a copy of the Agency's form 990 Department of the Treasure Internal Revenue Service Return of Organization Exempt From Income Tax.

(Number pages of Form 990 as 9-1, 9-2, etc.)

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

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2007

Open to Public Inspection

A For the 2007 calendar year, or tax year beginning 7/01/07 , and ending 6/30/08

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
NEW HORIZONS OF THE TREASURE COAST,

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
4500 W. MIDWAY ROAD

City or town, state or country, and ZIP + 4
FT. PIERCE FL 34981

D Employer identification number
59-6153749

E Telephone number
772-468-5690

F Accounting method: ☐ Cash ☒ Accrual ☐ Other (specify)

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Website: ↖ WWW.NHTCINC.ORG

J Organization type (check only one) ▶ ☒ 501(c) (3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check here ▶ ☐ if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than $25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 21,073,041

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) If "Yes," enter number of affiliates ▶

H(c) Are all affiliates included? ☐ Yes ☐ No
(If "No," attach a list. See instructions.)

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

I Group Exemption Number ▶

M Check ▶ ☒ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

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

Revenue	1	Contributions, gifts, grants, and similar amounts received:			
	a	Contributions to donor advised funds	1a		
	b	Direct public support (not included on line 1a)	1b	805,780	
	c	Indirect public support (not included on line 1a)	1c		
	d	Government contributions (grants) (not included on line 1a)	1d	16,160,685	
	e	Total (add lines 1a through 1d) (cash $ 16,227,556 noncash $ 738,909)			1e 16,966,465
	2	Program service revenue including government fees and contracts (from Part VII, line 93)			2 4,068,901
	3	Membership dues and assessments			3
	4	Interest on savings and temporary cash investments			4 11,499
	5	Dividends and interest from securities			5
	6a	Gross rents	6a		
	b	Less: rental expenses	6b		
	c	Net rental income or (loss). Subtract line 6b from line 6a			6c
	7	Other investment income (describe ▶)			7
	8a	Gross amount from sales of assets other than inventory — (A) Securities / (B) Other	8a		
	b	Less: cost or other basis and sales expenses	8b		
	c	Gain or (loss) (attach schedule)	8c		
	d	Net gain or (loss). Combine line 8c, columns (A) and (B)			8d
	9	Special events and activities (attach schedule). If any amount is from gaming, check here ▶ ☐			
	a	Gross revenue (not including $ _____ of contributions reported on line 1b)	9a		
	b	Less: direct expenses other than fundraising expenses	9b		
	c	Net income or (loss) from special events. Subtract line 9b from line 9a			9c
	10a	Gross sales of inventory, less returns and allowances	10a		
	b	Less: cost of goods sold	10b		
	c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a			10c
	11	Other revenue (from Part VII, line 103)			11 26,176
	12	**Total revenue.** Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11			12 21,073,041
Expenses	13	Program services (from line 44, column (B))			13 16,559,237
	14	Management and general (from line 44, column (C))			14 3,517,493
	15	Fundraising (from line 44, column (D))			15 30,681
	16	Payments to affiliates (attach schedule)			16
	17	**Total expenses.** Add lines 16 and 44, column (A)			17 20,107,411
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 12			18 965,630
	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19 6,754,956
	20	Other changes in net assets or fund balances (attach explanation)			20
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20			21 7,720,586

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.
DAA

Form **990** (2007)

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash $ non-cash $) If this amount includes foreign grants, check here ▶ ☐	22a				
22b Other grants and allocations (attach schedule) (cash $ non-cash $) If this amount includes foreign grants, check here ▶ ☐	22b				
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A SEE STATEMENT 1	25a	173,180		173,180	
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b				
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c				
26 Salaries and wages of employees not included on lines 25a, b, and c	26	10,814,467	8,688,668	2,125,799	
27 Pension plan contributions not included on lines 25a, b, and c	27	141,843	117,171	24,672	
28 Employee benefits not included on lines 25a – 27	28	1,364,866	1,089,650	275,216	
29 Payroll taxes	29	1,157,582	923,133	234,449	
30 Professional fundraising fees	30	30,681			30,681
31 Accounting fees	31	42,140		42,140	
32 Legal fees	32	10,200		10,200	
33 Supplies	33	86,359	45,413	40,946	
34 Telephone	34	194,084	171,812	22,272	
35 Postage and shipping	35	25,341	10,001	15,340	
36 Occupancy	36	756,505	722,437	34,068	
37 Equipment rental and maintenance	37	123,179	85,615	37,564	
38 Printing and publications	38	65,867	63,206	2,661	
39 Travel	39	163,589	136,587	27,002	
40 Conferences, conventions, and meetings	40	12,436	6,633	5,803	
41 Interest	41	172,174	13,114	159,060	
42 Depreciation, depletion, etc. (attach schedule)	42	378,056	248,118	129,938	
43 Other expenses not covered above (itemize): a SEE STATEMENT 2	43a	4,394,862	4,237,679	157,183	
b	43b				
c	43c				
d	43d				
e	43e				
f	43f				
g	43g				
44 **Total functional expenses.** Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	20,107,411	16,559,237	3,517,493	30,681

Joint Costs. Check ▶ ☐ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ▶ ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs $; (ii) the amount allocated to Program services $;

(iii) the amount allocated to Management and general $; and (iv) the amount allocated to Fundraising $

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose?

▶ TREATMENT OF MENTAL ILLNESS

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

a NEW HORIZONS SERVE PEOPLE IN THE 4 COUNTY AREA WHO SUFFERS FROM VARIOUS FORMS OF MENTAL ILLNESS, SUBSTANCE ABUSE, AND/OR SERIOUS MENTAL DISTURBANCE. ALL APPLICANTS FOR TREATMENT WERE SERVED IN THE LEAST RESTRICTIVE MANNER AND CHARGED BASED SOLELY UPON THEIR ABILITY TO PAY.

(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐ 16,559,237

b

(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐

c

(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐

d

(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐

e Other program services (attach schedule)

(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐

f **Total of Program Service Expenses** (should equal line 44, column (B), Program services) ▶ 16,559,237

Part IV Balance Sheets (See the instructions.)

	Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.			(A) Beginning of year		(B) End of year
Assets	45 Cash—non-interest-bearing			850,421	45	2,005,446
	46 Savings and temporary cash investments			553,500	46	446,968
	47a Accounts receivable	47a	2,254,739			
	b Less: allowance for doubtful accounts	47b	1,703,852	639,470	47c	550,887
	48a Pledges receivable	48a				
	b Less: allowance for doubtful accounts	48b			48c	
	49 Grants receivable			747,121	49	638,967
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)				50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (att. schedule)				50b	
	51a Other notes and loans receivable (attach schedule)	51a				
	b Less: allowance for doubtful accounts	51b			51c	
	52 Inventories for sale or use			94,786	52	89,820
	53 Prepaid expenses and deferred charges			222,355	53	157,610
	54a Investments—publicly-traded securities ▶ ☐ Cost ☐ FMV				54a	
	b Investments—other securities (attach schedule) ▶ ☐ Cost ☐ FMV				54b	
	55a Investments—land, buildings, and equipment: basis	55a	11,272,497			
	b Less: accumulated depreciation (attach schedule) SEE STATEMENT 3	55b	4,282,561	7,227,335	55c	6,989,936
	56 Investments—other (attach schedule)				56	
	57a Land, buildings, and equipment: basis	57a				
	b Less: accumulated depreciation (attach schedule)	57b			57c	
	58 Other assets, including program-related investments (describe ▶ SEE STATEMENT 4)			168,548	58	528,116
	59 **Total assets** (must equal line 74). Add lines 45 through 58			10,503,536	59	11,407,750
Liabilities	60 Accounts payable and accrued expenses			605,512	60	714,113
	61 Grants payable				61	
	62 Deferred revenue SEE STATEMENT 5				62	271,266
	63 Loans from officers, directors, trustees, and key employees (attach schedule)				63	
	64a Tax-exempt bond liabilities (attach schedule) SEE WORKSHEET			2,635,000	64a	2,460,000
	b Mortgages and other notes payable (attach schedule) SEE WORKSHEET			89,618	64b	65,721
	65 Other liabilities (describe ▶ SEE STATEMENT 6)			418,450	65	176,064
	66 **Total liabilities.** Add lines 60 through 65			3,748,580	66	3,687,164
Net Assets or Fund Balances	**Organizations that follow SFAS 117, check here** ▶ ☒ and complete lines 67 through 69 and lines 73 and 74.					
	67 Unrestricted			6,754,956	67	7,676,546
	68 Temporarily restricted				68	44,040
	69 Permanently restricted				69	
	Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 70 through 74.					
	70 Capital stock, trust principal, or current funds				70	
	71 Paid-in or capital surplus, or land, building, and equipment fund				71	
	72 Retained earnings, endowment, accumulated income, or other funds				72	
	73 **Total net assets or fund balances.** Add lines 67 through 69 or lines 70 through 72. (Column (A) **must** equal line 19 and column (B) **must** equal line 21)			6,754,956	73	7,720,586
	74 **Total liabilities and net assets/fund balances.** Add lines 66 and 73			10,503,536	74	11,407,750

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements			a	21,073,041
b	Amounts included on line a but not on Part I, line 12:				
1	Net unrealized gains on investments	b1			
2	Donated services and use of facilities	b2			
3	Recoveries of prior year grants	b3			
4	Other (specify):	b4			
	Add lines b1 through b4			b	
c	Subtract line b from line a			c	21,073,041
d	Amounts included on Part I, line 12, but not on line a:				
1	Investment expenses not included on Part I, line 6b	d1			
2	Other (specify):	d2			
	Add lines d1 and d2			d	
e	**Total revenue** (Part I, line 12). Add lines c and d		▶	e	21,073,041

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements			a	20,107,411
b	Amounts included on line a but not Part I, line 17:				
1	Donated services and use of facilities	b1			
2	Prior year adjustments reported on Part I, line 20	b2			
3	Losses reported on Part I, line 20	b3			
4	Other (specify):	b4			
	Add lines b1 through b4			b	
c	Subtract line b from line a			c	20,107,411
d	Amounts included on Part I, line 17, but not on line a:				
1	Investment expenses not included on Part I, line 6b	d1			
2	Other (specify):	d2			
	Add lines d1 and d2			d	
e	**Total expenses** (Part I, line 17). Add lines c and d		▶	e	20,107,411

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
SEE STATEMENT 7				

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

		Yes	No
75a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ▶		
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) 75b		X
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." If "Yes," attach a statement that includes the information described in the instructions. 75c		X
d	Does the organization have a written conflict of interest policy? 75d	X	

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits

(If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
N/A				

Part VI Other Information (See the instructions.)

		Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change 76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes. 77		X
78a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return? 78a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year? 78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement 79		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? 80a		X
b	If "Yes," enter the name of the organization ▶ and check whether it is ☐ exempt or ☐ nonexempt		
81a	Enter direct and indirect political expenditures. (See line 81 instructions.) 81a 0		
b	Did the organization file Form 1120-POL for this year? 81b		X

Part VI Other Information (continued)

				Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		82a		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?		83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	N/A	83b		
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	84b		
85a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	N/A	85a		
b	Did the organization make only in-house lobbying expenditures of $2,000 or less?	N/A	85b		
	If "Yes" was answered to either 85a or 85b, **do not** complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.				
c	Dues, assessments, and similar amounts from members	85c			
d	Section 162(e) lobbying and political expenditures	85d			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A	85h		
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	86a			
b	Gross receipts, included on line 12, for public use of club facilities	86b			
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b			
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		88a		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI ▶		88b		X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0				
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		89b		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶	0			
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶	0			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		89e		X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		89f		X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		89g		X

90a List the states with which a copy of this return is filed ▶ FL

b Number of employees employed in the pay period that includes March 12, 2007 (See instructions.) 90b 328

91a The books are in care of ▶ ANETTE GOSSELIN Telephone no. ▶ 772-467-5525

Located at ▶ 4500 W. MIDWAY ROAD FORT PIERCE, FL ZIP + 4 ▶ 34981

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? **91b** Yes: | No: X

If "Yes," enter the name of the foreign country ▶

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1**, Report of Foreign Bank and Financial Accounts.

Part VI Other Information (continued)

			Yes	No
c	At any time during the calendar year, did the organization maintain an office outside of the United States?	91c		X
	If "Yes," enter the name of the foreign country ▶			
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶	92		

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

		Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
		(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93	Program service revenue:					
a	PATIENT FEES					3,086,945
b						
c						
d						
e						
f	Medicare/Medicaid payments					981,956
g	Fees and contracts from government agencies					
94	Membership dues and assessments					
95	Interest on savings and temporary cash investments			14	11,499	
96	Dividends and interest from securities					
97	Net rental income or (loss) from real estate:					
a	debt-financed property					
b	not debt-financed property					
98	Net rental income or (loss) from personal property					
99	Other investment income					
100	Gain or (loss) from sales of assets other than inventory					
101	Net income or (loss) from special events					
102	Gross profit or (loss) from sales of inventory					
103	Other revenue: a					
b	OTHER INCOME			41	26,176	
c						
d						
e						
104	Subtotal (add columns (B), (D), and (E))		0		37,675	4,068,901
105	Total (add line 104, columns (B), (D), and (E)) ▶					4,106,576

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93A	NEW HORIZONS PROVIDES TREATMENT, COUNSELING AND OTHER
93A	PREVENTIVE CARE FOR MENTAL HEALTH, DRUG, AND ALCOHOL
93A	RELATED PROBLEMS.
93B	REFER TO PURPOSE DISCUSSED AT 93A

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a)	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	☐ Yes	☒ No
(b)	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	☐ Yes	☒ No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI **Information Regarding Transfers To and From Controlled Entities.** Complete only if the organization is a controlling organization as defined in section 512(b)(13).

		Yes	No
106	Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.		X

	(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
	Totals			

		Yes	No
107	Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.		X

	(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
	Totals			

		Yes	No
108	Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?		

Please Sign Here

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.

John B. Romano — Signature of officer — Date 1/22/09

JOHN B. ROMANO PRESIDENT/CEO — Type or print name and title

Paid Preparer's Use Only

Preparer's signature: R S Elwell, CFA — Date 1-21-09 — Check if self-employed ▶ ☐ — Preparer's SSN or PTIN (See Gen. Instr. X) P00292618

Firm's name (or yours if self-employed), address, and ZIP + 4: O'HAIRE, KMETZ, NUTTALL, ELWELL & CO., 3111 CARDINAL DR., VERO BEACH, FL 32963 — EIN ▶ 59-1718139 — Phone no. ▶ 772-231-6902

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No. 1545-0047

2007

Name of the organization

NEW HORIZONS OF THE TREASURE COAST,

Employer identification number

59-6153749

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than $50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to empl. benefit plans & deferred comp.	(e) Expense account and other allowances
SURESHCHANDA DESAI FT. PIERCE 4500 W. MIDWAY ROAD FL 34981	PHYSICIAN 0	221,311	0	0
CHARLES BUSCEMA FT. PIERCE 4500 W. MIDWAY ROAD FL 34981	PHYSICIAN 0	195,096	0	0
LALIT CHAUBE FT. PIERCE 4500 W. MIDWAY ROAD FL 34981	PHYSICIAN 0	188,062	0	0
ALAN TESSON FT. PIERCE 4500 W. MIDWAY ROAD FL 34981	PHYSICIAN 0	185,290	0	0
CHRISTOPHER CLARK FT. PIERCE 4500 W. MIDWAY ROAD FL 34981	PHYSICAN 0	183,192	0	0
Total number of other employees paid over $50,000 ▶	24			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than $50,000	(b) Type of service	(c) Compensation
TAY G GAINES MD	CONTRACT PHYSIC	139,650
RICHARD C CONROY MD	CONTRACT PHYSIC	56,700
Total number of others receiving over $50,000 for professional services ▶ 0		

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than $50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over $50,000 for other services ▶		

Part III **Statements About Activities** (See page 2 of the instructions.)

			Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ $ _____ (Must equal amounts on line 38, Part VI-A, or line I of Part VI-B.)	1		X
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)			
a	Sale, exchange, or leasing of property?	2a		X
b	Lending of money or other extension of credit?	2b		X
c	Furnishing of goods, services, or facilities?	2c		X
d	Payment of compensation (or payment or reimbursement of expenses if more than $1,000)?	2d		X
e	Transfer of any part of its income or assets?	2e		X
3a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a		X
b	Did the organization have a section 403(b) annuity plan for its employees?	3b	X	
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c		X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		X
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a		X
b	Did the organization make any taxable distributions under section 4966?	4b		
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c		
d	Enter the total number of donor advised funds owned at the end of the tax year ▶ _____			
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ _____			
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶ 0			
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶ 0			

Part IV **Reason for Non-Private Foundation Status** (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).

6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)

7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).

8 ☐ A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).

9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ▶ .....

10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)

11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

12 ☐ 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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)

13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:

☐ Type I ☐ Type II ☐ Type III-Functionally Integrated ☐ Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents? Yes	(d) No	(e) Amount of support
Total ▶					

14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	16,491,535	12,032,573	13,725,895	12,022,128	54,272,131
16 Membership fees received					0
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	3,990,879	5,089,435	4,955,783	3,512,171	17,548,268
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	10,555	7,180	4,545	8,538	30,818
19 Net income from unrelated business activities not included in line 18				75,348	75,348
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					0
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets STMT 8	91,848	215,684	332,324	76,263	716,119
23 Total of lines 15 through 22	20,584,817	17,344,872	19,018,547	15,694,448	72,642,684
24 Line 23 minus line 17	16,593,938	12,255,437	14,062,764	12,182,277	55,094,416
25 Enter 1% of line 23	205,848	173,449	190,185	156,944	

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 ▶ 26a 1,101,888

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. **Do not file this list with your return.** Enter the total of all these excess amounts ▶ 26b

c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶ 26c 55,094,416

d Add: Amounts from column (e) for lines: 18 30,818 19 75,348 22 716,119 26b ▶ 26d 822,285

e Public support (line 26c minus line 26d total) ▶ 26e 54,272,131

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ▶ 26f 98.5075%

27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." **Do not file this list with your return.** Enter the sum of such amounts for each year: N/A

(2006) (2005) (2004) (2003)

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the **larger** of **(1)** the amount on line 25 for the year or **(2)** $5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) **Do not file this list with your return.** After computing the difference between the amount received and the larger amount described in **(1)** or **(2)**, enter the sum of these differences (the excess amounts) for each year: N/A

(2006) (2005) (2004) (2003)

c Add: Amounts from column (e) for lines: 15 16 17 20 21 ▶ 27c

d Add: Line 27a total and line 27b total ▶ 27d

e Public support (line 27c total minus line 27d total) ▶ 27e

f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) ▶ 27f

g **Public support percentage (line 27e (numerator) divided by line 27f (denominator))** ▶ 27g %

h **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))** ▶ 27h %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. **Do not file this list with your return.** Do not include these grants in line 15.

Part V Private School Questionnaire (See page 9 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
32	Does the organization maintain the following:			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Part VI-A **Lobbying Expenditures by Electing Public Charities** (See page 11 of the instructions.)
(To be completed ONLY by an eligible organization that filed Form 5768) N/A

Check ▶ a ☐ if the organization belongs to an affiliated group. Check ▶ b ☐ if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for all electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount. Enter the amount from the following table-			
If the amount on line 40 is- / The lobbying nontaxable amount is-			
Not over $500,000 — 20% of the amount on line 40			
Over $500,000 but not over $1,000,000 — $100,000 plus 15% of the excess over $500,000			
Over $1,000,000 but not over $1,500,000 — $175,000 plus 10% of the excess over $1,000,000	41		
Over $1,500,000 but not over $17,000,000 — $225,000 plus 5% of the excess over $1,500,000			
Over $17,000,000 — $1,000,000			
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B **Lobbying Activity by Nonelecting Public Charities**
(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h.)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (Add lines c through h.)			

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 14 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

		Yes	No
a	Transfers from the reporting organization to a noncharitable exempt organization of:		
(i)	Cash	51a(i)	X
(ii)	Other assets	a(ii)	X
b	Other transactions:		
(i)	Sales or exchanges of assets with a noncharitable exempt organization	b(i)	X
(ii)	Purchases of assets from a noncharitable exempt organization	b(ii)	X
(iii)	Rental of facilities, equipment, or other assets	b(iii)	X
(iv)	Reimbursement arrangements	b(iv)	X
(v)	Loans or loan guarantees	b(v)	X
(vi)	Performance of services or membership or fundraising solicitations	b(vi)	X
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c	X

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
N/A			

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ ☐ Yes ☒ No

b If "Yes," complete the following schedule:

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

Forms
990 / 990-PF

Mortgages and Other Notes Payable

For calendar year 2007, or tax year beginning 7/01/07 , and ending 6/30/08

2007

Name

NEW HORIZONS OF THE TREASURE COAST,

Employer Identification Number

59-6153749

FORM 990, PART IV, LINE 64B - ADDITIONAL INFORMATION

	Name of lender	Relationship to disqualified person
(1)	RIVERSIDE	
(2)	GMAC	
(3)	GMAC	
(4)	SUNTRUST	
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

	Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1)	65,000	5/26/05	5/30/15		7.000
(2)	21,227	10/01/04	11/30/09		9.000
(3)	35,571	12/30/04	12/31/08		10.500
(4)	19,318	11/01/04	12/31/09		9.000
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

	Security provided by borrower	Purpose of loan
(1)	LAND AND BUILDING	
(2)	VEHICLE	
(3)	VEHICLES	
(4)	VEHICLE	
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

	Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1)		54,568	49,186
(2)		10,730	6,224
(3)		14,268	4,347
(4)		10,052	5,964
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Totals		89,618	65,721

Form **990**

Tax-Exempt Bond Liabilities

For calendar year 2007, or tax year beginning 7/01/07 , and ending 6/30/08

2007

Name

NEW HORIZONS OF THE TREASURE COAST,

Employer Identification Number

59-6153749

FORM 990, PART IV, LINE 64A - ADDITIONAL INFORMATION

	Name of lender	Purpose of issue
(1)	SUNTRUST	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

	Issue date	Original amount of issue	Form 8038 filed: Y/N	Form 8038 filed: Date filed	Date retired	Completion date of project	Unexpended bond proceeds
(1)	10/01/97	3,830,000	Y	1/15/98	11/30/17	12/31/98	
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							

	Third party use percent	Maturity date	Repayment terms	Interest rate
(1)		11/30/17		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

	Security provided by borrower	Amount outstanding at beginning of year	Amount outstanding at end of year
(1)	BUILDING	2,635,000	2,460,000
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Totals		2,635,000	2,460,000

Federal Statements

Statement 1 - Form 990, Part II, Line 25a - Compensation of Current Officers

Name	Program Services	Management & General	Fundraising
EXPENSES	$	$	$
JOHN ROMANO - EXEC. DIR COMPENSATION		173,180	
TOTAL	$ 0	$ 173,180	$ 0

Statement 2 - Form 990, Part II, Line 43 - Other Functional Expenses

Description	Total Expenses	Program Service	Mgt & General	Fund-Raising
EXPENSES	$	$	$	$
FOOD SERVICES	216,383	446,872	-230,489	
MEDICAL AND PHARMACY	1,103,738	1,179,342	-75,604	
SUBCONTRACTED SERVICES	536,166	387,433	148,733	
INSURANCE	683,022	514,833	168,189	
CONTRACT PHYSICIAN EXPENSE	683,401	683,401		
CONTRACT NURSE EXPENSE	84,880	84,880		
CONTRACT PHARMACY EXPENSE				
OTHER PROFESSIONAL SERVICES	55,475	33,823	21,652	
ADVERTISING	25,998		25,998	
CLIENT RENT	470,586	470,586		
CONTINGENCY FUND EXPENSE	42,243	42,243		
FIS CONTINGENCY FUND	24,449	24,449		
CSS CONTINGENCY FUND				
CHORE POOL EXPENSE	13,049	13,049		
SPENDING ALLOWANCE EXPENSE				
FACT CONTINGENCY FUND	255,189	255,189		
LICENSES & DUES	65,925	10,151	55,774	
STAFF DEVELOPMENT	5,264		5,264	
AMORTIZATION EXPENSE	7,411		7,411	
PROGRAM EXPENSE	86,229	79,392	6,837	
OTHER EXPENSES	35,454	12,036	23,418	
TOTAL	$ 4,394,862	$ 4,237,679	$ 157,183	$ 0

Statement 3 - Form 990, Part IV, Line 55 - Investments in Land, Buildings, and Equipment

Description	Beginning of Year	Accum Depr	End of Year	Accum Depr
	$11,218,795	$ 3,991,460	$11,272,497	$ 4,282,561
TOTAL	$11,218,795	$ 3,991,460	$11,272,497	$ 4,282,561

Statement 4 - Form 990, Part IV, Line 58 - Other Assets

Description	Beginning of Year	End of Year
DEPOSITS	$ 91,968	$ 73,287
LOAN COSTS, NET OF AMORTIZATION	76,580	69,169
CONSTRUCTION IN PROGRESS		385,660
TOTAL	$ 168,548	$ 528,116

Statement 5 - Form 990, Part IV, Line 62 - Deferred Revenue

Description	Beginning of Year	End of Year
	$	$ 271,266
TOTAL	$ 0	$ 271,266

Statement 6 - Form 990, Part IV, Line 65 - Other Liabilities

Description	Beginning of Year	End of Year
PATIENT DEPOSITS	$ 272,075	$ 98,401
CAPITAL LEASE PAYABLE	146,375	77,663
TOTAL	$ 418,450	$ 176,064

Statement 7 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
DAVID HALL P.O. BOX 9342 PORT ST. LUCIE FL 34985-9342	DIRECTOR	0	0	0	0
JOHN WOLSIEFER 985 SEAWAY DR FORT PIERCE FL 34949	DIRECTOR	0	0	0	0
GILBERT KENNEDY 720 LAKE ORCHID CI # 108 VERO BEACH FL 32962	DIRECTOR	0	0	0	0
PATRICIA AUSTIN-NOVAK 4500 MIDWAY RD FT. PIERCE FL 34981	DIRECTOR	0	0	0	0
GREG PICKETT 2025 SPRING PLACE VERO BEACH FL 32963	DIRECTOR	0	0	0	0
BEVERLY WHITELEY 1906 33RD AVE VERO BEACH FL 32960	DIRECTOR	0	0	0	0
GARRY WILSON 4700 W. MIDWAY RD FORT PIERCE FL 34981	DIRECTOR	0	0	0	0
LAURA MURRAY 309 SE 8TH AVENUE OKEECHOBEE FL 34974	DIRECTOR	0	0	0	0
HAVERT FENN 2601 AVENUE I FORT PIERCE FL 34947	DIRECTOR	0	0	0	0

Statement 7 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees (continued)

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
DZIDRA ANDERSON 632 NW VENETTO COURT PORT ST. LUCIE FL 34986	DIRECTOR	0	0	0	0
JOHN ROMANO 4500 W. MIDWAY RD FT. PIERCE FL 34981	PRESIDENT	0	0	0	0
ROBERT J. ZOMOK 685 COLLIER LAKE CIRCLE SEBASTIAN FL 32958	DIRECTOR	0	0	0	0
		0	0	0	0

Statement 8 - Schedule A, Part IV-A, Line 22 - Other Income

Description	2006	2005	2004	2003
	$ 91,848	$ 215,684	$ 332,324	$ 76,263
TOTAL	$ 91,848	$ 215,684	$ 332,324	$ 76,263

ST. LUCIE COUNTY BOARD OF COUNTY COMMISSIONERS
APPLICATION FOR FUNDING NON-PROFIT AGENCY
COUNTY FISCAL YEAR 2009/10
OCTOBER 1, 2009 - SEPTEMBER 30, 2010

SECTION VI

AGENCY STAFFING COMPLEMENT

POSITION TITLE	CFY 2008/09 NUMBER OF EMPLOYEES	CFY 2009/10 NUMBER OF EMPLOYEES
Accountant II	1.00	1.0
Accounting Clerk	1.00	1.0
Addictions Professional	1.00	2.5
Addictions Specialist/Counselor	2.00	-
Administrative Assistant	1.00	-
Advanced Registered Nurse Pract.	2.00	2.4
Assistant Director of Nursing	1.00	1.0
Asst Team Ldr/Sr. Mental Health Practitioner	1.00	1.0
Budget/Contract Manager	1.00	1.0
Care Coordinator	3.00	3.0
Case Manager	18.00	18.75
Case Manager / Counselor	1.00	-
Case Manager, Lead	4.00	4.0
Chief Administrative Officer	1.00	1.0
Clinical Supervisor/LMHP	1.00	-
Clozaril Coordinator	1.00	1.0
Controller	1.00	1.0
Cook	1.00	4.0
Cook II	1.00	1.0
Counselor Assistant	11.00	11.00
Courier	1.00	1.0
Data Entry Specialist	2.00	1.8
Director of Resource Development	1.00	1.0
Director, Information Resources	1.00	1.0
Director, Children's Services	1.00	1.0
Director, Crisis Support	1.00	1.0
Director, Stabilization	1.00	1.0
Director / HR	1.00	1.0
Discharge Planner	1.00	1.0
Evaluator I	1.00	1.0
Evaluator II	9.00	8.60
Executive Secretary	1.00	1.0
Facility Services Supervisor	1.00	1.0
FIS Specialist	2.00	2.0
Floor Tech	1.00	1.0
Food Services Coordinator	1.00	1.0
Forensic Specialist	2.00	2.0
Hospital Liaison	1.00	1.0
Housekeeper	5.00	5.0
Housing Liaison	2.00	1.0
Human Resource Generalist	1.00	1.0
Human Resources Assistant	.60	.6
Intake Specialist	1.00	1.00

Intensive Case Manager	8.00	9.0
Lead Case Manager, FIS	1.00	1.0
Licensed Practical Nurse	4.00	4.0
Maintenance Specialist	4.00	3.8
Medical Director	1.00	1.0
Medical Records Manager	1.00	1.0
Medical Records Tech I	8.00	8.0
Mental Health Court Specialist	2.00	2.0
Mental Health Practioner (Licensed)	11.50	11.95
Mental Health Practitioner	3.00	3.0
Mental Health Tech (Recovery Support)	29.00	29.90
Mobile Family Specialist	3.00	2.5
Network Administrator	1.00	1.0
Office Manager	6.00	6.0
OP Business Manger	1.00	1.0
Outreach Coordinator	1.00	1.0
Patient Accounts Specilaist	3.00	1.0
Patient Accounts Service Rep	0.0	2.0
Payroll Coordinator	1.00	1.0
Peer Specialist		1.00
Pharmacy Supervisor	1.00	1.0
Physician Assistant	1.00	1.0
President / CEO	1.00	1.0
Prevention Specialist I	12.00	11.0
Prevention Specialist II (Master's)	1.00	-
Program Manager, ASU	1.00	1.0
Program Manager, SRT	1.00	1.0
Program Manager, Compliance & PI	1.00	1.0
Program Manager, FACT	1.00	1.0
Program Manager, FETC	1.00	0.0
Program Manager, FIS Screening	1.00	1.0
Program Manager, Recovery Support	3.00	3.0
Program Mgr, Children's Services	1.00	1.0
Program Supervisor, SAP	1.00	1.0
Psychiatrist	8.00	6.4
Psychiatrist-Contractual	1.00	1.25
Purchasing Agent	1.00	1.0
Purchasing Assistant	.50	.50
Reception Supervisor	1.00	1.0
Receptionist	.50	.20
Recovery Support Professional	9.00	7.35
Recovery Support Specialist II	1.00	-
Recovery Support Specialist I	4.00	7.5
Recreation Therapist	1.00	1.0
Registered Nurse	18.00	18.40
Sanitation Specialist	1.00	1.0
Screening Evaluator II	10.4	0
Security Officer	2.00	1.0
Service Representative I	16.00	12.50
Service Representative II: Floater	1.00	1.0
Sr. Mental Health Practitioner	20.00	20.00
Sr. Mental Health Practitioner (Per Diem)	.5	.5
Sr. Recovery Support Specialist	1.00	1.0
Staff Assistant I	4.00	2.50
Staff Assistant II- FACT	.50	.50
Staff Assistant II - MIS	1.00	1.0
Staff Assistant, Compliance & PI	1.00	1.0
Training & Recruiting Manager	1.00	.50
Transporters	3.00	4.2
Unit Secretary	-	1.0
Unit Secretary/Transporter	1.00	1.0
Volunteer & Safety Coordinator	1.00	1.0

Ward Clerk	1.00	1.90
TOTAL EMPLOYEES	317.50	303

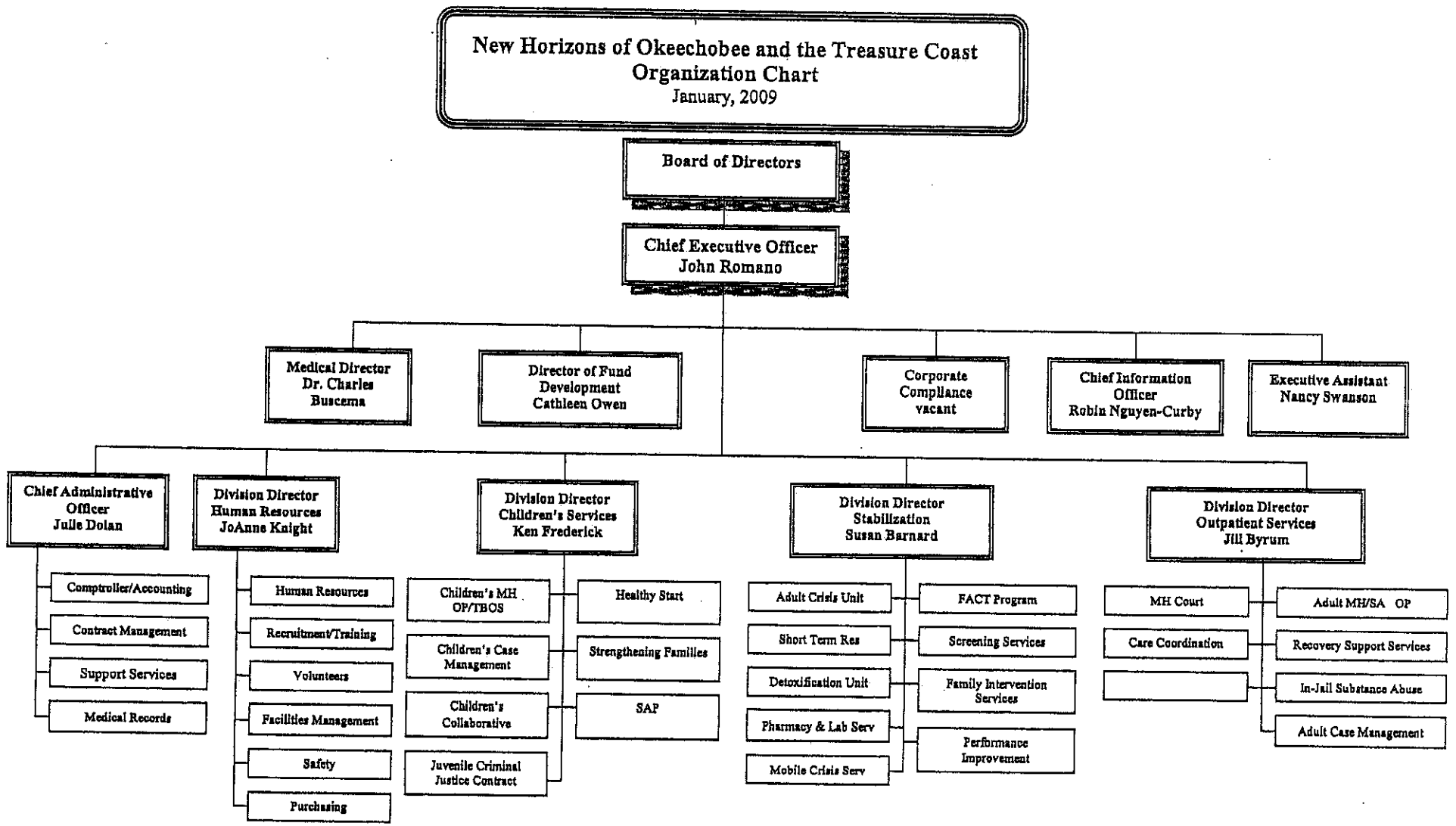
ST. LUCIE COUNTY BOARD OF COUNTY COMMISSIONERS
APPLICATION FOR FUNDING NON-PROFIT AGENCY
COUNTY FISCAL YEAR 2009/10
OCTOBER 1, 2009 - SEPTEMBER 30, 2010

SECTION VII

ORGANIZATIONAL CHART

Provide an Organizational Chart. If chart does not identify the names and positions held by the Board of Directors, include a separate list.

New Horizons of Okeechobee and the Treasure Coast
Organization Chart
January, 2009



NSorgchart0109

16-1

New Horizons of the Treasure Coast, Inc.

2009 BOARD OF DIRECTORS

Greg Pickett, Chairman
Vero Beach, Florida 32963

John T. Wolsiefer, Sr., Vice Chair
Fort Pierce, Florida 34949

Robert Zomok, Secretary/Treasurer
Sebastian, Fl 32958

David Hall, Past Chair
Port St. Lucie, Florida 34985

Dzidra Anderson, Director
Port St. Lucie, Fl 34986

Patricia Austin-Novak, Director
Jensen Beach, Fl 34957

Havert Fenn, Director
Ft. Pierce, Florida 34956

Gilbert R.H. Kennedy, Director
Vero Beach, Florida 34949

Laura Murray, Director
Okeechobee, Fl 34974

Beverly Whiteley, PhD., Director
Vero Beach, Florida 32960

Garry Wilson, Director
Ft. Pierce, Florida 34981

Johnny M. Moore, PhD, Director
Fort Pierce, Florida 34981

John Romano, President/CEO
Fort Pierce, Fl 34981

ST. LUCIE COUNTY BOARD OF COUNTY COMMISSIONERS
APPLICATION FOR FUNDING NON-PROFIT AGENCY
COUNTY FISCAL YEAR 2009/10
OCTOBER 1, 2009 - SEPTEMBER 30, 2010

SECTION VIII
STATEMENT OF ASSURANCES

As a condition of receipt of County funds, the applicant must comply with the requirements of courts, local, state and federal laws, rules, regulations, and guidelines. As a part of the application and as a part of acceptance and use of County funds, the applicant agrees that:

1. It possesses legal authority to apply for the assistance, that the application has been approved by the applicant's governing body, including all assurances contained herein.

2. It will utilize County funds to provide a range of services and activities having measurable and potentially major impact on the community's mental and physical welfare needs.

3. It will submit copies of executed grant contracts when match funds are requested. In addition, the County will be advised of amendments and provide copies of each amendment to grant contracts.

4. It possesses the sound fiscal controls and fund accounting procedures necessary to assure the proper disbursal of an accounting for County funds.

5. It will permit and cooperate with county, state, and federal investigations designed to evaluate compliance with the law.

6. It will give the Board, the Clerk of the Circuit Court, or any authorized representative complete access to examine all records, books, papers, or documents related to the assistance.

7. It will, in accordance with Florida Statutes, comply with nondiscrimination provisions.

8. It will, in accordance with Florida Statute 119.07, comply with the provisions of public examination of records in regards to said funds.

9. It will attest, the application and its various sections, including budget data, are true and correct. Information contained in this application accurately reflects the activities of this agency and that the expenditures or portions thereof for

which the County funds are being requested are not reimbursed by any other source.

10. Upon being awarded assistance, the applicant agrees to furnish a copy of the last audit performed in accordance with accepted accounting procedures.

11. An organizational chart of the Board of Directors and Administrators, including their names and offices or position held will be submitted as part of the application.

12. The application will become part of a contract between the Board and the Applicant.

AGENCY AUTHORIZED OFFICIAL:

Name: John B. Romano

Title: CEO/President

Signature:

Date: 3/12/09

ST. LUCIE COUNTY BOARD OF COUNTY COMMISSIONERS
APPLICATION FOR FUNDING NON-PROFIT AGENCIES
COUNTY FISCAL YEAR 2009/10
OCTOBER 1, 2009 - SEPTEMBER 30, 2010

INSTRUCTIONS

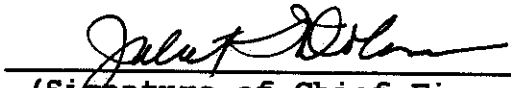
Complete A (requirement for ALL Applicants).

A. STATEMENT OF FINANCIAL OFFICER

I am the Chief Financial Officer of New Horizons of the Treasure Coast, Inc. and, in this capacity, I will be responsible for providing financial services adequate to insure that establishment and maintenance of an accounting system for New Horizons of the Treasure Coast, Inc. which is a non profit agency charged with carrying out a program(s) under County funding. The accounting system will have internal controls adequate to safeguard the assets of such agency, and the accuracy and reliability of accounting data, promote operating efficiency, and encourage compliance with prescribed management policies of the agency.

New Horizons of the Treasure Coast
(Name of Operation)

Julie Dolan
(Name of Chief Financial Officer)



(Signature of Chief Financial Officer)

3/12/09
(Date)

772-672-8368
(Telephone Number)

ST. LUCIE COUNTY BOARD OF COUNTY COMMISSIONERS
APPLICATION FOR FUNDING NON-PROFIT AGENCY
COUNTY FISCAL YEAR 2009/10
OCTOBER 1, 2009 - SEPTEMBER 30, 2010

SECTION X

APPLICATION CHECKLIST

The Application must be complete, including all necessary attachments and signatures. The following is a checklist:

Section I	Administrative Information
Section II	Project Identification
Section III	Proposed Solution to the Targeted Problem
Section IV	Objectives and Performance Measures
Section V	Budget Information (A through E)
Section VI	Agency Staffing Complement
Section VII	Organizational Chart
Section VIII	Statement of Assurances
Section IX	Accounting System Certification
Section X	Application Checklist

NOTE: Applications approved for County funding will become an attachment to a contract between ST. LUCIE COUNTY Board of County Commissioners and the Applicant

COMMUNITY SERVICES GRANTS AND AID
APPLICATION FOR FUNDING NON-PROFIT AGENCY
COUNTY FISCAL YEAR 2009/10
(OCTOBER 1, 2009 - SEPTEMBER 30, 2010)

Received by
MAR 13 2009
St. Lucie County
Community Services

Instructions for completing Community Services Grants and Applications.

SECTION I ADMINISTRATIVE INFORMATION

SECTION II PROJECT IDENTIFICATION

Describe in narrative form the problem to be addressed and include the Florida statue number that mandates County match for the program.

SECTION III PROPOSED SOLUTION TO THE TARGETED PROBLEM

Describe in narrative form the proposed implementation plan to reduce or eliminate the targeted problem(s) identified in Section II

SECTION IV OBJECTIVES AND PERFORMANCE MEASURES

Describe in narrative form the specific objectives of the project and how the objectives will be measured.

SECTION V BUDGET DATA (A)

Self explanatory.

SECTION V BUDGET DATA (B)

Prepare a Budget Schedule reflecting a breakdown of requested County Grants and other funding sources.

SECTION V BUDGET DATA (C)

Self explanatory.

SECTION V BUDGET DATA (D)

Self explanatory.

SECTION V BUDGET DATA (E)

Provide a copy of Agency's most recent IRS form 990.

SECTION VI AGENCY STAFFING

Following the example shown below, complete the Staffing Complement. List all current agency staff by position and note the Staff allocation number in terms of Full-Time Equivalents (FTE's). Indicate the number of current vacancies by position and identify each by FTE.

Note: A "Full-Time Equivalent is on employee working full time (40 hours per week) and is reported as one FTE. A person working less than full-time is computed as a percent of full-time (a person working 20 hours per week would be reported as.5). This is a comparison of the current County Fiscal Year (October 1, 2008 - September 30, 2009) versus the upcoming County Fiscal Year (October 1, 2009 - September 30, 2010).

EXAMPLE:

POSITION TITLE	CFY 2008/2009 NUMBER OF EMPLOYEES	CFY 2009/2010 NUMBER OF EMPLOYEES
Director	1	1
Secretary	1	1
Driver	0	0
TOTAL	2	2

SECTION VII STATEMENT OF ASSURANCES

Self explanatory.

SECTION VIII ACCOUNTING SYSTEM CERTIFICATION

Self explanatory.

SECTION IX ORGANIZATION CHART

Self explanatory.

SECTION X APPLICATION CHECKLIST

The checklist is provided for your convenience to ensure a complete application package.

ST LUCIE COUNTY BOARD OF COUNTY COMMISSIONERS
APPLICATION FOR FUNDING NON-PROFIT AGENCY
COUNTY FISCAL YEAR 2009/10
(OCTOBER 1, 2009 - SEPTEMBER 30, 2010)

SECTION I
ADMINISTRATIVE INFORMATION

1. AGENCY:

Name: Executive Roundtable of St. Lucie County, Inc.

Address: 546 NW University Blvd. Suite 204, Port St. Lucie, Florida 34986

Telephone: (772) 871-5880

Fax Number: (772)871-6338

Tax Exempt No: 20-5375835

2. CONTRACT/PROJECT DIRECTOR:

Name: Christine Epps

Title: Executive Director

Telephone: (772) 871-5880

3. CHIEF FINANCIAL OFFICER:

Name: Christine Epps

Address: 546 NW University Blvd. Suite 204, Port St. Lucie, Florida 34986

Telephone: (772) 871-5880

ST.LUCIE COUNTY BOARD OF COUNTY COMMISSIONERS
APPLICATION FOR FUNDING NON-PROFIT AGENCY
COUNTY FISCAL YEAR 2009/10
(OCTOBER 1, 2009 - SEPTEMBER 30, 2010)

SECTION II

PROJECT IDENTIFICATION

This Section must describe in narrative form the specific problem(s) to be addressed by the implementing agency. Current data must be presented which defines the nature and extent of the targeted problem(s). Start below (use continuation pages if necessary).

The Executive Roundtable of St. Lucie County, Inc's mission is to build a community that supports the success of children. The strength of this board is in maximizing resources, minimizing duplication while increasing the effectiveness and efficiency of programs, initiatives and systems. The direction of this board is guided by a comprehensive plan to reduce four priority risk factors that will in turn reduce destructive behaviors in our youth. This plan will develop a more enriched Saint Lucie County.

The four data driven priority risk factors are: Poor Family Management, Academic Failure Beginning in Late Elementary School, Antisocial Behavior and Low Neighborhood Attachment. Additionally, the board focuses on resources gaps and creates change in our current systems to ensure quality of life for children. Current identified gaps and system changes that need attention now and through the year:

1. **There is a need to have a more targeted approach in our COMPREHENSIVE STRATEGY to address key risks and reducing juvenile crime, teen pregnancy and HIV/ AIDS, truancy, substance abuse and violence in St. Lucie County.**

Risk Factor	2005	2006	2007	2008	Trend
Juvenile Crime Referrals per 1000 (unduplicated)	58	59	62	56	-2
Teen Pregnancy rate per 1000	16.8	18.5	16	N/A	-.8
Truancy: % of High school students absent 21+ days	29.7%	25.5%	26.7%	N/A	-3
New HIV Cases	66	68	73	84	+18%
New AIDS cases	86	93	66	78	-8%

Data Source for Juvenile Crime: Department of Juvenile Justice
Data Source for Teen Pregnancy: Healthy Start
Data Source for HIV/AIDS Cases: Health Department
Data Source for Truancy: Department of Education

% of Middle and High School Students Reporting Using in the Past 30- days	2000	2004	2006	2008	Trend
Alcohol	42.1	32.1	32	40.1	-2
Marijuana	16.8	13.4	13.2	11.9	-4.9
Tobacco	21.9	14.6	11.3	11.4	-10.5

Data Source for Alcohol & Marijuana Use: Florida Youth Substance Abuse Survey, 2006
*2002 information n/a: SLC did not participate in FYSAS

Juvenile Crime Referral Rate
The total number of arrests of youth ages 10-17 divided by the total number of youths ages 10-17. Standardized per thousand population 10-17.

Teen Pregnancy
The number of births to young women ages 10-17 divided by the total number of women ages 10-17.

HIV/AIDS Cases
The number of HIV/AIDS cases of children ages 0-19 in a given year multiplied by 10,000 then divided by the mid-year population estimate for the entire area.

Truancy Rate
The number of high school students absent 21 days or more.

Alcohol Abuse
The number of middle and high school students reporting use of alcohol in the last 30 days divided by the total number if middle and high school students

Marijuana Abuse
The number of middle and high school students reporting the use of marijuana in the last 30 days divided by the total number of middle and high school students.

2. **There is an immediate need to identify local, state and federal resources to implement the GANG PREVENTION, INTERVENTION AND SUPPRESSION STRATEGY**

Criminal Gang Activity
Based Upon Gang Member/Associate Arrests

Agency	Arrests 1/2007-1/2008	Arrests 1/2008- 1/2009
St. Lucie County Sheriff's Office	107	100
Ft. Pierce Police Department	80	86
Pt. St. Lucie Police Department	67	47
Offenses	**Of 111 Arrests**	**Of 107 Arrests**
Homicide	1%	0%
Drug	19%	21%
Firearm/Weapons Violation	9%	13%
Burglary	18%	19%
Aggravated Battery	4%	2%
Assault LEO	2%	2%
Theft	28%	23%
School Disruptions	13%	17%

Data Source: St. Lucie County Sheriff's Office 3-4-09

Current intelligence indicates there are as many as twelve (12) criminal street gangs with 528 members or associates operating in Fort Pierce and sixty-nine (69) known gangs with over 1,227 members and associates in Port St. Lucie. In PSL, 37% of the total known gang members are under the age of seventeen; 32% are between the ages of 18 and 20; and the four youngest members are merely 8 years old.

The Executive Roundtable sanctioned a county-wide Gang Assessment that was produced in December of 2006. A total of 621 anonymous surveys were collected with 56% representing youth either in gangs or youth involved with activities that put them in high risk situations and 44% representing community concerns about the affects of gang activity. Additionally, approximately 250 individuals from both cities were involved through the interview and discussion group process.

Key Highlights from the Survey- See Appendix A for more info.

Youth

- Nearly 60% percent of the youth surveyed report the gang problem in St. Lucie County to be either "extremely dangerous" or "pretty bad" or "bad but livable".
- Of the total surveyed, 50 youth report currently being active in a gang.
- The most commonly stated reasons for joining gang life were (in order of most frequently reported): a) to get respect, b) for fun, and c) for money. What would have kept them out of the gang was a sense of hope, a spiritual family and feeling more connected to the community.
- Fear of physical punishment by fellow gang members and retaliation from rival gangs were the main motives that stopped individuals from leaving gang life.
- Sixty-two percent (62%) of the gang respondents stated that they have family members that either are or have been in a gang.

Adults

- Without prompt, nearly half of the county adult respondents report that the entire community is responsible for reducing the gang problem. Ironically, when probed further as to what specifically respondents could do to help deal with the gang problem in the community, responses where relatively low with an average of 19% of respondents stating participation of any kind.
- There were a total of 24 pastors surveyed at the Miracle Prayer Pastors Luncheon in St. Lucie County. Eighteen believed there is a gang problem in the county and 16 out of 25 believe the problem to be fairly serious.

3. There is a need to support and address the academic levels of youth in St. Lucie County and increase public and business support of the school district.

Indicator	2006	2007	2008	Trend
Graduation Rate	72.7%	75.4%	77.9%	+5.2%
FCAT Reading Scores	**300 is passing score**			
5th grade	297	299	297	0
8th grade	293	297	306	+13
10th grade	288	289	297	+9
FCAT Math Scores	**300 is passing score**			
5th grade	318	322	323	+5
8th grade	306	309	316	+10
10th grade	316	314	321	+5
Drop Out Rate	2.3%	2.2%	1.3%	-1%

Data Source: Florida Department of Education

Although reading scores show an increase, St. Lucie County still rates just below passing scores for 5th and 10th grades. Math scores are steadily increasing, however, are just above passing scores.

Graduation Rate:
The number of students who have graduated within four years of entering ninth grade for the first time, divided by the total number of students who entered. This is to be used as a proxy for the percentage of adults over the age of 25 with at least a high school diploma, for which data are currently available only in census years.

FCAT Reading Mean Scale Score:
The sum scores in the reading area of the FCAT divided by the total number of students contributing scores. This figure is commonly referred to as the average score.

FCAT Math Mean Scale Score:
The sum scores in the math area of the FCAT divided by the total number of students contributing scores. This figure is commonly referred to as the average score.

Drop Out Rate:
The number of students that drop out of high school, divided by the October school membership. It includes students who voluntarily withdraw from the school system before graduation for whatever reason; do not meet the relevant attendance requirements of the school district; withdraw from school, but have not transferred to another public or private school or enrolled in any career, technical, adult, home education or alternative education programs; or are not eligible to attend school because of reaching the maximum age for an exceptional student program in accordance with the district's policy.

ST. LUCIE COUNTY BOARD OF COUNTY COMMISSIONERS
APPLICATION FOR FUNDING NON-PROFIT AGENCY
COUNTY FISCAL YEAR 2009/10
(OCTOBER 1, 2009 - SEPTEMBER 30, 2010)

SECTION III

PROPOSED SOLUTION TO THE TARGETED PROBLEM

This Section must describe in narrative form the proposed implementation plan to reduce or eliminate the targeted problem(s) as identified in Section II. Start below (use continuation pages if necessary).

The Executive Roundtable members continue to use the St. Lucie Hand in Hand, Comprehensive Community Plan, to reduce juvenile delinquency, teen pregnancy, truancy, substance abuse, violence and gangs and recently adopted a Gang Prevention/ Intervention Strategy. The Executive Director continues to facilitate all facets of the Board which also includes the Steering Committee and 5 active networks (Teen Health, Delinquency Prevention, Academic Success, Substance Abuse Prevention, and Youth Leadership) to research and produce more efficient and effective means of improving the outcomes of youth in the community. This facilitation role is essential to continue the activities of the Comprehensive Plan and Gang Strategy to ensure the objectives are met.

I. ***Gang Prevention/ Intervention Strategy:*** ***To reduce gang activity in targeted communities through improved coordination of existing resources and activities that support multiple complementary approaches.*** ***(Reference Appendix A for entire Strategy)***

Kids At Hope: A powerful expression and strategic cultural framework that when adopted by adults in an entire community will profoundly shape the future of all children. Results: Academic levels increase; Discipline referrals decrease; Children can articulate their goals and future; Children are connected with adults in a sustainable relationship that has been proven to reduce risk. This model integrates well with the Positive Behavior Support Program in the schools, strengthens practices in after school programming and offers productive tools to parents.

- Adults must be trained in the belief that "All Children Are Capable of Success- No Exceptions" and then are given treasure hunter tools to identify the talents, skills, goals, dreams and successes of every child. The belief and practice is incorporated into the everyday routine of interaction with children and becomes the culture of the

environment the child is connected to: school, home, recreation, and other community institutions.

- Set up an ACE Tracking System which ensures that each child in a "Kids at Hope" school or organization is matched with a positive adult.

Youth Guardian Corps: A rite of passage experience for youth that are at risk of gang membership or association. In such experiences, an individual engages in a defined set of activities and rituals that require skillful performances of specific competencies, the doing of which marks a change in the person's status, social position, or identity. In Youth Guardian Corp, competencies associated with civic action to produce community renewal are learned.

Groups of youth are organized into Youth Guardian Teams that are: 1) led by volunteer adult team coaches; 2) supported by volunteer adult team mentors; and 3) financially supported by team sponsors, such as churches, civic associations, and businesses. Youth engage in: 1) identifying their natural abilities or gifts and their team's strengths; 2) exploring the needs and problems in their school and community; 3) identifying a need or problem to address; 4) examining the problem; and 5) developing a vision and action plan for addressing the problem.

This model is a youth and family empowerment strategy that will be implemented by a partnership of agencies with a selected agency operating as the lead agency. It promotes the positive development of at-risk youth through youth-driven community action projects. The most immediate evidence of this passage to adulthood is a readiness for college or the workforce that is based on an optimistic, vivid mental image of what he/she can become. This is the supportive arm to Operation Ceasefire in the Gang Strategy.

- Recruit lead agency, volunteers, team coaches, business, civic, and church sponsors.
- Training component of this proposal is necessary for community members to understand gang members, youth in general, understanding and sustaining relationships. Training needs will be assessed early on in the process to address the needs of the community to strengthen competencies and build capacity.
- Recruit youth teams

II. ***Comprehensive Strategy:*** ***There is an immediate need to have a more targeted and strategic approach in addressing key risks and build resiliency in youth to reduce juvenile crime, teen pregnancy, truancy, substance abuse and violence in St. Lucie County.***

Academic Success Network: To address academic failure beginning in late elementary school to decrease the risk of drug abuse, delinquency, violence, teen pregnancy and school dropout.

- Recruit business sponsors and support for schools to improve academic performance.
- Recruit mentors for schools to improve reading levels.
- Suspension/Expulsion prevention- identify strategies and alternative practices to keep youth in school.
- Truancy Prevention- parent education on the laws and solutions.
- Kids at Hope- to improve school environment and connections between adults and children.
- Positive Behavior Intervention Program expansion to remaining schools.

Delinquency Prevention Network: To reduce delinquency by addressing early and persistent antisocial behaviors ie. misbehaving in school, skipping school, running away from home and getting into fights with other youth.

- Family Forums to increase parental involvement/accountability/ responsibility
- Create universal data system to track runaways for the purpose of early intervention and tracking progress
- Kids at Hope training in homes and schools
- Expand after school activities

Substance Abuse Network: To reduce underage drinking of middle school youth

- Research & develop a community awareness campaign with prevention messages and strategies for parents.
- Identify additional resources to sustain and enhance current model programs that address underage drinking and increase resiliency and pro-social behaviors.
- Incorporate Kids at Hope Strategy to increase participation and sustainable relationships with caring adults

Teen Health Network: To reduce the number of births to teens; increase HIV/AIDS prevention strategies and messages.

- Support science-based best practice HIV/ AIDS curriculum that was adopted by school district through the leadership of this Network.
- Evaluate curriculum - the Health Dept. is working with the School District on evaluation of curriculum. The partners involved: Florida Atlantic University, University of North Florida, and Florida State University.
- Support community outreach efforts to continue and identify additional resources to preserve these services.

- A Teen Health Clinic Planning group has formed to find ways to maximize resources by co-locating services to create a one stop supportive and educational environment for teens to access information and services. Additional opportunities for better access are also being explored such as location of services and better marketing of services available.

Youth Leadership Council:

- Building future leaders.
- Partnership with Indian River State College for Youth Leaders to receive college credit for participation on the council.
- National Youth Food Drive: Youth Leaders raised over 60,000 pounds of food for the Treasure Coast Food Bank.

ST. LUCIE COUNTY BOARD OF COUNTY COMMISSIONERS
APPLICATION FOR FUNDING NON-PROFIT AGENCY
COUNTY FISCAL YEAR 2009/10
(OCTOBER 1, 2009 - SEPTEMBER 30, 2010)

SECTION IV

OBJECTIVES AND PERFORMANCE MEASURES

This Section must identify in narrative form the specific objectives of the project and how attainment of the objectives will be measured. Each objective must include: (1) The current level of performance; (2) The proposed change reflected as a rate, percent or other index and (3) An estimated time period for accomplishment of the objective. Start below (use continuation pages if necessary).

I. Gang Strategy

Kids at Hope:
By September 2010

- Train 1000 adults in KAH Module I in the Fort Pierce square mile and 1000 adults in the Port St. Lucie square mile.
- Administer Module I Training to all staff in (2) remaining schools in the Fort Piece square mile and (1) in the Port St. Lucie square mile.
- Train at least (5) other institutions in each square mile (PSL & FTP) such as day cares, churches, businesses or other social service agencies.
- Follow up technical assistance and implementation support to at least (10) trained agencies to confirm practices and integrity of the model.
- Send at least (3) leaders to the KAH Master's Training in Arizona.
- Identify at least (2) additional funding partners or venues to help sustain efforts.

Outcome 1: To increase the knowledge of Fort Pierce and Port St. Lucie Hope Square adults that participate in Kids at Hope Trainings as shown by post session training and evaluation data.

Outcome 2: Decrease disciplinary referrals, improve parent participation, increase positive school climate at KAH schools by 10% as reported by the School disciplinary reports, staff and parent surveys within one year of full implementation.

Youth Guardian Corps:
By September 2010

- Train 50 leaders and volunteers in Model.
- Identify and recruit youth for at least two teams.
- Follow up technical assistance and implementation support to confirm practices and integrity of the model.

- Identify at least (2) additional funding partners or venues to help sustain efforts.

Outcome:

- Show positive increases in the character or integrity of youth participants as demonstrated by A Purpose In Life Questionnaire.
- Increase communication skills,; social competence; pro-social behaviors; acting well in larger contexts; and positive attachments to family, peers, school and community by 20% for all youth participants as shown by pre and post test survey of interpersonal value.
- Increase by 10% the protective factors of each youth participant in relation to: level of belongingness to community, being of value to the community, meaningfulness of social world, role in social institutions, and acceptance of others as demonstrated by the Social Well Being Instrument.

II. Continued coordination of five Networks to address: Academic Success, Delinquency Prevention, Substance Abuse, Teen Health, and Youth Leadership.

As St. Lucie County continues to grow and economical levels decrease, it is becoming increasingly difficult to address the growing social problems impacting children. The continuation of the above networks will ensure success in strategically addressing the needs by improving provider communications, directing resources to areas that will have the greatest impact, and by uniting the community leaders to implement solutions collectively. The Networks provide a greater potential for a deeper impact by addressing each risk area simultaneously.

1. Academic Success Network

Risk Factor:

Academic Failure Beginning in Late Elementary School

Academic failure beginning in late elementary school increases the risk of drug abuse, delinquency, violence, teen pregnancy, and school dropout. School truancy is an indicator of the risk factor, *Lack Of Commitment To School*. Studies show that youth that have not committed to school no longer see themselves as students and do not feel that the role of student is a part of their life. These students are at a greater risk for the problem behaviors of substance abuse, delinquency, teen pregnancy, and school dropout.[1];[2]

Achieved Outcomes:

- To reduce school expulsions by 20% by 2009 as measured by the rate per 1000 of expelled students, using 1997-98 (2.6159502 per 1000) as a baseline.
- To reduce the school suspensions by 15% by 2009 as measured by the rate per 1000 of students suspended out of school, using 1997-98 (128.14621 per 1000) as a baseline.

- To improve reading and math proficiency rates by 15% by 2009 as measured by the percentage of students passing the Florida Comprehensive Achievement Test and the Florida Writes Test at grades 3, 7, and 10. (Baseline math - .76; baseline reading .79 from 1996-97 data)

Academic Success Network Outcomes			
Indicator	**Goal**	**Actual Increase/Decrease**	**Achieved Goal? Y/N**
School Expulsions	Decrease by 20% by 2009	Decreased by 88%	Yes
School Suspensions	Decrease by 15% by 2009	Decreased by 53%	Yes
Math Proficiency: Grade 3	Increase by 15% by 2009	Increased by 9%	No
Math Proficiency: Grade 7	Increase by 15% by 2009	Increased by 54.4%	Yes
Math Proficiency: Grade 10	Increase by 15% by 2009	Increased by 14%	No
English Proficiency: Grade 3	Increase by 15% by 2009	Increased by 19.6%	Yes
English Proficiency: Grade 7	Increase by 15% by 2009	Increased by 31.3%	Yes
English Proficiency: Grade 10	Increase by 15% by 2009	Increased by 67%	Yes

*Source: Florida Department of Education, School Indicators Report

Future Objectives:

- To reduce the number of students who dropout by 25% by 2014 as measured by the rate (per thousand students) of student drop-outs. (Baseline 1996-97 drop-out rate)
- To increase the graduation rate of St. Lucie County students to 80% (increase of 27%) by 2014 as measured by the graduation rate of St. Lucie County students. (Baseline 1996-97 graduation rate)
- To reduce the number of school suspensions by 25% by 2014 as measured by the rate (per thousand students) of in-school and out-of-school suspensions. (Baseline: 1997-98 rate of in-school/out-of-school suspensions)
- To reduce the number of school expulsions by 30% by 2014 as measured by the rate (per thousand students) of school expulsions. (Baseline: 1997-98 rate of school expulsions).

2. Delinquency Prevention Network

Risk Factor:

Early & Persistent Antisocial Behavior

The earlier young people drop out of school, begin using drugs, commit crimes, and become sexually active, the greater likelihood that they will have chronic problems with these behaviors later in life.[3] Youth who are aggressive in grades K-3 are a higher risk of substance abuse and juvenile delinquency. This risk factor encompasses persistent antisocial behavior in adolescence, like misbehaving in school, skipping school and getting into fights with other youth. Youth who engage in these behaviors during early adolescence are at increased risk for drug abuse, juvenile delinquency, violence, school dropout and teen pregnancy.

Indicators:

- School reports for disciplinary problems
- Youth referred to Department of Juvenile Justice

Achieved Outcomes:

- To reduce delinquency by 10% by the year 2009 as measured by a decrease in the rate per 1000 of youth age 10-14 referred to the Department of Juvenile Justice, using 1996-1997 data (44.40892 per 1000) as a baseline.

Delinquency Prevention Network Outcomes			
Indicator	**Goal**	**Actual Increase/Decrease**	**Achieved Goal? Y/N**
Rate of Youths (per 1000) referred to the DJJ	Decrease by 10% by 2009	Decreased by 41%	Yes

Future Objectives:

- To reduce the number of delinquent juveniles ages 10-14 by 30% by 2014 as measured by the rate (per thousand youth ages10-14) of youths referred to DJJ. (Baseline: 1996-97 rate of youth referred to DJJ)

- To reduce the number of juvenile delinquent crimes by 35% by 2014 as measured by the rate (per thousand youth ages 0-17) of arrests/cases received by DJJ. (Baseline: 1997-98 rate of delinquency arrests/cases received by DJJ).

3. Substance Abuse Prevention Network

Risk Factor

Family Management Problems

Poor family management practices are defined as not having clear expectations for behavior, failing to supervise and monitor children, and excessively severe, harsh, or inconsistent punishment. Children exposed to these poor family management practices are at higher risk of developing all of the health and behavior problems focused upon by the Comprehensive Strategy

(substance abuse, delinquency, violence, teenage pregnancy, and dropping out of school)[4], [5], [6], [7], [8]

Indicators:

- Juvenile referrals for alcohol and drug offenses
- Self report substance abuse survey

Achieved Outcome:
Recently established a Substance Abuse Coalition to address youth substance abuse issues and collectively developed an action plan that has been submitted for approval to the State.

Future Objectives:

- To reduce use of alcohol by youth by 30% by 2014 as measured by the rate (per thousand youth ages 0-17) of juvenile referrals for alcohol offenses. (Baseline 1996-97 rate for juvenile referrals for alcohol offenses)
- To reduce use of drugs by youth by 35% by 2014 as measured by the rate (per thousand youth ages 0-17) of juvenile arrests for non-marijuana and marijuana felonies and misdemeanors. (Baseline: 1997-98 rate of juveniles arrested for non-marijuana charges -both felony and misdemeanor; and 1997-98 rate of juveniles arrested for marijuana charges- both felony and misdemeanor)

4. Teen Health Network
Risk Factor
Family Management Problems (Including Domestic Problems)
Poor family management practices are defined as not having clear expectations for behavior, failing to supervise and monitor children, and excessively severe, harsh, or inconsistent punishment. Children exposed to these poor family management practices are at higher risk of developing all of the health and behavior problems focused upon by the Comprehensive Strategy (substance abuse, delinquency, violence, teenage pregnancy, and dropping out of school)[9], [10], [11], [12], [13] Measurement of HIV/ AIDS and STDS among youth will also be tracked in this Network.

Indicators:

- Rate of teen births
- Rate of sexually transmitted diseases

Future Objectives:

- To reduce the number of teen (18 and under) births by 15% by 2014 as measured by the rate (per thousand females ages 10-18) of teen births. (Baseline: 1998 teen birth rate)
- To increase HIV/AIDS prevention strategies and messages to youth through school curriculum and community events as measured by pre/ post test of students that received instruction from curriculum and number of youth in attendance at HIV/ AIDS specific community events.

5. Continue the operation of the St Lucie Youth Leadership Council.

The Youth Leadership St. Lucie Course has become an annual event that is coordinated by the Executive Roundtable and is a shared partnership with the County, St. Lucie County Schools and Indian River State College. This course takes place during the summer for three weeks to provide the basic education on our government, community resources and our community needs. The goal of this training is to cultivate leadership skills in youth. It strengthens the capacity of youth to be good leaders so that they may be a resource to decision-makers or governmental entities who seek youth input on needed services in the community.

Nearly half of the graduating class continue on and volunteer their time monthly to serve on the St. Lucie County Youth Leadership Council which is also coordinated by the Executive Roundtable and Indian River State College Staff. The youth on this council are exposed to legislative advocacy, local and national philanthropy, research of local and national organizations, funding decisions, decisions on local developments and identifying community needs. This Council has been successful in empowering our youth by giving them a voice which in turn gives the youth a sense of ownership, empowerment and accomplishment in their community.

It is the desire of the Roundtable to facilitate the continued operation of a Youth Leadership Council of 15-20 youth that will provide input to governmental entities such as the Board of County Commission, School Board, Children's Services Council and City Councils. Membership of this Council will include youth from every zip code in St. Lucie County in order to have a true representation of the entire community.

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SECTION V
BUDGET INFORMATION
(A)

COUNTY FUNDING - CFY 2008/09
(October 1, 2008 - SEPTEMBER 30, 2009) $43,200

REQUESTED COUNTY FUNDING -CFY 2009/10
(OCTOBER 1, 2009 - SEPTEMBER 30, 2010 $43,200

*TOTAL AGENCY BUDGET - CFY 2009/10
(OCTOBER 1, 2009- SEPTEMBER 30, 2010) $204,028

* (Refer to information below)
*Total Agency Budget Amount is to include all requests for funding from other sources.

FUNDING SOURCE	GRANT PERIOD	AMOUNT
19th Judicial Circuit	10/1/09 - 9/30/10	$3,000.00
Board of County Commission	10/1/09 - 9/30/10	$43,200.00
Body Network	10/1/09 - 9/30/10	$500.00
Chamber of Commerce	10/1/09 - 9/30/10	$500.00
Children's Services Council	10/1/09 - 9/30/10	$50,000.00
City of Fort Pierce	10/1/09 - 9/30/10	$5,000.00
City of Port St. Lucie	10/1/09 - 9/30/10	$5,000.00
Early Learning Coalition	10/1/09 - 9/30/10	500.00
Economic Development Council	10/1/09 - 9/30/10	$1,000.00
Fort Pierce Housing Authority	10/1/09 - 9/30/10	$2,000.00
Fort Pierce Police Department	10/1/09 - 9/30/10	$4,000.00
Indian River State College	10/1/09 - 9/30/10	$5000.00
Kids Connected by Design	10/1/09 - 9/30/10	$1,000.00
Port St. Lucie Police Dept.	10/1/09 - 9/30/10	$4,000.00
St. Lucie Fire District	10/1/09 - 9/30/10	$4,000.00
St. Lucie Health Department	10/1/09 - 9/30/10	$3,000.00
St. Lucie County Schools	10/1/09 - 9/30/10	$10,000.00
St. Lucie Sheriff's Office	10/1/09 - 9/30/10	$5,000.00
United for Families, Inc.	10/1/09 - 9/30/10	$1,000.00
United Way of St. Lucie County	10/1/09 - 9/30/10	$2,500.00
Cash Donations/ Grants/ Contrib.	10/1/09 - 9/30/10	$30,828.00
Interest Earnings	10/1/09 - 9/30/10	$2,000.00
Other - Income from prior year	10/1/09 - 9/30/10	$22,500.00
In kind Workforce Development Board	10/1/09 - 9/30/10	($5,000.00)
Provision for Amount not Collectible	10/1/09 - 9/30/10	($1,500)
Total		$204,028.00

ST. LUCIE COUNTY BOARD OF COUNTY COMMISSIONERS
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SECTION V

BUDGET INFORMATION

PROJECT BUDGET SCHEDULE
(B)

This section must specifically identify the Project Budget Schedule. Prepare a line item budget. Start below (Use continuation pages if necessary).

EXECUTIVE ROUNDTABLE OF ST. LUCIE COUNTY
BUDGET NARRATIVE
FY 2009/2010

INCOME

1	**Interest Earnings**		**2,000**
2	**Third Party Reimbursements- MEMBERSHIPS/CONTRIBUTIONS/DONATIONS**		**148,700**
	19th Judicial Circuit	3,000	
	Board of County Commission	43,200	
	Body Network	500	
	Chamber of Commerce	500	
	Children's Services Council	50,000	
	City of Fort Pierce	5,000	
	City of Port St. Lucie	5,000	
	Department of Children and Families	-	
	Department of Juvenile Justice	-	
	Economic Development Council	1,000	
	Fort Pierce Housing Authority	2,000	
	Fort Pierce Police Department	4,000	
	Indian River Community College	5,000	
	Kids Connected By Design	1,000	
	Port St. Lucie Police Department	4,000	
	Public Defender	-	
	Early Learning Coalition	500	
	St. Lucie County Fire District	4,000	
	St. Lucie County Health Department	3,000	
	St. Lucie County School Board	10,000	
	St. Lucie County Sheriff's Office	5,000	
	State Attorney	-	
	Sub. Abuse/ Mental Health Program Office		
	United for Families, Inc.	1,000	
	United Way of St. Lucie County	2,500	
	Workforce Development Board	-	
	Provision for Amount not Collectible	**(1,500)**	
3	**Grant Revenue**		**30,828**
	FSU Grant Continuation - now SARGE	30,828	
	Other Grants/ Donations/ Sponsorships		
4	**Deferred Revenue**		**22,500**
	>This figure is the excess revenue over expenditures at the end of the fiscal year 08/09 deferred to fiscal year 09/10.	22,500	
	TOTAL INCOME		**204,028**

EXPENSES

5	**Salary Expense**		**113,530**
	Current Payroll Roundtable	**109,325**	
	>Executive Director ($75,798 0809)	75,798	
	>Project Assistant ($33,527 0809)	33,527	
	>Additional Payroll for year-end timing differences	**4,205**	
5	**Social Security/FICA (6.2%)**		**7,336**
	Apply to Total Salary	**7,039**	
	Apply to Car Allowance	**298**	

9 Social Security/Medicare (1.45%)			**1,716**
Apply to Total Salary less Temporary Employees		1,646	
Apply to Car Allowance		70	
10 Florida Retirement			**12,350**
Staff at 10.34% for 7 pays (Oct-Dec) - est 070109 rate	2,709.00		
Staff at 10.34% for 13 pays (Jan-Jun) - est 070108 rate	5,869.00		
Staff at 10.85% for 6 pays (July-Sep) - est 070110 rate	3,316.00		
Extra payroll @ 10.85% est increased rate	456.00		
12 Health Insurance			**35,422**
Current Coverage:		20,105	
>Exec Dir-$850.22/mo; option I for 1 person er share	10,203		
>Project Assistant-$825.19/mo; option III 1 person er share	9,902		
Provision for rate increase=15% (includes er share & adtl coverage)		4,995	
Administrative Fee of 2.5%		673	
Provision for increased coverage-if spouse added		9,649	
Employee share for calculation of rate incr & admin fee = $1,449			
13 Life Insurance			**505**
>Cost = .34/1000 of salary	449		
($.34 x ($110,000)/$1000) x 12 = $477			
Provision for rate increase12.5%	56		
14 Workers Compensation *(policy)*			**738**
>Based on payroll; FY 09/10 estimated rate = .65% of payroll			
15 Professional Services-Legal			**635**
>For assistance with various contracts			
16 Professional Services-Audit			**4,590**
>Children's Services Council has included ERT in their audit previous yrs			
ERT must provide their own audit now as a 501c3	4,000		
>Filing 990	590		
17 Professional Services-Consulting			**5,000**
>Bookkeeping Services	5,000		
18 Travel Expenses			**8,055**
Travel: Car Allowance: @ $400/mo		4,800	
Travel: Staff Out of town meetings, meals, travel		3,255	
>Legislative Trips to Tallahassee			
4 nights hotel x $130/night x 3 trips	1,560		
5 days meals x $38 x 3 trips	570		
Trip mileage (usually paid by TCCC)			
>DCF/ SARG Conference:3 days- $126 miles, meals $114, hotel $370,	625		
>Seminars (e.g., Substance Abuse)-Registration in Cont. Educ.	500		
Travel: Daily Mileage-			
>Staff Mileage, tolls, etc.			
100 miles/mo x 12 mos x 1 employees x $.550/mile	660		
19 Continuing Education			
20 Communications Expense			**3,132**
>Deltacom - two lines x 12 mo.	1,200		
>Cell Phone-.	1,524		
>Provision for Overages (10%)	272		
>Provision for Rate Increases (5%)	136		
21 Postage			**300**
>$25 per mo. includes stamps and overnight mailings	300		
23 Rent/Occupancy Expense			-
Roundtable offices in new CSC Building are in-kind ($10,00)			

24	**Insurance-Premises/Criminal**		**2,092**
	Directors and officers liability policy	808	
	General Liability	1,284	
25	**Equipment/Building Maintenance**		**1,800**
	>Copier, printer, fax with service included $150/mo. x 12 mo	1,800	
26	**Publications**		**500**
	>Newsletters, brochures, letterhead, envelopes, fliers, folder with marketing materials	500	
27	**Advertising/Promotions**		**-**
30	**Office Expenses**		**2,500**
a	>Paper, folders, pens, ink cartridges, misc office items	2,500	
g	**Books, Subscriptions**		
31	>Newspapers, books, periodicals, other		**404**
	Dues, Memberships		
32	>TCCC-Treasure Coast Coordination Coalition	75	**375**
	>CADCA-Community Anti-Drug Coalitions of America	300	
	>FADDA-Florida Alcohol and Drug Abuse Association		
	Equipment Expense		
33	>Computer, phone, etc over $300 per unit	2,000	**2,000**
	Allocations		
34	>Community Events	1,048	**1,048**
	Youth Advisory Board/ Kids at Hope		
	TOTAL EXPENSES		**204,028**
	Reserves and Designations		**-**
	TOTAL EXPENSE AND RESERVES/DESIGNATIONS		**204,028**
	Excess Income over/(under) Expense and Reserves		**(0)**

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SECTION V

BUDGET INFORMATION

BUDGET NARRATIVE
(C)

This Section is to detail in narrative form how the requested County funds will be expended per line item as reported under the project budget schedule. Start below (use continuation pages if necessary).

The $43,200 received from the county will be used to pay the partial salaries and benefits of the Executive Roundtable Executive Director and partial salaries for a full time Project Assistant. Both will facilitate the continued operations, objectives and outcomes associated with the Executive Roundtable, Steering Committee, and the (5) Networks designed to target the reduction of risk factors in the Comprehensive Plan, St. Lucie County Hand in Hand for FY 2009-10.

By continuing the Networks there is greater potential for a deeper impact by strategically addressing each risk area simultaneously. There is a need for additional staff to effectively coordinate the work of these Networks. So the amount received from the county will assist in sustaining the effort of facilitating the operations of the Networks and administrative duties of the Executive Roundtable. Additionally, this funding serves as a match to a State grant for the existence of a Substance Abuse Network/ Coalition in St. Lucie County. This Coalition is primarily focused on the reduction of alcohol and drug abuse of youth.

ST. LUCIE COUNTY BOARD OF COUNTY COMMISSIONERS
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SECTION V
BUDGET INFORMATION
REVENUE
(D)

Complete the following items as indicated. Include all revenue/anticipated revenue. Use an * if funding has been requested and the award is currently unknown. Start below (use continuation pages if necessary).

TOTAL AGENCY REVENUE AS OF FEB. 2009 - CFY 2008/09
(OCTOBER 1, 2008 - SEPTEMBER 30, 2009) $249,679.00

TOTAL ANTICIPATED AGENCY REVENUE - CFY 2009/10
(OCTOBER 1, 2009 - SEPTEMBER 30, 2010) $204,028.00

1. FEDERAL GRANTS **GRANT PERIOD** **AMOUNT**

2. STATE GRANTS **GRANT PERIOD** **AMOUNT**

Florida State University Substance Abuse Grant	7/1/07 - 6/30/08	$30,828

3. CASH DONATIONS/CONTRIBUTIONS/FUND RAISING/GRANTS:

FUNDING SOURCE	**GRANT PERIOD**	**AMOUNT**
*19th Judicial Circuit	10/1/09 - 9/30/10	$3,000.00
*Board of County Commission	10/1/09 - 9/30/10	$43,200.00
*Body Network	10/1/09 - 9/30/10	$500.00
*Chamber of Commerce	10/1/09 - 9/30/10	$500.00
*Children's Services Council	10/1/09 - 9/30/10	$50,000.00
*City of Fort Pierce	10/1/09 - 9/30/10	$5,000.00
*City of Port St. Lucie	10/1/09 - 9/30/10	$5,000.00
*Early Learning Coalition	10/1/09 - 9/30/10	500.00
*Economic Development Council	10/1/09 - 9/30/10	$1,000.00
*Fort Pierce Housing Authority	10/1/09 - 9/30/10	$2,000.00
*Fort Pierce Police Department	10/1/09 - 9/30/10	$4,000.00
*Indian River State College	10/1/09 - 9/30/10	$5000.00
*Kids Connected by Design	10/1/09 - 9/30/10	$1,000.00
*Port St. Lucie Police Dept.	10/1/09 - 9/30/10	$4,000.00
*St. Lucie Fire District	10/1/09 - 9/30/10	$4,000.00
*St. Lucie Health Department	10/1/09 - 9/30/10	$3,000.00
*St. Lucie County Schools	10/1/09 - 9/30/10	$10,000.00
*St. Lucie Sheriff's Office	10/1/09 - 9/30/10	$5,000.00
*United for Families, Inc.	10/1/09 - 9/30/10	$1,000.00
*United Way of St. Lucie County	10/1/09 - 9/30/10	$2,500.00
*Cash Donations/ Grants/ Contrib.	10/1/09 - 9/30/10	$30,828.00
Interest Earnings	10/1/09 - 9/30/10	$2,000.00
Other - Income from prior year	10/1/09 - 9/30/10	$22,500.00
In kind Workforce Development Board	10/1/09 - 9/30/10	($5,000.00)
Provision for Amount not Collectible	10/1/09 - 9/30/10	**($1,500)**
Total		**$204,028.00**

ST. LUCIE COUNTY BOARD OF COUNTY COMMISSIONERS
APPLICATION FOR FUNDING NON-PROFIT AGENCY
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SECTION V

BUDGET INFORMATION

FORM 990
(E)

Attach a copy of the Agency's form 990 Department of the Treasure Internal Revenue Service Return of Organization Exempt From Income Tax.

(Number pages of Form 990 as 9-1, 9-2, etc.)

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2007

Open to Public Inspection

A For the 2007 calendar year, or tax year beginning OCT 1, 2007 and ending SEP 30, 2008

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
EXECUTIVE ROUNDTABLE OF ST. LUCIE COUNTY, INC.

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
546 NW UNIVERSITY BLVD - SUITE 201

City or town, state or country, and ZIP + 4
PORT ST. LUCIE, FL 34986

D Employer identification number
20-5375835

E Telephone number
772-871-5880

F Accounting method: ☒ Cash ☐ Accrual ☐ Other (specify) ▶

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

G Website: ▶WWW.ERTSLC.ORG

J Organization type (check only one) ▶ ☒ 501(c) (3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check here ▶ ☐ if the organization is not a 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 275,332.

H *and* I *are not applicable to section 527 organizations.*

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) If "Yes," enter number of affiliates ▶ N/A

H(c) Are all affiliates included? N/A ☐ Yes ☐ No
(If "No," attach a list.)

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

I Group Exemption Number ▶ N/A

M Check ▶ ☒ if the organization is **not** required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1	Contributions, gifts, grants, and similar amounts received:			
	a	Contributions to donor advised funds	1a		
	b	Direct public support (not included on line 1a)	1b	20,026.	
	c	Indirect public support (not included on line 1a)	1c		
	d	Government contributions (grants) (not included on line 1a)	1d	107,304.	
	e	Total (add lines 1a through 1d) (cash $ 109,555. noncash $ 17,775.)			1e 127,330.
	2	Program service revenue including government fees and contracts (from Part VII, line 93)			2
	3	Membership dues and assessments			3 143,000.
	4	Interest on savings and temporary cash investments			4 5,002.
	5	Dividends and interest from securities			5
	6a	Gross rents	6a		
	b	Less: rental expenses	6b		
	c	Net rental income or (loss). Subtract line 6b from line 6a			6c
	7	Other investment income (describe ▶)			7
	8a	Gross amount from sales of assets other than inventory	(A) Securities / 8a	(B) Other	
	b	Less: cost or other basis and sales expenses	8b		
	c	Gain or (loss) (attach schedule)	8c		
	d	Net gain or (loss). Combine line 8c, columns (A) and (B)			8d
	9	Special events and activities (attach schedule). If any amount is from **gaming**, check here ▶ ☐			
	a	Gross revenue (not including $ _____ of contributions reported on line 1b)	9a		
	b	Less: direct expenses other than fundraising expenses	9b		
	c	Net income or (loss) from special events. Subtract line 9b from line 9a			9c
	10a	Gross sales of inventory, less returns and allowances	10a		
	b	Less: cost of goods sold	10b		
	c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a			10c
	11	Other revenue (from Part VII, line 103)			11
	12	**Total revenue.** Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11			12 275,332.
Expenses	13	Program services (from line 44, column (B))			13 233,210.
	14	Management and general (from line 44, column (C))			14 34,580.
	15	Fundraising (from line 44, column (D))			15
	16	Payments to affiliates (attach schedule)			16
	17	**Total expenses.** Add lines 16 and 44, column (A)			17 267,790.
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 12			18 7,542.
	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19 89,220.
	20	Other changes in net assets or fund balances (attach explanation)			20 0.
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20			21 96,762.

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash $ 0. noncash $ 0.) If this amount includes foreign grants, check here ▶ ☐	22a				
22b Other grants and allocations (attach schedule) (cash $ 0. noncash $ 0.) If this amount includes foreign grants, check here ▶ ☐	22b				
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a	76,250.	64,813.	11,437.	0.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b	0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c				
26 Salaries and wages of employees not included on lines 25a, b, and c	26	78,053.	66,345.	11,708.	
27 Pension plan contributions not included on lines 25a, b, and c	27				
28 Employee benefits not included on lines 25a - 27	28				
29 Payroll taxes	29				
30 Professional fundraising fees	30				
31 Accounting fees	31	3,183.	1,592.	1,591.	
32 Legal fees	32				
33 Supplies	33				
34 Telephone	34				
35 Postage and shipping	35				
36 Occupancy	36	12,776.	9,582.	3,194.	
37 Equipment rental and maintenance	37				
38 Printing and publications	38				
39 Travel	39	11,914.	8,936.	2,978.	
40 Conferences, conventions, and meetings	40				
41 Interest	41				
42 Depreciation, depletion, etc. (attach schedule)	42				
43 Other expenses not covered above (itemize): a GANG PREVENTION &	43a				
b ABATEMENT PROGRAM	43b	66,373.	66,373.		
c COMMUNITY EVENTS	43c	7,584.	6,826.	758.	
d OFFICE EXPENSES	43d	11,657.	8,743.	2,914.	
e	43e				
f	43f				
g	43g				
44 **Total functional expenses.** Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	267,790.	233,210.	34,580.	0.

Joint Costs. Check ▶ ☐ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ▶ ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs $ N/A ; (ii) the amount allocated to Program services $ N/A ; (iii) the amount allocated to Management and general $ N/A ; and (iv) the amount allocated to Fundraising $ N/A

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

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ▶ SEE STATEMENT 1

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

a GRANT PROCUREMENT AND COORDINATING SERVICES

(Grants and allocations $ 107,244.) If this amount includes foreign grants, check here ▶ ☐ 233,210.

b

(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐

c

(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐

d

(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐

e Other program services (attach schedule)

(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐

f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶ 233,210.

Form **990** (2007)

723021
12-27-07

Part IV Balance Sheets *(See the instructions.)*

Note: *Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.*

				(A) Beginning of year		(B) End of year
Assets	45	Cash - non-interest-bearing		129,448.	45	110,246.
	46	Savings and temporary cash investments			46	
	47 a	Accounts receivable	47a 28,867.			
	b	Less: allowance for doubtful accounts	47b		47c	28,867.
	48 a	Pledges receivable	48a			
	b	Less: allowance for doubtful accounts	48b		48c	
	49	Grants receivable			49	
	50 a	Receivables from current and former officers, directors, trustees, and key employees			50a	
	b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)			50b	
	51 a	Other notes and loans receivable	51a			
	b	Less: allowance for doubtful accounts	51b		51c	
	52	Inventories for sale or use			52	
	53	Prepaid expenses and deferred charges			53	
	54 a	Investments - publicly-traded securities ▶ ☐ Cost ☐ FMV			54a	
	b	Investments - other securities ▶ ☐ Cost ☐ FMV			54b	
	55 a	Investments - land, buildings, and equipment: basis	55a 2,212.			
	b	Less: accumulated depreciation	55b 360.		55c	1,852.
	56	Investments - other			56	
	57 a	Land, buildings, and equipment: basis	57a			
	b	Less: accumulated depreciation	57b		57c	
	58	Other assets, including program-related investments (describe ▶)			58	
	59	**Total assets** (must equal line 74). Add lines 45 through 58		129,448.	59	140,965.
Liabilities	60	Accounts payable and accrued expenses		15,228.	60	41,203.
	61	Grants payable			61	
	62	Deferred revenue		25,000.	62	3,000.
	63	Loans from officers, directors, trustees, and key employees			63	
	64 a	Tax-exempt bond liabilities			64a	
	b	Mortgages and other notes payable			64b	
	65	Other liabilities (describe ▶)			65	
	66	**Total liabilities.** Add lines 60 through 65		40,228.	66	44,203.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here** ▶ ☒ and complete lines 67 through 69 and lines 73 and 74.				
	67	Unrestricted		89,220.	67	79,099.
	68	Temporarily restricted			68	17,663.
	69	Permanently restricted			69	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 70 through 74.				
	70	Capital stock, trust principal, or current funds			70	
	71	Paid-in or capital surplus, or land, building, and equipment fund			71	
	72	Retained earnings, endowment, accumulated income, or other funds			72	
	73	**Total net assets or fund balances.** Add lines 67 through 69 or lines 70 through 72. (Column (A) **must** equal line 19 and column (B) **must** equal line 21)		89,220.	73	96,762.
	74	**Total liabilities and net assets/fund balances.** Add lines 66 and 73		129,448.	74	140,965.

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return *(See the instructions.)*

a	Total revenue, gains, and other support per audited financial statements		a	275,332.
b	Amounts included on line a but not on Part I, line 12:			
1	Net unrealized gains on investments	b1		
2	Donated services and use of facilities	b2		
3	Recoveries of prior year grants	b3		
4	Other (specify):	b4		
	Add lines b1 through b4		b	0.
c	Subtract line b from line a		c	275,332.
d	Amounts included on Part I, line 12, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify):	d2		
	Add lines d1 and d2		d	0.
e	**Total revenue** (Part I, line 12). Add lines c and d ▶		e	275,332.

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements		a	267,790.
b	Amounts included on line a but not on Part I, line 17:			
1	Donated services and use of facilities	b1		
2	Prior year adjustments reported on Part I, line 20	b2		
3	Losses reported on Part I, line 20	b3		
4	Other (specify):	b4		
	Add lines b1 through b4		b	0.
c	Subtract line b from line a		c	267,790.
d	Amounts included on Part I, line 17, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify):	d2		
	Add lines d1 and d2		d	0.
e	**Total expenses** (Part I, line 17). Add lines c and d ▶		e	267,790.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) *(See the instructions.)*

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
JOE SMITH PORT ST. LUCIE, FL 34986	CHAIRMAN 5.00	0.	0.	0.
MARY LOCKE PORT ST. LUCIE, FL 34986	V. CHAIRMEN 5.00	0.	0.	0.
VERN MELVIN PORT ST. LUCIE, FL 34986	SECRETARY 5.00	0.	0.	0.
SEAN BALDWIN PORT ST. LUCIE, FL 34986	TREASURER 5.00	0.	0.	0.
LARRY LEE PORT ST. LUCIE, FL 34986	MEMBER-AT-LARGE 5.00	0.	0.	0.
CHRISTINE EPPS PORT ST. LUCIE, FL 34986	EXECUTIVE DIRECTOR 40.00	76,250.	0.	0.

Part V-A Current Officers, Directors, Trustees, and Key Employees *(continued)*

		Yes	No
75 a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ▶ 23		
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) 75b		X
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." 75c		X
	If "Yes," attach a statement that includes the information described in the instructions.		
d	Does the organization have a written conflict of interest policy? 75d		X

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
NONE				

Part VI Other Information *(See the instructions.)*

		Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change 76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? 77		X
	If "Yes," attach a conformed copy of the changes.		
78 a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return? 78a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year? N/A 78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement 79		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? 80a		X
b	If "Yes," enter the name of the organization ▶ N/A and check whether it is ☐ exempt or ☐ nonexempt		
81 a	Enter direct and indirect political expenditures. (See line 81 instructions.) 81a 0.		
b	Did the organization file **Form 1120-POL** for this year? 81b		X

Part VI Other Information *(continued)*

				Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		82a		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b N/A			
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?		83a	X	
b	Did the organization comply with the disclosure requirements relating to *quid pro quo* contributions?		83b	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible? N/A		84a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A		84b		
85 a	*501(c)(4), (5), or (6).* Were substantially all dues nondeductible by members? N/A		85a		
b	Did the organization make only in-house lobbying expenditures of $2,000 or less? N/A		85b		
	If "Yes" was answered to either 85a or 85b, **do not** complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.				
c	Dues, assessments, and similar amounts from members	85c N/A			
d	Section 162(e) lobbying and political expenditures	85d N/A			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e N/A			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f N/A			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A		85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A		85h		
86	*501(c)(7) organizations.* Enter: a Initiation fees and capital contributions included on line 12	86a N/A			
b	Gross receipts, included on line 12, for public use of club facilities	86b N/A			
87	*501(c)(12) organizations.* Enter: a Gross income from members or shareholders	87a N/A			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b N/A			
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		88a		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI ▶		88b		X
89 a	*501(c)(3) organizations.* Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ N/A ; section 4912 ▶ N/A ; section 4955 ▶ N/A				
b	*501(c)(3) and 501(c)(4) organizations.* Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction N/A		89b		
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶	0.			
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶	0.			
e	*All organizations.* At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		89e		X
f	*All organizations.* Did the organization acquire a direct or indirect interest in any applicable insurance contract?		89f		X
g	*For supporting organizations and sponsoring organizations maintaining donor advised funds.* Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		89g		X
90 a	List the states with which a copy of this return is filed ▶ NONE				
b	Number of employees employed in the pay period that includes March 12, 2007	90b 3			
91 a	The books are in care of ▶ CHRISTINE EPPS Telephone no. ▶ 772-871-5880 Located at ▶ 546 NW UNIVERSITY BLVD - SUITE 201, PORT ST LUCI ZIP + 4 ▶ 34986				
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ N/A See the instructions for exceptions and filing requirements for **Form TD F 90-22.1,** Report of Foreign Bank and Financial Accounts.		91b		X

Part VI Other Information *(continued)*

		Yes	No
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country ▶ N/A	91c	X
92	*Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of* **Form 1041**- Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶	92	N/A

Part VII Analysis of Income-Producing Activities *(See the instructions.)*

Note: *Enter gross amounts unless otherwise indicated.*

	Unrelated business income		Excluded by section 512, 513, or 514		
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	(E) Related or exempt function income
93 Program service revenue:					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					143,000.
95 Interest on savings and temporary cash investments			14	5,002.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		5,002.	143,000.
105 **Total** (add line 104, columns (B), (D), and (E)) ▶					148,002.

Note: *Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.*

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes *(See the instructions.)*

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
94	MEMBERSHIP ASSESSMENT CHARGED TO MEMBERS OF AGENCY

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities *(See the instructions.)*

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
N/A	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts *(See the instructions.)*

(a)	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	☐ Yes	☒ No
(b)	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	☐ Yes	☒ No

Note: *If "Yes" to* **(b)**, *file Form 8870* **and** *Form 4720 (see instructions).*

Part XI Information Regarding Transfers To and From Controlled Entities. *Complete only if the organization is a controlling organization as defined in section 512(b)(13).* N/A

		Yes	No
106	Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.		

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
	Totals			

		Yes	No
107	Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.		

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
	Totals			

		Yes	No
108	Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?		

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.

Please Sign Here

Signature of officer: Christine Epps Date: 3/12/09

Type or print name and title: CHRISTINE EPPS, EXECUTIVE DIRECTOR

Paid Preparer's Use Only

Preparer's signature | Date 03/01/09 | Check if self-employed ▶ ☐ | Preparer's SSN or PTIN (See Gen. Inst. X)

Firm's name (or yours if self-employed), address, and ZIP + 4: BERGER, TOOMBS, ELAM, GAINES & FRANK
600 CITRUS AVENUE, SUITE 200
FT. PIERCE, FL 34950

EIN ▶

Phone no. ▶ (772)461-6120

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No. 1545-0047

2007

Name of the organization: EXECUTIVE ROUNDTABLE OF ST. LUCIE COUNTY, INC.

Employer identification number: 20 5375835

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than $50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
CHRISTINE EPPS 546 SW UNIVERSITY BLVD., PORT ST. LUC	EXECUTIVE DIRECTOR 40.00	76,250.		
Total number of other employees paid over $50,000 ▶	0			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than $50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over $50,000 for professional services ▶	0	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than $50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over $50,000 for other services ▶	0	

Part III Statements About Activities (See page 2 of the instructions.)

			Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ $ _____ $ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	1		X
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? *(If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)*			
a	Sale, exchange, or leasing of property?	2a		X
b	Lending of money or other extension of credit?	2b		X
c	Furnishing of goods, services, or facilities?	2c		X
d	Payment of compensation (or payment or reimbursement of expenses if more than $1,000)?	2d		X
e	Transfer of any part of its income or assets?	2e		X
3 a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a		X
b	Did the organization have a section 403(b) annuity plan for its employees?	3b		X
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c		X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		X
4 a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a		X
b	Did the organization make any taxable distributions under section 4966? N/A	4b		
c	Did the organization make a distribution to a donor, donor advisor, or related person? N/A	4c		
d	Enter the total number of donor advised funds owned at the end of the tax year ▶		0	
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶		N/A	
f	Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶		0.	
g	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year ▶		0.	

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ▶ _____
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 ☒ 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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
  ☐ Type I ☐ Type II ☐ Type III-Functionally Integrated ☐ Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents? Yes	(d) No	(e) Amount of support
Total ▶					

14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

Part IV-A **Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**
Note: *You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.*

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)					
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	0.	0.	0.	0.	0.
24 Line 23 minus line 17					
25 Enter 1% of line 23					

26 **Organizations described on lines 10 or 11:** **a** Enter 2% of amount in column (e), line 24 ▶ **26a** N/A

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. **Do not file this list with your return.** Enter the total of all these excess amounts ▶ **26b** N/A

c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶ **26c** N/A

d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____ ▶ **26d** N/A

e Public support (line 26c minus line 26d total) ▶ **26e** N/A

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ▶ **26f** N/A %

27 **Organizations described on line 12:** **a** For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." **Do not file this list with your return.** Enter the sum of such amounts for each year:

(2006) 0. (2005) 0. (2004) 0. (2003) 0.

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the **larger** of **(1)** the amount on line 25 for the year or **(2)** $5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) **Do not file this list with your return.** After computing the difference between the amount received and the larger amount described in **(1)** or **(2)**, enter the sum of these differences (the excess amounts) for each year:

(2006) 0. (2005) 0. (2004) 0. (2003) 0.

c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ ▶ **27c** 0.

d Add: Line 27a total 0. and line 27b total 0. ▶ **27d** 0.

e Public support (line 27c total minus line 27d total) ▶ **27e** 0.

f Total support for section 509(a)(2) test: Enter amount on line 23, column (e) ▶ **27f** 0.

g **Public support percentage (line 27e (numerator) divided by line 27f (denominator))** ▶ **27g** %

h **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))** ▶ **27h** %

28 **Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. **Do not file this list with your return.** Do not include these grants in line 15.

NONE

Part V **Private School Questionnaire** (See page 9 of the instructions.) N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
32	Does the organization maintain the following:			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
	If you answered "Yes" to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.)

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

Check ▶ a ☐ if the organization belongs to an affiliated group. Check ▶ b ☐ if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for all electing organizations
		N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount. Enter the amount from the following table -			
If the amount on line 40 is - / **The lobbying nontaxable amount is -**			
Not over $500,000 — 20% of the amount on line 40			
Over $500,000 but not over $1,000,000 — $100,000 plus 15% of the excess over $500,000			
Over $1,000,000 but not over $1,500,000 — $175,000 plus 10% of the excess over $1,000,000	41		
Over $1,500,000 but not over $17,000,000 — $225,000 plus 5% of the excess over $1,500,000			
Over $17,000,000 — $1,000,000			
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		

Caution: *If there is an amount on either line 43 or line 44, you must file Form 4720.*

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

N/A

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h.)			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 14 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

		Yes	No
a	Transfers from the reporting organization to a noncharitable exempt organization of:		
	(i) Cash	51a(i)		X
	(ii) Other assets	a(ii)		X
b	Other transactions:		
	(i) Sales or exchanges of assets with a noncharitable exempt organization	b(i)		X
	(ii) Purchases of assets from a noncharitable exempt organization	b(ii)		X
	(iii) Rental of facilities, equipment, or other assets	b(iii)		X
	(iv) Reimbursement arrangements	b(iv)		X
	(v) Loans or loan guarantees	b(v)		X
	(vi) Performance of services or membership or fundraising solicitations	b(vi)		X
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c		X

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received: N/A

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ ☐ Yes ☒ No

b If "Yes," complete the following schedule: N/A

(a) Name of organization	(b) Type of organization	(c) Description of relationship

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 1
PART III

EXPLANATION

THE ORGANIZATION'S PRIMARY PURPOSE IS TO BUILD A COMMUNITY THAT SUPPORTS THE SUCCESS OF CHILDREN.

ST. LUCIE COUNTY BOARD OF COUNTY COMMISSIONERS
APPLICATION FOR FUNDING NON-PROFIT AGENCY
COUNTY FISCAL YEAR 2009/10
(OCTOBER 1, 2009 - SEPTEMBER 30, 2010)

SECTION VI

AGENCY STAFFING COMPLEMENT

POSITION TITLE	CFY 2008/09 NUMBER OF EMPLOYEES	CFY 2009/10 NUMBER OF EMPLOYEES
Executive Director	1	1
Project Assistant	1	1
Bookkeeper	.10	.10

TOTAL EMPLOYEES

2.10

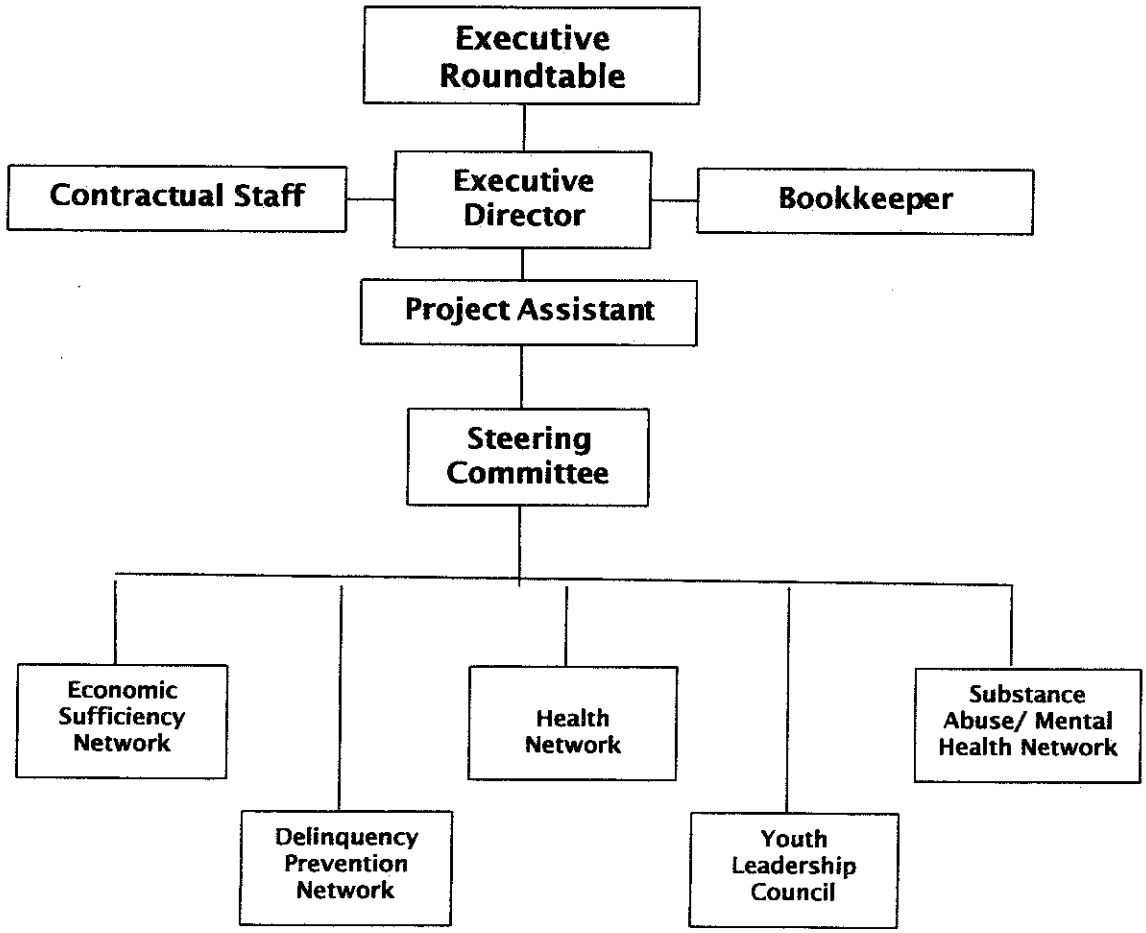
ST. LUCIE COUNTY BOARD OF COUNTY COMMISSIONERS
APPLICATION FOR FUNDING NON-PROFIT AGENCY
COUNTY FISCAL YEAR 2009/10
(OCTOBER 1, 2009- SEPTEMBER 30, 2010)

SECTION VII

ORGANIZATIONAL CHART

Provide an Organizational Chart. If chart does not identify the names and positions held by the Board of Directors, include a separate list.

Executive Roundtable of St. Lucie County, Inc.
Organizational Chart



ST. LUCIE COUNTY BOARD OF COUNTY COMMISSIONERS
APPLICATION FOR FUNDING NON-PROFIT AGENCY
COUNTY FISCAL YEAR 2009/10
(OCTOBER 1, 2009 - SEPTEMBER 30, 2010)

SECTION VIII
STATEMENT OF ASSURANCES

As a condition of receipt of County funds, the applicant must comply with the requirements of courts, local, state and federal laws, rules, regulations, and guidelines. As a part of the application and as a part of acceptance and use of County funds, the applicant agrees that:

1. It possesses legal authority to apply for the assistance that the application has been approved by the applicant's governing body, including all assurances contained herein.

2. It will utilize County funds to provide a range of services and activities having measurable and potentially major impact on the community's mental and physical welfare needs.

3. It will submit copies of executed grant contracts when match funds are requested. In addition, the County will be advised of amendments and provide copies of each amendment to grant contracts.

4. It possesses the sound fiscal controls and fund accounting procedures necessary to assure the proper disbursal of an accounting for County funds.

5. It will permit and cooperate with county, state, and federal investigations designed to evaluate compliance with the law.

6. It will give the Board, the Clerk of the Circuit Court, or any authorized representative complete access to examine all records, books, papers, or documents related to the assistance.

7. It will, in accordance with Florida Statutes, comply with nondiscrimination provisions.

8. It will, in accordance with Florida Statute 119.07, comply with the provisions of public examination of records in regards to said funds.

9. It will attest, the application and its various sections, including budget data, are true and correct. Information contained in this application accurately reflects the activities

of this agency and that the expenditures or portions thereof for which the County funds are being requested are not reimbursed by any other source.

10. Upon being awarded assistance, the applicant agrees to furnish a copy of the last audit performed in accordance with accepted accounting procedures.

11. An organizational chart of the Board of Directors and Administrators, including their names and offices or position held will be submitted as part of the application.

12. The application will become part of a contract between the Board and the Applicant.

AGENCY AUTHORIZED OFFICIAL:

Name: Christine Epps

Title: Executive Director, Executive Roundtable of Saint Lucie County, INC.

Signature:

Date: 3-12-09

ST. LUCIE COUNTY BOARD OF COUNTY COMMISSIONERS
APPLICATION FOR FUNDING NON-PROFIT AGENCIES
COUNTY FISCAL YEAR 2009/10
(OCTOBER 1, 2009 - SEPTEMBER 30, 2010)

INSTRUCTIONS

Complete A (requirement for ALL Applicants).

A. STATEMENT OF FINANCIAL OFFICER

I am the Chief Financial Officer of the Children's Services Council of St. Lucie County name of organization) and, in this capacity, I will be responsible for providing financial services adequate to insure that establishment and maintenance of an accounting system for the Shared Services Network Executive Roundtable of St. Lucie County (name of organization) which is a non profit agency charged with carrying out a program(s) under County funding. The accounting system will have internal controls adequate to safeguard the assets of such agency, and the accuracy and reliability of accounting data, promote operating efficiency, and encourage compliance with prescribed management policies of the agency.

Executive Roundtable of St. Lucie County, Inc.
(Name of Operation)

Christine Epps
(Name of Chief Financial Officer)

(Signature of Chief Financial Officer)

3-12-09
(Date)

(772) 871-5880
(Telephone Number)

ST. LUCIE COUNTY BOARD OF COUNTY COMMISSIONERS
APPLICATION FOR FUNDING NON-PROFIT AGENCY
COUNTY FISCAL YEAR 2009/10
(OCTOBER 1, 2009 - SEPTEMBER 30, 2010)

SECTION X

APPLICATION CHECKLIST

The Application must be complete, including all necessary attachments and signatures. The following is a checklist:

Section I	**Administrative Information**
Section II	**Project Identification**
Section III	**Proposed Solution to the Targeted Problem**
Section IV	**Objectives and Performance Measures**
Section V	**Budget Information (A through E)**
Section VI	**Agency Staffing Complement**
Section VII	**Organizational Chart**
Section VIII	**Statement of Assurances**
Section IX	**Accounting System Certification**
Section X	**Application Checklist**

NOTE: Applications approved for County funding will become an attachment to a contract between ST. LUCIE COUNTY Board of County Commissioners and the Applicant

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[1] Gottfredson, G.D. 1988. *Issues in Adolescent Drug Use.* Unpublished final report to the U.S. Department of Justice, Johns Hopkins University, Center for Research on Elementary and Middle Schools, Baltimore, MD. *p.* 18,21
[2] Johnston, L.D., 1991. "Toward a Theory of Drug Epidemics." In L. Donohew, H.E. Sypher, and W.J. Bukoski (eds.), *Persuasive Communication and Drug Abuse Prevention.* Hillsdale, NJ: Erlbaum. *p.* 21
[3] Elliott, D.S., D. Huizinga, and B. Morse. 1986. "Self-Reported Violent Offending – A Descriptive Analysis of Juvenile Violent Offenders and Their Offending Careers." *Journal of Interpersonal Violence* 1:472-514. *p.* 2,3,21,54
[4] Patterson, G.R., and T.J. Dishon. 1985. "Contributions of Families and Peers to Delinquency." *Criminology* 23:63-77. *P.* 20
[5] Farrington, D.P. 1991. "Childhood Aggression and Adult Violence." In D. Pepler and K.H. Rubin (eds.), *The Development and Treatment of Childhood Aggression.* Hillsdale, NJ: Erlbaum. *P.* 20,21
[6] Kandel, D.B. and K. Andrews. 1987. "Processes of Adolescent Socialization by Parents and Peers." *International Journal of the Addictions* 22:319-342.*p.* 20

[7] Peterson, P.L., J.D. Hawkins, R.D. Abbott, and R.F. Catalano. 1994. "Disentangling the Effects of Parental Drinking, Family Management, and Parental Alcohol Norms on current Drinking by Black and White Adolescents." *Journal of Research on Adolescents* 4(2) 203-227. *p.* 20

[8] Thornberry,T.P. 1994. "Violent Families and Youth Violence." *Fact Sheet #21.* Washington, DC: U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention. *p. 4, 20, 203*

[9] Patterson, G.R., and T.J. Dishon. 1985. "Contributions of Families and Peers to Delinquency." *Criminology* 23:63-77. *P.* 20

[10] Farrington, D.P. 1991. "Childhood Aggression and Adult Violence." In D. Pepler and K.H. Rubin (eds.), *The Development and Treatment of Childhood Aggression.* Hillsdale, NJ: Erlbaum. *P.* 20,21

[11] Kandel, D.B. and K. Andrews. 1987. "Processes of Adolescent Socialization by Parents and Peers." *International Journal of the Addictions* 22:319-342.*p.* 20

[12] Peterson, P.L., J.D. Hawkins, R.D. Abbott, and R.F. Catalano. 1994. "Disentangling the Effects of Parental Drinking, Family Management, and Parental Alcohol Norms on current Drinking by Black and White Adolescents." *Journal of Research on Adolescents* 4(2) 203-227. *p.* 20

[13] Thornberry,T.P. 1994. "Violent Families and Youth Violence." *Fact Sheet #21.* Washington, DC: U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention. *p. 4, 20, 203*

APPENDIX A

Kids at Hope

Stimulating dreams and instilling the desire to succeed...

Kids at Hope is a community change model that focuses on raising the inspirational level of each and every individual involved in a child's life. It is built on the premise that "all children are capable of success, no exceptions". Kids at Hope was chosen as part of the gang strategy as a method to motivate members of the community in recognizing the strengths of all children and youth necessary for a positive, hope-filled future.

Action Plan

I. Develop a minimum of three Hope Squares in St. Lucie County
- Compile list of resources within each square mile
- Train treasure hunter trainers within each square mile
- Set up systems so that certified trainers are conducting additional trainings for other individuals within their square mile.
- Divide square mile into quadrants, develop meeting and communication schedules between captains of each quadrant and full treasure hunter team for that particular square mile.

II. Coordinate all aspects of Hope Square and Kids at Hope Initiative
- Develop process design (implementation plan) for initial Hope Square and for replication in additional areas.
- Coordinate all aspects of communication, mobilization and progress
- Evaluate progress, make changes and improve all processes as it relates to KAH.

Measurement

- Quarterly progress reports and/or updates directly to ERT staff.
- Scheduled meetings, activities and related documentation as it pertains to the Hope Squares.
- Production of process design.

Projected Costs

- Salary for Coordinator
- Meetings and Training Supplies
- Training costs for KAH training in 2nd and 3rd squares
- KAH social marketing supplies

Healthy Start & Healthy Families

Helping families to build a positive family structure that lasts a lifetime...

Healthy Start and Healthy Families were chosen as early prevention programs as part of the complete gang strategy. The 2006 St. Lucie County Gang Assessment reported that respondents believed improving the family structure and helping children at early ages are key components to being on a positive, successful path. Both Healthy Start and Healthy Families provide effective education and hands-on support for families with young children to build a strong foundation for the future of the child.

Action Plan

I. Build additional funding base to expand the numbers of families that participate in Healthy Start and Healthy Families programs.

II. Augment current staff with 3-4 Registered Nurses to serve the increased number of families within the HS/HF programs.

III. Revise eligibility rules to improve service provision and improve effectiveness of program:

a) expanding population eligibility beyond 2 weeks after birth,

b) capping the size of a case manager's caseload,

c) coordinating services for the client to provide continuity of services,

d) elimination of limitations on how long families can get support through the program,

e) improving access to family planning options for clients.

IV. Conduct a basic social marketing campaign to raise awareness among local health care providers and legislators about the positive outcomes of the HS/HF program.

V. Explore parenting classes to teach family health education in the community.

Measurement

- Increase in number of families being served by HS and HF.
- Increase in registered nurses working with HS and HF.
- Quarterly updates directly to the Executive Roundtable.

Projected Costs

- In-kind costs of appropriate staff to participate in discussion group.
- Staffing costs for 3-4 Registered Nurses.
- Funds to pay for social marketing campaign.
- Funds associated with family health educational program.

Positive Behavioral Intervention Supports

Building a strong foundation of skills and tools for youth....

Reinforcing and promoting positive behavior during the school day and during transportation services were identified as areas of concern in the 2006 assessment. Teaching behavioral expectations and rewarding students for following them is a much more positive approach than waiting for misbehavior to occur before responding. School-wide Positive Behavior Support (PBS) is a systems approach to establishing the social culture and behavioral supports needed for all children in a school to achieve both social and academic success.

Action Plan

I. Increase the number of PBS model schools from 4-9 in 2008.

II. Expand PBS to include VPK, head start and other preschool programs in the county.

III. Dedicate appropriate training time for school staff and co-locative staff (JPO, SRO, Mental Health Staff) for each school to implement their PBS plan successfully.
a) develop and implement a plan for mid year training sessions,
b) dedicate time for de-escalation techniques to school staff including bus drivers.

IV. Identify and fund dedicated behavioral social skills intervention specialists for schools.

V. Coordinate PBS plans with community agencies that support schools.

VI. Increase funding base for PBS activities within the school district:
a) apply for grants to support PBS activities, as they become available,
b) build relationships with business partners for planned events and rein forcers.

VII. Continue to develop monitoring tools to maintain fidelity to the PBS strategy.

Measurement

- Number of model PBS schools at close at year end.
- Impact of PBS in schools as per school district data.
- Quarterly updates directly to the Executive Roundtable.

Projected Costs

- Staffing costs to increase number of behavioral specialists for expansion of services.

Multi-Systemic Therapy
Functional Family Therapy

Providing intensive, holistic therapeutic interventions to help youth make significant long lasting changes in their lives…

Multi-systemic Therapy (MST) & Functional Family Therapy (FFT) are interventions that target the eradication of root causes for anti-social, aggressive behavior and conduct disorders involving the whole family. The expansion of MST and initiation of FFT is an important factor in the Gang *Prevention-Intervention-Suppression* Continuum. Providing a therapeutic counseling model for families that have cycles of risk factors such as histories of problem behaviors, neighborhood disorganization, violence in the family, youth with delinquency behaviors, community crime, family management problems, alcohol and drug use in the home would have a significant impact in reducing criminal behaviors among youth while improving the family structure. There is limited capacity for individuals to participate in the program currently.

Action Plan

I. Create capacity within the county to implement MST & FFT with youth that fit the profile as determined by the intervention protocols:

   a. Develop certified MST & FFT team of professionals which takes approximately 6 months,

   b. Build a referral program between schools, probation officers and other community agencies that submits potential candidates to the team of specialists.

II. Create capacity among other agencies to support staff that are designated to implement MST/FFT only.

Measurement

- Number of certified MST & FFT professionals that are able to provide services in the county.
- Evidence of the strategy to refer youth from community and school settings to the MST & FFT teams.
- Quarterly updates directly to the Executive Roundtable.

Projected Costs

Training Costs

Funding to pay for intervention

Mentoring Programs

Changing lives of young people by showing up and being there

Mentoring programs are considered by experts to be the oldest and most impressive form of prevention that exists. When older, more experienced individuals partner with younger versions of themselves the results can be astounding. During the 2006 gang assessment, one young woman

responded to the question of what would you need to leave gang life, "*I just needed someone to help me, like a mentor.*"

Action Plan

I. Coordinate a network of all mentoring programs to develop standards and steps towards building mentoring activities within the county.
   a) Identify mentoring programs within the county
   b) Define existing levels of services
   c) Explore partnerships and collaborative projects
   d) Develop gender specific programs to attract males
   e) Develop standards for training and implementation of mentoring programs,

II. Conduct assessment of current mentoring programs:
   a) Identify types of mentoring programs in the county,
   b) Identify number of children currently being served,
   c) Identify number of children on waiting lists,
   d) Identify gaps in services through schools, law enforcement, DJJ.

III. Strengthen range of mentoring programs utilized in the County:
   a) Research model mentoring programs
   b) Develop projected outcomes, measurable objectives and evaluation strategies.

Measurement

- Development and progress of mentoring network.
- Outcomes of assessment.
- Production of mentoring network plan.
- Number of new and/or revitalized mentoring programs.
- Quarterly updates directly to the Executive Roundtable.

Projected Costs

- In-kind costs for individuals in the mentoring network
- Costs associated with distribution of an assessment.
- Funds to develop new, state-of-the art mentoring programs in the future.

Gang Outreach & Help

Giving kids positive ways to leave gang life

According to the Office of Juvenile Justice and Delinquency Prevention, identifying and engaging hard-to-reach, gang-involved, or high-risk youth and linking them with services that are appropriate to their needs has been a challenge. Building relationships with these young people, a group that is often suspicious of adults who say they want to "help" them has been recognized as critical and difficult. Yet is it a critical aspect of the continuum, because it is here where trust is built and youth that are in gangs can confide in someone that will help them find their way outside of gang life.

Action Plan

I. Increase and enhance new and existing gang outreach and help programs in the county. Create a collaborative or network to address issues of outreach, support, help and assistance with leaving gang life.

II. Develop programs to reach gang identified youth in jail and detention to intervene:

   a) Identify lead agency to collaborate with jail and detention centers,

   b) Assess each individual to identify and address specific needs,

c) Include a specific re-entry plan that addresses support, help and assistance.

III. Formalize system for law enforcement agencies to inform parents when their child is suspected of being involved in a gang.

a) Develop written materials for parents that suspect their child is in a gang,

b) Provide parents with resource guide to assist intervention,

c) Coordinate with MST, FFT and Gang Outreach programs to help child

d) Identify and train a cadre of community members that can help parents in accessing services and supporting them through the process of getting their child help.

Measurement

- Number of gang outreach programs in the county.
- Existence of collaboration network for gang outreach.
- Number of youth being served within gang outreach programs.
- Quarterly updates directly to the Executive Roundtable.

Projected Costs

- In-kind costs for individuals in the gang collaboration.
- Funds to develop gang outreach programs in the future.

Faith Based Programs

Fulfilling the desire to believe...

A strong partnership with local area churches is a significant aspect of the Prevention-Intervention-Suppression Continuum. Local Churches need to provide after school, evening and weekend programs for youth in the neighborhood. There are a variety of activities that area churches can implement so that youth have something to do within walking distance from their houses.

One of the participants in the 2006 gang assessment described what she had needed to leave the gang, "What I needed to help me get out was somebody to love me and get respect from others and God in my life."

Action Plan

I. Develop a working group (or enhance an existing group) to identify and build capacity among all aspects of organized religion in St. Lucie County.
   a) Bring all faith leaders together to address gang issues in the county.
   b) Establish a survey to send to faith organizations to further understand capacity.
   c) Share results with Juvenile Justice and Law Enforcement.
   d) Establish monthly meeting to continue work and items listed below.

II. Develop a faith summit to address youth issues through partnerships (include government and nonprofits)

III. Provide training to faith organizations with help regarding aquiring 501(c)3 status, grant writing and basic program development.

IV. Promote block party concepts in Fort Pierce and PSL through the faith community, use current models for replication.

V. Re-establish Inter-faith Sports League.

VI. Coordinate with Mentoring Network to establish faith driven mentoring programs.

VII. Train all faith leaders as Kids at Hope Treasure Hunters

Measurement

- The results of the survey.
- Number and diversity of participants as well as outcomes of faith summit.
- Membership and activities of working group to promote coordination between civic and faith organizations.
- Frequency of executed block parties and faith based activities.
- Number of faith trained in Kids at Hope.
- Quarterly updates directly to the Executive Roundtable.

Projected Costs

- In-kind costs for individuals in the network.
- Funds to develop faith based programs.

Jobs, Activities & Training

Unleashing access to an economically sustainable future

Providing education and employment training for youth to increase graduation rates, as well as wages and employment rates, could greatly reduce crime, benefiting both young people and society as a whole (Raphael & Winter-Ebmer, 2001). In the 2006 Gang Assessment, youth were asked what kids need to help avoid joining gangs, and the overwhelming response was for safe, interesting, positive activities to be involved with. The second most commonly reported answer was to have a trusting individual to provide love, concern and guidance. Additionally, after school activities and an after school job were the top two items reported by the youth as what was needed to be available to young people so that they could have a more successful life.

Action Plan

I. Coordinate through existing networks a working collaborative that focuses on increasing job opportunities and entrepreneurial programs for youth in the county:
   a) Develop partnerships with local businesses to hire youth as apprentices and employees,
   b) Use indicators like the truancy program and probation to identify youth in need of a job and initiate a database to track employment prospects for these youth,
   c) Educate employers on how to legally hire, train and employ youth,
   d) Seek funding for job training, technology training and entrepreneurial programs,

II. Initiate activities similar to WJFP Program for showcasing youth talents.

III. Support and collaborate with the ERT Youth Leadership Council and other leadership groups to develop activities for youth in the community.

Measurement

- Development of database of employers and youth in need of jobs.
- Number of youth hired through the program.
- Number of new and enhanced activities for youth in the county.
- Quarterly updates directly to the Executive Roundtable.

Projected Costs

- In-kind costs for individuals to participate in the collaborative.
- Database and assessment expenses.
- Training costs.
- Funding for entrepreneurial programs, job and technology training.

Operation Ceasefire

Violence against another human being will never be tolerated.

The foundation of the Operation Ceasefire approach is a direct and clear message delivered to all gangs in the city that committing violence against another human being is to be stopped immediately. It provides a strategy for making the community a safer place to live for residents. That while all criminal activities by gang members (drug trade, tagging, robbery) are destructive to a positive community life, the one absolutely un-tolerated action would be violence. The "promise" to gang members is that if a violent act is committed against another person, strict and severe judicial outcomes would be placed on that individual This approach has come to be known as "pulling levers" and allows law enforcement, the district attorney and justice departments to provide specific strong sentences for any violence in the city.

Action Plan

I. Convene Operation Ceasefire Task Force to review processes from other areas and develop a systematic plan with fidelity to the intervention.

II. The OC Task Force must include representatives from: law enforcement, department of juvenile justice, district attorney, public defender, community based agencies, faith based programs and parents/community members.

III. Hire OC Task Force coordinator. Must have solid understanding of law enforcement, gang issues and fidelity to the intervention.

Measurement

- Membership and progress of OC Task Force
- Hiring of OC Task Force coordinator.

Projected Costs

- Full budget needed to accomplish tasks: hiring staff, marketing costs, supplies, etc.

Treasure Coast Homeless Services Council Inc, 2009-2010
COMMUNITY SERVICES GRANTS AND AID
APPLICATION FOR FUNDING NON-PROFIT AGENCY
COUNTY FISCAL YEAR 2009/10
(OCTOBER 1, 2009 - SEPTEMBER 30, 2010)

Instructions for completing Community Services Grants and Applications.

SECTION I ADMINISTRATIVE INFORMATION

SECTION II PROJECT IDENTIFICATION

Describe in narrative form the problem to be addressed and include the Florida statue number that mandates County match for the program.

SECTION III PROPOSED SOLUTION TO THE TARGETED PROBLEM

Describe in narrative form the proposed implementation pla to reduce or eliminate the targeted problem(s) identifiec in Section II

SECTION IV OBJECTIVES AND PERFORMANCE MEASURES

Describe in narrative form the specific objectives of the project and how the objectives will be measured.

SECTION V BUDGET DATA (A)

Self explanatory.

SECTION V BUDGET DATA (B)

Prepare a Budget Schedule reflecting a breakdown of requested County Grants and other funding sources.

SECTION V BUDGET DATA (C)

Self explanatory.

SECTION V BUDGET DATA (D)

Self explanatory.

SECTION V BUDGET DATA (E)

Provide a copy of Agency's most recent IRS form 990.

SECTION VI AGENCY STAFFING

Following the example shown below, complete the Staffing Complement. List all current agency staff by position and note the Staff allocation number in terms of Full-Time Equivalents (FTE's). Indicate the number of current vacancies by position and identify each by FTE.

Note: A "Full-Time Equivalent is on employee working full time (40 hours per week) and is reported as one FTE. A person working less than full-time is computed as a percent of full-time (a person working 20 hours per week would be reported as.5). This is a comparison of the current County Fiscal Year (October 1, 2007 - September 30, 2008) versus the upcoming County Fiscal Year ().

EXAMPLE:

POSITION TITLE	CFY 2008-2009 NUMBER OF EMPLOYEES	CFY 2009-2010 NUMBER OF EMPLOYEES
Director	1	1
Secretary	1.5	2.5
Driver	1	1
TOTAL	3.5	4.5

SECTION VII STATEMENT OF ASSURANCES

Self explanatory.

SECTION VIII ACCOUNTING SYSTEM CERTIFICATION

Self explanatory.

SECTION IX ORGANIZATION CHART

Self explanatory.

SECTION X APPLICATION CHECKLIST

The checklist is provided for your convenience to ensure a complete application package.

Treasure Coast Homeless Services Council Inc, 2009-2010
ST LUCIE COUNTY BOARD OF COUNTY COMMISSIONERS
APPLICATION FOR FUNDING NON-PROFIT AGENCY
COUNTY FISCAL YEAR 2009/10
(OCTOBER 1, 2009 - SEPTEMBER 30, 2010)

SECTION I
ADMINISTRATIVE INFORMATION

1. AGENCY:

Name: Treasure Coast Homeless Services Council, Inc.

Address: 2525 St. Lucie Avenue, Vero Beach, FL32960

Telephone: 772-567-7790

Fax Number:772-567-5991

Tax Exempt No:EIN#52-225471

2. CONTRACT/PROJECT DIRECTOR:

Name: Louise Hubbard

Title: Executive Director

Telephone:772-567-7790 ext. 102

email: irhsclh@aol.com

3. CHIEF FINANCIAL OFFICER:

Name: Richard A. Stark, Chair, CFO

Address:2525 St. Lucie Ave., Vero Beach, FL 32960

Telephone: 772-231-0831

email:rstark4008@aol.com

ST.LUCIE COUNTY BOARD OF COUNTY COMMISSIONERS
APPLICATION FOR FUNDING NON-PROFIT AGENCY
OCTOBER 1, 2009 - SEPTEMBER 30, 2010

SECTION II

PROJECT IDENTIFICATION

This Section must describe in narrative form the specific problem(s) to be addressed by the implementing agency. Current data must be presented which defines the nature and extent of the targeted problem(s). Start below (use continuation pages if necessary). Please insert the documentation of the Statutory requirement for local funding.

The problem is that the actual homeless street count on January 29, 2009, conducted in St. Lucie County by the Treasure Coast Homeless Services Council, Inc. using law enforcement staff, service providers and volunteers resulted in the identification of 707 individuals without housing or shelter on that night. The data includes 52 children under the age of 18 and 44 adults over the age of sixty.

Clearly, the problem is that there is a housing and supportive services need in the County which is still unmet. Despite the efforts of the County and the Treasure Coast Homeless Services Council, economic factors on a national, state and local level have continued to contribute to the ever growing number of those who are without housing, are homeless and unable to find housing or shelter. This is due largely to the credit crisis, the collapse of the housing markets, foreclosures, and most relevant of all, due to a record high unemployment rate.

St. Lucie County's unemployment rate, as of this date, is higher than Florida's unemployment rate of 8.8%. The County's foreclosure rate is also high. Unemployment in the County is currently projected to reach 10.1% by the end of the year, according to a March 09 report by the Florida Economic Estimating Conference. Bruce Nissen, economist at Florida International University in Miami also states that while the National turnaround in unemployment may come by late 2010, Florida could take an additional four to six months to recover.

The Council intends to work with the County to provide for the housing needs of its entire community, including those who are unemployed, underemployed and those whose income is at or below 80% of the area median income, including those who are currently looking for work and are unemployed and underemployed.

ST.LUCIE COUNTY BOARD OF COUNTY COMMISSIONERS
APPLICATION FOR FUNDING NON-PROFIT AGENCY
OCTOBER 1, 2009 - SEPTEMBER 30, 2010

SECTION II

PROJECT IDENTIFICATION

The County has a responsibility to address the housing needs of its citizens. The Treasure Coast Homeless Services Council intends to assist the County in meeting some of that responsibility.

Documentation is contained in the 2008 Florida Statutes, Chapter 163 Intergovernmental Programs, Part 11: Growth Policy; County and Municipal Planning; Land Development Regulation (ss.163.2511-163.3247) SINCE THIS DOCUMENT IS 247 PAGES, ONLY ONE COPY HAS BEEN PROVIDED (p.59-64 are attached to this document.

The Administrative Code requirement for the Housing Elements are found in 9J-5, Florida Administrative Code (FAC).

Essentially the housing requirements state that a housing element must be developed which consists of: standards, plans and principles to be followed that address the provision of housing for all current and anticipated future residents of the jurisdiction and the provision of adequate sites for future housing, including housing for low-income, very low income and moderate income families, mobile homes and group home facilities and foster care facilities, with supporting infrastructure and public facilities.

(6) The commanding officer is encouraged to provide information about any community planning assistance grants that may be available to a county or affected local government through the federal Office of Economic Adjustment as an incentive for communities to participate in a joint planning process that would facilitate the compatibility of community planning and the activities and mission of the military installation.

(7) As used in this section, the term:

(a) "Affected local government" means a municipality adjacent to or in close proximity to the military installation as determined by the state land planning agency.

(b) "Military installation" means a base, camp, post, station, airfield, yard, center, home port facility for any ship, or other land area under the jurisdiction of the Department of Defense, including any leased facility. Such term does not include any facility used primarily for civil works, rivers and harbors projects, or flood control projects.

History.--s. 1, ch. 2004-230.

163.3177 Required and optional elements of comprehensive plan; studies and surveys.--

(1) The comprehensive plan shall consist of materials in such descriptive form, written or graphic, as may be appropriate to the prescription of principles, guidelines, and standards for the orderly and balanced future economic, social, physical, environmental, and fiscal development of the area.

(2) Coordination of the several elements of the local comprehensive plan shall be a major objective of the planning process. The several elements of the comprehensive plan shall be consistent, and the comprehensive plan shall be financially feasible. Financial feasibility shall be determined using professionally accepted methodologies and applies to the 5-year planning period, except in the case of a long-term transportation or school concurrency management system, in which case a 10-year or 15-year period applies.

(3)(a) The comprehensive plan shall contain a capital improvements element designed to consider the need for and the location of public facilities in order to encourage the efficient use of such facilities and set forth:

1. A component that outlines principles for construction, extension, or increase in capacity of public facilities, as well as a component that outlines principles for correcting existing public facility deficiencies, which are necessary to implement the comprehensive plan. The components shall cover at least a 5-year period.

2. Estimated public facility costs, including a delineation of when facilities will be needed, the general location of the facilities, and projected revenue sources to fund the facilities.

3. Standards to ensure the availability of public facilities and the adequacy of those facilities including acceptable levels of service.

4. Standards for the management of debt.

5. A schedule of capital improvements which includes publicly funded projects, and which may include privately funded projects for which the local government has no fiscal responsibility, necessary to ensure that adopted level-of-service standards are achieved and maintained. For capital improvements that will be funded by the developer, financial feasibility shall be demonstrated by being guaranteed in an enforceable development agreement or interlocal agreement pursuant to paragraph (10)(h), or other enforceable agreement. These development agreements and interlocal agreements shall be reflected in the schedule of capital improvements if the capital improvement is necessary to serve development within the 5-year schedule. If the local government uses planned revenue sources that require referenda or other actions to secure the revenue source, the plan must, in the event the referenda are not passed or actions do not secure the planned revenue source, identify other existing revenue sources that will be used to fund the capital projects or otherwise amend the plan to ensure financial feasibility.

6. The schedule must include transportation improvements included in the applicable metropolitan planning organization's transportation improvement program adopted pursuant to s. 339.175(8) to the extent that such improvements are relied upon to ensure concurrency and financial feasibility. The schedule must also be coordinated with the applicable metropolitan planning organization's long-range transportation plan adopted pursuant to s. 339.175(7).

(b)1. The capital improvements element must be reviewed on an annual basis and modified as necessary in accordance with s. 163.3187 or s. 163.3189 in order to maintain a financially feasible 5-year schedule of capital improvements. Corrections and modifications concerning costs; revenue sources; or acceptance of facilities pursuant to dedications which are consistent with the plan may be accomplished by ordinance and shall not be deemed to be amendments to the local comprehensive plan. A copy of the ordinance shall be transmitted to the state land planning agency. An amendment to the comprehensive plan is required to update the schedule on an annual basis or to eliminate, defer, or delay the construction for any facility listed in the 5-year schedule. All public facilities must be consistent with the capital improvements element. Amendments to implement this section must be adopted and transmitted no later than December 1, 2008. Thereafter, a local government may not amend its future land use map, except for plan amendments to meet new requirements under this part and emergency amendments pursuant to s. 163.3187(1)(a), after December 1, 2008, and every year thereafter, unless and until the local government has adopted the annual update and it has been transmitted to the state land planning agency.

2. Capital improvements element amendments adopted after the effective date of this act shall require only a single public hearing before the governing board which shall be an adoption hearing as described in s. 163.3184(7). Such amendments are not subject to the requirements of s. 163.3184(3)-(6).

(c) If the local government does not adopt the required annual update to the schedule of capital improvements, the state land planning agency must notify the Administration Commission. A local government that has a demonstrated lack of commitment to meeting its obligations identified in the capital improvements element may be subject to sanctions by the Administration Commission pursuant to s. 163.3184(11).

(d) If a local government adopts a long-term concurrency management system pursuant to s. 163.3180(9), it must also adopt a long-term capital improvements schedule covering up to a 10-year or 15-year period, and must update the long-term schedule annually. The long-term schedule of capital improvements must be

financially feasible.

(e) At the discretion of the local government and notwithstanding the requirements of this subsection, a comprehensive plan, as revised by an amendment to the plan's future land use map, shall be deemed to be financially feasible and to have achieved and maintained level-of-service standards as required by this section with respect to transportation facilities if the amendment to the future land use map is supported by a:

1. Condition in a development order for a development of regional impact or binding agreement that addresses proportionate-share mitigation consistent with s. 163.3180(12); or

2. Binding agreement addressing proportionate fair-share mitigation consistent with s. 163.3180(16)(f) and the property subject to the amendment to the future land use map is located within an area designated in a comprehensive plan for urban infill, urban redevelopment, downtown revitalization, urban infill and redevelopment, or an urban service area. The binding agreement must be based on the maximum amount of development identified by the future land use map amendment or as may be otherwise restricted through a special area plan policy or map notation in the comprehensive plan.

(4)(a) Coordination of the local comprehensive plan with the comprehensive plans of adjacent municipalities, the county, adjacent counties, or the region; with the appropriate water management district's regional water supply plans approved pursuant to s. 373.0361; with adopted rules pertaining to designated areas of critical state concern; and with the state comprehensive plan shall be a major objective of the local comprehensive planning process. To that end, in the preparation of a comprehensive plan or element thereof, and in the comprehensive plan or element as adopted, the governing body shall include a specific policy statement indicating the relationship of the proposed development of the area to the comprehensive plans of adjacent municipalities, the county, adjacent counties, or the region and to the state comprehensive plan, as the case may require and as such adopted plans or plans in preparation may exist.

(b) When all or a portion of the land in a local government jurisdiction is or becomes part of a designated area of critical state concern, the local government shall clearly identify those portions of the local comprehensive plan that shall be applicable to the critical area and shall indicate the relationship of the proposed development of the area to the rules for the area of critical state concern.

(5)(a) Each local government comprehensive plan must include at least two planning periods, one covering at least the first 5-year period occurring after the plan's adoption and one covering at least a 10-year period.

(b) The comprehensive plan and its elements shall contain policy recommendations for the implementation of the plan and its elements.

(6) In addition to the requirements of subsections (1)-(5) and (12), the comprehensive plan shall include the following elements:

(a) A future land use plan element designating proposed future general distribution, location, and extent of the uses of land for residential uses, commercial uses, industry, agriculture, recreation, conservation, education, public buildings and grounds, other public facilities, and other categories of the public and private

uses of land. Counties are encouraged to designate rural land stewardship areas, pursuant to the provisions of paragraph (11)(d), as overlays on the future land use map. Each future land use category must be defined in terms of uses included, and must include standards to be followed in the control and distribution of population densities and building and structure intensities. The proposed distribution, location, and extent of the various categories of land use shall be shown on a land use map or map series which shall be supplemented by goals, policies, and measurable objectives. The future land use plan shall be based upon surveys, studies, and data regarding the area, including the amount of land required to accommodate anticipated growth; the projected population of the area; the character of undeveloped land; the availability of water supplies, public facilities, and services; the need for redevelopment, including the renewal of blighted areas and the elimination of nonconforming uses which are inconsistent with the character of the community; the compatibility of uses on lands adjacent to or closely proximate to military installations; the discouragement of urban sprawl; energy-efficient land use patterns accounting for existing and future electric power generation and transmission systems; greenhouse gas reduction strategies; and, in rural communities, the need for job creation, capital investment, and economic development that will strengthen and diversify the community's economy. The future land use plan may designate areas for future planned development use involving combinations of types of uses for which special regulations may be necessary to ensure development in accord with the principles and standards of the comprehensive plan and this act. The future land use plan element shall include criteria to be used to achieve the compatibility of adjacent or closely proximate lands with military installations. In addition, for rural communities, the amount of land designated for future planned industrial use shall be based upon surveys and studies that reflect the need for job creation, capital investment, and the necessity to strengthen and diversify the local economies, and shall not be limited solely by the projected population of the rural community. The future land use plan of a county may also designate areas for possible future municipal incorporation. The land use maps or map series shall generally identify and depict historic district boundaries and shall designate historically significant properties meriting protection. For coastal counties, the future land use element must include, without limitation, regulatory incentives and criteria that encourage the preservation of recreational and commercial working waterfronts as defined in s. 342.07. The future land use element must clearly identify the land use categories in which public schools are an allowable use. When delineating the land use categories in which public schools are an allowable use, a local government shall include in the categories sufficient land proximate to residential development to meet the projected needs for schools in coordination with public school boards and may establish differing criteria for schools of different type or size. Each local government shall include lands contiguous to existing school sites, to the maximum extent possible, within the land use categories in which public schools are an allowable use. The failure by a local government to comply with these school siting requirements will result in the prohibition of the local government's ability to amend the local comprehensive plan, except for plan amendments described in s. 163.3187(1)(b), until the school siting requirements are met. Amendments proposed by a local government for purposes of identifying the land use categories in which public schools are an allowable use are exempt from the limitation on the frequency of plan amendments contained in s. 163.3187. The future land use element shall include criteria that encourage the location of schools proximate to urban residential areas to the extent possible and shall require that the local government seek to collocate public facilities, such as parks, libraries, and community centers, with schools to the extent possible and to encourage the use of elementary schools as focal points for neighborhoods. For schools serving predominantly rural counties, defined as a county with a population of 100,000 or fewer, an agricultural land use category shall be eligible for the location of public school facilities if the local comprehensive plan contains school siting criteria and the location is consistent with such criteria. Local governments required to update or

amend their comprehensive plan to include criteria and address compatibility of adjacent or closely proximate lands with existing military installations in their future land use plan element shall transmit the update or amendment to the department by June 30, 2006.

(b) A traffic circulation element consisting of the types, locations, and extent of existing and proposed major thoroughfares and transportation routes, including bicycle and pedestrian ways. Transportation corridors, as defined in s. 334.03, may be designated in the traffic circulation element pursuant to s. 337.273. If the transportation corridors are designated, the local government may adopt a transportation corridor management ordinance. The traffic circulation element shall incorporate transportation strategies to address reduction in greenhouse gas emissions from the transportation sector.

(c) A general sanitary sewer, solid waste, drainage, potable water, and natural groundwater aquifer recharge element correlated to principles and guidelines for future land use, indicating ways to provide for future potable water, drainage, sanitary sewer, solid waste, and aquifer recharge protection requirements for the area. The element may be a detailed engineering plan including a topographic map depicting areas of prime groundwater recharge. The element shall describe the problems and needs and the general facilities that will be required for solution of the problems and needs. The element shall also include a topographic map depicting any areas adopted by a regional water management district as prime groundwater recharge areas for the Floridan or Biscayne aquifers. These areas shall be given special consideration when the local government is engaged in zoning or considering future land use for said designated areas. For areas served by septic tanks, soil surveys shall be provided which indicate the suitability of soils for septic tanks. Within 18 months after the governing board approves an updated regional water supply plan, the element must incorporate the alternative water supply project or projects selected by the local government from those identified in the regional water supply plan pursuant to s. 373.0361(2)(a) or proposed by the local government under s. 373.0361(7)(b). If a local government is located within two water management districts, the local government shall adopt its comprehensive plan amendment within 18 months after the later updated regional water supply plan. The element must identify such alternative water supply projects and traditional water supply projects and conservation and reuse necessary to meet the water needs identified in s. 373.0361(2)(a) within the local government's jurisdiction and include a work plan, covering at least a 10 year planning period, for building public, private, and regional water supply facilities, including development of alternative water supplies, which are identified in the element as necessary to serve existing and new development. The work plan shall be updated, at a minimum, every 5 years within 18 months after the governing board of a water management district approves an updated regional water supply plan. Amendments to incorporate the work plan do not count toward the limitation on the frequency of adoption of amendments to the comprehensive plan. Local governments, public and private utilities, regional water supply authorities, special districts, and water management districts are encouraged to cooperatively plan for the development of multijurisdictional water supply facilities that are sufficient to meet projected demands for established planning periods, including the development of alternative water sources to supplement traditional sources of groundwater and surface water supplies.

(d) A conservation element for the conservation, use, and protection of natural resources in the area, including air, water, water recharge areas, wetlands, waterwells, estuarine marshes, soils, beaches, shores, flood plains, rivers, bays, lakes, harbors, forests, fisheries and wildlife, marine habitat, minerals, and other natural and environmental resources, including factors that affect energy conservation. Local governments

shall assess their current, as well as projected, water needs and sources for at least a 10-year period, considering the appropriate regional water supply plan approved pursuant to s. 373.0361, or, in the absence of an approved regional water supply plan, the district water management plan approved pursuant to s. 373.036(2). This information shall be submitted to the appropriate agencies. The land use map or map series contained in the future land use element shall generally identify and depict the following:

1. Existing and planned waterwells and cones of influence where applicable.

2. Beaches and shores, including estuarine systems.

3. Rivers, bays, lakes, flood plains, and harbors.

4. Wetlands.

5. Minerals and soils.

6. Energy conservation.

The land uses identified on such maps shall be consistent with applicable state law and rules.

(e) A recreation and open space element indicating a comprehensive system of public and private sites for recreation, including, but not limited to, natural reservations, parks and playgrounds, parkways, beaches and public access to beaches, open spaces, waterways, and other recreational facilities.

(f)1. A housing element consisting of standards, plans, and principles to be followed in:

a. The provision of housing for all current and anticipated future residents of the jurisdiction.

b. The elimination of substandard dwelling conditions.

c. The structural and aesthetic improvement of existing housing.

d. The provision of adequate sites for future housing, including affordable workforce housing as defined in s. 380.0651(3)(j), housing for low-income, very low-income, and moderate-income families, mobile homes, and group home facilities and foster care facilities, with supporting infrastructure and public facilities.

e. Provision for relocation housing and identification of historically significant and other housing for purposes of conservation, rehabilitation, or replacement.

f. The formulation of housing implementation programs.

g. The creation or preservation of affordable housing to minimize the need for additional local services and avoid the concentration of affordable housing units only in specific areas of the jurisdiction.

h. Energy efficiency in the design and construction of new housing.

SECTION III

PROPOSED SOLUTION TO THE TARGETED PROBLEM

This Section must describe in narrative form the proposed implementation plan to reduce or eliminate the targeted problem(s) as identified in Section II. Start below (use continuation pages if necessary).

The Council will continue its highly successful efforts to secure state and federal funding to prevent and alleviate homelessness on the Treasure Coast. As a result of the 2008 HUD Competition, the Council was awarded $985,840 in Federal funds to house homeless and disabled individuals.

The Council will continue its affiliation with the St. Lucie County Affordable Housing Advisory Committee to participate in joint planning for affordable housing in the County.

The Council will continue to fund licenses and provide data entry services into the mandatory HMIS data management program on behalf of St. Lucie County's Shelter Plus Care program and nine other agencies in the County who are required to provide real time data, in order to maintain their eligibility to receive state and federal funds.

The Council will continue to provide training and technical assistance to nine St. Lucie County service providers and St. Lucie County Community Services Division in data management for reporting and tracking purposes.

The Council will continue to maintain its role as administrator of the Homeless Family Center and will continue to provide staffing and operations funding to allow St. Lucie County homeless families with children to access shelter and transitional housing at the Center.

The Council will continue to operate the Homeless Resource Center to give St. Lucie County residents access to direct financial assistance for rents, utilities and security deposits.

The Council will continue to pursue additional funding for the completion of the Children's Home Society's 12 apartments which serve youth ageing out of foster care.

ST. LUCIE COUNTY BOARD OF COUNTY COMMISSIONERS
APPLICATION FOR FUNDING NON-PROFIT AGENCY
COUNTY FISCAL YEAR 2009/10
OCTOBER 1, 2009 - SEPTEMBER 30, 2010

SECTION III

PROPOSED SOLUTION TO THE TARGETED PROBLEM

The Homeless Resource Center of the Council will maintain its partnership with St. Lucie County Community Services to continue to provide prevention services, emergency services and housing assistance to St. Lucie County residents who access the system through St. Lucie County staff.

A total of 5,250 units of service was provided to St. Lucie County residents during 2008-2009 with a dollar value of $299, 465.02, serving 997 adults, 320 children, and 237 seniors.

The majority of the funding was expended for housing and housing related services.

Our proposed solution to the issue of housing need is to continue to aggressively pursue all funding options to house or re-house as many individuals as possible with State and Federal Funds.

It is anticipated that there will be local funding available for housing assistance through the Stimulus Legislation. The Treasure Coast Homeless Services Council will apply for the St. Lucie County Share of Stimulus Emergency Shelter Grant funding to house individuals and families in St. Lucie County, and to avoid evictions from existing rental units.

ST. LUCIE COUNTY BOARD OF COUNTY COMMISSIONERS
APPLICATION FOR FUNDING NON-PROFIT AGENCY
COUNTY FISCAL YEAR 2009/10
OCTOBER 1, 2009 - SEPTEMBER 30, 2010

SECTION IV

OBJECTIVES AND PERFORMANCE MEASURES

This Section must identify in narrative form the specific objectives of the project and how attainment of the objectives will be measured. Each objective must include: (1) The current level of performance; (2) The proposed change reflected as a rate, percent or other index and (3) An estimated time period for accomplishment of the objective. Start below (use continuation pages if necessary).

During 2009 - 2010, The Council will secure family emergency housing and transitional housing for at least 90 St. Lucie County families. In 2008 - 2009, 115 families received assistance.

During 2009 - 2010, The Council will provide direct financial assistance to at least 50 fifty individuals and families for utility assistance in St. Lucie County. In 2008-2009, 71 individuals and families received direct assistance.

During 2009 - 2010, The Council will provide dedicated funding to St. Lucie County sub-grantees to house at least 25 St. Lucie County families who would otherwise become homeless. In 2008-2009, 30 adults with 40 children from St. Lucie County received direct assistance.

During 2009 - 2010, The Council will continue to support the Shelter Plus Care grants which house at least 18 homeless, disabled single adults in fair market rentals. In 2008-2009, 18 individuals were housed in fair market housing.

ST. LUCIE COUNTY BOARD OF COUNTY COMMISSIONERS
APPLICATION FOR FUNDING NON-PROFIT AGENCY
COUNTY FISCAL YEAR 2009/10
OCTOBER 1, 2009 - SEPTEMBER 30, 2010

SECTION V

BUDGET INFORMATION

(A)

COUNTY FUNDING - CFY 2008/09 (October 1, 2008- SEPTEMBER 30, 2009)	$22,500
REQUESTED COUNTY FUNDING -CFY 2009/10 (OCTOBER 1, 2009 - SEPTEMBER 30, 2010	$22,500
*TOTAL AGENCY BUDGET - CFY 2009/10 (OCTOBER 1, 2009- SEPTEMBER 30, 2010)	$$299,412

* (Refer to information below)

*Total Agency Budget Amount is to include all requests for funding from other sources. Use this space to identify the sources and the amounts of funding requested wherein the award status is currently unknown.

At this point in time, all funding requests for last year have been awarded. Our fiscal year is January - December.

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2007

Open to Public Inspection

A For the 2007 calendar year, or tax year beginning and ending

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
TREASURE COAST HOMELESS SERVICES COUNCIL, INC.

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
2525 ST. LUCIE AVENUE

City or town, state or country, and ZIP + 4
VERO BEACH, FL 32960

D Employer identification number
52-2254571

E Telephone number
772-567-7790

F Accounting method: ☐ Cash ☒ Accrual ☐ Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Website: ▶N/A

J Organization type (check only one) ▶ ☒ 501(c)(3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check here ▶ ☐ if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than $25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) If "Yes," enter number of affiliates ▶ N/A

H(c) Are all affiliates included? N/A ☐ Yes ☐ No (If "No," attach a list.)

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

I Group Exemption Number ▶ N/A

M Check ▶ ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 660,159.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1	Contributions, gifts, grants, and similar amounts received:			
	a	Contributions to donor advised funds	1a		
	b	Direct public support (not included on line 1a)	1b	132,118.	
	c	Indirect public support (not included on line 1a)	1c	82,000.	
	d	Government contributions (grants) (not included on line 1a)	1d	417,165.	
	e	Total (add lines 1a through 1d) (cash $ 631,283. noncash $)			1e 631,283.
	2	Program service revenue including government fees and contracts (from Part VII, line 93)			2
	3	Membership dues and assessments			3
	4	Interest on savings and temporary cash investments			4 4,013.
	5	Dividends and interest from securities			5
	6a	Gross rents SEE STATEMENT 1	6a	10,942.	
	b	Less: rental expenses SEE STATEMENT 2	6b	10,593.	
	c	Net rental income or (loss). Subtract line 6b from line 6a			6c 349.
	7	Other investment income (describe ▶)			7
	8a	Gross amount from sales of assets other than inventory — (A) Securities	8a	(B) Other 13,921.	
	b	Less: cost or other basis and sales expenses	8b		
	c	Gain or (loss) (attach schedule)	8c	13,921.	
	d	Net gain or (loss). Combine line 8c, columns (A) and (B) STMT 3			8d 13,921.
	9	Special events and activities (attach schedule). If any amount is from gaming, check here ▶ ☐			
	a	Gross revenue (not including $ of contributions reported on line 1b)	9a		
	b	Less: direct expenses other than fundraising expenses	9b		
	c	Net income or (loss) from special events. Subtract line 9b from line 9a			9c
	10a	Gross sales of inventory, less returns and allowances	10a		
	b	Less: cost of goods sold	10b		
	c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a			10c
	11	Other revenue (from Part VII, line 103)			11
	12	**Total revenue.** Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11			12 649,566.
Expenses	13	Program services (from line 44, column (B))			13 684,659.
	14	Management and general (from line 44, column (C))			14 59,184.
	15	Fundraising (from line 44, column (D))			15 2,896.
	16	Payments to affiliates (attach schedule)			16
	17	**Total expenses.** Add lines 16 and 44, column (A)			17 746,739.
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 12			18 <97,173.>
	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19 1,144,301.
	20	Other changes in net assets or fund balances (attach explanation)			20 0.
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20			21 1,047,128.

Part II Statement of Functional Expenses organizations must complete column (A). Columns (B), (C) and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash $ 0. noncash $ 0.) If this amount includes foreign grants, check here ▶ ☐	22a				
22b Other grants and allocations (attach schedule) (cash $ 0. noncash $ 0.) If this amount includes foreign grants, check here ▶ ☐	22b				
23 Specific assistance to individuals (attach schedule) STATEMENT 4	23	444,851.	444,851.		
24 Benefits paid to or for members (attach schedule)	24				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a	72,000.	67,680.	2,160.	2,160.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b	0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c				
26 Salaries and wages of employees not included on lines 25a, b, and c	26	114,646.	76,590.	38,056.	
27 Pension plan contributions not included on lines 25a, b, and c	27				
28 Employee benefits not included on lines 25a - 27	28	14,185.	11,278.	2,749.	158.
29 Payroll taxes	29	14,278.	11,037.	3,076.	165.
30 Professional fundraising fees	30				
31 Accounting fees	31	4,750.		4,750.	
32 Legal fees	32				
33 Supplies	33	6,468.	5,029.	1,365.	74.
34 Telephone	34	10,674.	8,786.	1,792.	96.
35 Postage and shipping	35				
36 Occupancy	36	13,272.	10,278.	2,841.	153.
37 Equipment rental and maintenance	37	661.	512.	142.	7.
38 Printing and publications	38				
39 Travel	39				
40 Conferences, conventions, and meetings	40	7,441.	7,441.		
41 Interest	41				
42 Depreciation, depletion, etc. (attach schedule)	42	1,622.	1,256.	347.	19.
43 Other expenses not covered above (itemize):					
a INSURANCE	43a	3,163.	2,449.	677.	37.
b DUES, SUBSCRIPTIONS,	43b				
c AND FEES	43c	3,040.	1,784.	1,229.	27.
d COORDINATOR-IRC	43d	30,085.	30,085.	0.	0.
e CONTRACT SERVICES	43e	5,603.	5,603.	0.	0.
f	43f				
g	43g				
44 **Total functional expenses.** Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	746,739.	684,659.	59,184.	2,896.

Joint Costs. Check ▶ ☐ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ▶ ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs $ N/A ; (ii) the amount allocated to Program services $ N/A ; (iii) the amount allocated to Management and general $ N/A ; and (iv) the amount allocated to Fundraising $ N/A

Part III Statement of Program Service Accomplishments *(See the instructions)*

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ▶ STRATEGIC PLANNING FOR HOMELESS SERVICES.

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

a DEVELOP CONTINUUM OF CARE FOR HOMELESS SERVICES AND QUALIFY COUNTY SERVICE AGENCIES FOR HUD AND DCF FUNDED PROGRAMS. PREPARE FUNDING AND GRANT APPLICATIONS ON BEHALF OF SERVICE SURVEY HOMELESS AND PREPARE STRATEGIES TO SERVE HOMELESS.

(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐ 521,669.

b A LONG-TERM HURRICANE RECOVERY PROGRAM KNOWN AS INDIAN RIVER CARES WAS ESTABLISHED IN CONNECTION WITH FLORIDA ASSISTANCE FOR THE PURPOSE OF PROVIDING ASSISTANCE TO INDIVIDUALS RECOVERING FROM HURRICANE DAMAGES.

(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐ 162,990.

c

(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐

d

(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐

e Other program services (attach schedule)

(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐

f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶ 684,659.

Form 990 (2007)

Part IV Balance Sheets *(See the instructions.)*

Note: *Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.*

				(A) Beginning of year		(B) End of year
Assets	45	Cash - non-interest-bearing		575,487.	45	377,779.
	46	Savings and temporary cash investments			46	
	47 a	Accounts receivable	47a			
	b	Less: allowance for doubtful accounts	47b		47c	
	48 a	Pledges receivable	48a			
	b	Less: allowance for doubtful accounts	48b		48c	
	49	Grants receivable		354,035.	49	120,898.
	50 a	Receivables from current and former officers, directors, trustees, and key employees			50a	
	b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)			50b	
	51 a	Other notes and loans receivable	51a			
	b	Less: allowance for doubtful accounts	51b		51c	
	52	Inventories for sale or use			52	
	53	Prepaid expenses and deferred charges		3,778.	53	10,277.
	54 a	Investments - publicly-traded securities ▶ ☐ Cost ☐ FMV			54a	
	b	Investments - other securities ▶ ☐ Cost ☐ FMV			54b	
	55 a	Investments - land, buildings, and equipment: basis	55a 9,081.			
	b	Less: accumulated depreciation	55b 5,027.	5,675.	55c	4,054.
	56	Investments - other			56	
	57 a	Land, buildings, and equipment: basis	57a			
	b	Less: accumulated depreciation	57b		57c	
	58	Other assets, including program-related investments (describe ▶ SEE STATEMENT 5)		599,197.	58	590,473.
	59	**Total assets** (must equal line 74). Add lines 45 through 58		1,538,172.	59	1,103,481.
Liabilities	60	Accounts payable and accrued expenses		6,886.	60	5,443.
	61	Grants payable			61	
	62	Deferred revenue			62	
	63	Loans from officers, directors, trustees, and key employees			63	
	64 a	Tax-exempt bond liabilities			64a	
	b	Mortgages and other notes payable			64b	
	65	Other liabilities (describe ▶ DUE TO GRANT BENEFICIARY)		386,985.	65	50,910.
	66	**Total liabilities.** Add lines 60 through 65		393,871.	66	56,353.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here** ▶ [X] and complete lines 67 through 69 and lines 73 and 74.				
	67	Unrestricted		284,574.	67	294,535.
	68	Temporarily restricted		859,727.	68	752,593.
	69	Permanently restricted			69	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 70 through 74.				
	70	Capital stock, trust principal, or current funds			70	
	71	Paid-in or capital surplus, or land, building, and equipment fund			71	
	72	Retained earnings, endowment, accumulated income, or other funds			72	
	73	**Total net assets or fund balances.** Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)		1,144,301.	73	1,047,128.
	74	**Total liabilities and net assets/fund balances.** Add lines 66 and 73		1,538,172.	74	1,103,481.

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return *(See the instructions.)*

a	Total revenue, gains, and other support per audited financial statements			a	693,807.
b	Amounts included on line a but not on Part I, line 12:				
1	Net unrealized gains on investments	b1			
2	Donated services and use of facilities	b2	33,648.		
3	Recoveries of prior year grants	b3			
4	Other (specify): SEE STATEMENT 6	b4	10,593.		
	Add lines b1 through b4			b	44,241.
c	Subtract line b from line a			c	649,566.
d	Amounts included on Part I, line 12, but not on line a:				
1	Investment expenses not included on Part I, line 6b	d1			
2	Other (specify):	d2			
	Add lines d1 and d2			d	0.
e	Total revenue (Part I, line 12). Add lines c and d			e	649,566.

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements			a	790,980.
b	Amounts included on line a but not on Part I, line 17:				
1	Donated services and use of facilities	b1	33,648.		
2	Prior year adjustments reported on Part I, line 20	b2			
3	Losses reported on Part I, line 20	b3			
4	Other (specify): SEE STATEMENT 7	b4	10,593.		
	Add lines b1 through b4			b	44,241.
c	Subtract line b from line a			c	746,739.
d	Amounts included on Part I, line 17, but not on line a:				
1	Investment expenses not included on Part I, line 6b	d1			
2	Other (specify):	d2			
	Add lines d1 and d2			d	0.
e	Total expenses (Part I, line 17). Add lines c and d			e	746,739.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) *(See the instructions.)*

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
SEE STATEMENT 8		72,000.	0.	0.

Part V-A Current Officers, Directors, Trustees, and Key Employees *(continued)*

		Yes	No
75 a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ▶ 22		
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) 75b		X
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." 75c		X
	If "Yes," attach a statement that includes the information described in the instructions.		
d	Does the organization have a written conflict of interest policy? 75d		X

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
NONE				

Part VI Other Information *(See the instructions.)*

		Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change 76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? 77		X
	If "Yes," attach a conformed copy of the changes.		
78 a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return? 78a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A 78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement 79		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? 80a		X
b	If "Yes," enter the name of the organization ▶ N/A and check whether it is ☐ exempt or ☐ nonexempt		
81 a	Enter direct and indirect political expenditures. (See line 81 instructions.) 81a 0.		
b	Did the organization file Form 1120-POL for this year? 81b		X

Part VI Other Information (continued)

			Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X	
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) 82b 33,648.			
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to *quid pro quo* contributions?	83b	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A	84b		
85 a	*501(c)(4), (5), or (6).* Were substantially all dues nondeductible by members? N/A	85a		
b	Did the organization make only in-house lobbying expenditures of $2,000 or less? N/A	85b		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			
c	Dues, assessments, and similar amounts from members 85c N/A			
d	Section 162(e) lobbying and political expenditures 85d N/A			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A	85h		
86	*501(c)(7) organizations.* Enter: a Initiation fees and capital contributions included on line 12 86a N/A			
b	Gross receipts, included on line 12, for public use of club facilities 86b N/A			
87	*501(c)(12) organizations.* Enter: a Gross income from members or shareholders 87a N/A			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b N/A			
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI ▶	88b		X
89 a	*501(c)(3) organizations.* Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0.			
b	*501(c)(3) and 501(c)(4) organizations.* Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.			
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶ 0.			
e	*All organizations.* At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e		X
f	*All organizations.* Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		X
g	*For supporting organizations and sponsoring organizations maintaining donor advised funds.* Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g		X
90 a	List the states with which a copy of this return is filed ▶ NONE			
b	Number of employees employed in the pay period that includes March 12, 2007 90b 4			
91 a	The books are in care of ▶ LOUISE HUBBARD Telephone no. ▶ 772-567-7790 Located at ▶ 2525 ST. LUCIE AVE., VERO BEACH, FL ZIP + 4 ▶ 32960-3385			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ N/A See the instructions for exceptions and filing requirements for **Form TD F 90-22.1,** Report of Foreign Bank and Financial Accounts.	91b		X

Part VI Other Information *(continued)*

		Yes	No
c	At any time during the calendar year, did the organization maintain an office outside of the United States? 91c		X
	If "Yes," enter the name of the foreign country ▶ N/A		
92	*Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of* Form 1041- Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92 N/A		

Part VII Analysis of Income-Producing Activities *(See the instructions.)*

Note: *Enter gross amounts unless otherwise indicated.*	Unrelated business income (A) Business code	Unrelated business income (B) Amount	Excluded by section 512, 513, or 514 (C) Exclusion code	Excluded by section 512, 513, or 514 (D) Amount	(E) Related or exempt function income
93 Program service revenue:					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					4,013.
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					349.
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					13,921.
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		0.	18,283.
105 **Total** (add line 104, columns (B), (D), and (E)) ▶					18,283.

Note: *Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.*

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes *(See the instructions.)*

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
95	INTEREST ON CASH ACCOUNTS
97B	SUBRENTAL RECEIPTS FROM COUNTY GOVERNMENT FOR EXCESS SPACE NOT CURRENTLY UTILIZED IN OPERATIONS FOR REDUCTION IN OPERATING EXPENSES
100	PROCEEDS FROM SURPLUS EQUIPMENT REINVESTED INTO PROGRAM

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities *(See the instructions.)*

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
N/A	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts *(See the instructions.)*

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: *If "Yes" to* (b), *file Form 8870 and Form 4720 (see instructions).*

Part XI Information Regarding Transfers To and From Controlled Entities *Complete only if the organization is a controlling organization as defined in section 512(b)(13).* N/A

		Yes	No
106	Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.		

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
	Totals			

		Yes	No
107	Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.		

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
	Totals			

		Yes	No
108	Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?		

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.

Please Sign Here

Louise Hurbard 7-17-08
Signature of officer Date

LOUISE HURBARD, EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed ▶ ☐	Preparer's SSN or PTIN (See Gen. Inst. X)
CPA	7-17-08		

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ MORGAN, JACOBY, THURN, BOYLE & ASSOC PA
700 20TH ST
VERO BEACH, FL 32960

EIN ▶

Phone no. ▶ (772)562-4158

Form **8868**
(Rev. April 2008)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box ▶ [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ▶ [ ]

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits.*

Type or print	Name of Exempt Organization	Employer identification number
File by the due date for filing your return. See instructions.	TREASURE COAST HOMELESS SERVICES COUNCIL, INC.	52-2254571
	Number, street, and room or suite no. If a P.O. box, see instructions. 2525 ST. LUCIE AVENUE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. VERO BEACH, FL 32960	

Check type of return to be filed (file a separate application for each return):

[X] Form 990	[ ] Form 990-T (corporation)	[ ] Form 4720
[ ] Form 990-BL	[ ] Form 990-T (sec. 401(a) or 408(a) trust)	[ ] Form 5227
[ ] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 6069
[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 8870

- The books are in the care of ▶ LOUISE HUBBARD
  Telephone No. ▶ 772-567-7790 FAX No. ▶
- If the organization does not have an office or place of business in the United States, check this box ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ▶ [ ]. If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2008, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ [X] calendar year 2007 or
▶ [ ] tax year beginning _____, and ending _____.

2 If this tax year is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	$
b	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	$
c	**Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	$ N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No. 1545-0047

2007

Name of the organization TREASURE COAST HOMELESS SERVICES COUNCIL, INC.

Employer identification number 52 2254571

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than $50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over $50,000 ▶	0			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than $50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over $50,000 for professional services ▶	0	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than $50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over $50,000 for other services ▶	0	

Part III Statements About Activities (See page 2 of the instructions.)

		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ $ _____ $ _____ (Must equal amounts on line 38, Part VI-A, or line j of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	1		X
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? *(If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)*			
a	Sale, exchange, or leasing of property?	2a		X
b	Lending of money or other extension of credit?	2b		X
c	Furnishing of goods, services, or facilities?	2c		X
d	Payment of compensation (or payment or reimbursement of expenses if more than $1,000)? SEE PART V-A, FORM 990	2d	X	
e	Transfer of any part of its income or assets?	2e		X
3 a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a		X
b	Did the organization have a section 403(b) annuity plan for its employees?	3b		X
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c		X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		X
4 a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a		X
b	Did the organization make any taxable distributions under section 4966? N/A	4b		
c	Did the organization make a distribution to a donor, donor advisor, or related person? N/A	4c		
d	Enter the total number of donor advised funds owned at the end of the tax year ▶		N/A	
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶		N/A	
f	Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶		0.	
g	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year ▶		0.	

Part IV **Reason for Non-Private Foundation Status** (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).

6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)

7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).

8 ☐ A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).

9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ▶ _____

10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)

11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

12 ☐ 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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)

13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:

☐ Type I ☐ Type II ☐ Type III-Functionally Integrated ☐ Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents? Yes	(d) No	(e) Amount of support
Total ▶					

14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.
Note: *You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.*

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	743,763.	740,656.	303,914.	289,188.	2,077,521.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	3,613.	2,661.	15,219.	7,105.	28,598.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	747,376.	743,317.	319,133.	296,293.	2,106,119.
24 Line 23 minus line 17	747,376.	743,317.	319,133.	296,293.	2,106,119.
25 Enter 1% of line 23	7,474.	7,433.	3,191.	2,963.	

26 **Organizations described on lines 10 or 11:** a Enter 2% of amount in column (e), line 24 ▶	26a		42,122.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. **Do not file this list with your return.** Enter the total of all these excess amounts ▶	26b		36,602.
c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶	26c		2,106,119.
d Add: Amounts from column (e) for lines: 18 28,598. 19 ____ 22 ____ 26b 36,602. ▶	26d		65,200.
e Public support (line 26c minus line 26d total) ▶	26e		2,040,919.
f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ▶	26f		96.9043%

27 **Organizations described on line 12:** a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." **Do not file this list with your return.** Enter the sum of such amounts for each year: N/A
(2006) ____ (2005) ____ (2004) ____ (2003) ____

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the **larger** of **(1)** the amount on line 25 for the year or **(2)** $5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) **Do not file this list with your return.** After computing the difference between the amount received and the larger amount described in **(1)** or **(2)**, enter the sum of these differences (the excess amounts) for each year: N/A
(2006) ____ (2005) ____ (2004) ____ (2003) ____

c Add: Amounts from column (e) for lines: 15 ____ 16 ____ 17 ____ 20 ____ 21 ____ ▶	27c		N/A
d Add: Line 27a total ____ and line 27b total ____ ▶	27d		N/A
e Public support (line 27c total minus line 27d total) ▶	27e		N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e) ▶	27f	N/A	
g **Public support percentage (line 27e (numerator) divided by line 27f (denominator))** ▶	27g		N/A %
h **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))** ▶	27h		N/A %

28 **Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. **Do not file this list with your return.** Do not include these grants in line 15.
NONE

Part V **Private School Questionnaire** (See page 9 of the instructions.) N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
32	Does the organization maintain the following:			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
	If you answered "Yes" to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		

N/A

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.)

(To be completed ONLY by an eligible organization that filed Form 5768)

Check ▶ a ☐ if the organization belongs to an affiliated group. Check ▶ b ☐ if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for all electing organizations
		N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount. Enter the amount from the following table - **If the amount on line 40 is -** / **The lobbying nontaxable amount is -**			
Not over $500,000 — 20% of the amount on line 40			
Over $500,000 but not over $1,000,000 — $100,000 plus 15% of the excess over $500,000			
Over $1,000,000 but not over $1,500,000 — $175,000 plus 10% of the excess over $1,000,000	41		
Over $1,500,000 but not over $17,000,000 — $225,000 plus 5% of the excess over $1,500,000			
Over $17,000,000 — $1,000,000			
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		

Caution: *If there is an amount on either line 43 or line 44, you must file Form 4720.*

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

N/A

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
	Lobbying Expenditures During 4-Year Averaging Period				
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h.)			0

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 14 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

		Yes	No
a	Transfers from the reporting organization to a noncharitable exempt organization of:		
	(i) Cash	51a(i)	X
	(ii) Other assets	a(ii)	X
b	Other transactions:		
	(i) Sales or exchanges of assets with a noncharitable exempt organization	b(i)	X
	(ii) Purchases of assets from a noncharitable exempt organization	b(ii)	X
	(iii) Rental of facilities, equipment, or other assets	b(iii)	X
	(iv) Reimbursement arrangements	b(iv)	X
	(v) Loans or loan guarantees	b(v)	X
	(vi) Performance of services or membership or fundraising solicitations	b(vi)	X
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c	X

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received: N/A

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ ☐ Yes ☒ No

b If "Yes," complete the following schedule: N/A

(a) Name of organization	(b) Type of organization	(c) Description of relationship

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

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

2007

Name of organization
TREASURE COAST HOMELESS SERVICES COUNCIL, INC.

Employer identification number
52-2254571

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	[X] 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 organizations 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-

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

[ ] For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests 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 Form 990-EZ, that received from any one contributor, during the year, some 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: *Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they* **must** *check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).*

Name of organization
TREASURE COAST HOMELESS SERVICES COUNCIL, INC.

Employer identification number
52-2254571

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	JOHNS ISLAND COMMUNITY SERVICE LEAGUE PO BOX 8133 INDIAN RIVER SHORES, FL 32963	$ 22,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
2	UNITED WAY OF INDIAN RIVER COUNTY PO BOX 1960 VERO BEACH, FL 32961	$ 60,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
3	LUTHERAN SERVICES - IRC 3627A WEST WATERS AVE TAMPA, FL 33614	$ 36,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

Form **4562**

Department of the Treasury
Internal Revenue Service

Depreciation and Amortization 990
(Including Information on Listed Property)

▶ See separate Instructions. ▶ Attach to your tax return.

OMB No. 1545-0172

2007

Attachment Sequence No. 67

Name(s) shown on return	Business or activity to which this form relates	Identifying number
TREASURE COAST HOMELESS SERVICES COUNCIL, INC.	FORM 990 PAGE 2	52-2254571

Part I Election To Expense Certain Property Under Section 179 Note: *If you have any listed property, complete Part V before you complete Part I.*

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	125,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	500,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2006 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2008. Add lines 9 and 10, less line 12 ▶	13	

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

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

14	Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) and cellulosic biomass ethanol plant property placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

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

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2007	17	1,622.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B - Assets Placed in Service During 2007 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property						
c	7-year property						
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs.		S/L	
h	Residential rental property	/		27.5 yrs.	MM	S/L	
		/		27.5 yrs.	MM	S/L	
i	Nonresidential real property	/		39 yrs.	MM	S/L	
		/			MM	S/L	

Section C - Assets Placed in Service During 2007 Tax Year Using the Alternative Depreciation System

20a	Class life					S/L	
b	12-year			12 yrs.		S/L	
c	40-year	/		40 yrs.	MM	S/L	

Part IV Summary (see instructions)

21	Listed property. Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	1,622.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V **Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: *For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete* **only** *24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.*

Section A - Depreciation and Other Information (Caution: *See the instructions for limits for passenger automobiles.*)

24a Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No 24b If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special allowance for qualified Gulf Opportunity Zone property placed in service during the tax year and used more than 50% in a qualified business use						25		
26 Property used more than 50% in a qualified business use:								
	: :	%						
	: :	%						
	: :	%						
27 Property used 50% or less in a qualified business use:								
	: :	%				S/L -		
	: :	%				S/L -		
	: :	%				S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1						28		
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1						29		

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
30 Total business/investment miles driven during the year (**do not** include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are **not** more than 5% owners or related persons.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: *If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.*

Part VI **Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2007 tax year:					
	: :				
	: :				
43 Amortization of costs that began before your 2007 tax year				43	
44 Total. Add amounts in column (f). See the instructions for where to report				44	

Tax Asset Detail 1/01/07 - 12/31/07

Asset	*	Property Description	Date In Service	Tax Cost	Sec 179 Exp Current = c	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period
2		Computer - Office	6/11/01	1,020.78	0.00	0.00	1,020.78	0.00	1,020.78	0.00	S/L	5.0
3		Computer - Offsite	11/06/01	1,439.30	0.00	0.00	1,439.30	0.00	1,439.30	0.00	S/L	5.0
4		Phone System	5/24/06	6,621.45	0.00	0.00	945.92	1,621.58	2,567.50	4,053.95	200DB	7.0
		Grand Total		9,081.53	0.00c	0.00	3,406.00	1,621.58	5,027.58	4,053.95		

FORM 990 RENTAL INCOME STATEMENT 1

KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME
	1	10,942.
TOTAL TO FORM 990, PART I, LINE 6A		10,942.

FORM 990 RENTAL EXPENSES STATEMENT 2

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
RENTAL EXPENSE		10,593.	
- SUBTOTAL -	1		10,593.
TOTAL TO FORM 990, PART I, LINE 6B			10,593.

FORM 990 GAIN (LOSS) FROM SALE OF OTHER ASSETS STATEMENT 3

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
FEMA TRAILERS	VARIOUS	VARIOUS	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	13,921.	0.	0.	0.	13,921.
TO FM 990, PART I, LN 8	13,921.	0.	0.	0.	13,921.

FORM 990 SPECIFIC ASSISTANCE TO INDIVIDUALS STATEMENT 4

DESCRIPTION	AMOUNT
HOMELESS ASSISTANCE PROGRAM EXPENSES	315,180.
INDIAN RIVER CARES	129,671.
TOTAL TO FORM 990, PART II, LINE 23	444,851.

FORM 990 OTHER ASSETS STATEMENT 5

DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
LEASEHOLD INTEREST	597,897.	589,173.
DEPOSITS	1,300.	1,300.
TOTAL TO FORM 990, PART IV, LINE 58	599,197.	590,473.

FORM 990 OTHER REVENUE NOT INCLUDED ON FORM 990 STATEMENT 6

DESCRIPTION	AMOUNT
RENTAL EXPENSES NETTED IN REVENUES ON FORM 990	10,593.
TOTAL TO FORM 990, PART IV-A	10,593.

FORM 990 OTHER EXPENSES NOT INCLUDED ON FORM 990 STATEMENT 7

DESCRIPTION	AMOUNT
RENTAL EXPENSES NETTED IN REVENUES ON FORM 990	10,593.
TOTAL TO FORM 990, PART IV-B	10,593.

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 8

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN-SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
LOUISE HUBBARD 2367 SE HARRINGTON AVENUE PORT ST. LUCIE, FL 34952	EXECUTIVE DIRECTOR 40.00	72,000.	0.	0.
RICHARD STARK 340 PALMETTO POINT INDIAN RIVER SHORES, FL 32963	CHAIRMAN 0.00	0.	0.	0.
JOYCE CARLSON 2525 ST. LUCIE AVENUE VERO BEACH, FL 32960	PRESIDENT 0.00	0.	0.	0.
ROBERT BAUCHMAN 755 BEACHLAND BOULEVARD VERO BEACH, FL 32963	TREASURER 0.00	0.	0.	0.
LAWRENCE BROOKS 415 AVENUE A SUITE 101 FT. PIERCE, FL 34950	DIRECTOR 0.00	0.	0.	0.
ANITA COCOVES 2401 S.E. MONTEREY ROAD STUART, FL 34996	SECRETARY 0.00	0.	0.	0.
KRISTINE SARKAUSKAS 777 37TH STREET VERO BEACH, FL 32960	DIRECTOR 0.00	0.	0.	0.
JOHN FRANKLIN 437 N. 7TH ST. FT. PIERCE, FL 34950	DIRECTOR 0.00	0.	0.	0.

WINSTON HAMILTON 2525 ST. LUCIE AVENUE VERO BEACH, FL 32960	DIRECTOR 0.00	0.	0.	0.
LEEANNE HONEY 720 4TH STREET VERO BEACH, FL 32962	DIRECTOR 0.00	0.	0.	0.
COLLEEN JEEVES 9350 SOUTH US 1 PORT ST. LUCIE, FL 34952	DIRECTOR 0.00	0.	0.	0.
JULIA KEENAN 3650 41ST STREET VERO BEACH, FL 32967	DIRECTOR 0.00	0.	0.	0.
BONNIE KEENEY 2000 20TH STREET VERO BEACH, FL 32960	DIRECTOR 0.00	0.	0.	0.
MICHELE KIESEL 1900 27TH STREET VERO BEACH, FL 32960	DIRECTOR 0.00	0.	0.	0.
TOM KING P.O. BOX 2458 VERO BEACH, FL 32961	DIRECTOR 0.00	0.	0.	0.
ROBERT LAWTON 1901 23RD STREET VERO BEACH, FL 32960	DIRECTOR 0.00	0.	0.	0.
HOPE LEET P.O. BOX 190 FELLSMERE, FL 32948	DIRECTOR 0.00	0.	0.	0.
STACY MALINOWSKI P.O. BOX 3612 FT. PIERCE, FL 34948	DIRECTOR 0.00	0.	0.	0.
TRICIA POLLARD 121 SW PORT ST. LUCIE BLVD. PORT ST. LUCIE, FL 34984	DIRECTOR 0.00	0.	0.	0.
BARBARA PATTEN P.O. BOX 2766 VERO BEACH, FL 32961	DIRECTOR 0.00	0.	0.	0.
JOHN ROMANO 4500 W. MIDWAY ROAD FT. PIERCE, FL 34981	DIRECTOR 0.00	0.	0.	0.

KRISTEN WEBSTER 216 SOUTH 2ND STREET FT. PIERCE, FL 34950	DIRECTOR 0.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		72,000.	0.	0.

ST. LUCIE COUNTY BOARD OF COUNTY COMMISSIONERS
APPLICATION FOR FUNDING NON-PROFIT AGENCY
COUNTY FISCAL YEAR 2009/10
OCTOBER 1, 2009 - SEPTEMBER 30, 2010
SECTION V

BUDGET INFORMATION

PROJECT BUDGET SCHEDULE
(B)

This section must specifically identify the Project Budget Schedule. Prepare a line item budget. Start below (Use continuation pages if necessary).

Maintain Federal and State Projects Eligibility	-	$2,500
Training and HMIS Licensure and Help Desk	-	$5,000
Resource Center Housing/ Financial Assistance	-	$15,000

ST.LUCIE COUNTY BOARD OF COUNTY COMMISSIONERS
APPLICATION FOR FUNDING NON-PROFIT AGENCY
COUNTY FISCAL YEAR 2009/10
OCTOBER 1, 2009 - SEPTEMBER 30, 2010

SECTION V

BUDGET INFORMATION

BUDGET NARRATIVE
(C)

This Section is to detail in narrative form how the requested County funds will be expended per line item as reported under the project budget schedule. Start below (use continuation pages if necessary).

Program Services Line Items	County funds
Contract Management and Eligibility Performance for Federal and State Funds	$2,500
Clienttrack (HMIS) Licenses, training and data quality management for client database	$5,000
Direct intake and case management services to secure housing, transitional housing and to qualify clients for rental and utility assistance.	$22, 500 0
TOTAL EXPENDITURES	$22,500.00

ST. LUCIE COUNTY BOARD OF COUNTY COMMISSIONERS
APPLICATION FOR FUNDING NON-PROFIT AGENCY
COUNTY FISCAL YEAR 2009/10
OCTOBER 1, 2009 - SEPTEMBER 30, 2010

SECTION V
BUDGET INFORMATION
REVENUE
(D)

Complete the following items as indicated. Include all revenue/anticipated revenue. Use an * if funding has been requested and the award is currently unknown. Start below (use continuation pages if necessary).

TOTAL AGENCY REVENUE - CFY 2008/09 (OCTOBER 1, 2008 - SEPTEMBER 30, 2009)	$299,412
TOTAL ANTICIPATED AGENCY REVENUE - CFY 2009/10 (OCTOBER 1, 2009 - SEPTEMBER 30, 2010)	$288,417

1.	FEDERAL GRANTS	GRANT PERIOD	AMOUNT
	HUD HMIS	10/01/09 -09/30/10	59,018.00
	ESG		16,363.00

2.	STATE GRANTS	GRANT PERIOD	AMOUNT
	DCF	10/01/09-09-30/10	46,390.00
	State Office on Homelessness		18,188.00

3. CASH DONATIONS/CONTRIBUTIONS/FUND RAISING/NON-PROFIT GRANTS

FUNDING SOURCE	GRANT PERIOD	AMOUNT
Martin Co. BOCC	10/01/09-09/30/10	$22,500
Indian River Co. BOCC		$17,859
John's Island CSL		$25,000
Standish Foundation		$15,000
McCabe Foundation		$10,000
Leonhardt Foundation		$15,000
Community Church		$10,000
Homeless Family Center		$20,000

4. CLIENT FEES/FIRST AND THIRD PARTY REIMBURSEMENTS	AMOUNT
Tenant Income	$13,099

TOTAL $288,417

ST. LUCIE COUNTY BOARD OF COUNTY COMMISSIONERS
APPLICATION FOR FUNDING NON-PROFIT AGENCY
COUNTY FISCAL YEAR 2009/10
OCTOBER 1, 2009 - SEPTEMBER 30, 2010

SECTION V

BUDGET INFORMATION

FORM 990
(E)

Attach a copy of the Agency's form 990 Department of the Treasure Internal Revenue Service Return of Organization Exempt From Income Tax.

(Number pages of Form 990 as 9-1, 9-2, etc.)

Attached

ST. LUCIE COUNTY BOARD OF COUNTY COMMISSIONERS
APPLICATION FOR FUNDING NON-PROFIT AGENCY
COUNTY FISCAL YEAR 2009/10
OCTOBER 1, 2009 - SEPTEMBER 30, 2010

SECTION VI

AGENCY STAFFING COMPLEMENT

POSITION TITLE	CFY 2008/09 NUMBER OF EMPLOYEES	CFY 2009/10 NUMBER OF EMPLOYEES
Executive Director	1	1
Resource Center Manger	1	1
HMIS Systems Administrator	1	1
Financial Manager	1	1
Housing Coordinator	1	1
Data Management Staff	0.8	0.8
TOTAL EMPLOYEES	5.8	5.8

60% of HMIS Systems Administrator salary and benefits are paid by a HUD grant award. TCHSC pays 40%.

Housing Coordinator's salary and benefits are paid by New Horizons.

Data Management Staff person is an hourly employee with no benefits.

Dick Stark
2525 St. Lucie Avenue, Vero Beach, FL, 32960
Phone: 772-567-7790
Fax: 772-567-5991
Email: rstark4008@aol.com
Leonhardt Foundation, John's Island Community Services League Funding

Joyce Carlson
TCHSC, Inc.
2525 St. Lucie Avenue, Vero Beach, FL, 32960
Phone: 772-567-7790
Fax: 772-567-5991
Email: joycejc@myway.com
Children's Services Advisory Committee

Jacqueline Murphy
755 Beachland Blvd., Vero Beach, FL, 32963
Phone: 772-492-1100 x128
Fax: 772-492-1126
Email: jam28@ntrs.com
Vice President of Northern Trust Bank
Bridge Loans for Construction

Anita Cocoves
Martin County Health & Human Services
2401 S.E. Monterey Road, Stuart, FL, 34996
Phone: 772-463-2868
Fax: 772-221-2397
Email: acocoves@martin.fl.us
Health Care, Indigent hospitalization, community services block grant funds

Jill Borowicz
SafeSpace
P.O. Box 4075, Fort Pierce, FL, 34948
Phone: 772-595-0042
Fax: 772-595-0367
Email: jborowicz@safespacefl.org
Domestic Violence services, Housing placement, education

Jessica Parrish
St. Lucie County SHIP
437 N. 7th Street, Fort Pierce, FL, 34950
Phone: 772-462-2375
Fax: 772-462-1703
Email: parrishj@stlucieco.org
SHIP, HHRP, Supportive Housing

Tracey Segal
Samaritan Center
3650 41st Street, Vero Beach, FL, 32967
Phone: 772-770-3039
Fax: 772-567-0812
Email: samcenter1@bellsouth.net
Transitional Housing for Families

Michele Kiesel
IRC Health Department
1900 27th Street, Vero Beach, FL, 32960
Phone: 772-794-7474
Fax: 772-770-5403
Email: michele_kiesel@doh.state.fl.us
Indigent Health Care, Dental Program

Tom King
The Source
P.O. Box 2458, Vero Beach, FL, 32961
Phone: 772-978-0601
Fax: 772-9780608
Email: tking61965@aol.com
Day Shelter Services, Motels, Meals

Hope Leet
Fellsmere Community Enrichment Program
P.O. Box 190, Fellsmere, FL, 32948
Phone: 772-571-0031
Fax: 772-571-0032
Email: fcep@aol.com
Farmworker Housing, Farmworker Services

Stacy Malinowski
Mustard Seed
P.O. Box 3612, Fort Pierce, FL, 34948
Phone: 772-466-6851
Fax: 772-467-0372
Email: stacy_mustardinc@bellsouth.net
St. Lucie County Indigent Services, Food, Clothing, Rentals

Julia Keenan
Homeless Family Center
720 4th Street, Vero Beach, FL, 32962
Phone: 772-567-2766
Fax: 772-567-1454
Email: jkeenan@homelessfamilycenter.org
Emergency Shelter and Transitional Housing

Tricia Pollard
City of Port St. Lucie Community Services
121 SW Port St. Lucie Blvd., Port St. Lucie, FL, 34984
Phone: 772-871-5284
Fax: 772-344-4340
Email: triciap@cityofpsl.com
SHIP, HHRP, Affordable Housing Development

John Romano
New Horizons of the Treasure Coast
4500 W. Midway Road, Fort Pierce, FL, 34981
Phone: 772-468-4069
Email: jromano@nhtcinc.org
Supportive Services, Inpatient Services, Mental Health Hospitalization, Shelter Plus Care

Kristine Sarkauskas
Mental Health Association
777 37th Street, Vero Beach, FL, 32960
Phone: 772-569-9788
Fax: 772-569-2088
Email: kris@mhainirc.org
Mental Health Services, Children's Mental Health

Robert Lawton
Community Church
1901 23rd Street, Vero Beach, FL, 32960
Phone: 772-562-3633
Fax: 772-562-9425
Email: carol.trax@ccovb.org
Care to Share, Utilites, Share Florida Food Program, Housing

Kristen Webster
Office of the Public Defender
216 South 2nd Street, Fort Pierce, FL, 34950
Phone: 772-462-2048
Fax: 772-462-2020
Email: websterk@stlucieco.gov
Housing for Re-entry, Substance Abuse programming, ATR provider

Commissioner Joseph Fleischer
IRC Commission
5686 65th Street, Vero Beach, FL 32967
Phone: 772-567-7827
Funding Advocacy with Country Commissioners

Page Woodward
211 Information and Referral
PO Box 1960
Vero Beach, FL 32961
Ph: 772.766.0326
Fax: 772.567.2089
Information and Referral Service, Youth Crisis Line

Lawrence Brooks
Children's Home Society
415 Avenues A
Fort Pierce, FL 34950
Ph: 772.489.5601 x 260
Fax: 772.595.9874
Housing for Youth Ageing out of Foster Care, Youth Shelter, Family Motels

Dorina Jenkins
City of Fort Pierce-Community Development
PO Box 1480
Fort Pierce, FL 34954
Ph: 772.460.2200
SHIP, Affordable Housing, Community Services

Tricia Pollard
City of Port St. Lucie Community Services
121 SE Port St. Lucie Blvd.
Port St. Lucie, FL 34984
Ph: 772.871.5284
Fax: 772.344.4340
SHIP, Affordable Housing Development

Beth Ryder
St. Lucie County Community Services
437 North 7th Street
Fort Pierce, FL 34950
Ph: 772.462.1777
St. Lucie County Community Services, Indigent Services, Shelter Plus Care

Cheryl Bass
Martin County Administrative Center
2401 Monterey Road
Stuart, FL 34996

TREASURE COAST HOMELESS SERVICES COUNCIL, INC.
2525 St. Lucie Avenue
irhsclh@ aol.com **Vero Beach, FL 32960** 772-567-7790
Ph: 772.463.2868
Fax: 772.288.5513
Martin County Community Services, Indigent Services, Shelter Plus Care

Susan Bykofsky
Gulfstream Goodwill
1715 Tiffany Drive East
West Palm Beach, FL 33407
Ph: 561.848.7200
Fax: 561.848.6707
Employment and Program for Disabled

Rossana Gonzalez
Hibiscus Children's Center
2500 NE Dixie Hwy
Jensen Beach, FL 34957
Ph: 772.334.9311
Fax: 772.334.1991
Crisis Nursery, Family Shelter, Motels

Habitat for Humanity of Indian River County
4568 N US Hwy 1
Vero Beach, FL 32967
Ph: 772.562.9860
Habitat Housing, SHIP

Robert O'Conner
Indian River Housing Authority
1028 20th Place
Vero Beach, FL 32960
Ph: 772.770.5014
PHA, Section 8, Affordable Housing

Jeff Luther
IRC Sheriff's Office
4055 41st Avenue
Vero Beach, FL 32960
Ph: 772.569.6700
Fax: 772.569.8344
Affordable Housing, Jail Diversion Program

Donna Carman
Indiantown Non-Profit Housing
PO Box 456
Indiantown, FL 34956

Ph: 772-597.3667
Fax: 772.597.4635
Affordable Housing, My Safe Florida Home, SHIP

Brad Bernauer
Indian River County Human Services
1840 25th Street
Vero Beach, FL 32960
Ph: 772.567.8000
Fax: 772.978.1798
Indian River County Community Services, Indigent Services, Rentals, Utilities

David Sullivan
Indian River Community College
3209 Virginia Avenue
Fort Pierce, FL 34981
Ph: 772.462.4716
Fax: 772.462.4727
Migrant Housing and Educational Programs

Lenora Ritchie
McCabe Foundation
3055 Cardinal Drive, Suite 106
Vero Beach, FL 32963
Ph: 772.231.7513
Mentally Ill Children's' Services, Family Mental Health Walk-In Center

Schonna Green
M.I.S.S. of the Treasure Coast
3820 SE Dixie Hwy
Stuart, FL 34997
Ph: 772.781.4063
Fax: 772.219.4387
Transitional Housing for Families, Affordable Housing for Families

Sherri Heisi
School Board of Indian River County
1990 25th Street
Vero Beach, FL 32960
Ph: 772.564.3057
Outreach to Homeless Children in the School System

Bonnie Keeney
St. Helen's Church
2000 20th Street
Vero Beach, FL 32960
Ph: 772.567.5129

TREASURE COAST HOMELESS SERVICES COUNCIL, INC.
2525 St. Lucie Avenue
irhsclh@ aol.com **Vero Beach, FL 32960** 772-567-7790
Fax: 772.562.2442
Utilities, Rentals, Food and Transportation Vouchers

Ceilia Cerda
Martin County Salvation Army
901 Johnson Avenue
Stuart, FL 34994
Ph: 772.288.1471
Utilities, Rentals, Food

Connye Brown
Indian River Salvation Army
PO Box 2864
Vero Beach, FL 32961
Ph: 772.978.0265
Fax: 772.978.7830
Utilities, Rentals, Food

Elizabeth Whittles
TCCC, Inc.
2030 SE Ocean Blvd
Stuart, FL 34996
Ph: 772.288.5758
Fax: 772.288.5799
Legislative Advocacy, Program Development, Children's Services

Michael Kint
United Way of Indian River County
PO Box 1960
Vero Beach, FL 32960
Ph: 772.567-8900
Referrals, Hurricane Relief Funding

Chris Adams
United Way of St. Lucie County
4800 S Federal Highway
Fort Pierce, FL 34982
Ph: 772.464.7805
Referrals, Hurricane Relief Funding

Bob Solari
730 Painted Bunting Lane
Vero Beach, FL 32963
City Council Member

TREASURE COAST HOMELESS SERVICES COUNCIL, INC.
2525 St. Lucie Avenue
irhsclh@ aol.com Vero Beach, FL 32960 772-567-7790

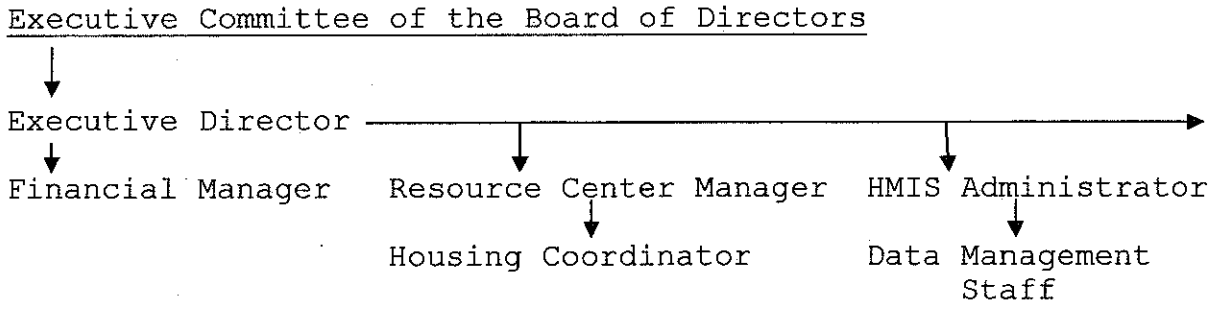
Ellie Rowe
Coalition for Attainable Homes
1216 21st Street
Vero Beach, FL 32960
Affordable Housing Development, SHIP, HOP

ST. LUCIE COUNTY BOARD OF COUNTY COMMISSIONERS
APPLICATION FOR FUNDING NON-PROFIT AGENCY
COUNTY FISCAL YEAR 2009/10
OCTOBER 1, 2009 - SEPTEMBER 30, 2010

SECTION VII

ORGANIZATIONAL CHART

Provide an Organizational Chart. If chart does not identify the names and positions held by the Board of Directors, include a separate list.



No agency staff positions are held by the Board of Directors.

Executive Committee of the Board of Directors includes:
Richard Stark, Chair, CFO
Joyce Carlson, President
Louise Hubbard, Executive Vice President
Anita Cocoves, Secretary
Jacqueline Murphy, Treasurer
John Romano, Member at Large
Stacy Malinowski , Member at Large
Lawrence Brooks, Member at Larger

List of the Board of Directors and Council Members is attached.

ST. LUCIE COUNTY BOARD OF COUNTY COMMISSIONERS
APPLICATION FOR FUNDING NON-PROFIT AGENCY
COUNTY FISCAL YEAR 2009/10
OCTOBER 1, 2009 - SEPTEMBER 30, 2010

SECTION VIII
STATEMENT OF ASSURANCES

As a condition of receipt of County funds, the applicant must comply with the requirements of courts, local, state and federal laws, rules, regulations, and guidelines. As a part of the application and as a part of acceptance and use of County funds, the applicant agrees that:

1. It possesses legal authority to apply for the assistance, that the application has been approved by the applicant's governing body, including all assurances contained herein.

2. It will utilize County funds to provide a range of services and activities having measurable and potentially major impact on the community's mental and physical welfare needs.

3. It will submit copies of executed grant contracts when match funds are requested. In addition, the County will be advised of amendments and provide copies of each amendment to grant contracts.

4. It possesses the sound fiscal controls and fund accounting procedures necessary to assure the proper disbursal of an accounting for County funds.

5. It will permit and cooperate with county, state, and federal investigations designed to evaluate compliance with the law.

6. It will give the Board, the Clerk of the Circuit Court, or any authorized representative complete access to examine all records, books, papers, or documents related to the assistance.

7. It will, in accordance with Florida Statutes, comply with

Treasure Coast Homeless Services Council, Inc, 2009-2010 nondiscrimination provisions.

8. It will, in accordance with Florida Statute 119.07, comply with the provisions of public examination of records in regards to said funds.

ST. LUCIE COUNTY BOARD OF COUNTY COMMISSIONERS
APPLICATION FOR FUNDING NON-PROFIT AGENCY
COUNTY FISCAL YEAR 2009/10
OCTOBER 1, 2009 - SEPTEMBER 30, 2010

SECTION VIII
STATEMENT OF ASSURANCES

9. It will attest, the application and its various sections, including budget data, are true and correct. Information contained in this application accurately reflects the activities of this agency and that the expenditures or portions thereof for which the County funds are being requested are not reimbursed by any other source.

10. Upon being awarded assistance, the applicant agrees to furnish a copy of the last audit performed in accordance with accepted accounting procedures.

11. An organizational chart of the Board of Directors and Administrators, including their names and offices or position held will be submitted as part of the application.

12. The application will become part of a contract between the Board and the Applicant.

AGENCY AUTHORIZED OFFICIAL:

Name:Louise Hubbard

Title: Executive Director

Signature: Bruce Hubbard

Date:03/13/09

ST. LUCIE COUNTY BOARD OF COUNTY COMMISSIONERS
APPLICATION FOR FUNDING NON-PROFIT AGENCIES
COUNTY FISCAL YEAR 2009/10
OCTOBER 1, 2009 - SEPTEMBER 30, 2010

INSTRUCTIONS

Complete A (requirement for ALL Applicants).

A. STATEMENT OF FINANCIAL OFFICER

I am the Chief Financial Officer of Treasure Coast Homeless Services Council, Inc, and, in this capacity, I will be responsible for providing financial services adequate to insure that establishment and maintenance of an accounting system for Treasure Coast Homeless Services Council, Inc, which is a non profit agency charged with carrying out a program(s) under County funding. The accounting system will have internal controls adequate to safeguard the assets of such agency, and the accuracy and reliability of accounting data, promote operating efficiency, and encourage compliance with prescribed management policies of the agency.

Treasure Coast Homeless Services Council, Inc.
(Name of Operation)

Richard A. Stark, Chairman of the Board
(Name of Chief Financial Officer)

Dick Stark
(Signature of Chief Financial Officer)

03/03/09
(Date)

772-231-0831
(Telephone Number)

ST. LUCIE COUNTY BOARD OF COUNTY COMMISSIONERS
APPLICATION FOR FUNDING NON-PROFIT AGENCY
COUNTY FISCAL YEAR 2009/10
OCTOBER 1, 2009 - SEPTEMBER 30, 2010

SECTION X

APPLICATION CHECKLIST

The Application must be complete, including all necessary attachments and signatures. The following is a checklist:

Section I	Administrative Information
Section II	Project Identification
Section III	Proposed Solution to the Targeted Problem
Section IV	Objectives and Performance Measures
Section V	Budget Information (A through E)
Section VI	Agency Staffing Complement
Section VII	Organizational Chart
Section VIII	Statement of Assurances
Section IX	Accounting System Certification
Section X	Application Checklist

NOTE: Applications approved for County funding will become an attachment to a contract between ST. LUCIE COUNTY Board of County Commissioners and the Applicant.

G:\Non-Profit Grant Application

ECONOMIC DEVELOPMENT
COUNCIL OF ST. LUCIE COUNTY

PUBLIC PARTNERS
St. Lucie County
City of Fort Pierce
City of Port St. Lucie
Florida Atlantic University
Fort Pierce Utilities Authority
Indian River State College
SLC Chamber of Commerce
St. Lucie County School District
Workforce Development Board

BOARD OF ADVISOR LEVEL
Core Communities
Lawnwood Regional Medical Center & Heart Institute / St. Lucie Medical Center
Martin Memorial Health Systems
National City
Riverside National Bank
Torrey Pines Institute for Molecular Studies

CHAIRMAN'S LEVEL
AT&T Florida
Mann Research Center
McNicholas & Associates
Seacoast National Bank
Suffolk Construction Company
Tropicana

LEADERSHIP LEVEL
Asset Specialists Inc.
First Peoples Bank
Florida Power & Light
Home Town Cable TV
Scripps Treasure Coast Newspapers
Weiss, Handler, Angelos & Cornwell, PA

CORPORATE LEVEL
Anderson-Moore Construction Corp.
Astorino
Balfour Beatty
Bank Atlantic
BE&K Building Group, Inc.
Boyle / AECOM
Colonial Bank
C R Klewin Southeast, Inc.
Dean, Mead, Minton & Zwemer
DPR Construction, Inc.
Grand Bank & Trust of Florida
Gunster, Yoakley & Stuart, P.A.
KIRCO
Liberty Medical
Mapp Construction, LLC
Orange Blossom Business Center
PGA Golf Club
Realtors Association of St. Lucie
Rhodes Holdings
Ruden McClosky
SLC Commercial, Inc.
Spherion

June 2, 2009

Ms. Faye Outlaw
County Administrator
St. Lucie County
2300 Virginia Avenue
Fort Pierce, FL 34982

Dear Ms. Outlaw:

The Economic Development Council of St. Lucie County respectfully requests the Board of County Commissioners approve the same amount of funding, $250,000 for FY 2009-2010 as was approved for this current fiscal year. The EDC would also request that the conditions as set forth in the current contract, amended January 6, 2009, be applied to the contract for FY 2009-2010.

We look forward to working with you in building the county into a strong, diversified, and stable economy.

Sincerely,

Larry Pelton
President

LP/cc
Copy:
Marie Gouin
Management and Budget Director

OFFICE OF
MANAGEMENT & BUDGET
JUN 04 2009
ST LUCIE COUNTY
FLORIDA

1850 SW Fountainview Boulevard, Suite 205, Port St. Lucie, FL 34986
(772) 879-4144 Office • (772) 879-7477 Fax • contact@YourEDC.com • www.YourEDC.com

C08-10-594

FIRST AMENDMENT TO GRANT CONTRACT

THIS FIRST AMENDMENT, made this 6 day of January, 2009, between **ST. LUCIE COUNTY,** a political subdivision of the State of Florida, hereinafter called the "County," and **ECONOMIC DEVELOPMENT COUNCIL OF ST. LUCIE COUNTY,** or its successors, executors, administrators, and assigns hereinafter called the "Council":

WHEREAS, on October 14, 2008, the parties entered into a Grant Contract wherein the County agreed to disburse a grant in the amount of one hundred fifty thousand and 00/100 dollars ($150,000.00) to the Council to be used toward the Council's costs in its efforts to facilitate economic development in St. Lucie County for the period October 1, 2008 though and including September 30, 2009; and,

WHEREAS, the parties have agreed to increase the amount of the grant to two hundred fifty and 00/100 dollars ($250,000.00).

NOW, THEREFORE, in consideration of the mutual promises contained herein, the parties agree to amend the Contract as follows:

1. Paragraph 1 is hereby amended to read as follows:

> The County shall disburse a grant in the total amount of two hundred fifty thousand and 00/100 dollars ($250,000.00) for the period October 1, 2008 through and including September 30, 2009. The County shall make four quarterly payments of sixty-two thousand five hundred and 00/100 dollars ($62,500.00) each to the Council. Each quarterly payment shall be made within thirty (30) days of the County's receipt and acceptance of the Council's quarterly interim report showing that the goals and objectives of the grant as set forth in Paragraph 2 are being met.

2. All other terms and conditions of the Grant Contract shall remain in full force and effect.

IN WITNESS WHEREOF, the parties have caused the execution by their duly authorized officials as of the day and year first written above.

ATTEST:

DEPUTY CLERK

BOARD OF COUNTY COMMISSIONERS
ST. LUCIE COUNTY, FLORIDA

BY _____
CHAIRMAN

APPROVED AS TO FORM AND CORRECTNESS:

COUNTY ATTORNEY

WITNESSES:

_____

_____

ECONOMIC DEVELOPMENT COUNCIL OF ST. LUCIE COUNTY

BY: _____

NAME: _____

TITLE: _____

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C08-10-594

GRANT CONTRACT

THIS GRANT CONTRACT, made this 14th day of October, 2008, between **ST. LUCIE COUNTY,** a political subdivision of the State of Florida, hereinafter called the "County," and **ECONOMIC DEVELOPMENT COUNCIL OF ST. LUCIE COUNTY,** or its successors, executors, administrators, and assigns hereinafter called the "Council":

IN CONSIDERATION of the mutual benefits received by each part, the parties mutually agree as follows:

1. The County shall disburse a grant in the total amount of one hundred thousand and 00/100 dollars ($150,000.00) for the period October 1, 2008 through and including September 30, 2009. The County shall make four quarterly payments of thirty-seven thousand five hundred and 00/100 dollars ($37,500.00) each to the Council. Each quarterly payment shall be made within thirty (30) days of the County's receipt and acceptance of the Council's quarterly interim report showing that the goals and objectives of the grant as set forth in Paragraph 2 are being met.

2. The grant monies shall be used toward the Council's costs in its efforts to facilitate economic development in St. Lucie County. The goals and objectives for the Council's economic development efforts in connection with the grant shall include the following:

A. The Council shall aggressively market relocation opportunities in the County to target businesses. To accomplish this goal, the Council shall establish a marketing program in conjunction with the County to seek these targeted businesses;

B. The Council shall aggressively market the expansion of existing businesses located in the County; and,

C. The Council shall improve communications between the Council and all levels of the County's elected officials and staff.

3. The Council shall deliver to the County interim reports on March 31st, June 30th, September 30, and December 31st during the term of this Contract analyzing the Council's activities or how such goals and objectives were met during the preceding quarter.

4. The Council shall have internal controls adequate to safeguard the grant.

5. If the grant cannot be used or a subsequent audit reveals the grant was not used according to the terms and conditions of this contract, any money not so used shall be reimbursed to the County.

6. On or before April 1, 2010, the Council shall provide an audit for Contract term, by a certified or duly licensed public accountant, of the expenditure of the grant. In the alternative and subject to the prior written approval of the County Management and Budget Director, the Council may submit qualifying paid invoices in lieu of a certified audit.

7. The Council gives the County the right, until the expiration of three (3) years after expenditure of funds under this agreement, to audit the use of the grant monies. Upon demand, the County shall have access to and the right to examine any directly pertinent books, documents, papers, and records of the Council involving transactions related to these grant monies. All required records shall be maintained until an audit is completed and all questions arising therefrom are resolved, or until the expiration of three (3) years after the expenditure of the funds.

8. The Council is and shall be an independent contractor, responsible to all parties for all of its acts or omissions and the County shall in no way be responsible for such acts or

omissions. The Council shall and will indemnify and hold harmless the County from and against any and all liability, claims, damages, expenses, fees, fines, penalties, suits, proceedings, and actions and costs of actions, including reasonable attorney's fees, of any kind and nature arising or growing out or in any way connected with the use, occupations, administration or control of the above described services by the Council or its agents, employees, customers, patrons or invitees, or resulting from any injury to person or property, or a loss of life or property of any kind or nature whatsoever sustained during the term of this Agreement. The Council hereby acknowledges that the payments made under this Agreement include specific consideration for the indemnification provided herein.

9. The Council agrees to comply with all local, state and federal laws, rules and regulations.

10. All publications, media productions and exhibit graphics produced by the Council to facilitate economic development in the St. Lucie County shall include the following statement: Sponsored in part by the Board of County Commissioners, St. Lucie County, Florida.

11. Either party may terminate this contract with cause upon thirty (30) days written notice to the other provided that the party allegedly violating the contract shall have a reasonable opportunity to cure the alleged violation, provided however the Council shall reimburse the County for all unencumbered funds or funds expended or encumbered in conflict with Council's application, as of the date of termination notice.

12. Any notice shall be in writing and sent registered or certified mail, postage and charges prepaid, and addressed to the parties at the following address: To the County: St. Lucie Cc

Administration Annex, Room 300
2300 Virginia Ave., 3rd Floor
Fort Pierce, Florida 34982

With copy to: St. Lucie County Attorney
Administration Annex, Room 306
2300 Virginia Ave., 3rd Floor
Fort Pierce, Florida 34982

To the Council: Economic Development Council of St. Lucie County.
Post Office Box 880143
Port St. Lucie, Florida 34988-0143

13. No amendment, modification or waiver of this Contract shall be valid or effective unless in writing and signed by both parties and no waiver of any breach or condition of this Contract shall be deemed to be a waiver of any other conditions or subsequent breach whether of like or different nature. If the County currently provides or subsequently provides any forms for contract modification, Council agrees to use said forms.

14. Except as otherwise provided, this agreement shall be binding upon and shall inure to the benefit of the parties.

15. In the event it is necessary for either party to initiate legal action regarding this Contract, venue shall be in the Nineteenth Judicial Circuit for St. Lucie County, Florida for claims under state law and the Southern District of Florida for any claims which are justiciable in federal court.

16. This Contract embodies the whole understanding of the parties. There are no promises, terms, conditions, or obligations other than those contained herein, and this Contract shall supersede all previous communications, representations or agreements, either verbal or written, between the parties hereto.

[The next page is the signature page.]

IN WITNESS WHEREOF, the parties have caused the execution by their duly authorized officials as of the day and year first written above.

ATTEST:

DEPUTY CLERK

BOARD OF COUNTY COMMISSIONERS
ST. LUCIE COUNTY, FLORIDA

BY Paula A. Lewis
VICE-CHAIRMAN

APPROVED AS TO FORM AND CORRECTNESS:

COUNTY ATTORNEY

WITNESSES:

Candace J Marlow
Loretta Hilton

ECONOMIC DEVELOPMENT COUNCIL OF ST. LUCIE COUNTY

BY: Larry Pelton

NAME: LARRY PELTON

TITLE: PRESIDENT

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