

**Return of Organization Exempt From Income Tax**

**2010**

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

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

**A** For the 2010 calendar year, or tax year beginning **JUL 1, 2010** and ending **JUN 30, 2011**

<b>B</b> Check if applicable:	<b>C</b> Name of organization <b>211 PALM BEACH/TREASURE COAST, INC.</b>	<b>D</b> Employer identification number <b>23-7153017</b>
<input type="checkbox"/> Address change	Doing Business As	<b>E</b> Telephone number <b>561-547-8637</b>
<input type="checkbox"/> Name change	Number and street (or P.O. box if mail is not delivered to street address) Room/suite	
<input type="checkbox"/> Initial return	<b>P.O. BOX 3588</b>	<b>G</b> Gross receipts \$ <b>2,136,662.</b>
<input type="checkbox"/> Terminated	City or town, state or country, and ZIP + 4	
<input type="checkbox"/> Amended return	<b>LANTANA, FL 33465-3588</b>	<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Application pending	<b>F</b> Name and address of principal officer: <b>SUSAN K. BUZA</b> <b>SAME AS C ABOVE</b>	<b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c)</b> Group exemption number ▶
<b>J</b> Website: ▶ <b>WWW.211PALMBEACH.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1971</b> <b>M</b> State of legal domicile: <b>FL</b>

Part I Summary				
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <b>THE MISSION OF 211 PALM BEACH/TREASURE COAST IS TO ASSIST PEOPLE BY PROVIDING CRISIS</b>			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)	3	27
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	27
	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	50
	6	Total number of volunteers (estimate if necessary)	6	25
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	-2,233.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	-3,596.	
Revenue			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	1,740,214.	1,910,085.
	9	Program service revenue (Part VIII, line 2g)	0.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	135.	1,263.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	119,916.	69,344.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,860,265.	1,980,692.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,495,451.	1,474,167.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>94,224.</b>		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	412,066.	453,559.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,907,517.	1,927,726.
19	Revenue less expenses. Subtract line 18 from line 12	-47,252.	52,966.	
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	991,728.	1,006,193.
	21	Total liabilities (Part X, line 26)	355,557.	317,056.
22	Net assets or fund balances. Subtract line 21 from line 20	636,171.	689,137.	

**Part II Signature Block**

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

<b>Sign Here</b>	▶ Signature of officer	Date		
	▶ <b>SUSAN K. BUZA, EXECUTIVE DIRECTOR</b> Type or print name and title			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>DAVID J. THOMAS</b>	Preparer's signature <i>David J. Thomas</i>	Date <b>1/29/12</b>	Check if self-employed <input checked="" type="checkbox"/> PTIN
	Firm's name ▶ <b>HOLYFIELD &amp; THOMAS, LLC</b>	Firm's EIN ▶	Firm's address ▶ <b>125 BUTLER STREET WEST PALM BEACH, FL 33407</b>	
			Phone no. <b>(561) 689-6000</b>	

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE ORGANIZATION ASSISTS PEOPLE BY PROVIDING CRISIS INTERVENTION, INFORMATION, ASSESSMENT AND REFERRAL TO COMMUNITY SERVICES AND BY PROVIDING INFRASTRUCTURE SUPPORT TO THE HEALTH AND HUMAN SERVICE DELIVERY SYSTEM.

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

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

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

4a (Code: ) (Expenses \$ 892,232. including grants of \$ ) (Revenue \$ ) RESOURCE CENTER, PALM BEACH COUNTY: THIS TELEPHONE BASED SERVICE OPERATES 24 HOURS A DAY, 365 DAYS A YEAR. HIGHLY TRAINED SPECIALISTS RESPONDED TO 115,087 CALLS FROM PALM BEACH COUNTY RESIDENTS DURING THE FISCAL YEAR ENDING JUNE 30, 2011. OVER 1,330 OF THESE CALLS WERE SUICIDE RELATED, REQUIRING INTENSIVE SUPPORT AND LIFE-SAVING ASSISTANCE. ADDITIONALLY, 135,900 REFERRALS, REQUIRING ASSESSMENT OF NEEDS ALONG WITH SUPPORTIVE GUIDANCE, WERE MADE TO 2,516 COMMUNITY PROGRAMS. THIS PROGRAM HAS BEEN IN OPERATION SINCE 1971.

4b (Code: ) (Expenses \$ 393,297. including grants of \$ ) (Revenue \$ ) RESOURCE CENTER, TREASURE COAST: THIS TELEPHONE BASED SERVICE OPERATES 24 HOURS A DAY, 365 DAYS A YEAR. HIGHLY TRAINED SPECIALISTS RESPONDED TO 32,190 CALLS FROM INDIAN RIVER, MARTIN, OKEECHOBEE AND ST. LUCIE COUNTY RESIDENTS DURING THE FISCAL YEAR ENDING JUNE 30, 2011. OVER 490 OF THESE CALLS WERE SUICIDE RELATED, REQUIRING INTENSIVE SUPPORT AND LIFE-SAVING ASSISTANCE. ADDITIONALLY, 33,579 REFERRALS, REQUIRING ASSESSMENT OF NEEDS ALONG WITH SUPPORTIVE GUIDANCE, WERE MADE TO 1,493 COMMUNITY PROGRAMS. THIS PROGRAM HAS BEEN IN OPERATION SINCE 2001.

4c (Code: ) (Expenses \$ 169,762. including grants of \$ ) (Revenue \$ ) ELDER CRISIS OUTREACH: THIS PROGRAM IS DEVOTED TO SERVING VULNERABLE ELDERS IN PALM BEACH COUNTY WHO MAY NOT HAVE THE PHYSICAL STRENGTH, THE FINANCIAL RESOURCES OR THE FAMILY OR CAREGIVER SUPPORT TO DEAL WITH A CRISIS ALONE. THIS PROGRAM HAS BEEN OPERATING SINCE 1985, PROVIDING SKILLED STAFF WHO WILL VISIT THE ELDER SHOULD AN IN-HOME ASSESSMENT BE NEEDED. IN A TYPICAL FISCAL YEAR, ELDER CRISIS OUTREACH SERVES 390-440 ELDERS; HOWEVER, IN THE FISCAL YEAR ENDING JUNE 30, 2011, A TOTAL OF 633 ELDERS WERE SERVED, REFLECTING THE ECONOMIC DOWNTURN.

4d Other program services. (Describe in Schedule O.) (Expenses \$ 340,583. including grants of \$ ) (Revenue \$ )

4e Total program service expenses 1,795,874.

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		
20b			

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

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....		X
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....		X
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....	X	
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....	X	
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> .....	X	
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>a</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O .....	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O response

Main table with columns for question number, description, and Yes/No responses. Includes rows 1a-1c, 2a-2b, 3a-3b, 4a-4b, 5a-5c, 6a-6b, 7a-7h, 8, 9a-9b, 10a-10b, 11a-11b, 12a-12b, 13a-13c, 14a-14b.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 27; 1b Enter the number of voting members included in line 1a... 27; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Does the organization have members or stockholders... X; 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body... X; 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body... X; 8b Each committee with authority to act on behalf of the governing body... X; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O... X

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Does the organization have local chapters, branches, or affiliates... X; 10b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?; 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? X; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 X; 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done X; 13 Does the organization have a written whistleblower policy? X; 14 Does the organization have a written document retention and destruction policy? X; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official X; 15b Other officers or key employees of the organization X; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X; 16b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed FL
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. [X] Own website [ ] Another's website [X] Upon request
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: MINDY GONZALEZ - 561 533-1096 P.O. BOX 3588, LANTANA, FL 33465

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
BRADFORD A DEFLIN PRESIDENT	4.00	X		X			0.	0.	0.	
DIANNE VERNER VICE PRESIDENT	4.00	X		X			0.	0.	0.	
KIMBERLY CAMEJO TREASURER	4.00	X		X			0.	0.	0.	
JANIE FOGT SECRETARY	4.00	X		X			0.	0.	0.	
ROSANNE M. DUANE PAST PRESIDENT	4.00	X		X			0.	0.	0.	
DOROTHY A. BRADSHAW BOARD MEMBER	4.00	X					0.	0.	0.	
DIANNE CARLINO BOARD MEMBER	4.00	X					0.	0.	0.	
SANDRA GOVE CHAMBLEE BOARD MEMBER	4.00	X					0.	0.	0.	
DR. YVETTE COURSEY BOARD MEMBER	4.00	X					0.	0.	0.	
JOHN DEESE BOARD MEMBER	4.00	X					0.	0.	0.	
RAYMOND F. ELLIS BOARD MEMBER	4.00	X					0.	0.	0.	
GEORGE ELMORE BOARD MEMBER	4.00	X					0.	0.	0.	
CAPTAIN NANCY GRIMES BOARD MEMBER	4.00	X					0.	0.	0.	
KENYETTA V. HAYWOOD BOARD MEMBER	4.00	X					0.	0.	0.	
BILL HOWDEN BOARD MEMBER	4.00	X					0.	0.	0.	
LISA JARNOT BOARD MEMBER	4.00	X					0.	0.	0.	
SHELIA JONES BOARD MEMBER	4.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
TIMOTHY LEWIS BOARD MEMBER	4.00	X					0.	0.	0.	
SHARON L'HERROU BOARD MEMBER	4.00	X					0.	0.	0.	
BRENDAN LYNCH BOARD MEMBER	4.00	X					0.	0.	0.	
PAMELA DUBOSE MCIVER BOARD MEMBER	4.00	X					0.	0.	0.	
LEE ROBINSON MOORE BOARD MEMBER	4.00	X					0.	0.	0.	
CYRUS NIAKAN BOARD MEMBER	4.00	X					0.	0.	0.	
PAMELA FARTHING STERN BOARD MEMBER	2.00	X					0.	0.	0.	
NANCY WIBBELSMAN BOARD MEMBER	2.00	X					0.	0.	0.	
HARRY PELTON BOARD MEMBER	4.00	X					0.	0.	0.	
<b>1b Sub-total</b>							0.	0.	0.	
<b>c Total from continuation sheets to Part VII, Section A</b>							180,492.	0.	23,201.	
<b>d Total (add lines 1b and 1c)</b>							180,492.	0.	23,201.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **1**

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

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. **NONE**

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

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

SEE PART VII, SECTION A CONTINUATION SHEETS



**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a	378,656.			
	b	Membership dues	1b				
	c	Fundraising events	1c	60,484.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	1,041,534.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	429,411.			
	g	Noncash contributions included in lines 1a-1f: \$					
	h	<b>Total.</b> Add lines 1a-1f		1,910,085.			
	Program Service Revenue	2 a		Business Code			
b							
c							
d							
e							
f		All other program service revenue					
g		<b>Total.</b> Add lines 2a-2f					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		1,263.			1,263.
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross Rents	(i) Real	96,974.			
		Less: rental expenses	(ii) Personal	99,207.			
		Rental income or (loss)		-2,233.			
	d	Net rental income or (loss)		-2,233.			-2,233.
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
		Less: cost or other basis and sales expenses	(ii) Other				
		Gain or (loss)					
		Net gain or (loss)					
	8 a	Gross income from fundraising events (not including \$ 60,484. of contributions reported on line 1c). See Part IV, line 18	a	88,716.			
		Less: direct expenses	b	56,763.			
		Net income or (loss) from fundraising events		31,953.			31,953.
	9 a	Gross income from gaming activities. See Part IV, line 19	a				
Less: direct expenses		b					
Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances	a					
	Less: cost of goods sold	b					
	Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code				
11 a	<b>OTHER MISC. INCOME</b>	900099	33,786.			33,786.	
b	<b>TRAINING INCOME</b>	900099	5,838.			5,838.	
c							
d	All other revenue						
e	<b>Total.</b> Add lines 11a-11d		39,624.				
12	<b>Total revenue.</b> See instructions.		1,980,692.	0.	-2,233.	72,840.	

**Part IX Statement of Functional Expenses**

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 .....				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 .....				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 .....				
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....	180,492.	168,934.	2,513.	9,045.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
7 Other salaries and wages .....	1,086,310.	1,016,750.	15,122.	54,438.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) .....	6,949.	6,604.		345.
9 Other employee benefits .....	99,224.	94,578.		4,646.
10 Payroll taxes .....	101,192.	95,356.	1,410.	4,426.
11 Fees for services (non-employees):				
a Management .....				
b Legal .....				
c Accounting .....	25,167.	22,946.	1,020.	1,201.
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17 .....				
f Investment management fees .....				
g Other .....	6,618.	5,081.		1,537.
12 Advertising and promotion .....	43,631.	42,912.		719.
13 Office expenses .....				
14 Information technology .....	59,064.	59,064.		
15 Royalties .....				
16 Occupancy .....	43,784.	41,546.		2,238.
17 Travel .....	19,792.	18,968.		824.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .....				
19 Conferences, conventions, and meetings .....				
20 Interest .....	7,350.		7,350.	
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	45,664.	41,851.	1,530.	2,283.
23 Insurance .....	32,146.	29,491.	1,064.	1,591.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.) .....				
a <b>TELEPHONE</b> .....	73,237.	70,294.		2,943.
b <b>EQUIPMENT REPAIRS &amp; MAI</b> .....	29,242.	28,468.		774.
c <b>OPERATING SUPPLIES</b> .....	19,780.	18,920.		860.
d <b>PRINTING</b> .....	14,292.	13,601.		691.
e <b>LICENSES, DUES, SUBSCRI</b> .....	12,100.	10,463.		1,637.
f All other expenses .....	21,692.	10,047.	7,619.	4,026.
25 <b>Total functional expenses.</b> Add lines 1 through 24f .....	1,927,726.	1,795,874.	37,628.	94,224.
26 <b>Joint costs.</b> Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation .....				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	1,900.	1	2,754.	
	<b>2</b> Savings and temporary cash investments .....	65,459.	2	273,964.	
	<b>3</b> Pledges and grants receivable, net .....	240,383.	3	75,510.	
	<b>4</b> Accounts receivable, net .....	8,751.	4	4,944.	
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		5		
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) .....		6		
	<b>7</b> Notes and loans receivable, net .....		7		
	<b>8</b> Inventories for sale or use .....		8		
	<b>9</b> Prepaid expenses and deferred charges .....	14,541.	9	14,433.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 1,536,846.			
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 905,350.	657,054.	<b>10c</b>	631,496.
	<b>11</b> Investments - publicly traded securities .....			<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....			<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....			<b>13</b>	
	<b>14</b> Intangible assets .....			<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	3,640.	<b>15</b>		3,092.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	991,728.	<b>16</b>		1,006,193.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	82,255.	<b>17</b>	78,078.	
	<b>18</b> Grants payable .....		<b>18</b>		
	<b>19</b> Deferred revenue .....	5,000.	<b>19</b>	500.	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>		
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	258,302.	<b>23</b>		228,478.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>		
	<b>25</b> Other liabilities. Complete Part X of Schedule D .....	10,000.	<b>25</b>		10,000.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	355,557.	<b>26</b>		317,056.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets .....	511,963.	<b>27</b>	674,252.	
	<b>28</b> Temporarily restricted net assets .....	124,208.	<b>28</b>	14,885.	
	<b>29</b> Permanently restricted net assets .....		<b>29</b>		
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>		
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>		
	<b>33</b> Total net assets or fund balances .....	636,171.	<b>33</b>		689,137.
<b>34</b> Total liabilities and net assets/fund balances .....	991,728.	<b>34</b>		1,006,193.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,980,692.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,927,726.
3	Revenue less expenses. Subtract line 2 from line 1	3	52,966.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	636,171.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	689,137.

**Part XII Financial Statements and Reporting**

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

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

Form 990 (2010)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

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

OMB No. 1545-0047

**2010**

Open to Public Inspection

Name of the organization **211 PALM BEACH/TREASURE COAST, INC.** Employer identification number **23-7153017**

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

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

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

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....	<b>11g(i)</b>	
(ii) A family member of a person described in (i) above? .....	<b>11g(ii)</b>	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....	<b>11g(iii)</b>	
- h Provide the following information about the supported organization(s).

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

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	1888231.	2017399.	1858860.	1740215.	1910085.	9414790.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	1888231.	2017399.	1858860.	1740215.	1910085.	9414790.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						9414790.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>7</b> Amounts from line 4 .....	1888231.	2017399.	1858860.	1740215.	1910085.	9414790.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	127,613.	127,592.	115,306.	103,326.	98,237.	572,074.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....	43,357.	14,435.	10,199.	36,331.	39,625.	143,947.
<b>11 Total support.</b> Add lines 7 through 10						10130811.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	627,766.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	92.93	%
<b>15</b> Public support percentage from 2009 Schedule A, Part II, line 14 .....	<b>15</b>	92.70	%
<b>16a 33 1/3% support test - 2010.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>		
<b>b 33 1/3% support test - 2009.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
<b>17a 10% -facts-and-circumstances test - 2010.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
<b>b 10% -facts-and-circumstances test - 2009.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	<input type="checkbox"/>		

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12.)						

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

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

<b>15</b> Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2010</b> (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2009</b> Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990. See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization

211 PALM BEACH/TREASURE COAST, INC.

Employer identification number

23-7153017

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

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and questions about donor advisement.

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

Form for Part II Conservation Easements. Includes checkboxes for purposes of easements, a table for held easements (2a-2d), and questions about monitoring and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting and amounts for revenues and assets.

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

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

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

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

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	160,000.			160,000.
b Buildings	503,450.		252,339.	251,111.
c Leasehold improvements		200,622.	135,192.	65,430.
d Equipment		404,029.	350,262.	53,767.
e Other		268,745.	167,557.	101,188.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				<b>631,496.</b>

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

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

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

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

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,980,692.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,927,726.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	52,966.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	52,966.

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

1	Total revenue, gains, and other support per audited financial statements	1	2,219,706.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	83,043.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	155,971.
e	Add lines 2a through 2d	2e	239,014.
3	Subtract line 2e from line 1	3	1,980,692.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,980,692.

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

1	Total expenses and losses per audited financial statements	1	2,166,740.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	83,043.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	155,971.
e	Add lines 2a through 2d	2e	239,014.
3	Subtract line 2e from line 1	3	1,927,726.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,927,726.

**Part XIV Supplemental Information**

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

**PART X, LINE 2: THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAX**

UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. HOWEVER, INCOME FROM CERTAIN ACTIVITIES NOT DIRECTLY RELATED TO 211'S TAX-EXEMPT PURPOSE IS SUBJECT TO TAXATION AS UNRELATED BUSINESS INCOME. IN ADDITION, 211 QUALIFIES FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER SECTION 170(B)(1)(A) AND HAS BEEN CLASSIFIED AS AN ORGANIZATION OTHER THAN A PRIVATE FOUNDATION UNDER SECTION 509(A)(2). BASED UPON AN ANALYSIS OF ITS NET UNRELATED BUSINESS INCOME FOR THE CURRENT YEAR AND THE NET OPERATING

**Part XIV** Supplemental Information (continued)

LOSS CARRYOVERS AVAILABLE FROM EARLIER YEARS, THE ORGANIZATION DOES NOT BELIEVE THERE IS ANY INCOME TAX OWED FOR THE PERIOD AND THERE IS NO TAX LIABILITY RECOGNIZED IN THESE FINANCIAL STATEMENTS.

THE ORGANIZATION HAS ADOPTED FASB ASC 740-10, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. THIS PRONOUNCEMENT SEEKS TO REDUCE THE DIVERSITY IN PRACTICE ASSOCIATED WITH CERTAIN ASPECTS OF MEASUREMENT AND RECOGNITION IN ACCOUNTING FOR INCOME TAXES. IT PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION THAT AN ENTITY TAKES OR EXPECTS TO TAKE IN A TAX RETURN. AN ENTITY MAY ONLY RECOGNIZE OR CONTINUE TO RECOGNIZE TAX POSITIONS THAT MEET A "MORE LIKELY THAN NOT" THRESHOLD. THE ORGANIZATION ASSESSES ITS INCOME TAX POSITIONS BASED ON MANAGEMENT'S EVALUATION OF THE FACTS, CIRCUMSTANCES AND INFORMATION AVAILABLE AT THE REPORTING DATE. THE ORGANIZATION USES THE PRESCRIBED "MORE LIKELY THAN NOT" THRESHOLD WHEN MAKING ITS ASSESSMENT. AT ADOPTION, THE ORGANIZATION DID NOT RECORD ANY CUMULATIVE EFFECT ADJUSTMENT, AND THE ORGANIZATION DID NOT ACCRUE ANY INTEREST EXPENSE OR PENALTIES RELATED TO TAX POSITIONS. THERE ARE CURRENTLY NO OPEN FEDERAL OR STATE TAX YEARS UNDER AUDIT.

## PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL FUNDRAISING EVENT EXPENSES	56,764.
RENTAL EXPENSES	99,207.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	155,971.

## PART XIII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL FUNDRAISING EVENT EXPENSES	56,764.
RENTAL EXPENSES	99,207.

**Part XIV** Supplemental Information (continued)

TOTAL TO SCHEDULE D, PART XIII, LINE 2D 155,971.

Multiple horizontal lines for supplemental information.



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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		CROQUET	PALM BEACH EVENT	1	(add col. (a) through col. (c))	
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	65,325.	47,540.	36,335.	149,200.
	2	Less: Charitable contributions	17,374.	27,200.	15,910.	60,484.
	3	Gross income (line 1 minus line 2)	47,951.	20,340.	20,425.	88,716.
Direct Expenses	4	Cash prizes	248.	376.	803.	1,427.
	5	Noncash prizes				
	6	Rent/facility costs	4,403.	4,251.	4,000.	12,654.
	7	Food and beverages	13,822.	8,305.	3,498.	25,625.
	8	Entertainment				
	9	Other direct expenses	4,676.	6,538.	5,843.	17,057.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				( 56,763 )
	11	Net income summary. Combine line 3, column (d), and line 10				31,953.

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

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

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

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





**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
RAY BUZA	SPOUSE OF EXEC. DIR	85,960.	RAY BUZA, A		X

**Part V Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

**SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:**

(A) NAME OF PERSON: RAY BUZA

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SPOUSE OF EXEC. DIR.

(C) AMOUNT OF TRANSACTION \$ 85,960.

(D) DESCRIPTION OF TRANSACTION: RAY BUZA, AN INDEPENDENT CONTRACTOR, IS THE SPOUSE OF THE ORGANIZATION'S EXECUTIVE DIRECTOR, SUSAN BUZA. MR. BUZA OWNS 100% OF AN INSURANCE COMPANY WHICH HANDLES THE HEALTH INSURANCE POLICY WITH THE ORGANIZATION.

(E) SHARING OF ORGANIZATION REVENUES? = NO

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

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

211 PALM BEACH/TREASURE COAST, INC.

Employer identification number

23-7153017

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

INTERVENTION, INFORMATION, ASSESSMENT AND REFERRAL TO COMMUNITY

SERVICES AND BY PROVIDING INFRASTRUCTURE SUPPORT TO THE HEALTH AND

HUMAN SERVICE DELIVERY SYSTEM. THE SERVICES ARE CONFIDENTIAL, PROVIDED

BY TRAINED PROFESSIONALS AND AVAILABLE AT NO COST.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

HEALTH NAVIGATION: PROVIDES A SERVICE TO HELP PEOPLE WITHIN VULNERABLE

POPULATIONS TO EASILY FIND ACCESS TO COMMUNITY HEALTHCARE RESOURCES.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

SUNSHINE TELEPHONE REASSURANCE: THIS, PRIMARILY VOLUNTEER PROGRAM

ESTABLISHED IN 1973, PROVIDES DAILY TELEPHONE REASSURANCE CALLS TO THE

HOMEBOUND IN PALM BEACH AND MARTIN COUNTIES. IN THE FISCAL YEAR ENDING

JUNE 30, 2011, APPROXIMATELY 520 ISOLATED ELDERS OR DISABLED

INDIVIDUALS RECEIVED DAILY TELEPHONE REASSURANCE CALLS THROUGH THE

CONTRIBUTION OF OUR 20 VOLUNTEERS, EQUATING TO APPROXIMATELY 7,435

HOURS OF VOLUNTEER SERVICE. FURTHER, DURING THE YEAR, 284 INCIDENTS OF

POTENTIAL RISK WERE IDENTIFIED THROUGH THE SUNSHINE PROGRAM; I.E. ON

AVERAGE, THERE WAS AN INCIDENT IDENTIFIED ALMOST EVERY DAY WITH HALF OF

THOSE REQUIRING SOME FOLLOW-UP TO ENSURE A CLIENT'S SAFETY.

EXPENSES \$ 99,638. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

CLIENT MANAGEMENT INFORMATION SYSTEM NETWORK (CMIS): THIS PROGRAM

PROVIDES FOR THE ADMINISTRATION OF THIS AUTOMATED NETWORK CONSISTING OF

CLIENT-LEVEL-DATA FOR PALM BEACH COUNTY'S HOMELESS AND IN-PERIL

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

Schedule O (Form 990 or 990-EZ) (2010)

032211  
01-24-11

Name of the organization 211 PALM BEACH/TREASURE COAST, INC.	Employer identification number 23-7153017
---	--

POPULATIONS. FORTY-FOUR HUMAN SERVICES AGENCIES PARTICIPATE.

PROFESSIONAL INFORMATION TECHNOLOGY STAFF PROVIDE THE OVERALL ADMINISTRATION, TRAINING AND REPORT GENERATION SUPPORT FOR THIS NETWORK SYSTEM. IT HAS BEEN OPERATED BY 211 FOR OVER 8 YEARS. AS A "BEST PRACTICES" HUD MANDATED PROJECT, THE CMIS IS AN INTEGRAL PART OF THE PALM BEACH COUNTY'S "TEN YEAR PLAN TO END HOMELESSNESS".

EXPENSES \$ 198,864. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

HEALTH NAVIGATION: THIS PROGRAM, STAFFED BY TRAINED PROFESSIONALS, HELPS VULNERABLE INDIVIDUALS AND FAMILIES WITHIN PALM BEACH COUNTY TO EASILY FIND AND APPROPRIATELY ACCESS COMMUNITY HEALTHCARE RESOURCES. THIS PROGRAM WAS ESTABLISHED IN NOVEMBER 2010 AND IN THE FIRST SIX MONTHS OF 2011, A TOTAL OF 445 INDIVIDUALS WERE SERVED.

EXPENSES \$ 42,081. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11: THE ORGANIZATION PRESENTS ITS FORM 990 AND 990-T TO THE GOVERNING BODY AT A SCHEDULED BOARD MEETING AND OTHERWISE PROVIDES THESE FORMS UPON REQUEST.

FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION REQUIRES ITS OFFICERS, DIRECTORS, TRUSTEES AND EMPLOYEES TO DISCLOSE POTENTIAL CONFLICTS OF INTEREST IN A "CONFLICT OF INTEREST FORM" WHICH IS REVIEWED ANNUALLY.

FORM 990, PART VI, SECTION B, LINE 15: SALARY REVIEWS ARE CONDUCTED BY THE BOARD OF DIRECTORS ANNUALLY.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS

Name of the organization 211 PALM BEACH/TREASURE COAST, INC.	Employer identification number 23-7153017
---	--

AVAILABLE TO THE PUBLIC BY:

1. THE ORGANIZATION'S WEBSITE

2. UPON REQUEST

PART XII LINE 2C

AUDIT REPORT REVIEW PROCESS

THE AUDIT REPORT IS REVIEWED ANNUALLY AT THE ANNUAL AUDIT REPORT REVIEW MEETING AS PRESENTED BY THE INDEPENDENT AUDITOR. THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

990 PAGE 1, LINE 6

NUMBER OF VOLUNTEERS

THE NUMBER OF VOLUNTEERS (25) ARE IN ADDITION TO THE UNCOMPENSATED BOARD OF DIRECTORS OF THE ORGANIZATION.

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.  
▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization **211 PALM BEACH/TREASURE COAST, INC.** Employer identification number **23-7153017**

**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
415 GATOR DRIVE, INC. - 65-0951123 P. O. BOX 3588 LANTANA, FL 33465	REAL ESTATE RENTAL	FLORIDA	501(C)(2)		211 PALM BEACH/TREASURE COAST, INC.		X



**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of <b>(i)</b> interest <b>(ii)</b> annuities <b>(iii)</b> royalties or <b>(iv)</b> rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to other organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from other organization(s) .....		X
<b>d</b> Loans or loan guarantees to or for other organization(s) .....	X	
<b>e</b> Loans or loan guarantees by other organization(s) .....		X
<b>f</b> Sale of assets to other organization(s) .....		X
<b>g</b> Purchase of assets from other organization(s) .....		X
<b>h</b> Exchange of assets .....		X
<b>i</b> Lease of facilities, equipment, or other assets to other organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets from other organization(s) .....	X	
<b>k</b> Performance of services or membership or fundraising solicitations for other organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations by other organization(s) .....		X
<b>m</b> Sharing of facilities, equipment, mailing lists, or other assets .....		X
<b>n</b> Sharing of paid employees .....	X	
<b>o</b> Reimbursement paid to other organization for expenses .....		X
<b>p</b> Reimbursement paid by other organization for expenses .....		X
<b>q</b> Other transfer of cash or property to other organization(s) .....		X
<b>r</b> Other transfer of cash or property from other organization(s) .....		X

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) 415 GATOR DRIVE	J	42,919.	
(2) 415 GATOR DRIVE	D	18,127.	
(3) 415 GATOR DRIVE	N	43,615.	
(4)			
(5)			
(6)			



**Part VII** Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

Lined area for supplemental information.

Depreciation and Amortization Detail 415 GATOR DRIVE

RENT

1

Asset Number	Description of property							
	Date placed in service	Method/IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
	BUILDINGS							
6	BUILDING AND IMPROVEMENTS - GATOR DR.							
	VARIABLE	SL	15.00	16	503,450.		230,800.	21,539.
	* 990 RENTAL TOTAL BUILDINGS							
					503,450.	0.	230,800.	21,539.
	LAND							
7	LAND - GATOR DRIVE							
	VARIABLE	SL			160,000.			0.
	* 990 RENTAL TOTAL LAND							
					160,000.	0.	0.	0.
	* GRAND TOTAL 990 RENTAL DEPR							
					663,450.	0.	230,800.	21,539.

Asset Number	Description of property							
	Date placed in service	Method/IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
	<b>FURNITURE &amp; FIXTURES</b>							
2	OFFICE FURNITURE - 211							
	VARIABLE	SL	7.00	16	217,515.		149,284.	18,273.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES							
					217,515.	0.	149,284.	18,273.
	<b>MACHINERY &amp; EQUIPMENT</b>							
1	EQUIPMENT, COMPUTERS, SOFTWARE - 211							
	VARIABLE	SL	7.00	16	404,029.		334,261.	16,001.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT							
					404,029.	0.	334,261.	16,001.
	<b>PROGRAM SERVICES</b>							
3	LEASEHOLD IMPROVEMENTS - 211							
	VARIABLE	SL	15.00	16	200,622.		122,272.	12,920.
4	CONSTRUCTION IN PROGRESS - 211							
	VARIABLE	NC	.000		51,230.			0.
	* 990 PAGE 10 TOTAL PROGRAM SERVICES							
					251,852.	0.	122,272.	12,920.
	* GRAND TOTAL 990 PAGE 10 DEPR							
					873,396.	0.	605,817.	47,194.