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Short Form 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) Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

2009

Open to Public

Department of the Treasury Internal Revenue Service assets less than \$1,250,000 at the end of the year may use this form The organization may have to use a copy of this return to satisfy state reporting requirements.												
_		the 2009 calend	(A)	31	, 20							
_		k if applicable	****		lification number							
	Addr	ress change	59-	34-	74423							
=		ie change	E Telephor									
=		il return ninated	(727)) 24	14-2888							
닉		nded return	See Specific City or town, state or country, and ZIP + 4		F Group E							
		ication pending	tions Belleair, FL 33756		Numbe	r ▶	_					
	• 5	Section 501(c)(3)	nting Metho	od: [Cash							
	a completed Schedule A (Form 990 or 990-EZ). Other (specify) ▶											
		e org	anization is not									
		bsite: ►	N/A	_			edule B (Form 990,					
J 7	Гах-	-exempt status (check only one) $ \cancel{U}$ 501(c) () \blacktriangleleft (insert no.) \square 4947(a)(1) or \square 52	7 990-EZ	z, or 990-P	F).						
	-		e organization is not a section 509(a)(3) supporting organization and its gross									
			n 990 return is not required, but if the organization chooses to file a return, t	 								
			7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instea			\$	38,439					
3.F	art		e, Expenses, and Changes in Net Assets or Fund Balance	es (See the								
			ons, gifts, grants, and similar amounts received		1	_	1,235					
	1	_	ervice revenue including government fees and contracts		2							
	1		nip dues and assessments		🗔		<u> </u>					
	Ι.	4 Investmen			🔼							
	'		ount from sale of assets other than inventory 5a		——-/, ∵							
J.			or other basis and sales expenses		50	انت						
₽ď	١,		s and activities (complete applicable parts of Schedule G). If any amount is from gamin			<u>-</u>						
35	`		enue (not including \$ 1/235 of contributions	ing, brick here	₩, '	, "[
₩ <u></u>		reported o	,	31.95	3	1						
5		•	t expenses other than fundraising expenses 6b	(7.39	7	٠,						
			e or (loss) from special events and activities (Subtract line 6b from li	ne 6a)	6		24,556					
3S	١,		s of inventory, less returns and allowances				- 1, 5,50					
7			of goods sold									
_			it or (loss) from sales of inventory (Subtract line 7b from line 7a) .		70							
	8		nue (describe ▶) 8							
20	(nue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		. ▶ 9		31,047					
0	10	0 Grants and	sımılar amounts paid (attach schedule)		10	וֹכ	27,500					
	11	1 Benefits pa	aid to or for members		1		7					
es	12	2 Salaries, o	ther compensation, and employee benefits		12	2						
enses	13	3 Profession	al fees and other payments to independent contractors		<u>1</u> 3	3						
Expe	14		y, rent, utilities, and maintenance		14	$\overline{}$						
Щ		O.,	ublications, postage, and shipping		1	-	1,109					
	16	•	enses (describe >) 10		2,734					
	17		enses. Add lines 10 through 16				31,343					
şţ	18		(deficit) for the year (Subtract line 17 from line 9)			3	<u> (301)</u>					
SSE	19		or fund balances at beginning of year (from line 27, column (A)) in figure reported on prior year's return)	` -	*		2004					
Ţ		•	<u> </u>		19		3,894					
-Net Assets	20		ges in het assets or fund balances (attach explanation) er trad balances at end of year. Combine lines 18 through 20			_	3 500					
_	art	Ralance			3,593 of Form 990-F7							
\neg	T		Sheets0f Total assets on line 25, column (B) are \$1,250,000 or m		ning of year		(B) End of year					
20	183	CALLGE TINGE	2010 (1986 the instructions for Part II.) and investments		3,894	22	T = 4.0					
2	M	Land and build			=101-1	23						
24	. Bo	Other assets (describe	,	.,,	24						
25	Į.	-Total assets			3,894	25						
26		Total liabilitie		,		26						
27			fund balances (line 27 of column (B) must agree with line 21)		3894	27						

Form 990-E21(2009)					Page 2
Part III Statement of Program Service Accord	plishments (See the instr	uctions for Part I	11.)		Expenses
What is the organization's primary exempt purpose?				(Requ	iired for section
Describe what was achieved in carrying out the or)(3) and 501(c)(4)			
manner, describe the services provided, the number		izations and section			
each program title.	•			for otl	a)(1) trusts, optional hers.)
28 To Supply Bunger and among	2 911-40 000 000	The Cl	,		
		the Florid	g))	
ochastra, shirt will continu	e TU provide eaux	ation an	A		
Musical events to the publ	C				20
	t includes foreign grants, chi	eck here	. ▶⊔	28a	27,500
29					
(Grants \$) If this amoun	t includes foreign grants, che	eck here	. ▶ 🗆	29a	<u> </u>
30					
				1 1	
			· · · · · · · · · · · · · · · · · · ·		
(Grants \$)_If this amoun	includes foreign grants, che	eck here	▶ □	30a	
		<u>-</u>		1	
· ·	includes foreign grants, che	ock here	·	31a	
32 Total program service expenses (add lines 28a			· -	32	
Part IV List of Officers, Directors, Trustees, and Ke			ted (See the		tions for Part IV
Elst of Officers, Directors, Frances, and Ne	(b) Title and average	(c) Compensation	(d) Contribution		(e) Expense
(a) Name and address	hours per week	(if not paid,	employee benefit	plans &	account and
7 / 2010	devoted to position	enter -0)	deferred comper	sation	other allowances
Johanna Guzik, 2701 Regency oak	David L	, ,	}	_	^
Blud, \$310, Clearwater, FL 33759	President	0		0	0
William John, 2594 Red Ford CTW	*	,	l	_	_
clearwater fl 33761	Vice President	6		0	
Richard Tetrick, 410 Pounsettia Road	.]		İ	.	
Belleguz, FL 33756	Treasurer			0_1	
Judy Mc Swine, 602 Lime Ave.	RECONVINA				
Clean writer FL 33756	Secretaria	0	1 6)	0
Cynthia Harris 2911 Millsteam CT	Corresponding			$\neg \neg$	
Clean works. FL 33761	Secretaria	0	}	0 1	1)
	020 821W 41-				
Romand Anderson, 1001 StankeyRd	Newslotten Chail	7. O	1 .	o l	0
7 3 1 5 1 Cargo, FL 37 1 1		<i>l.</i>	 		
Martha Robertson, 880 May dalay	Hudience 1	0		o l	Λ
Ave, 5-814 Clear water Beach, PL 332	1 Development	<i>U</i>	 	<u> </u>	U
Robert Perkins, 2304 Islander CT,	11. 1 41.	74.	ŀ	_	Δ
Palm Harbor FL 34693	HDSp) toxtu			0	0
Lynn Lauton, 150 Tabs Trail		6		_	^
02 5 mar. Fl 34677	Membership Chau	, 0	()	0
Tom McCanalles 63-1 Exception Dr			[
#141, Dunedin, FL 34698	Fundicaising		. €	1	
Robert Burms, 19029 USHW4 AN#4-9					
Clear water, FL 33764	President Elec	\mathcal{O}	1	01	0
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	<u> </u>				
	1				

Part	Other Information (Note the statement requirements in the instructions for Part V.)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		V
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		ν
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.	1 - (n)	4	
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		V
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		V
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		، ، ، د اکتورسطارهٔ	
b	Did the organization file Form 1120-POL for this year?	37b		V
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	وه (المثلث	
b	If "Yes," complete Schedule L, Part II and enter the total amount involved		, 1,	
39	Section 501(c)(7) organizations. Enter:	1.	و ليوند	
a	Initiation fees and capital contributions included on line 9	- , 4,		
40a	Gross receipts, included on line 9, for public use of club facilities		MATA A	200
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶	3 . K		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization	, RP	100	
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	1 ¹⁰ - 1	
41	List the states with which a copy of this return is filed. \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
42a	The organization's books are in care of ▶ Richard Tetrick Telephone no. ▶ CT	2([44-2	2888
	Located at > 410 Poingettia Road, Bellease, FL ZIP+4 > 33	7 <u>%-</u>	- 103	27
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority	r	V- 1	<u> </u>
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		Yes	NO
	If "Yes," enter the name of the foreign country: ▶	42b	B	The depth
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		
	If "Yes," enter the name of the foreign country: ▶	720		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here	· ·	.)	▶ □
		,		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Yes	No
45	Form 990-EZ		1, 1	
	100, 10.111 000 thidde bo completed include of Form 500 Ez	45	l	<u>v</u>

Form **990-EZ** (2009)

Part VI

Part \	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 ar	section 4947(a)(1) non 47(a)(1) nonexempt cha nd 51.	exempt charitab aritable trusts mus	le trusts only. At answer question	II sec ons 4	tion 6-49	b
46	Did the organization engage in direct or indirect	t political campaign activ	ities on behalf of or	in opposition to		Yes	No
	candidates for public office? If "Yes," complete				46		V
	Did the organization engage in lobbying activitie	•			47		1
	Is the organization a school as described in section				48	<u> </u>	1
	Did the organization make any transfers to an ex				49a		V
	If "Yes," was the related organization a section 5				49b		<u> </u>
	Complete this table for the organization's five hi employees) who each received more than \$100,						
	employees) who each received more than \$100,	(b) Title and average	(c) Compensation	(d) Contributions to	r—	Expen	
	(a) Name and address of each employee paid more than \$100.000	hours per week	(c) componication	employee benefit plans & deferred compensation	ac	count a	and
		devoted to position		deterred compensation	otne	r allowa	inces
	None						
							
							
)			
	(a) Name and address of each independent contractor	·		oe of service	(c) Co	mpensa	ation
	None						
	Tatal promise of other under and art agreement	 _					
d	Total number of other independent contractors e	ach receiving over \$100,	P	· · · · · · · · · · · · · · · · · · ·			
	Under penalties of perjury, I declare that I have examine and belief, it is true, correct, and complete Declaration						
Sign Here	Retetrate	-		8/10/2	210	<u> </u>	
	Signature of officer Richard Tetrick	Treasure		Date			
Paid Prepare	Type or print name and title Preparer's signature	Date	Check if self- employed ▶ □	Preparer's identifying num	nber (Se	= instruc	tions)
Use Onl	I TIMILS HALLIG LOI		EIN	•			
	yours it self-employed), address, and ZIP + 4		Pho	one no 🕨			
May the	e IRS discuss this return with the preparer shown	above? See instructions		<u>.</u> . ▶ [Yes		No

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Senace

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public
Inspection

Nam	e of	the organization	n .	·								Employe	er identifica	tion number
Th	e	Florida	ach	est	va- N	Josth Sa	um coas	A Aga	ociates	s. Inc	• 1	59	347	4423
	rt I					harity Stat						part.) Se	e instru	ctions.
The	ora	anization is r	not a	priva	ate four	ndation bed	ause it is:	: (For line	s 1 throu	ah 11. ch	eck only	one box	.)	
1		rganization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).												
2		A school de											,,,	
3									•	ın secti c	n 170(b))(1)(A)(iii).		
4		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the												
		hospital's name, city, and state:												
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)												
6		A federal, s	tate,	or lo	ocal gov	vernment or	r governm	ental unrt	describe	d in sect	ion 170(b)(1)(A)(v).	
7		An organiza	tion t	that	normali	y receives a	a substant	al part of	its suppo	ort from a	. governr	nental un	t or from	the general public
		described in							• •		Ū			
8		A communit	ty tru	ist d	lescribe	d in sectio i	n 170(b)(1)(A)(vi). (Complete	Part II.)				
9		An organiza	tion t	that	normall	y receives: ((1) more th	nan <mark>3</mark> 3⅓ %	6 of its su	pport fro	m contrib	outions, n	nembersh	ip fees, and gross
														than 331/3 % of its
		support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)												
				-							•	•		
10		An organiza												
11	W													r to carry out the
					•						•	, , ,		(a)(2). See section
		509(a)(3). C		uie								-	_	_
_	\Box	a ☐ Type				Type II		с 🗌 Тур		•	-			Type III-Other
е														more disqualified escribed in section
		509(a)(1) or				_	S and othe	or triair or	e or more	publicly	Support	su organia	zations de	Scribed in Section
f							dotorminal	tion from	the IDC	that it ia	a Tuna	I Time II	or Type	III supporting
•		organization					Jetei I III ia	uon non	the ins	liial il is	a Type	i, rype ii	, or type	
g		Since Augus	•				ation acc	epted an	 vaiftord	 ontributio	on from a	 anv of the	, ,	
9		following pe			••,				, 9 •			, 0		
		(i) A person			rectly o	r indirectly	controls,	either alo	ne or too	ether wit	th persor	ns descrit	oed in (ii)	Yes No
						ning body (11g(i)
		(ii) A family	mem	nber	of a pe	erson descr	ıbed in (ı)	above?						11g(ii)
		(iii) A 35% d												11g(iii)
<u>h</u>		Provide the	follo							`		, , , , , , , , , , , , , , , , , , , 		
(i)		e of supported janization		(II) E	EIN		organization on lines 1-9		organization sted in your		ou notify nization in		s the on in col	(vii) Amount of support
	0.8	idi nazaron	1			above or li	RC section		document?	col. (i)	of your	(i) organi	zed in the	оврроп
						(see insti	ructions))		T		oort?	+	S?	
71. /	<u> </u>	1 00 101-	├			 		Yes	No	Yes	No	Yes	No	
22	۱ ج ر ا	Lorida 2stra	50	-12	23671		7	V		V		V		27 50
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Tota	ıl		1 ;	, ; ; ;	' ! '	1 7		1	35 , 25 , 35 ,		100	1	9 4 3 4	

	Support Schedule for Org (Complete only if you ched					and 170(b)(1)(A)(vi)
	tion A. Public Support	(a) 000E	(h) 2000	(a) 0007	(4) anno	(-) 2000	(f) Total
Ca	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3		ļ	70 , 22 1, 3	11 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1.V 1.4. 130 Fee e 5 . 7 . 1	-
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount	The state of the s	end tool	And the second of the second o	ار این		
6	shown on line 11, column (f) Public support. Subtract line 5 from line 4.	-			· · · · · · · · · · · · · · · · · · ·	1 1	
Sec	tion B. Total Support	•	•			<u> </u>	
	lendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4 ,						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on			 			
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10 .	J. C. 1	1 2 m' r'	7 1/2 1	2 19.41	1 34 - 3 4 4 4 M	
12 13	Gross receipts from related activities, etc. First five years. If the Form 990 is for organization, check this box and stop he	the organization	on's first, secon			ear as a sectio	
Sec	tion C. Computation of Public Su		ntage				
4	Public support percentage for 2009 (line	6, column (f) di	vided by line 11	, column (f))		14	%
15	Public support percentage from 2008 Sci	hedule A, Part	II, line 14 .			15	%
6a	and stop here. The organization qualifies	as a publicly s	supported organ	nization			▶ [
	33%% support test—2008. If the organization quality and stop here. The organization quality	ilifies as a publ	icly supported o	organization .			▶ □
17a	10%-facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circum real test organization real test organizati	acts-and-circur	mstances" test,	check this box	and stop here.	Explain in Part I	V how the
b 18	10%-facts-and-circumstances test—2008 more, and if the organization meets the "facts-and-circumsta Private foundation. If the organization did	acts-and-circum ances" test. The	nstances" test, c organization qua	heck this box a lifies as a public	and stop here. Iy supported or	Explain in Part I ganization	V how the

Part III	Support Schedule for Organizations Described in Section 509(a)(2)
	(Complete only if you checked the box on line 9 of Part I.)
Section A	A. Public Support

<u> </u>	don Ai Tubile oupport						
С	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include						
2	any "unusual grants.")						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5		 		 	 	
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b	111 94.			1 - 12 1 2 1		
8	line 6.)	7 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		The state of the s	
	tion B. Total Support	,					
Ca	alendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						- ···
C	Add lines 10a and 10b	· · · · · · · · · · · · · · · · · · ·		·		ļ	
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)				<u> </u>		
14	First five years. If the Form 990 is for organization, check this box and stop	here	<u> </u>		=	ear as a sectio	``` <u>`</u>
	tion C. Computation of Public Su					,	
15	Public support percentage for 2009 (lin			e 13, column ((f))	15	%_
16	Public support percentage from 2008 S	chedule A, Pa	art III, line 15			16	%_
sec	tion D. Computation of Investmen					· · · · · · · · · · · · · · · · · · ·	
17	Investment income percentage for 2009			-	, ,,,	17	%
18	Investment income percentage from 20					18	<u></u> %_
19a	331/3 % support tests—2009. If the orga						
_	17 is not more than 331/3 %, check this b	_	_	•			
b	33% % support tests—2008. If the organ line 18 is not more than 33% %, check this	ization did not	check a box on	line 14 or line	19a, and line 1	6 is more than 3	3/3 %, and
20	Private foundation. If the organization						

	orm 990 or 990-EZ) 2009	0			Page 4
Part IV	Supplemental Information Part II, line 17a or 17b; and	 Complete this Part III, line 12. 	part to provide the Provide any other	e explanations required · additional information	by Part II, line 10; See instructions.
				·	
					•••
*					
			·		
			•••••		

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