

TRI-COUNTY COMMUNITY COUNCIL, INC.
302 North Oklahoma Street; P.O. Box 1210
Bonifay, FL 32425

MEETING NOTICE

Tri-County Community Council, Inc., Board of Directors will be held
Thursday – March 13, 2025 at 5:00 p.m. at the
Head Start Conference Room, 2499 Cypress Street, Westville, FL 32464.
The hybrid meeting will allow for in person or virtual attendance.

JOIN THE BOARD MEETING

Google Meet meet.google.com/wgx-ohxj-enf

OR

Call **1-304-760-9534**

When prompted, enter PIN: **970 655 068** followed by the # sign

PLEASE CALL IN ABOUT 5 MINUTES PRIOR TO THE START OF MEETING

Finance, Head Start & Head Start Committee Meetings at 4:15 p.m.

You will receive a separate invite for joining Committee Meeting

(Please let us know how you will be attending or if you are not able to attend)



MISSION: Our Mission is to identify and provide needed services to the citizens in our community.

VISION: Tri-County Community Council, Inc. is a nonprofit organization with a vision to unite both the public and private sectors for the purpose of improving the quality of life for individuals, families, and communities by enhancing and seeking new opportunities for success with the goal of eliminating poverty.

TRI-COUNTY COMMUNITY COUNCIL, INC.
BOARD OF DIRECTORS
MARCH 13, 2025
AGENDA

- I. Call to Order
- II. Invocation & Pledge to the Flag
- III. Roll Call – **Approval**
- IV. Board Minutes - **Approval**
 - a. January – Enclosure (1) Pink
- V. Board Committee Reports –
 - a. Finance Committee – Hope Sharpe, Finance Officer - Finance Training & Report – **Approval**
 - i. Financial Status Reports through February Enclosure (2) Multi on White
 - ii. Balance Sheet – Enclosure (3) White
 - iii. Credit Card Purchases – Enclosure (4) Green
 - iv. Fourth Quarter – Form 941 – Enclosure (5) Yellow
 - v. Head Start Annual Form 425 - Enclosure (6) Lilac
 - vi. Annual Head Start Form 429 - Enclosure (7) Blue
 - vii. Banking Update
 - viii. TD Non-Sponsored Cash Match Report 10%
 - ix. FORM 990 - Separate Enclosure
 - b. Head Start Committee – Janice Flowers, HS Liaison - **Approval**
- VI. Other Reports
 - a. Head Start Reports – **Approval** – Separate Enclosure
 - i. Head Start Director’s Report – Kim Gillis, Head Start Director
 - ii. Policy Council Report – Janice Flowers, HS Liaison
 - b. Program Reports – **Info Only** – Enclosure (8) Yellow
 - c. Customer Satisfaction Reports – **Info Only** – Enclosure (9) Green
 - d. Executive Director’s Report – Joel Paul, Jr.
 - e. Chair – Ron Kelley – **Approval**
 - i. HS Non Federal Share Waiver (Item to Ratify)
 - ii. HS Extension Request to Respond to Incident (Item to Ratify)
- VII. ROMA Training – Angie Moore, Certified Trainer - Enclosure (10) Pink
- VIII. New Business
 - a. Community Needs Assessment Form 2025 Separate Enclosure (Please complete)
- IX. Old Business – None
- X. Public Comments
- XI. Adjournment

**TRI-COUNTY COMMUNITY COUNCIL, INC.
P.O. BOX 1210; 302 NORTH OKLAHOMA STREET
BONIFAY, FL 32425**

**MINUTES
BOARD OF DIRECTOR'S MEETING**

JANUARY 9, 2025

Tri-County Community Council, Inc., Board of Directors met on January 9, 2025 via hybrid format.

The meeting was called to order by Ron Kelley, Chair. Invocation was given and the Pledge of Allegiance was recited.

The 2024 roll was called and a quorum declared with ten members present.

<u>MEMBER</u>	<u>SECTOR</u>	<u>PRESENT</u>	<u>ABSENT</u>	<u>STAFF</u>
Isaac Becker	Low-Income Elected	[]	[X]	Joel Paul
Lani Burritt	Public	[X]	[]	Sharon Kent
Alan Bush	Public	[]	[X]	Heather Craft
Edward Crutchfield	Low-Income Elected	[X]	[]	Kim Gillis
Clint Erickson	Public	[]	[X]	Angie Moore
Jeri Faircloth	Low-Income Elected	[]	[X]	Hope Sharpe
Tara Finch	Low-Income Elected	[X]	[]	
Janice Flowers	Low-Income Elected	[X]	[]	
Danny Glidewell	Public	[]	[X]	
Anita Halling	Private	[]	[X]	
Lesley Hatfield	Private	[X]	[]	
Russ Henderson	Private	[X]	[]	
John Hofstad	Public	[X]	[]	
Ron Kelley	Private	[X]	[]	
Patricia Latson	Low-Income Elected	[X]	[]	
Alex McKinnie	Public	[]	[X]	
Chris Moore	Public	[X]	[]	
VACANT	Private	[]	[]	
VACANT	Low-Income Elected	[]	[]	
 <u>ATTORNEY</u>				
Jeff Carter		[X]	[]	

Russ Henderson made motion to approve the 2024 roll call and Lesley Hatfield seconded. Motion carried.

BOARD DEVELOPMENT COMMITTEE REPORT – presented by Sharon Kent.

APPOINTMENTS

PUBLIC SECTOR 2025

Bay County – Chris Moore

Holmes County – Wilmer Stafford

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APPOINTMENTS - continued

PUBLIC SECTOR 2025

- Jackson County – Willie Spires
- Okaloosa County – John Hofstad
- Santa Rosa County – Lani Burritt
- Walton County – Danny Glidewell
- Washington County – Ashlynn Marquez

LOW-INCOME SECTOR 2025-26

- Santa Rosa County – Ashley Thompson
- Walton County – Isaac Becker
- Washington County – Tara Finch

One Add-on item not in packet

PRIVATE SECTOR – 2025-26

- Santa Rosa County – Russ Henderson

BOARD OFFICERS 2025

- Chair** - Ron Kelley
- Vice Chair** - Danny Glidewell
- Treasurer** - Lesley Hatfield
- Secretary** - Tara Finch
- Member-at-Large** - Lani Burritt

This leaves one vacancy on the board, the Washington County Private Sector.

Lesley Hatfield made motion to approve and Patricia Latson seconded. Motion carried.

The 2025 roll was called. A quorum was declared with twelve members present.

<u>MEMBER</u>	<u>SECTOR</u>	<u>PRESENT</u>	<u>ABSENT</u>	<u>STAFF</u>
Isaac Becker	Low-Income Elected	[]	[X]	Joel Paul
Lani Burritt	Public	[X]	[]	Sharon Kent
Edward Crutchfield	Low-Income Elected	[X]	[]	Heather Craft
Jeri Faircloth	Low-Income Elected	[]	[X]	Kim Gillis
Tara Finch	Low-Income Elected	[X]	[]	Angie Moore
Janice Flowers	Low-Income Elected	[X]	[]	Hope Sharpe
Danny Glidewell	Public	[]	[X]	
Anita Halling	Private	[]	[X]	
Lesley Hatfield	Private	[X]	[]	
Russ Henderson	Private	[X]	[]	
John Hofstad	Public	[X]	[]	
Ron Kelley	Private	[X]	[]	
Patricia Latson	Low-Income Elected	[X]	[]	

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Ashlynn Marquez	Public	[]	[X]
Chris Moore	Public	[X]	[]
Wilmer Stafford	Public	[X]	[]
Willie Spires	Public	[]	[X]
Ashley Thompson	Low-Income Elected	[X]	[]

ATTORNEY

Jeff Carter	[X]	[]
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Lesley Hatfield made motion to approve the 2025 roll call and Patricia Latson seconded. Motion carried.

November 2024 BOARD MINUTES - the minutes were reviewed. Chris Moore made motion to approve and Wilmer Stafford seconded. Motion carried.

FINANCE COMMITTEE REPORT – Ms. Lesley Hatfield, Committee Chair reported on the following:

Financial Status Reports - the committee reviewed the financial status report through December 31, 2024 which reflects revenue and expenses through that time period.

Credit Card Purchases: the committee also reviewed the credit card purchases. There were no odd purchases noted during this time period.

Balance Sheet - this reflects the financial position of the agency. Information presented shows the assets of the agency and liabilities owed.

Items over \$10,000 – Santa Rosa County vehicle repair for engine and transmission replacement in the amount of \$18,587.35

TD Non-Sponsored Grant Cash Match (10%) - the match has not been met yet but is anticipated to be met by the end of the funding on June 30th.

Lesley then deferred to Mr. Tyler Dunaway to present the 2023-24 Annual Audit report to the board.

Annual Audit – Mr. Dunaway stated being here at the end of the first full week in January presenting a financial statement audit for a September 30th year end is a high praise of the agency and the timeliness of how quickly they are able to issue a set of financial statements. It is a testament to how well Heather and staff are at recordkeeping and how good the books are kept. He gave a review of the audit stating there were no findings. He referred to Auditor's Report which reflects the highest level of opinion offered. He noted the agency has no debts on the books. Net assets equal 4.6 months' worth of expenses which is good for non-profits. These assets are needed to meet the 90-day reserve grant requirements and indicates the agency is in good financial health. Mr. Dunaway stated total revenue and expenses were down by about \$700,000 due to the COVID funding received in previous years has now been depleted and the agency is back to operating level pre-COVID days. Administrative costs for non-profits is considered excellent at 15% and our agency is at 11%. This means most of the funding received is utilized to serve the clients. Statement of cash flows indicates the net change in cash and cash

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equivalents went down about \$283,000. This number is misleading because we purchased about \$270,000 in cd's so the net change for the year is pretty much zero and consistent with the prior year. Depreciation expense is about \$364,000 which is consistent with last year. Over the past two years, we've had about \$700,000 of depreciation on your assets but invested about \$200,000 in that for a deficit of about \$500,000. This is due to replacement of busses that we've been waiting on for a couple of years. This year, the programs tested to ensure compliance requirements of the grants were the Community Services Block Grant and Head Start program for the Federal side. On the state side, the Commission for Transportation Disadvantaged was tested. Mr. Dunaway concluded by saying it was a clean report and asked if there were any questions. There were none. Mr. Kelley thanked Mr. Dunaway and commended staff and the good report.

Tara Finch made motion to approve the Finance Reports to include the 2023-24 Audit. Wilmer Stafford seconded. Motion carried.

HEAD START COMMITTEE REPORT - presented by Kim Gillis, Program Director.

Committee discussed an incident that took place with a child in December. A child got hurt which resulted in one employee being terminated and suspension of another. It has been reported to the Office of Head Start, Licensing Agency and was called in to the Abuse Hotline – who did not take the report. We will have a corrective action and a risk assessment with our Head Start Program on January 15th. Kim asked if there were any questions about the incident. Mr. Kelley asked if Kim would present a follow up after the process is complete. Kim stated she would.

Wilmer Stafford made a motion to approve the report and Patricia Latson seconded. Motion carried.

HEAD START DIRECTOR'S REPORT - Kim Gillis, Program Director gave the following report:

One Policy Council meeting since the board met in November. A quorum was established for the January meeting and all items were approved.

Board Training Topic: School Readiness and In-Kind. Kim explained the School Readiness plan required by Head Start to get children ready when they go to kindergarten. The plan has domains that are targeted with goals to meet.

Kim also explained that In-Kind match of 20% is required by Head Start. In-Kind is anything we would pay for and use in our program. Some examples of in-kind are parent volunteers or donations of things we would buy such as diapers. We asked for one waiver which was approved and are still waiting for the official approval for this past grant.

January Policy Council Meeting:

Presented the following for discussion:

- ...Policy Council Training Topic – School Readiness
- ...Incident Report
- ...End of 12 Month Period Letter (HSES Enrollment – HS & EHS)
- ...Update of Implementation of the Revised Performance Standards
- ...Focus One Protocol

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- ...Carry Over request (EHS playground) \$45,7000
- ...PI – Final Rule to Delay Effective Date for Increasing the CLASS Instructional Support Domain Competitive Threshold
- ...IM – Reporting Child Health and Safety Incidents
- ...IM – Fiscal Year 2025 Monitoring Process for Head Start Recipients

Kim reported on two items that weren't included in the Director's Report that was mailed out early due to holidays and closures.

The cost for the November USDA is -\$21,549.52. She stated if you look at the prior months, we were in the green but USDA stays in the hole most of the time because it doesn't pay very much.

We also had a drop at the Walton Center on 12/17/25. We are working on filling that slot.

HEAD START POLICY COUNCIL REPORT – Janice Flowers, Chair reported the following

January Approvals – all items mailed

- ...November minutes
- ...Director's Report

Policies

- ...Transition Policy

Forms

- ...HS/EHS Criteria Sheet

Hires

- ...Maria Paires – Westville Head Start Teacher
- ...Amanda Hutchins HS / EHS Coach Specialist
- ...Greenleigh Wilkerson – Walton Teacher-in-Training
- ...Mary Cox – transfer to Floater

There were no questions.

Patricia Latson made a motion to approve Head Start reports. Russ Henderson seconded. Motion carried.

LIHEAP ANNUAL REPORT - presented for information.

PROGRAM REPORTS - presented for information.

COMMUNITY SERVICES CUSTOMER SATISFACTION REPORTS - presented for information.

EXECUTIVE DIRECTOR REPORT - Joel Paul reported the following:

...The Santa Rosa RFP will be out in the near future. There is a mandatory meeting on January 30th in Pensacola. We will know more after that meeting. The RFP process will result in the selection of the

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Community Transportation Coordinator for a five-year contract beginning July 1, 2025. We currently serve as the CTC for Holmes, Santa Rosa, Walton & Washington Counties.

...Presently the Life Enrichment Senior Center is without a manager. We are in the process of advertising. We hope to interview and select a new manager in the next few weeks. In the interim, we have been informed the City of DeFuniak Springs has heard from some of the members and may be lobbied for the City to take over the operation. As of tonight, Tri-County hasn't been invited to the City Council meeting scheduled for Monday. The bone of contention is the termination of the manager is covered under confidentiality and Tri-County has been unable to explain what has transpired. The City, County Commissioners, and Tri-County are in an agreement for Tri-County to be the operator, with funding provided by the two governmental parties. Joel will keep the board informed of any major issues. For some good news, the van that Walton County purchased for the LESC has arrived. We are waiting on the tag. In the near future, this will provide a safer vehicle for trips.

...The Triennial Review for Transportation has been scheduled for April. This review is conducted every three years by the state. It is an intensive process and we are preparing for it.

Mr. Paul concluded his report by giving credit to every staff member in the organization for the great audit report.

Mr. Russ Henderson asked for information on the RV's that were reported on at the last meeting. Tri-County has been seeking approval from the Department of Commerce to dispose of seven RV's in our possession for some time. We would like them to be utilized by other agencies or organizations in need. Mr. Paul stated we haven't received any response. The reason may be that they have had a lot of turnover in that agency. Joel said our next step may be to seek assistance from the Governor's Office to try to get this resolved.

CHAIR REPORT -

...Mr. Kelley reiterated what Mr. Paul said about staff and the exemplary job they do that results in great audits year after year. He said Heather deserves kudos as the leader of this department. He thanked all staff for the work they do.

...Reminded board members of the forms in the packet. Please complete and return these as soon as possible. They are required and time sensitive.

...Annual Board Training is scheduled for February 13, 2025. He encouraged members to attend this training either in person or virtually as it is very important to attend ongoing training.

NEW BUSINESS -

The Annual Resolution Re Authority of Executive Director was submitted in the board packet authorizing the Executive Director to negotiate terms, and to enter into and execute corporate documents.

The agency Annual Report was distributed at the meeting and emailed to all other members prior to the meeting. A hard copy will be mailed to board members that request one. It will be posted on the agency website as well.

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Leslie Hatfield made a motion to approve both the Annual Resolution and the Annual Report.

Tara Finch seconded. Motion carried.

OLD BUSINESS - None

PUBLIC COMMENTS - None

The meeting adjourned at 5:43 p.m.

CHAIR

DATE

SECRETARY

DATE

As recorded by Sharon Kent, Board Liaison – 1/9/2025

CURRENT FISCAL YEAR INFORMATION

GRANT YEAR INFORMATION

Fund	Fund Description	Period Jan. 1 - Feb. 28, 2025			Fiscal Year to Date Oct. 1, 2024- Sept. 30, 2025			Revenue vs. Expense Grant Period			BUDGET vs EXPENSE		
		Revenue	Expense	Excess Rev over Expense	Revenue	Expense	Excess Rev over Expense	Revenue	Expense	Excess Rev over Expense	GRANT BUDGET	VARIANCE	
1	Operating Fund	\$ 3,166.70	\$ (33,130.19)	\$	\$ 11,862.62	\$ 49,384.35	\$ (37,521.73)	\$	\$ 49,384.35	\$ (37,521.73)	\$	\$ 350.00	\$ (49,034.35)
14	FDOT 5311	\$ 2,265.40	\$ 162,168.19	\$	\$ 2,265.40	\$ 162,168.19	\$ (159,902.79)	\$	\$ 162,168.19	\$ (159,902.79)	\$	\$ 1,219,000.00	\$ 1,056,831.81
16	TRANS: DEV SERVICE10/22-9/23	\$ 8,743.86	\$ 18,529.47	\$	\$ 30,457.64	\$ 47,701.23	\$ (17,243.59)	\$	\$ 47,701.23	\$ (17,243.59)	\$	\$ 132,000.00	\$ 84,298.77
19	TRANS: AGENCY FEES(10/22-9/23)	\$ 3,873.14	\$ 1,102.53	\$	\$ 13,324.55	\$ 6,445.69	\$ 6,878.86	\$	\$ 6,445.69	\$ 6,878.86	\$	\$ 11,250.00	\$ 4,804.31
22	CSBG ADMIN	\$ 22,186.64	\$ 21,610.76	\$	\$ 33,967.46	\$ 44,044.33	\$ (10,076.87)	\$	\$ 49,901.31	\$ (10,076.87)	\$	\$ 114,774.00	\$ 64,872.69
23	CSBG PROGRAM	\$ 50,809.10	\$ 59,731.85	\$	\$ 50,809.10	\$ 82,044.91	\$ (31,235.81)	\$	\$ 82,044.91	\$ (31,235.81)	\$	\$ 407,174.00	\$ 325,129.09
40	PAYROLL	\$ -	\$ -	\$	\$ (298.85)	\$ -	\$ (298.85)	\$	\$ -	\$ (298.85)	\$	\$ 200.00	\$ 200.00
44	HEADSTART USDA 10/23-9/24	\$ 31,849.62	\$ 72,541.38	\$	\$ 40,158.36	\$ 114,695.42	\$ (74,537.06)	\$	\$ 114,695.42	\$ (74,537.06)	\$	\$ 199,242.00	\$ 84,546.58
45	EHS 12/24-11/25	\$ 114,817.16	\$ 122,017.18	\$	\$ 159,174.53	\$ 167,093.07	\$ (7,918.54)	\$	\$ 167,093.07	\$ (7,918.54)	\$	\$ 527,862.00	\$ 360,768.93
48	EHS IK (12/24-11/25)	\$ 1,700.72	\$ 1,700.72	\$	\$ 1,700.72	\$ 1,700.72	\$ -	\$	\$ 1,700.72	\$ -	\$	\$ 32,991.50	\$ 31,290.78
50	AGENCY	\$ -	\$ (454.78)	\$	\$ -	\$ (264.75)	\$ 264.75	\$	\$ (264.75)	\$ 264.75	\$	\$ 300.00	\$ 564.75
57	HEAD START IK (12/23-11/24)	\$ 2,918.06	\$ 2,918.06	\$	\$ 2,918.06	\$ 2,918.06	\$ -	\$	\$ 2,918.06	\$ -	\$	\$ 53,264.00	\$ 50,345.94
58	HS 12/24-11/25	\$ 237,099.58	\$ 262,198.78	\$	\$ 312,694.46	\$ 342,197.00	\$ (29,502.54)	\$	\$ 342,197.00	\$ (29,502.54)	\$	\$ 852,221.50	\$ 510,024.50
61	TRANS: NON SPONSOR 7/24-6/25	\$ 157,207.55	\$ 161,548.16	\$	\$ 329,660.67	\$ 464,106.68	\$ (134,446.01)	\$	\$ 877,915.43	\$ (314,182.88)	\$	\$ 1,668,071.00	\$ 790,155.57
74	Liheap	\$ 68,440.30	\$ 79,425.60	\$	\$ 371,517.86	\$ 418,814.43	\$ (47,296.57)	\$	\$ 778,357.30	\$ (47,296.57)	\$	\$ 791,646.00	\$ 13,288.70
79	Liheap	\$ 378,328.16	\$ 337,425.65	\$	\$ 491,241.60	\$ 639,172.65	\$ (147,931.05)	\$	\$ 950,884.64	\$ (147,931.05)	\$	\$ 1,997,260.00	\$ 1,046,375.36
82	SHIRLEY CONROY	\$ -	\$ -	\$	\$ -	\$ -	\$ -	\$	\$ -	\$ -	\$	\$ 238,242.00	\$ 238,242.00
D2	DEPRECIATION	\$ -	\$ -	\$	\$ -	\$ -	\$ -	\$	\$ -	\$ -	\$	\$ 1,000.00	\$ 1,000.00
D6	CANNING CENTER	\$ -	\$ 186.96	\$	\$ -	\$ 261.96	\$ (261.96)	\$	\$ 261.96	\$ (261.96)	\$	\$ 100.00	\$ (161.96)
H3	FUNDRAISING	\$ 2,496.00	\$ 10,011.21	\$	\$ 6,726.17	\$ 17,852.33	\$ (11,126.16)	\$	\$ 17,852.33	\$ (11,126.16)	\$	\$ 15,450.00	\$ (2,402.33)
H5	PROJECT SHARE	\$ -	\$ -	\$	\$ -	\$ 300.00	\$ (300.00)	\$	\$ 300.00	\$ (300.00)	\$	\$ -	\$ (300.00)
H6	SENIOR CTR	\$ 8,044.66	\$ 7,879.23	\$	\$ 58,326.31	\$ 25,335.19	\$ 32,991.12	\$	\$ 25,335.19	\$ 32,991.12	\$	\$ 67,000.00	\$ 41,664.81
H7	WALTON BOCC	\$ -	\$ 4,529.55	\$	\$ 16,000.00	\$ 4,529.55	\$ 11,470.45	\$	\$ 4,529.55	\$ 11,470.45	\$	\$ 16,000.00	\$ 11,470.45
H8	WASH/HLMS/JAX/BAY BOCC	\$ 8,750.00	\$ 4,552.94	\$	\$ 14,500.00	\$ 4,552.94	\$ 9,947.06	\$	\$ 4,552.94	\$ 9,947.06	\$	\$ 22,000.00	\$ 17,447.06
K1	EXT. DAY	\$ -	\$ 108.19	\$	\$ -	\$ 4,135.67	\$ (4,135.67)	\$	\$ 4,135.67	\$ (4,135.67)	\$	\$ -	\$ (4,135.67)
FUNDS THAT HAVE ENDED													
17	FDOT 5311	\$ -	\$ -	\$	\$ 212,872.84	\$ 212,872.84	\$ -	\$	\$ 987,096.61	\$ -	\$	\$ 1,004,000.00	\$ 16,903.39
43	HS 12/23-11/24	\$ -	\$ -	\$	\$ 323,471.61	\$ 323,471.61	\$ -	\$	\$ 1,760,467.14	\$ -	\$	\$ 1,716,093.00	\$ (44,374.14)
46	EHS 12/23-11/24	\$ -	\$ -	\$	\$ 200,241.36	\$ 200,241.36	\$ -	\$	\$ 780,130.93	\$ -	\$	\$ 1,044,074.00	\$ 263,943.07
47	HEAD START IK (12/23-11/24)	\$ -	\$ -	\$	\$ 27,782.70	\$ 27,782.70	\$ -	\$	\$ 121,168.49	\$ -	\$	\$ 257,459.00	\$ 136,290.51
49	EHS IK (12/23-11/24)	\$ -	\$ -	\$	\$ 14,868.45	\$ 14,868.45	\$ -	\$	\$ 42,855.13	\$ -	\$	\$ 156,563.00	\$ 113,707.87
91	CSBG PROGRAM	\$ -	\$ -	\$	\$ 88,646.33	\$ 88,646.33	\$ -	\$	\$ 665,270.00	\$ -	\$	\$ 659,055.00	\$ (6,215.00)
AGENCY GRAND TOTAL		\$ 1,102,696.65	\$ 1,296,601.44	\$	\$ 2,814,889.95	\$ 3,467,072.91	\$ (652,182.96)	\$	\$ 8,047,098.51	\$ (831,919.83)	\$	\$ 13,204,642.00	\$ 5,157,543.49

Tri-County Community Council, Inc. (TRIFND)

Detailed Balance Sheet

As of: 2/28/2025

2/27/2025 3:45:54 PM

All Funds

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Assets

01-1002-000	FIRST FEDERAL ACCT# 8397	1,226,521.24
14-1002-000	FIRST FEDERAL ACCT# 8397	(745.37)
16-1002-000	FIRST FEDERAL ACCT# 8397	4,564.55
17-1002-000	FIRST FEDERAL ACCT# 8397	(55,941.07)
19-1002-000	FIRST FEDERAL ACCT# 8397	400,386.03
20-1002-000	FIRST FEDERAL ACCT# 8397	(146.00)
22-1002-000	FIRST FEDERAL ACCT# 8397	3,097.38
23-1002-000	FIRST FEDERAL ACCT# 8397	11,716.66
27-1002-000	FIRST FEDERAL ACCT# 8397	4.27
40-1002-000	FIRST FEDERAL ACCT# 8397	(670,784.67)
43-1002-000	FIRST FEDERAL ACCT# 8397	(472.12)
44-1002-000	FIRST FEDERAL ACCT# 8397	(22,010.31)
45-1002-000	FIRST FEDERAL ACCT# 8397	96,873.84
46-1002-000	FIRST FEDERAL ACCT# 8397	494.81
50-1002-000	FIRST FEDERAL ACCT# 8397	307,999.24
53-1002-000	FIRST FEDERAL ACCT# 8397	(4,059.84)
58-1002-000	FIRST FEDERAL ACCT# 8397	179,482.82
61-1002-000	FIRST FEDERAL ACCT# 8397	(264,019.45)
71-1002-000	FIRST FEDERAL ACCT# 8397	(107.73)
72-1002-000	FIRST FEDERAL ACCT# 8397	270,642.57
73-1002-000	FIRST FEDERAL ACCT# 8397	42,573.97
74-1002-000	FIRST FEDERAL ACCT# 8397	(47,296.57)
79-1002-000	FIRST FEDERAL ACCT# 8397	(98,569.46)
90-1002-000	FIRST FEDERAL ACCT# 8397	(260.59)
91-1002-000	FIRST FEDERAL ACCT# 8397	(239.61)
D6-1002-000	FIRST FEDERAL ACCT# 8397	4,222.25
H3-1002-000	FIRST FEDERAL ACCT# 8397	125,703.67
H5-1002-000	FIRST FEDERAL ACCT# 8397	15,852.41
H6-1002-000	FIRST FEDERAL ACCT# 8397	41,781.29
H7-1002-000	FIRST FEDERAL ACCT# 8397	15,470.45
H8-1002-000	FIRST FEDERAL ACCT# 8397	14,447.06
K1-1002-000	FIRST FEDERAL ACCT# 8397	77,955.53
19-1004-000	PEOPLES SOUTH 0326	295,502.61
19-1009-000	PETTY CASH	40.00
43-1009-000	PETTY CASH -	7.50
45-1009-000	PETTY CASH	40.00
46-1009-000	PETTY CASH	(7.50)
58-1009-000	PETTY CASH -	220.00
90-1009-000	PETTY CASH	30.00
01-1015-000	HUD	0.41
50-1017-000	FRAG - INVESTMENT	(737.74)
H3-1017-000	FRAG - INVESTMENT	737.74
19-1018-000	TRANS - INVESTMENT	517,503.94
01-1024-000	FIRST FEDERAL ACCT# 8400	(248,400.38)
14-1024-000	FIRST FEDERAL ACCT# 8400	(157,859.29)
16-1024-000	FIRST FEDERAL ACCT# 8400	(3,188.01)
17-1024-000	FIRST FEDERAL ACCT# 8400	(964.76)
19-1024-000	FIRST FEDERAL ACCT# 8400	(911.51)
22-1024-000	FIRST FEDERAL ACCT# 8400	(12,764.15)
23-1024-000	FIRST FEDERAL ACCT# 8400	(39,851.87)
40-1024-000	FIRST FEDERAL ACCT# 8400	1,181,501.55
44-1024-000	FIRST FEDERAL ACCT# 8400	(24,196.54)
45-1024-000	FIRST FEDERAL ACCT# 8400	(97,610.32)
58-1024-000	FIRST FEDERAL ACCT# 8400	(202,570.54)
61-1024-000	FIRST FEDERAL ACCT# 8400	(58,267.38)
79-1024-000	FIRST FEDERAL ACCT# 8400	(48,324.86)

Tri-County Community Council, Inc. (TRIFND)

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H6-1024-000	FIRST FEDERAL ACCT# 8400	(6,193.25)
01-1026-000	FIRST FEDERAL ACCT# 8419	(1,011,018.85)
16-1026-000	FIRST FEDERAL ACCT# 8419	(214,550.32)
17-1026-000	FIRST FEDERAL ACCT# 8419	55,941.08
19-1026-000	FIRST FEDERAL ACCT# 8419	1,907,678.72
20-1026-000	FIRST FEDERAL ACCT# 8419	146.00
40-1026-000	FIRST FEDERAL ACCT# 8419	(215,558.46)
61-1026-000	FIRST FEDERAL ACCT# 8419	(101,257.96)
67-1026-000	FIRST FEDERAL ACCT# 8419	5,277.67
72-1026-000	FIRST FEDERAL ACCT# 8419	(609,340.65)
73-1026-000	FIRST FEDERAL ACCT# 8419	(42,573.97)
80-1026-000	FIRST FEDERAL ACCT# 8419	7,585.98
D2-1026-000	FIRST FEDERAL ACCT# 8419	217,670.76
19-1040-000	CETERA INVESTMENT	254,594.00
19-1080-000	5 YR ANNUITY CONTRACT	(0.17)
19-1085-000	3 YR ANNUITY CONTRACT	(0.04)
01-1191-000	DUE TO/DUE FROM ACCOUNT	1,957.84
17-1191-000	DUE TO/DUE FROM ACCOUNT	(0.01)
19-1191-000	DUE TO/DUE FROM ACCOUNT	839.50
22-1191-000	DUE TO/DUE FROM ACCOUNT	(41.17)
23-1191-000	DUE TO/DUE FROM ACCOUNT	(1,725.06)
43-1191-000	DUE TO/DUE FROM ACCOUNT	(691.58)
44-1191-000	DUE TO/DUE FROM ACCT	(100.31)
45-1191-000	DUE TO/DUE FROM	(28.37)
46-1191-000	DUE TO/DUE FROM	(1,161.63)
50-1191-000	DUE TO/DUE FROM ACCOUNTS	442.32
58-1191-000	DUE TO/DUE FROM ACCOUNT	(913.09)
61-1191-000	DUE TO/DUE FROM ACCOUNT	10,001.59
79-1191-000	DUE TO/DUE FROM ACCT	(70.62)
H6-1191-000	DUE TO/DUE FROM	(9.41)
H7-1191-000	DUE TO/DUE FROM ACCOUNT	(4,000.00)
H8-1191-000	DUE TO/DUE FROM ACCOUNT	(4,500.00)
01-1301-000	LAND	203,736.13
01-1302-000	BUILDINGS	2,620,233.98
01-1303-000	EQUIPMENT	674,947.04
01-1304-000	VEHICLES	2,377,844.80
01-1349-000	ACCUMULATED DEPRECIATION	(4,404,504.23)

Total Assets

\$4,495,724.41

Liabilities

16-1502-000	ACCOUNTS PAYABLE	6.41
19-1502-000	ACCOUNTS PAYABLE	0.46
22-1502-000	A/P GENERAL ACCT	(9.64)
23-1502-000	A/P GENERAL ACCT	722.25
45-1502-000	A/P GENERAL ACCT	(5.18)
58-1502-000	A/P GENERAL	(7.92)
61-1502-000	ACCOUNTS PAYABLE	20.95
79-1502-000	A/P GENERAL ACCT	(5.08)
14-1509-000	STATE U/E TAX	301.48
16-1509-000	STATE U/E TAX	8.79
17-1509-000	STATE U/E TAX	4.80
19-1509-000	STATE U/E TAX	2.69
22-1509-000	STATE U/E TAX	15.72
23-1509-000	STATE U/E TAX	84.63
40-1509-000	STATE U/E TAX	1,742.16

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44-1509-000	STATE U/E TAX	55.57
45-1509-000	STATE U/E TAX	253.37
58-1509-000	STATE U/E TAX	456.78
61-1509-000	STATE U/E TAX	129.41
79-1509-000	STATE U/E TAX	94.27
H6-1509-000	STATE U/E TAX	6.63
40-1513-000	EMPLOYER'S FICA LIABILITY	(309.92)
40-1514-000	EMPLOYER'S MEDICARE LIABILITY	(72.48)
40-1520-000	AFLAC	29.76
40-1521-000	AMERICAN GENERAL LIFE INS.	(88.60)
40-1522-000	VISION ASSURANT	1,327.79
58-1522-000	VISION INSURANCE	20.34
40-1524-000	COLONIAL INS.	9,799.13
58-1524-000	COLONIAL INS.	290.93
40-1526-000	HEALTH INSURANCE	53,008.03
44-1526-000	HEALTH INSURANCE	(5,243.04)
45-1526-000	HEALTH INSURANCE	5,243.04
58-1526-000	HEALTH INSURANCE	1,497.11
40-1528-000	CINCINNATI LIFE INS.	(54.36)
14-1532-000	WORK COMPENSATION	954.63
16-1532-000	WORKERS COMPENSATION	23.72
17-1532-000	WORKERS COMPENSATION	12.59
19-1532-000	WORKERS COMPENSATION	8.30
22-1532-000	WORKERS COMPENSATION	83.10
23-1532-000	WORKERS COMPENSATION	241.47
40-1532-000	W/C CLERICAL (WO1)	32,550.46
44-1532-000	WORKERS COMPENSATION	148.32
45-1532-000	W/COMP	702.30
58-1532-000	WORK COMP	1,304.29
61-1532-000	WORKERS COMPENSATION	376.25
79-1532-000	W/C CLERICAL (WO1)	298.29
H6-1532-000	WORKER COMPENSATION	35.79
16-1534-000	DENTAL INS HEALTH PLAN SVS	24.64
40-1534-000	DENTAL INS - HEALTH PLAN SVS	258.67
58-1534-000	DENTAL INS HEALTH PLAN SVS	144.56
14-1535-000	DENTAL INS. FEE	8.83
16-1535-000	DENTAL INS FEE	0.37
17-1535-000	DENTAL INS FEE	0.40
19-1535-000	DENTAL INS. FEE	0.14
22-1535-000	DENTAL INS FEE	1.03
23-1535-000	DENTAL INS FEE	2.82
40-1535-000	DENTAL INS FEE	3,025.47
44-1535-000	DENTAL INS FEE	0.64
45-1535-000	DENTAL INS FEE	8.24
58-1535-000	DENTAL INS FEE	10.22
61-1535-000	DENTAL INS FEE	3.40
79-1535-000	DENTAL INS FEE	2.78
H6-1535-000	DENTAL INS FEE	0.13
14-1536-000	GARNISHMENT FEE	9.07
16-1536-000	GARNISHMENT FEE	0.05
22-1536-000	GARNISHMENT FEE	0.86
23-1536-000	GARNISHMENT FEE	7.20
40-1536-000	GARNISHMENT FEE	12,924.40
45-1536-000	GARNISHMENT FEE	13.47
58-1536-000	GARNISHMENT FEE	7.20
61-1536-000	GARNISHMENT FEE	2.44
79-1536-000	GARNISHMENT FEE	9.41
H6-1536-000	GARNISHMENT FEE	0.30

Tri-County Community Council, Inc. (TRIFND)

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16-1537-000	PLAN MEMBER GARNISHMENT	(24.64)
14-1539-000	TCCC CONTRIBUTION	24.12
22-1539-000	TCCC CONTRIBUTION	8.67
40-1539-000	CONTRIBUTIONS TO TCCC	861.56
45-1539-000	TCCC CONTRIBUTION	0.82
58-1539-000	TCCC CONTRIBUTION	7.15
61-1539-000	TCCC CONTRIBUTION	9.66
79-1539-000	TCCC CONTRIBUTION	4.99
H6-1539-000	TCCC CONTRIBUTION	6.13
22-1556-000	PLAN MEMBER SECURITIES	0.01
61-1556-000	PLAN MEMBER SECURITIES	(0.01)
01-1612-000	ACCRUED LEAVE LIABILITY	71,651.13

Total Liabilities

\$195,082.12

Net Assets

01-1850-000	BEGINNING NET ASSETS (U)	574,094.46
16-1850-000	BEGINNING NET ASSETS (U)	(196,129.47)
19-1850-000	BEGINNING NET ASSETS (U)	3,321,702.58
27-1850-000	BEGINNING NET ASSETS	4.27
40-1850-000	BEGINNING FUND BALANCES	26,441.90
50-1850-000	BEGINNING FUND BALANCES	279,140.20
53-1850-000	BEGINNING NET ASSETS	(4,059.84)
61-1850-000	BEGINNING NET ASSETS (U)	(280,994.83)
67-1850-000	BEGINNING NET ASSETS (U)	5,277.67
71-1850-000	BEGINNING NET ASSETS (U)	(107.73)
72-1850-000	BEGINNING NET ASSETS (U)	(338,698.08)
80-1850-000	BEGINNING NET ASSETS (U)	7,585.98
90-1850-000	BEGINNING NET ASSETS (U)	(230.59)
D2-1850-000	BEGINNING FUND BALANCES	217,670.76
D6-1850-000	BEGINNING FUND BALANCES	4,484.21
H3-1850-000	BEGINNING FUND BALANCES	10,612.47
H5-1850-000	BEGINNING NET ASSETS (U)	16,152.41
H6-1850-000	BEGINNING NET ASSETS (U)	9,890.24
K1-1850-000	BEGINNING FUND BALANCES	82,091.20
01-1851-000	BEGINNING NET ASSETS (T)	734,325.42
19-1851-000	BEGINNING NET ASSETS (T)	47,021.12
40-1851-000	BEGINNING NET ASSETS	30,486.26
50-1851-000	PRIOR PERIOD ADJ	28,298.87
H3-1851-000	BEGINNING NET ASSETS	126,736.44
40-1852-000	PRIOR PERIOD ADJ	123,527.04
	Excess Revenues Over Expenses	(524,680.67)

Total Net Assets

\$4,300,642.29

Total Liabilities and Net Worth

\$4,495,724.41
=====

TCCC MONTHLY CREDIT CARD REVIEW
DECEMBER 2024 ACTIVITY

	TOTAL CHARGES	DESCRIPTION
LOWE'S		
	\$ -	NO PURCHASES
	<u>\$ -</u>	
WALMART - ADM		
	\$ -	NO PURCHASES
	<u>\$ -</u>	
WALMART - CSBG / SENIOR CENTER		
	\$ -	NO PURCHASES
	<u>\$ -</u>	
WALMART - HEADSTART/SR CENTER		
EFT 01/28/25	\$ 490.18	FOOD (USDA), VEHICLE MAINT/REPAIR, FOOD FOR FAMILY NIGHT
	<u>\$ 490.18</u>	
WRIGHTS EXPRESS		
ADM, HS, SVCS, & TRANS	\$ 18,211.49	FUEL
EFT 01/17/25	<u>\$ 18,211.49</u>	
OFFICE DEPOT	\$0.00	NO ACTIVITY
PEOPLES SOUTH MASTERCARD	\$0.00	NO ACTIVITY

TCCC VISA REVIEW
DECEMBER 2024 ACTIVITY

ADMIN	TOTAL CHARGES	DESCRIPTION
CRAFT, HEATHER	\$ 140.00	STARLINK INTERNET
KENT, SHARON	\$ 855.54	EMPLOYEE BACKGROUND SCREENING, LEGAL ADD, SUBSCRIPTION RENEWAL, G-MAIL SUITE
PAUL, JR., JOEL	\$ -	
CSBG		
ARNOLD, ANITA	\$ 73.00	POSTAGE
HARRIS, JESSICA	\$ 73.00	POSTAGE
MATTHEWS, SHERRY	\$ 73.00	POSTAGE
MCCREARY, LISA	\$ -	
MOORE, BETTY	\$ 233.96	STAFF LUNCH, FUEL
ROMERO, CANDICE	\$ 51.81	FUEL, POSTAGE
SHIRAH, CHARLOTTE	\$ 159.00	FUEL, POSTAGE
THOMPSON, VANESSA	\$ -	
WISE, BETTY	\$ -	
HEAD START		
GILLIS, KIM	\$ -	
KELLEY, RUTH	\$ 1,066.42	USDA
THOMAS, MANDI	\$ 2,380.00	CHRISTMAS PARTY, CENTER SUPPLIES, USDA (FOOD), EMPLOYEE TRAINING, OBSERVER RECERTIFICATION
TRANSPORTATION		
CASSIDAY, INEZ		
JONES, HELEN	\$ -	
STATEN, VINCE	\$ -	
SENIOR CENTER		
BAKALO, SUSAN	\$ 412.27	CENTER ACTIVITIES, FUEL
	<input type="text"/>	
TOTAL	\$ 5,518.00	
EFT 01/28/25	<input type="text"/>	

TCCC MONTHLY CREDIT CARD REVIEW
JANUARY 2025 ACTIVITY

	TOTAL CHARGES	DESCRIPTION
LOWE'S		
EFT 02/18/25	<u>\$ 2,414.77</u>	OFFICE/CENTER REPAIRS AND/OR MAINT.
	\$ 2,414.77	
WALMART - CSBG		
	<u>\$ -</u>	NO PURCHASES
	\$ -	
WALMART - HEADSTART /SR CENTER		
EFT 02/28/25	<u>\$ 691.87</u>	CENTER SUPPLIES, USDA (FOOD)
	\$ 691.87	
WRIGHTS EXPRESS		
ADM, HS, SVCS, & TRANS	<u>\$ 16,536.18</u>	FUEL
EFT 02/18/25	\$ 16,536.18	
OFFICE DEPOT	\$0.00	NO ACTIVITY
PEOPLES SOUTH MASTERCARD	\$0.00	NO ACTIVITY

TCCC VISA REVIEW
JANUARY 2024 ACTIVITY

ADMIN	TOTAL CHARGES	DESCRIPTION
CRAFT, HEATHER	\$ 359.19	W-2/W-3 ELECTRONIC SUBMISSION, STARLINK INTERNET
KENT, SHARON	\$ 1,111.35	FOOD/DRINK FOR BOARD MTG; ANNUAL REPORT;BACKGROUND SCREENINGS;G-MAIL SUITE, SR CENTER POT LUCK
PAUL, JR., JOEL	\$ 147.90	MTG/LUNCH, FUEL
CSBG		
ARNOLD, ANITA	\$ 73.00	POSTAGE
HARRIS, JESSICA	\$ -	
MATTHEWS, SHERRY	\$ -	
MCCREARY, LISA	\$ -	
MOORE, BETTY	\$ 31.68	FUEL
ROMERO, CANDICE	\$ -	
SHIRAH, CHARLOTTE	\$ 218.98	FUEL; VEHICLE MAINT
THOMPSON, VANESSA	\$ 73.00	POSTAGE
WISE, BETTY		
HEAD START		
GILLIS, KIM	\$ 403.97	ADM/CENTER SUPPLIES, CENTER LICENSE RENEWAL
KELLEY, RUTH	\$ 885.39	USDA
THOMAS, MANDI	\$ 1,714.34	EMPLOYEE TRAINING, POLICY COUNCIL MEAL, CENTER SUPPLIES, NORTON ANTI-VIRUS LICENSE RENEWAL
TRANSPORTATION		
CASSIDAY, INEZ	\$ -	MAILBOX
JONES, HELEN	\$ -	
STATEN, VINCE	\$ -	2 WINDSHIELD REPLACEMENTS
SENIOR CENTER		
BAKALO, SUSAN	\$ -	CENTER ACTIVITIES; VEHICLE REPAIR
	<input style="width: 100px; height: 20px;" type="text"/>	
TOTAL	\$ 5,018.80	
EFT 02/27/25	<input style="width: 100px; height: 20px;" type="text"/>	

Employer identification number (EIN) **59-1099586**

Name (not your trade name) **TRI-COUNTY COMMUNITY COUNCIL, INC.**

Trade name (if any) _____

Address **P O BOX 1210, 302 N OKLAHOMA ST**
Number Street Suite or room number

BONIFAY **FL** **32425**
City State ZIP code

Foreign country name Foreign province/county Foreign postal code

Report for this Quarter of 2024
 (Check one.)

1: January, February, March

2: April, May, June

3: July, August, September

4: October, November, December

Go to www.irs.gov/Form941 for instructions and the latest information.

Read the separate instructions before you complete Form 941. Type or print within the boxes.

Part 1: Answer these questions for this quarter. Employers in American Samoa, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, and Puerto Rico can skip lines 2 and 3, unless you have employees who are subject to U.S. income tax withholding.

1	Number of employees who received wages, tips, or other compensation for the pay period including: <i>Mar. 12</i> (Quarter 1), <i>June 12</i> (Quarter 2), <i>Sept. 12</i> (Quarter 3), or <i>Dec. 12</i> (Quarter 4)	1	107
2	Wages, tips, and other compensation	2	980199.37
3	Federal income tax withheld from wages, tips, and other compensation	3	56289.15
4	If no wages, tips, and other compensation are subject to social security or Medicare tax	<input type="checkbox"/> Check here and go to line 6.	

	Column 1		Column 2
5a	Taxable social security wages	1012941.17 x 0.124 =	125604.71
5b	Taxable social security tips	0.00 x 0.124 =	0.00
5c	Taxable Medicare wages & tips	1012941.17 x 0.029 =	29375.29
5d	Taxable wages & tips subject to Additional Medicare Tax withholding	0.00 x 0.009 =	0.00
5e	Total social security and Medicare taxes. Add Column 2 from lines 5a, 5b, 5c, and 5d	5e	154980.00
5f	Section 3121(q) Notice and Demand — Tax due on unreported tips (see instructions)	5f	0.00
6	Total taxes before adjustments. Add lines 3, 5e, and 5f	6	211269.15
7	Current quarter's adjustment for fractions of cents	7	0.14
8	Current quarter's adjustment for sick pay	8	0.00
9	Current quarter's adjustments for tips and group-term life insurance	9	0.00
10	Total taxes after adjustments. Combine lines 6 through 9	10	211269.29
11	Qualified small business payroll tax credit for increasing research activities. Attach Form 8974	11	.
12	Total taxes after adjustments and nonrefundable credits. Subtract line 11 from line 10	12	211269.29
13	Total deposits for this quarter, including overpayment applied from a prior quarter and overpayments applied from Form 941-X, 941-X (PR), or 944-X filed in the current quarter	13	211269.29
14	Balance due. If line 12 is more than line 13, enter the difference and see instructions	14	.
15	Overpayment. If line 13 is more than line 12, enter the difference		.

Check one: Apply to next return. Send a refund.

Name (not your trade name) TRI-COUNTY COMMUNITY COUNCIL, INC. Employer Identification number (EIN) 59-1099586

Part 2: Tell us about your deposit schedule and tax liability for this quarter.

If you're unsure about whether you're a monthly schedule depositor or a semiweekly schedule depositor, see section 11 of Pub. 15.

16 Check one: [] Line 12 on this return is less than \$2,500 or line 12 on the return for the prior quarter was less than \$2,500, and you didn't incur a \$100,000 next-day deposit obligation during the current quarter.

[] You were a monthly schedule depositor for the entire quarter. Enter your tax liability for each month and total liability for the quarter, then go to Part 3.

Tax liability: Month 1, Month 2, Month 3

Total liability for quarter Total must equal line 12.

[X] You were a semiweekly schedule depositor for any part of this quarter. Complete Schedule B (Form 941), Report of Tax Liability for Semiweekly Schedule Depositors, and attach it to Form 941. Go to Part 3.

Part 3: Tell us about your business. If a question does NOT apply to your business, leave it blank.

17 If your business has closed or you stopped paying wages [] Check here and enter the final date you paid wages; also attach a statement to your return. See instructions.

18 If you're a seasonal employer and you don't have to file a return for every quarter of the year [] Check here.

Part 4: May we speak with your third-party designee?

Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See the instructions for details.

[X] Yes. Designee's name and phone number HOPE SHARPE 8505473689

Select a 5-digit personal identification number (PIN) to use when talking to the IRS. [1][2][3][4][5]

[] No.

Part 5: Sign here. You MUST complete both pages of Form 941 and SIGN it.

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

Sign your name here [Signature]

Print your name here JOEL PAUL JR

Print your title here EXECUTIVE DIRECTOR

Date 01/16/25

Best daytime phone 8505472444

Paid Preparer Use Only

Check if you're self-employed []

Preparer's name, Preparer's signature, Firm's name (or yours if self-employed), Address, City, State, ZIP code, PTIN, Date, EIN, Phone

Schedule B (Form 941):

960311

Report of Tax Liability for Semiweekly Schedule Depositors

(Rev. March 2024)

Department of the Treasury - Internal Revenue Service

OMB No. 1545-0029

Employer identification number (EIN) 5 9 - 1 0 9 9 5 8 6

Name (not your trade name) TRI-COUNTY COMMUNITY COUNCIL, INC.

Calendar year 2 0 2 4 (Also check quarter)

Report for this Quarter ...
(Check one.)

1: January, February, March

2: April, May, June

3: July, August, September

4: October, November, December

Use this schedule to show your TAX LIABILITY for the quarter; don't use it to show your deposits. When you file this schedule with Form 941, don't change your tax liability by adjustments reported on any Forms 941-X or 944-X. You must fill out this schedule and attach it to Form 941 if you're a semiweekly schedule depositor or became one because your accumulated tax liability on any day was \$100,000 or more. Write your daily tax liability on the numbered space that corresponds to the date wages were paid. See Section 11 in Pub. 15 for details.

Month 1

1	9	17	25	Tax liability for Month 1 58398.80
2	10	18	26	
3	11	19	27	
4	12	20	28	
5	13	21	29	
6	14	22	30	
7	15	23	31	
8	16	24		

Month 2

1	9	17	25	Tax liability for Month 2 96289.06
2	10	18	26	
3	11	19	27	
4	12	20	28	
5	13	21	29	
6	14	22	30	
7	15	23	31	
8	16	24		

Month 3

1	9	17	25	Tax liability for Month 3 56581.43
2	10	18	26	
3	11	19	27	
4	12	20	28	
5	13	21	29	
6	14	22	30	
7	15	23	31	
8	16	24		

Fill in your total liability for the quarter (Month 1 + Month 2 + Month 3).

Total must equal line 12 on Form 941.

Total liability for the quarter

211269.29

FEDERAL FINANCIAL REPORT

(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted HHS-ADMINISTRATION FOR CHILDREN & FAMILIES	2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) 04CH01240601
--	--

3. Recipient Organization (Name and complete address including Zip code)

**TRI-COUNTY COMMUNITY COUNCIL, INC.
302 N OKLAHOMA ST, BONIFAY, FL 32425-2224 USA**

4a. UEI KSHUE4AZMR39	4b. EIN 1591099586A1	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) 8D43P	6. Report Type <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Final	7. Basis of Accounting <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual
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8. Project/Grant Period (Month, Day, Year) From: December 1, 2023 To: November 30, 2024	9. Reporting Period End Date (Month, Day, Year) November 30, 2024
--	---

10. Transactions <i>(Use lines a-c for single or combined multiple grant reporting)</i>	Cumulative
--	------------

Federal Cash (To report multiple grants separately, also use FFR Attachment):	
a. Cash Receipts	\$2,540,598.07
b. Cash Disbursements	\$2,540,598.07
c. Cash on Hand (line a minus b)	\$0.00

<i>(Use lines d-o for single grant reporting)</i>	
Federal Expenditures and Unobligated Balance:	
d. Total Federal funds authorized	\$2,760,167.00
e. Federal share of expenditures	\$2,540,598.07
f. Federal share of unliquidated obligations	\$0.00
g. Total Federal share (sum of lines e and f)	\$2,540,598.07
h. Unobligated balance of Federal funds (line d minus g)	\$219,568.93

Recipient Share:	
i. Total recipient share required	\$414,022.00
j. Recipient share of expenditures	\$164,023.62
k. Remaining recipient share to be provided (line i minus j)	\$249,998.38

Program Income:	
l. Total Federal share of program income earned	\$0.00
m. Program income expended in accordance with the deduction alternative	\$0.00
n. Program income expended in accordance with the addition alternative	\$0.00
o. Unexpended program income (line l minus line m and line n)	\$0.00

11. Indirect Expense	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
g. Totals:						\$0.00	\$0.00

12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:
On 10/24/2024 we submitted an In-Kind waiver request in HSES for \$301,358.

13. Certification: By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and intent set forth in the award documents. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

a. Typed or Printed Name and Title of Authorized Certifying Official Paul, Jr., Joel Executive Director	c. Telephone (Area code, number, and extension)
b. Signature of Authorized Certifying Official Paul, Jr., Joel	d. Email Address joel@tricountycommunitycouncil.com
	e. Date Report Submitted (Month, Day, Year) February 26, 2025

Standard Form 425
OMB Approval Number: 4040-0014
Expiration Date: 02/28/2025

Paperwork Burden Statement
According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 4040-0014. Public reporting burden for this collection of information is estimated to average 1 hour per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: US Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave, SW, Suite 336-E, Washington DC 20201. Attention: PRA Reports Clearance Officer

RPSR SF-429 A

Program Name: CH - Head Start Projects

Grantee Name: Tri-County Community Council, Inc.

Report Name: RPSR SF-429 A

Budget Period / Year of Support: 12/01/2023 to 11/30/2024

Report Status: Submitted with Warnings

Report Sections

1. *Cover Page*
2. *ATTACHMENT A (General Reporting)Property Name: Tri-County Head Start - Chipley #1*
3. *ATTACHMENT A (General Reporting)Property Name: Tri-County Head Start - Chipley #2*
4. *ATTACHMENT A (General Reporting)Property Name: Tri-County Head Start - Chipley #3*
5. *ATTACHMENT A (General Reporting)Property Name: Tri-County Head Start - Walton #1*
6. *ATTACHMENT A (General Reporting)Property Name: Tri-County Head Start - Walton #2*
7. *ATTACHMENT A (General Reporting)Property Name: Tri-County Head Start - Walton #3*
8. *ATTACHMENT A (General Reporting)Property Name: Tri-County Head Start - Walton #4*
9. *ATTACHMENT A (General Reporting)Property Name: Tri-County Head Start - Walton #6*
10. *ATTACHMENT A (General Reporting)Property Name: Tri-County Head Start - Westville, FL*
11. *ATTACHMENT A (General Reporting)Property Name: Tri-County Head Start - Westville #1*
12. *ATTACHMENT A (General Reporting)Property Name: Tri-County Head Start - Westville #2*
13. *ATTACHMENT A (General Reporting)Property Name: Early Head Start*

OMB Control No.: 4040-0016

Expires: 02/28/2025

**REAL PROPERTY STATUS REPORT SF-429
ATTACHMENT A (COVER PAGE)**

1. Federal Agency and Organizational Element to Which Report is Submitted: Administration for Children and Families	2. Federal Grant: 04CH012406	2a. Other Identifying Number(s) by Federal Agency(ies): 04CH0902
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3. Recipient Organization (name and complete address including zip code):
Tri-County Community Council, Inc.

Address Line 1 302 N OKLAHOMA ST	Address Line 2
--	-----------------------

Address Line 3	City BONIFAY	State FL	Zip Code 32425	Zip Ext. 2224
-----------------------	------------------------	--------------------	--------------------------	-------------------------

4a. DUNS Number: 070865001	4b. EIN: 1591099586A1	5. Recipient Account or Identifying Number: Bonifay	6. Contact Person for this Report:		
		First Name: Hope	Middle Initial: R	Last Name: Sharpe	
		Phone: (850) 547-3689	Phone Extension:		
Email: HOPE@TRICOUNTYCOMMUNITYCOUNCIL.COM					
Fax:					

7. Report End Date (MM/DD/YYYY): 11/30/2024

8. Real Property Status Report - Attachments: [check the applicable block(s)]:

Attachment A (*General Reporting*) attached

Attachment B (*Request to Acquire, Improve or Furnish*) attached

Attachment C (*Disposition Request*) attached

9. Comments (attach additional sheets if necessary):


10. Certification: I certify to the best of my knowledge and belief that all information presented in this report is true, correct and complete and constitutes a material representation of fact upon which the Federal government may rely.

11a. First Name: Joel	11c. Telephone (area code, number, extension) :
------------------------------	--

11a. Middle Initial:	11d. Email Address: joel@tricountycommunitycouncil.com
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11a. Last Name: Paul, Jr.	11e. Date Report Submitted (MM/DD/YYYY): 01/30/2025
----------------------------------	--

11a. Title of Authorized Certifying Official: Executive Director	12. Agency use only.
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11b. Signature of Authorized Certifying Official: 	
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Cover Page

OMB Control No.: 4040-0016

Expires: 02/28/2025

**REAL PROPERTY STATUS REPORT SF-429
ATTACHMENT A (COVER PAGE)**

1. Federal Agency and Organizational Element to Which Report is Submitted: Administration for Children and Families		2. Federal Grant: 04CH012406		2a. Other Identifying Number(s) by Federal Agency(ies): 04CH0902	
3. Recipient Organization (name and complete address including zip code): Tri-County Community Council, Inc.					
Address Line 1 302 N OKLAHOMA ST		Address Line 2			
Address Line 3		City BONIFAY	State FL	Zip Code 32425	Zip Ext. 2224
4a. DUNS Number: 070865001	4b. EIN: 1591099586A1	5. Recipient Account or Identifying Number: Bonifay	6. Contact Person for this Report:		
			First Name: Hope	Middle Initial: R	Last Name: Sharpe
			Phone: (850) 547-3689	Phone Extension:	
			Email: HOPE@TRICOUNTYCOMMUNITYCOUNCIL.COM		
7. Report End Date (MM/DD/YYYY): 11/30/2024					
8. Real Property Status Report - Attachments: <i>[check the applicable block(s)]</i> :					
<input checked="" type="checkbox"/> Attachment A (General Reporting) attached					
Attachment B (Request to Acquire, Improve or Furnish) attached					
Attachment C (Disposition Request) attached					
9. Comments (attach additional sheets if necessary):					
10. Certification: I certify to the best of my knowledge and belief that all information presented in this report is true, correct and complete and constitutes a material representation of fact upon which the Federal government may rely.					
11a. First Name: Heather			11c. Telephone (area code, number, extension) :		
11a. Middle Initial:			11d. Email Address: heather@tricitycommunitycouncil.com		
11a. Last Name: Craft			11e. Date Report Submitted (MM/DD/YYYY): 01/30/2025		
11a. Title of Authorized Certifying Official: CFO			12. Agency use only.		
11b. Signature of Authorized Certifying Official: 					

ATTACHMENT A (General Reporting) Property Name: Tri-County Head Start - Chipley #1

OMB Control No.: 4040-0016					
Expires: 02/28/2025					
REAL PROPERTY STATUS REPORT SF-429 ATTACHMENT A					
Federal Grant or Other Identifying Number Assigned by Federal Agency (#2 on cover page) 04CH012406					
Provide the requested information in subsections 13 through 18 of Attachment A for each parcel of real property being reported. Use a separate sheet to report information on each parcel of real property under the Federal financial assistance award identified in section 2. If a section does not apply, enter "N/A." Below is a summary of the required information to be provided for each subsection of Attachment A.					
13. Period of Federal Interest (MM/DD/YYYY): From: 11/04/1993 To: uncertain					
Type of Federal Interest					
<input type="checkbox"/> Acquisition <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Construction <input type="checkbox"/> Government Furnished Property					
14a. Description of Real Property: #1 Building-Head Start Program Washington County, FL					
Real Property Name: Tri-County Head Start - Chipley #1					
14b. Address of Real Property (legal description and complete address including zoning information):					
Legal description Tri-County Community Council, Inc.					
Address Line 1 541 5th St		Address Line 2			
Address Line 3		City Chipley	State FL	Zip Code 32428	Zip Ext. 1176
County/Parish Washington		Country USA			
GPS Location (Latitude) 30.780148		GPS Location (Longitude) -85.539705		Verified	
Additional zoning information					
14c. Land Acreage or Square Units:			14d. Gross and Usable Square Footage/Meters (i.e., of building, house, etc.):		
Enter Amount: 15,066			Enter Amounts: Gross 816		Usable 816
Select Units: <input type="radio"/> Acres <input checked="" type="radio"/> Square Feet <input type="radio"/> Square Kilometers <input type="radio"/> Square Meters			Select Units: <input checked="" type="radio"/> Square Feet <input type="radio"/> Square Meters		
14e. Real Property Ownership Type(s):					
<input checked="" type="checkbox"/> A. Owned		<input type="checkbox"/> B. Co-Owned		<input type="checkbox"/> C. Fee Simple	
<input type="checkbox"/> D. Corporate		<input type="checkbox"/> E. Joint Tenancy		<input type="checkbox"/> F. Partnership	
<input type="checkbox"/> G. Limited Liability Partnership		<input type="checkbox"/> H. Co-Operative		<input type="checkbox"/> I. Government Furnished Property	
<input type="checkbox"/> J. Other (Describe)					
14f. Real Property Cost: \$162,906			Share Percentage %		
Federal Share: \$130,325			80.00%		
Non-Federal Share: \$32,581			20.00%		
Total (sum of Federal and Non-Federal Share): \$162,906			100.00%		
14g. Has a deed, lien, covenant, or other related documentation been recorded to establish Federal interest in real property? <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA					
If yes (unless previously reported), describe the instrument used and enter the date and jurisdiction in which it was recorded:					
Instrument Used	Amount	Date Recorded	Jurisdiction	State	Reference Number
Deed	10	12/21/1993	Washington	FL	93006110

Additional Comments (<i>Attach additional sheets if necessary for 14g</i>):	
N/A	
14h. Has Federally required insurance coverage been secured for this property? (<i>See instructions for more details</i>). <input checked="" type="radio"/> Yes <input type="radio"/> No	
14i. Are there any Uniform Relocation Act (URA) requirements applicable to this property? <input type="radio"/> Yes <input checked="" type="radio"/> No	
14j. Are there any environmental compliance requirements related to the real property? <input type="radio"/> Yes <input checked="" type="radio"/> No	
If yes, describe them (<i>Attach additional sheets if necessary for 14j</i>):	
14k. In accordance with the National Historic Preservation Act (NHPA), does the property possess historic significance, and/or is listed or eligible for listing in the National Register of Historic Places? <input type="radio"/> Yes <input checked="" type="radio"/> No	
If yes, describe them (<i>Attach additional sheets if necessary for 14k</i>):	
15. Has a significant change occurred with the real property, or is there an anticipated change expected during the next reporting period? <input type="radio"/> Yes <input checked="" type="radio"/> No	
If yes, describe the change (<i>Attach additional sheets if necessary for 15</i>):	
16. Real Property Disposition Status:	
<input type="checkbox"/> A. Sold	<input type="checkbox"/> B. Transferred to different award
<input type="checkbox"/> C. Used other Federally sponsored project/ program	<input type="checkbox"/> D. Transferred title
<input type="checkbox"/> E. Retained Title	<input checked="" type="checkbox"/> F. N/A
i. If the Federal agency provided the recipient disposition instructions to sell or retain title to the real property, enter the amount of the funds owed to the Federal government: \$0	
ii. If applicable, enter the amount of any net proceeds from sale of the real property and describe how the proceeds were distributed: \$0	
iii. If the Federal agency directed the recipient to transfer title to the real property, enter the amount of funds the Federal Agency owes: \$0	
17. Indicate the cumulative energy consumption for the previous 12 months:	
A. Electric (<i>kWh</i>) 9,718 or (<i>Btu</i>) 0 B. Petroleum (<i>Gal</i>) 0 C. Natural Gas (<i>cu ft</i>) 0	
Other (<i>Specify</i>)	
18. Remarks (<i>attach additional sheets if necessary</i>):	
N/A	

ATTACHMENT A (General Reporting) Property Name: Tri-County Head Start - Chipley #2

OMB Control No.: 4040-0016					
Expires: 02/28/2025					
REAL PROPERTY STATUS REPORT SF-429 ATTACHMENT A					
Federal Grant or Other Identifying Number Assigned by Federal Agency (#2 on cover page) 04CH012406					
Provide the requested information in subsections 13 through 18 of Attachment A for each parcel of real property being reported. Use a separate sheet to report information on each parcel of real property under the Federal financial assistance award identified in section 2. If a section does not apply, enter "N/A." Below is a summary of the required information to be provided for each subsection of Attachment A.					
13. Period of Federal Interest (MM/DD/YYYY): From: 11/04/1993 To: uncertain					
Type of Federal Interest					
<input type="checkbox"/> Acquisition <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Construction <input type="checkbox"/> Government Furnished Property					
14a. Description of Real Property: #2 Building - Head Start Program Washington County, FL					
Real Property Name: Tri-County Head Start - Chipley #2					
14b. Address of Real Property (legal description and complete address including zoning information):					
Legal description Tri-County Community Council, Inc.					
Address Line 1 541 5th St		Address Line 2			
Address Line 3		City Chipley	State FL	Zip Code 32428	Zip Ext. 1176
County/Parish Washington		Country USA			
GPS Location (Latitude) 30.780148		GPS Location (Longitude) -85.539705	Verified		
Additional zoning information					
14c. Land Acreage or Square Units:			14d. Gross and Usable Square Footage/Meters (i.e., of building, house, etc.):		
Enter Amount: 15,066			Enter Amounts: Gross 1,284		Usable 1,284
Select Units: <input type="radio"/> Acres <input checked="" type="radio"/> Square Feet <input type="radio"/> Square Kilometers <input type="radio"/> Square Meters			Select Units: <input checked="" type="radio"/> Square Feet <input type="radio"/> Square Meters		
14e. Real Property Ownership Type(s):					
<input checked="" type="checkbox"/> A. Owned		<input type="checkbox"/> B. Co-Owned		<input type="checkbox"/> C. Fee Simple	
<input type="checkbox"/> D. Corporate		<input type="checkbox"/> E. Joint Tenancy		<input type="checkbox"/> F. Partnership	
<input type="checkbox"/> G. Limited Liability Partnership		<input type="checkbox"/> H. Co-Operative		<input type="checkbox"/> I. Government Furnished Property	
<input type="checkbox"/> J. Other (Describe)					
14f. Real Property Cost: \$162,906			Share Percentage %		
Federal Share: \$130,325			80.00%		
Non-Federal Share: \$32,581			20.00%		
Total (sum of Federal and Non-Federal Share): \$162,906			100.00%		
14g. Has a deed, lien, covenant, or other related documentation been recorded to establish Federal interest in real property? <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA					
If yes (unless previously reported), describe the instrument used and enter the date and jurisdiction in which it was recorded:					
Instrument Used	Amount	Date Recorded	Jurisdiction	State	Reference Number
Deed	10	12/21/1993	Washington	FL	93006110

Additional Comments (<i>Attach additional sheets if necessary for 14g</i>):	
N/A	
14h. Has Federally required insurance coverage been secured for this property? (<i>See instructions for more details</i>). <input checked="" type="radio"/> Yes <input type="radio"/> No	
14i. Are there any Uniform Relocation Act (URA) requirements applicable to this property? <input type="radio"/> Yes <input checked="" type="radio"/> No	
14j. Are there any environmental compliance requirements related to the real property? <input type="radio"/> Yes <input checked="" type="radio"/> No	
If yes, describe them (<i>Attach additional sheets if necessary for 14j</i>):	
N/A	
14k. In accordance with the National Historic Preservation Act (NHPA), does the property possess historic significance, and/or is listed or eligible for listing in the National Register of Historic Places? <input type="radio"/> Yes <input checked="" type="radio"/> No	
If yes, describe them (<i>Attach additional sheets if necessary for 14k</i>):	
15. Has a significant change occurred with the real property, or is there an anticipated change expected during the next reporting period? <input type="radio"/> Yes <input checked="" type="radio"/> No	
If yes, describe the change (<i>Attach additional sheets if necessary for 15</i>):	
16. Real Property Disposition Status:	
<input type="checkbox"/> A. Sold	<input type="checkbox"/> B. Transferred to different award
<input type="checkbox"/> C. Used other Federally sponsored project/ program	<input type="checkbox"/> D. Transferred title
<input type="checkbox"/> E. Retained Title	<input checked="" type="checkbox"/> F. N/A
i. If the Federal agency provided the recipient disposition instructions to sell or retain title to the real property, enter the amount of the funds owed to the Federal government: \$0	
ii. If applicable, enter the amount of any net proceeds from sale of the real property and describe how the proceeds were distributed: \$0	
iii. If the Federal agency directed the recipient to transfer title to the real property, enter the amount of funds the Federal Agency owes: \$0	
17. Indicate the cumulative energy consumption for the previous 12 months:	
A. Electric (<i>kWh</i>) 16,340 or (<i>Btu</i>) 0 B. Petroleum (<i>Gal</i>) 0 C. Natural Gas (<i>cu ft</i>) 0	
<i>Other (Specify)</i>	
18. Remarks (<i>attach additional sheets if necessary</i>):	
N/A	

ATTACHMENT A (General Reporting) Property Name: Tri-County Head Start - Chipley #3

OMB Control No.: 4040-0016 Expires: 02/28/2025					
REAL PROPERTY STATUS REPORT SF-429 ATTACHMENT A					
Federal Grant or Other Identifying Number Assigned by Federal Agency (#2 on cover page) 04CH012406					
Provide the requested information in subsections 13 through 18 of Attachment A for each parcel of real property being reported. Use a separate sheet to report information on each parcel of real property under the Federal financial assistance award identified in section 2. If a section does not apply, enter "N/A." Below is a summary of the required information to be provided for each subsection of Attachment A.					
13. Period of Federal Interest (MM/DD/YYYY): From: 11/04/1993 To: uncertain					
Type of Federal Interest					
<input type="checkbox"/> Acquisition <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Construction <input type="checkbox"/> Government Furnished Property					
14a. Description of Real Property: #3 Building - Head Start Washington County, FL					
Real Property Name: Tri-County Head Start - Chipley #3					
14b. Address of Real Property (legal description and complete address including zoning information):					
Legal description Tri-County Community Council, Inc.					
Address Line 1 541 5th St		Address Line 2			
Address Line 3		City Chipley		State FL	Zip Code 32428
				Zip Ext. 1176	
County/Parish Washington		Country USA			
GPS Location (Latitude) 30.780148		GPS Location (Longitude) -85.539705		Verified	
Additional zoning information					
14c. Land Acreage or Square Units:			14d. Gross and Usable Square Footage/Meters (i.e., of building, house, etc.):		
Enter Amount: 15,066			Enter Amounts: Gross 600		Usable 600
Select Units: <input type="radio"/> Acres <input checked="" type="radio"/> Square Feet <input type="radio"/> Square Kilometers <input type="radio"/> Square Meters			Select Units: <input checked="" type="radio"/> Square Feet <input type="radio"/> Square Meters		
14e. Real Property Ownership Type(s):					
<input checked="" type="checkbox"/> A. Owned		<input type="checkbox"/> B. Co-Owned		<input type="checkbox"/> C. Fee Simple	
<input type="checkbox"/> D. Corporate		<input type="checkbox"/> E. Joint Tenancy		<input type="checkbox"/> F. Partnership	
<input type="checkbox"/> G. Limited Liability Partnership		<input type="checkbox"/> H. Co-Operative		<input type="checkbox"/> I. Government Furnished Property	
<input type="checkbox"/> J. Other (Describe)					
14f. Real Property Cost: \$162,906			Share Percentage %		
Federal Share: \$130,325			80.00%		
Non-Federal Share: \$32,581			20.00%		
Total (sum of Federal and Non-Federal Share): \$162,906			100.00%		
14g. Has a deed, lien, covenant, or other related documentation been recorded to establish Federal interest in real property? <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA					
If yes (unless previously reported), describe the instrument used and enter the date and jurisdiction in which it was recorded:					
Instrument Used	Amount	Date Recorded	Jurisdiction	State	Reference Number
Deed	10	12/21/1993	Washington	FL	93006110

Additional Comments (<i>Attach additional sheets if necessary for 14g</i>):	
N/A	
14h. Has Federally required insurance coverage been secured for this property? (<i>See instructions for more details</i>). <input checked="" type="radio"/> Yes <input type="radio"/> No	
14i. Are there any Uniform Relocation Act (URA) requirements applicable to this property? <input type="radio"/> Yes <input checked="" type="radio"/> No	
14j. Are there any environmental compliance requirements related to the real property? <input type="radio"/> Yes <input checked="" type="radio"/> No	
If yes, describe them (<i>Attach additional sheets if necessary for 14j</i>):	
14k. In accordance with the National Historic Preservation Act (NHPA), does the property possess historic significance, and/or is listed or eligible for listing in the National Register of Historic Places? <input type="radio"/> Yes <input checked="" type="radio"/> No	
If yes, describe them (<i>Attach additional sheets if necessary for 14k</i>):	
15. Has a significant change occurred with the real property, or is there an anticipated change expected during the next reporting period? <input type="radio"/> Yes <input checked="" type="radio"/> No	
If yes, describe the change (<i>Attach additional sheets if necessary for 15</i>):	
16. Real Property Disposition Status:	
<input type="checkbox"/> A. Sold	<input type="checkbox"/> B. Transferred to different award
<input type="checkbox"/> C. Used other Federally sponsored project/ program	<input type="checkbox"/> D. Transferred title
<input type="checkbox"/> E. Retained Title	<input checked="" type="checkbox"/> F. N/A
i. If the Federal agency provided the recipient disposition instructions to sell or retain title to the real property, enter the amount of the funds owed to the Federal government: \$0	
ii. If applicable, enter the amount of any net proceeds from sale of the real property and describe how the proceeds were distributed: \$0	
iii. If the Federal agency directed the recipient to transfer title to the real property, enter the amount of funds the Federal Agency owes: \$0	
17. Indicate the cumulative energy consumption for the previous 12 months:	
A. Electric (<i>kWh</i>) 6,479 or (<i>Btu</i>) 0 B. Petroleum (<i>Gal</i>) 0 C. Natural Gas (<i>cu ft</i>) 0	
Other (<i>Specify</i>)	
18. Remarks (<i>attach additional sheets if necessary</i>):	
N/A	

OMB Control No.: 4040-0016					
Expires: 02/28/2025					
REAL PROPERTY STATUS REPORT SF-429 ATTACHMENT A					
Federal Grant or Other Identifying Number Assigned by Federal Agency (#2 on cover page) 04CH012406					
Provide the requested information in subsections 13 through 18 of Attachment A for each parcel of real property being reported. Use a separate sheet to report information on each parcel of real property under the Federal financial assistance award identified in section 2. If a section does not apply, enter "N/A." Below is a summary of the required information to be provided for each subsection of Attachment A.					
13. Period of Federal Interest (MM/DD/YYYY): From:11/30/1992 To: uncertain					
Type of Federal Interest					
<input checked="" type="checkbox"/> Acquisition <input type="checkbox"/> Renovation <input type="checkbox"/> Construction <input type="checkbox"/> Government Furnished Property					
14a. Description of Real Property: #1 Modular Unit - Head Start Program Walton County, FL					
Real Property Name: Tri-County Head Start - Walton #1					
14b. Address of Real Property (legal description and complete address including zoning information):					
Legal description Tri-County Community Council, Inc.					
Address Line 1 268 S Davis Ln		Address Line 2			
Address Line 3		City Defuniak Springs	State FL	Zip Code 32435	Zip Ext. 2900
County/Parish Walton		Country USA			
GPS Location (Latitude) 30.72167		GPS Location (Longitude) -86.095		Verified	
Additional zoning information					
14c. Land Acreage or Square Units:		14d. Gross and Usable Square Footage/Meters (i.e., of building, house, etc.):			
Enter Amount: 1.19		Enter Amounts: Gross 960		Usable 960	
Select Units: <input checked="" type="radio"/> Acres <input type="radio"/> Square Feet <input type="radio"/> Square Kilometers <input type="radio"/> Square Meters		Select Units: <input checked="" type="radio"/> Square Feet <input type="radio"/> Square Meters			
14e. Real Property Ownership Type(s):					
<input checked="" type="checkbox"/> A. Owned		<input type="checkbox"/> B. Co-Owned		<input type="checkbox"/> C. Fee Simple	
<input type="checkbox"/> D. Corporate		<input type="checkbox"/> E. Joint Tenancy		<input type="checkbox"/> F. Partnership	
<input type="checkbox"/> G. Limited Liability Partnership		<input type="checkbox"/> H. Co-Operative		<input type="checkbox"/> I. Government Furnished Property	
<input type="checkbox"/> J. Other (Describe)					
14f. Real Property Cost: \$37,835		Share Percentage %			
Federal Share: \$30,268		80.00%			
Non-Federal Share: \$7,567		20.00%			
Total (sum of Federal and Non-Federal Share): \$37,835		100.00%			
14g. Has a deed, lien, covenant, or other related documentation been recorded to establish Federal interest in real property? <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA					
If yes(unless previously reported), describe the instrument used and enter the date and jurisdiction in which it was recorded:					
Instrument Used	Amount	Date Recorded	Jurisdiction	State	Reference Number
	0				
Additional Comments					

<i>(Attach additional sheets if necessary for 14g):</i>	
14h. Has Federally required insurance coverage been secured for this property? <i>(See instructions for more details).</i> <input checked="" type="radio"/> Yes <input type="radio"/> No	
14i. Are there any Uniform Relocation Act (URA) requirements applicable to this property? <input type="radio"/> Yes <input checked="" type="radio"/> No	
14j. Are there any environmental compliance requirements related to the real property? <input type="radio"/> Yes <input checked="" type="radio"/> No	
If yes, describe them <i>(Attach additional sheets if necessary for 14j):</i>	
14k. In accordance with the National Historic Preservation Act (NHPA), does the property possess historic significance, and/or is listed or eligible for listing in the National Register of Historic Places? <input type="radio"/> Yes <input checked="" type="radio"/> No	
If yes, describe them <i>(Attach additional sheets if necessary for 14k):</i>	
15. Has a significant change occurred with the real property, or is there an anticipated change expected during the next reporting period? <input type="radio"/> Yes <input checked="" type="radio"/> No	
If yes, describe the change <i>(Attach additional sheets if necessary for 15)</i>	
16. Real Property Disposition Status:	
<input type="checkbox"/> A. Sold	<input type="checkbox"/> B. Transferred to different award
<input type="checkbox"/> C. Used other Federally sponsored project/ program	<input type="checkbox"/> D. Transferred title
<input type="checkbox"/> E. Retained Title	<input checked="" type="checkbox"/> F. N/A
i. If the Federal agency provided the recipient disposition instructions to sell or retain title to the real property, enter the amount of the funds owed to the Federal government: \$0	
ii. If applicable, enter the amount of any net proceeds from sale of the real property and describe how the proceeds were distributed: \$0	
iii. If the Federal agency directed the recipient to transfer title to the real property, enter the amount of funds the Federal Agency owes: \$0	
17. Indicate the cumulative energy consumption for the previous 12 months:	
A. Electric (<i>kWh</i>) 8,941 or (<i>Btu</i>) 0 B. Petroleum (<i>Gal</i>) 0 C. Natural Gas (<i>cu ft</i>) 0	
Other (<i>Specify</i>)	
18. Remarks <i>(attach additional sheets if necessary):</i>	
N/A	

ATTACHMENT A (General Reporting) Property Name: Tri-County Head Start - Walton #2

OMB Control No.: 4040-0016					
Expires: 02/28/2025					
REAL PROPERTY STATUS REPORT SF-429 ATTACHMENT A					
Federal Grant or Other Identifying Number Assigned by Federal Agency (#2 on cover page) 04CH012406					
Provide the requested information in subsections 13 through 18 of Attachment A for each parcel of real property being reported. Use a separate sheet to report information on each parcel of real property under the Federal financial assistance award identified in section 2. If a section does not apply, enter "N/A." Below is a summary of the required information to be provided for each subsection of Attachment A.					
13. Period of Federal Interest (MM/DD/YYYY): From: 11/15/1992 To: uncertain					
Type of Federal Interest					
<input checked="" type="checkbox"/> Acquisition <input type="checkbox"/> Renovation <input type="checkbox"/> Construction <input type="checkbox"/> Government Furnished Property					
14a. Description of Real Property: #2 Modular Unit - Head Start Program Walton County, FL					
Real Property Name: Tri-County Head Start - Walton #2					
14b. Address of Real Property (legal description and complete address including zoning information):					
Legal description Tri-County Community Council, Inc.					
Address Line 1 268 S Davis Ln		Address Line 2			
Address Line 3		City Defuniak Springs	State FL	Zip Code 32435	Zip Ext. 2900
County/Parish Walton		Country USA			
GPS Location (Latitude) 30.72167		GPS Location (Longitude) -86.095	Verified		
Additional zoning information					
14c. Land Acreage or Square Units:		14d. Gross and Usable Square Footage/Meters (i.e., of building, house, etc.):			
Enter Amount: 1.19		Enter Amounts: Gross 960		Usable 960	
Select Units: <input checked="" type="radio"/> Acres <input type="radio"/> Square Feet <input type="radio"/> Square Kilometers <input type="radio"/> Square Meters		Select Units: <input checked="" type="radio"/> Square Feet <input type="radio"/> Square Meters			
14e. Real Property Ownership Type(s):					
<input checked="" type="checkbox"/> A. Owned		<input type="checkbox"/> B. Co-Owned		<input type="checkbox"/> C. Fee Simple	
<input type="checkbox"/> D. Corporate		<input type="checkbox"/> E. Joint Tenancy		<input type="checkbox"/> F. Partnership	
<input type="checkbox"/> G. Limited Liability Partnership		<input type="checkbox"/> H. Co-Operative		<input type="checkbox"/> I. Government Furnished Property	
<input type="checkbox"/> J. Other (Describe)					
14f. Real Property Cost: \$37,835		Share Percentage %			
Federal Share: \$30,268		80.00%			
Non-Federal Share: \$7,567		20.00%			
Total (sum of Federal and Non-Federal Share): \$37,835		100.00%			
14g. Has a deed, lien, covenant, or other related documentation been recorded to establish Federal interest in real property? <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA					
If yes (unless previously reported), describe the instrument used and enter the date and jurisdiction in which it was recorded:					
Instrument Used	Amount	Date Recorded	Jurisdiction	State	Reference Number
	0				
Additional Comments					

<i>(Attach additional sheets if necessary for 14g):</i>	
14h. Has Federally required insurance coverage been secured for this property? <i>(See instructions for more details).</i> <input checked="" type="radio"/> Yes <input type="radio"/> No	
14i. Are there any Uniform Relocation Act (URA) requirements applicable to this property? <input type="radio"/> Yes <input checked="" type="radio"/> No	
14j. Are there any environmental compliance requirements related to the real property? <input type="radio"/> Yes <input checked="" type="radio"/> No	
If yes, describe them <i>(Attach additional sheets if necessary for 14j):</i>	
14k. In accordance with the National Historic Preservation Act (NHPA), does the property possess historic significance, and/or is listed or eligible for listing in the National Register of Historic Places? <input type="radio"/> Yes <input checked="" type="radio"/> No	
If yes, describe them <i>(Attach additional sheets if necessary for 14k):</i>	
15. Has a significant change occurred with the real property, or is there an anticipated change expected during the next reporting period? <input type="radio"/> Yes <input checked="" type="radio"/> No	
If yes, describe the change <i>(Attach additional sheets if necessary for 15)</i>	
16. Real Property Disposition Status:	
<input type="checkbox"/> A. Sold	<input type="checkbox"/> B. Transferred to different award
<input type="checkbox"/> C. Used other Federally sponsored project/ program	<input type="checkbox"/> D. Transferred title
<input type="checkbox"/> E. Retained Title	<input checked="" type="checkbox"/> F. N/A
i. If the Federal agency provided the recipient disposition instructions to sell or retain title to the real property, enter the amount of the funds owed to the Federal government: \$0	
ii. If applicable, enter the amount of any net proceeds from sale of the real property and describe how the proceeds were distributed: \$0	
iii. If the Federal agency directed the recipient to transfer title to the real property, enter the amount of funds the Federal Agency owes: \$0	
17. Indicate the cumulative energy consumption for the previous 12 months:	
A. Electric (<i>kWh</i>) 8,941 or (<i>Btu</i>) 0 B. Petroleum (<i>Gal</i>) 0 C. Natural Gas (<i>cu ft</i>) 0	
<i>Other (Specify)</i>	
18. Remarks <i>(attach additional sheets if necessary):</i>	
N/A	

ATTACHMENT A (General Reporting)Property Name: Tri-County Head Start - Walton #3

OMB Control No.: 4040-0016 Expires: 02/28/2025
REAL PROPERTY STATUS REPORT SF-429 ATTACHMENT A

Federal Grant or Other Identifying Number Assigned by Federal Agency (#2 on cover page) 04CH012406

Provide the requested information in subsections 13 through 18 of Attachment A for each parcel of real property being reported. Use a separate sheet to report information on each parcel of real property under the Federal financial assistance award identified in section 2. If a section does not apply, enter "N/A." Below is a summary of the required information to be provided for each subsection of Attachment A.

13. Period of Federal Interest (MM/DD/YYYY): From:11/15/1992 To: uncertain

Type of Federal Interest

Acquisition Renovation Construction Government Furnished Property

14a. Description of Real Property:
#3 Modular Unit - Head Start Program Walton County, FL

Real Property Name: Tri-County Head Start - Walton #3

14b. Address of Real Property (legal description and complete address including zoning information):

Legal description Tri-County Community Council, Inc.				
Address Line 1 268 S Davis Ln		Address Line 2		
Address Line 3		City Defuniak Springs	StateFL	Zip Code 32435
County/Parish Walton		CountryUSA		
GPS Location (Latitude) 30.72167		GPS Location (Longitude) -86.095	Verified	

Additional zoning information

14c. Land Acreage or Square Units: 14d. Gross and Usable Square Footage/Meters (i.e., of building, house, etc.):

Enter Amount: 1.19	Enter Amounts: Gross 960	Usable 960
Select Units: <input checked="" type="radio"/> Acres <input type="radio"/> Square Feet <input type="radio"/> Square Kilometers <input type="radio"/> Square Meters	Select Units: <input checked="" type="radio"/> Square Feet <input type="radio"/> Square Meters	

14e. Real Property Ownership Type(s):

<input checked="" type="checkbox"/> A. Owned	<input type="checkbox"/> B. Co-Owned	<input type="checkbox"/> C. Fee Simple
<input type="checkbox"/> D. Corporate	<input type="checkbox"/> E. Joint Tenancy	<input type="checkbox"/> F. Partnership
<input type="checkbox"/> G. Limited Liability Partnership	<input type="checkbox"/> H. Co-Operative	<input type="checkbox"/> I. Government Furnished Property
<input type="checkbox"/> J. Other (Describe)		

14f. Real Property Cost: \$37,835	Share Percentage %
Federal Share: \$30,268	80.00%
Non-Federal Share: \$7,567	20.00%
Total (sum of Federal and Non-Federal Share): \$37,835	100.00%

14g. Has a deed, lien, covenant, or other related documentation been recorded to establish Federal interest in real property? Yes No NA

If yes(unless previously reported), describe the instrument used and enter the date and jurisdiction in which it was recorded:

Instrument Used	Amount	Date Recorded	Jurisdiction	State	Reference Number
	0				

Additional Comments

<i>(Attach additional sheets if necessary for 14g):</i>	
14h. Has Federally required insurance coverage been secured for this property? <i>(See instructions for more details).</i> <input checked="" type="radio"/> Yes <input type="radio"/> No	
14i. Are there any Uniform Relocation Act (URA) requirements applicable to this property? <input type="radio"/> Yes <input checked="" type="radio"/> No	
14j. Are there any environmental compliance requirements related to the real property? <input type="radio"/> Yes <input checked="" type="radio"/> No	
If yes, describe them <i>(Attach additional sheets if necessary for 14j):</i>	
14k. In accordance with the National Historic Preservation Act (NHPA), does the property possess historic significance, and/or is listed or eligible for listing in the National Register of Historic Places? <input type="radio"/> Yes <input checked="" type="radio"/> No	
If yes, describe them <i>(Attach additional sheets if necessary for 14k):</i>	
15. Has a significant change occurred with the real property, or is there an anticipated change expected during the next reporting period? <input type="radio"/> Yes <input checked="" type="radio"/> No	
If yes, describe the change <i>(Attach additional sheets if necessary for 15)</i>	
16. Real Property Disposition Status:	
<input type="checkbox"/> A. Sold	<input type="checkbox"/> B. Transferred to different award
<input type="checkbox"/> C. Used other Federally sponsored project/ program	<input type="checkbox"/> D. Transferred title
<input type="checkbox"/> E. Retained Title	<input checked="" type="checkbox"/> F. N/A
i. If the Federal agency provided the recipient disposition instructions to sell or retain title to the real property, enter the amount of the funds owed to the Federal government: \$0	
ii. If applicable, enter the amount of any net proceeds from sale of the real property and describe how the proceeds were distributed: \$0	
iii. If the Federal agency directed the recipient to transfer title to the real property, enter the amount of funds the Federal Agency owes: \$0	
17. Indicate the cumulative energy consumption for the previous 12 months:	
A. Electric (<i>kWh</i>) 8,941 or (<i>Btu</i>) 0 B. Petroleum (<i>Gal</i>) 0 C. Natural Gas (<i>cu ft</i>) 0	
Other (<i>Specify</i>)	
18. Remarks <i>(attach additional sheets if necessary):</i>	
N/A	

ATTACHMENT A (General Reporting) Property Name: Tri-County Head Start - Walton #4

OMB Control No.: 4040-0016					
Expires: 02/28/2025					
REAL PROPERTY STATUS REPORT SF-429 ATTACHMENT A					
Federal Grant or Other Identifying Number Assigned by Federal Agency (#2 on cover page) 04CH012406					
Provide the requested information in subsections 13 through 18 of Attachment A for each parcel of real property being reported. Use a separate sheet to report information on each parcel of real property under the Federal financial assistance award identified in section 2. If a section does not apply, enter "N/A." Below is a summary of the required information to be provided for each subsection of Attachment A.					
13. Period of Federal Interest (MM/DD/YYYY): From: 11/15/1992 To: uncertain					
Type of Federal Interest					
<input checked="" type="checkbox"/> Acquisition <input type="checkbox"/> Renovation <input type="checkbox"/> Construction <input type="checkbox"/> Government Furnished Property					
14a. Description of Real Property: #4 Modular Unit - Head Start Program Walton County, FL					
Real Property Name: Tri-County Head Start - Walton #4					
14b. Address of Real Property (legal description and complete address including zoning information):					
Legal description Tri-County Community Council, Inc.					
Address Line 1 268 S Davis Ln		Address Line 2			
Address Line 3		City Defuniak Springs	State FL	Zip Code 32435	Zip Ext. 2900
County/Parish Walton		Country USA			
GPS Location (Latitude) 30.72167		GPS Location (Longitude) -86.095		Verified	
Additional zoning information					
14c. Land Acreage or Square Units:			14d. Gross and Usable Square Footage/Meters (i.e., of building, house, etc.):		
Enter Amount: 1.19			Enter Amounts: Gross 960		Usable 960
Select Units: <input checked="" type="radio"/> Acres <input type="radio"/> Square Feet <input type="radio"/> Square Kilometers <input type="radio"/> Square Meters			Select Units: <input checked="" type="radio"/> Square Feet <input type="radio"/> Square Meters		
14e. Real Property Ownership Type(s):					
<input checked="" type="checkbox"/> A. Owned		<input type="checkbox"/> B. Co-Owned		<input type="checkbox"/> C. Fee Simple	
<input type="checkbox"/> D. Corporate		<input type="checkbox"/> E. Joint Tenancy		<input type="checkbox"/> F. Partnership	
<input type="checkbox"/> G. Limited Liability Partnership		<input type="checkbox"/> H. Co-Operative		<input type="checkbox"/> I. Government Furnished Property	
<input type="checkbox"/> J. Other (Describe)					
14f. Real Property Cost: \$37,835			Share Percentage %		
Federal Share: \$30,268			80.00%		
Non-Federal Share: \$7,567			20.00%		
Total (sum of Federal and Non-Federal Share): \$37,835			100.00%		
14g. Has a deed, lien, covenant, or other related documentation been recorded to establish Federal interest in real property? <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA					
If yes(unless previously reported), describe the instrument used and enter the date and jurisdiction in which it was recorded:					
Instrument Used	Amount	Date Recorded	Jurisdiction	State	Reference Number
	0				
Additional Comments					

<i>(Attach additional sheets if necessary for 14g):</i>	
14h. Has Federally required insurance coverage been secured for this property? <i>(See instructions for more details).</i> <input checked="" type="radio"/> Yes <input type="radio"/> No	
14i. Are there any Uniform Relocation Act (URA) requirements applicable to this property? <input type="radio"/> Yes <input checked="" type="radio"/> No	
14j. Are there any environmental compliance requirements related to the real property? <input type="radio"/> Yes <input checked="" type="radio"/> No	
If yes, describe them <i>(Attach additional sheets if necessary for 14j):</i>	
14k. In accordance with the National Historic Preservation Act (NHPA), does the property possess historic significance, and/or is listed or eligible for listing in the National Register of Historic Places? <input type="radio"/> Yes <input checked="" type="radio"/> No	
If yes, describe them <i>(Attach additional sheets if necessary for 14k):</i>	
15. Has a significant change occurred with the real property, or is there an anticipated change expected during the next reporting period? <input type="radio"/> Yes <input checked="" type="radio"/> No	
If yes, describe the change <i>(Attach additional sheets if necessary for 15)</i>	
16. Real Property Disposition Status:	
<input type="checkbox"/> A. Sold	<input type="checkbox"/> B. Transferred to different award
<input type="checkbox"/> C. Used other Federally sponsored project/ program	<input type="checkbox"/> D. Transferred title
<input type="checkbox"/> E. Retained Title	<input checked="" type="checkbox"/> F. N/A
i. If the Federal agency provided the recipient disposition instructions to sell or retain title to the real property, enter the amount of the funds owed to the Federal government: \$0	
ii. If applicable, enter the amount of any net proceeds from sale of the real property and describe how the proceeds were distributed: \$0	
iii. If the Federal agency directed the recipient to transfer title to the real property, enter the amount of funds the Federal Agency owes: \$0	
17. Indicate the cumulative energy consumption for the previous 12 months:	
A. Electric (<i>kWh</i>) 8,941 or (<i>Btu</i>) 0 B. Petroleum (<i>Gal</i>) 0 C. Natural Gas (<i>cu ft</i>) 0	
Other (<i>Specify</i>)	
18. Remarks <i>(attach additional sheets if necessary):</i>	
N/A	

OMB Control No.: 4040-0016
Expires: 02/28/2025

REAL PROPERTY STATUS REPORT SF-429
ATTACHMENT A

Federal Grant or Other Identifying Number Assigned by Federal Agency (#2 on cover page) 04CH012406

Provide the requested information in subsections 13 through 18 of Attachment A for each parcel of real property being reported. Use a separate sheet to report information on each parcel of real property under the Federal financial assistance award identified in section 2. If a section does not apply, enter "N/A." Below is a summary of the required information to be provided for each subsection of Attachment A.

13. Period of Federal Interest (MM/DD/YYYY): From: 11/15/1992 To: uncertain

Type of Federal Interest

Acquisition Renovation Construction Government Furnished Property

14a. Description of Real Property:

#6 Modular Unit - Head Start Program Walton County, FL

Real Property Name: Tri-County Head Start - Walton #6

14b. Address of Real Property (legal description and complete address including zoning information):

Legal description Tri-County Community Council, Inc.

Address Line 1 268 S Davis Ln

Address Line 2

Address Line 3

City DeFuniak Springs

State FL

Zip Code
32435

Zip Ext.
2900

County/Parish Walton

Country USA

GPS Location (Latitude) 30.72167

GPS Location (Longitude) -86.095

Verified

Additional zoning information

14c. Land Acreage or Square Units:

Enter Amount: 1.19

Select Units:

Acres
 Square Feet
 Square Kilometers
 Square Meters

14d. Gross and Usable Square Footage/Meters (i.e., of building, house, etc.):

Enter Amounts: Gross 960

Usable 960

Select Units:

Square Feet
 Square Meters

14e. Real Property Ownership Type(s):

A. Owned

B. Co-Owned

C. Fee Simple

D. Corporate

E. Joint Tenancy

F. Partnership

G. Limited Liability Partnership

H. Co-Operative

I. Government Furnished Property

J. Other (Describe)

14f. Real Property Cost: \$30,500

Share Percentage %

Federal Share: \$1

0.00%

Non-Federal Share: \$30,499

100.00%

Total (sum of Federal and Non-Federal Share): \$30,500

100.00%

14g. Has a deed, lien, covenant, or other related documentation been recorded to establish Federal interest in real property? Yes No NA

If yes (unless previously reported), describe the instrument used and enter the date and jurisdiction in which it was recorded:

Instrument Used	Amount	Date Recorded	Jurisdiction	State	Reference Number
	0				

Additional Comments

<i>(Attach additional sheets if necessary for 14g):</i>	
14h. Has Federally required insurance coverage been secured for this property? <i>(See instructions for more details).</i> <input checked="" type="radio"/> Yes <input type="radio"/> No	
14i. Are there any Uniform Relocation Act (URA) requirements applicable to this property? <input type="radio"/> Yes <input checked="" type="radio"/> No	
14j. Are there any environmental compliance requirements related to the real property? <input type="radio"/> Yes <input checked="" type="radio"/> No	
If yes, describe them <i>(Attach additional sheets if necessary for 14j):</i>	
14k. In accordance with the National Historic Preservation Act (NHPA), does the property possess historic significance, and/or is listed or eligible for listing in the National Register of Historic Places? <input type="radio"/> Yes <input checked="" type="radio"/> No	
If yes, describe them <i>(Attach additional sheets if necessary for 14k):</i>	
15. Has a significant change occurred with the real property, or is there an anticipated change expected during the next reporting period? <input type="radio"/> Yes <input checked="" type="radio"/> No	
If yes, describe the change <i>(Attach additional sheets if necessary for 15)</i>	
16. Real Property Disposition Status:	
<input type="checkbox"/> A. Sold	<input type="checkbox"/> B. Transferred to different award
<input type="checkbox"/> C. Used other Federally sponsored project/ program	<input type="checkbox"/> D. Transferred title
<input type="checkbox"/> E. Retained Title	<input checked="" type="checkbox"/> F. N/A
i. If the Federal agency provided the recipient disposition instructions to sell or retain title to the real property, enter the amount of the funds owed to the Federal government: \$0	
ii. If applicable, enter the amount of any net proceeds from sale of the real property and describe how the proceeds were distributed: \$0	
iii. If the Federal agency directed the recipient to transfer title to the real property, enter the amount of funds the Federal Agency owes: \$0	
17. Indicate the cumulative energy consumption for the previous 12 months:	
A. Electric (<i>kWh</i>) 8,940 or (<i>Btu</i>) 0 B. Petroleum (<i>Gal</i>) 0 C. Natural Gas (<i>cu ft</i>) 0	
<i>Other (Specify)</i>	
18. Remarks <i>(attach additional sheets if necessary):</i>	
N/A	

OMB Control No.: 4040-0016 Expires: 02/28/2025
REAL PROPERTY STATUS REPORT SF-429 ATTACHMENT A

Federal Grant or Other Identifying Number Assigned by Federal Agency (#2 on cover page) 04CH012406

Provide the requested information in subsections 13 through 18 of Attachment A for each parcel of real property being reported. Use a separate sheet to report information on each parcel of real property under the Federal financial assistance award identified in section 2. If a section does not apply, enter "N/A." Below is a summary of the required information to be provided for each subsection of Attachment A.

13. Period of Federal Interest (MM/DD/YYYY): From: 12/01/2000 To: uncertain

Type of Federal Interest

Acquisition
 Renovation
 Construction
 Government Furnished Property

14a. Description of Real Property:
Renovate for Head Start Admin & Program

Real Property Name: Tri-County Head Start - Westville, FL

14b. Address of Real Property (legal description and complete address including zoning information):

Legal description Tri-County Community Council, Inc.				
Address Line 1 2499 Cypress St		Address Line 2		
Address Line 3		City Westville	State FL	Zip Code 32464
County/Parish Holmes		Country USA		
GPS Location (Latitude) 30.7741848		GPS Location (Longitude) -85.8554866	Verified	
Additional zoning information				

14c. Land Acreage or Square Units: 14d. Gross and Usable Square Footage/Meters (i.e., of building, house, etc.):

Enter Amount: 4	Enter Amounts: Gross 12,150	Usable 12,150
Select Units: <input checked="" type="radio"/> Acres <input type="radio"/> Square Feet <input type="radio"/> Square Kilometers <input type="radio"/> Square Meters	Select Units: <input checked="" type="radio"/> Square Feet <input type="radio"/> Square Meters	

14e. Real Property Ownership Type(s):

<input type="checkbox"/> A. Owned	<input type="checkbox"/> B. Co-Owned	<input type="checkbox"/> C. Fee Simple
<input type="checkbox"/> D. Corporate	<input type="checkbox"/> E. Joint Tenancy	<input type="checkbox"/> F. Partnership
<input type="checkbox"/> G. Limited Liability Partnership	<input type="checkbox"/> H. Co-Operative	<input type="checkbox"/> I. Government Furnished Property
<input checked="" type="checkbox"/> J. Other (Describe) CAA owns building & property (Tri-County Community Council, Inc)		

14f. Real Property Cost: \$456,252	Share Percentage %
Federal Share: \$365,002	80.00%
Non-Federal Share: \$91,250	20.00%
Total (sum of Federal and Non-Federal Share): \$456,252	100.00%

14g. Has a deed, lien, covenant, or other related documentation been recorded to establish Federal interest in real property? Yes No NA

If yes (unless previously reported), describe the instrument used and enter the date and jurisdiction in which it was recorded:

Instrument Used	Amount	Date Recorded	Jurisdiction	State	Reference Number
Notice of Federal Interest	365.002	02/14/2012	Holmes	FL	201230000560

Additional Comments (<i>Attach additional sheets if necessary for 14g</i>):	
N/A	
14h. Has Federally required insurance coverage been secured for this property? (<i>See instructions for more details</i>). <input checked="" type="radio"/> Yes <input type="radio"/> No	
14i. Are there any Uniform Relocation Act (URA) requirements applicable to this property? <input type="radio"/> Yes <input checked="" type="radio"/> No	
14j. Are there any environmental compliance requirements related to the real property? <input type="radio"/> Yes <input checked="" type="radio"/> No	
If yes, describe them (<i>Attach additional sheets if necessary for 14j</i>):	
14k. In accordance with the National Historic Preservation Act (NHPA), does the property possess historic significance, and/or is listed or eligible for listing in the National Register of Historic Places? <input type="radio"/> Yes <input checked="" type="radio"/> No	
If yes, describe them (<i>Attach additional sheets if necessary for 14k</i>):	
15. Has a significant change occurred with the real property, or is there an anticipated change expected during the next reporting period? <input type="radio"/> Yes <input checked="" type="radio"/> No	
If yes, describe the change (<i>Attach additional sheets if necessary for 15</i>):	
16. Real Property Disposition Status:	
<input type="checkbox"/> A. Sold	<input type="checkbox"/> B. Transferred to different award
<input type="checkbox"/> C. Used other Federally sponsored project/ program	<input type="checkbox"/> D. Transferred title
<input type="checkbox"/> E. Retained Title	<input checked="" type="checkbox"/> F. N/A
i. If the Federal agency provided the recipient disposition instructions to sell or retain title to the real property, enter the amount of the funds owed to the Federal government: \$0	
ii. If applicable, enter the amount of any net proceeds from sale of the real property and describe how the proceeds were distributed: \$0	
iii. If the Federal agency directed the recipient to transfer title to the real property, enter the amount of funds the Federal Agency owes: \$0	
17. Indicate the cumulative energy consumption for the previous 12 months:	
A. Electric (<i>kWh</i>) 88,760 or (<i>Btu</i>) 0 B. Petroleum (<i>Gal</i>) 0 C. Natural Gas (<i>cu ft</i>) 0	
Other (<i>Specify</i>) 913 propane	
18. Remarks (<i>attach additional sheets if necessary</i>):	
N/A	

OMB Control No.: 4040-0016 Expires: 02/28/2025					
REAL PROPERTY STATUS REPORT SF-429 ATTACHMENT A					
Federal Grant or Other Identifying Number Assigned by Federal Agency (#2 on cover page) 04CH012406					
Provide the requested information in subsections 13 through 18 of Attachment A for each parcel of real property being reported. Use a separate sheet to report information on each parcel of real property under the Federal financial assistance award identified in section 2. If a section does not apply, enter "N/A." Below is a summary of the required information to be provided for each subsection of Attachment A.					
13. Period of Federal Interest (MM/DD/YYYY): From:07/15/1989 To: uncertain					
Type of Federal Interest					
<input checked="" type="checkbox"/> Acquisition <input type="checkbox"/> Renovation <input type="checkbox"/> Construction <input type="checkbox"/> Government Furnished Property					
14a. Description of Real Property: #1 Modular Unit - Head Start Program Holmes County, FL					
Real Property Name: Tri-County Head Start - Westville #1					
14b. Address of Real Property (legal description and complete address including zoning information):					
Legal description Tri-County Community Council, Inc.					
Address Line 1 2499 Cypress St		Address Line 2			
Address Line 3		City Westville		State FL	Zip Code 32464
County/Parish Holmes		Country USA			
GPS Location (Latitude) 30.7741848		GPS Location (Longitude) -85.8554866		Verified	
Additional zoning information					
14c. Land Acreage or Square Units:			14d. Gross and Usable Square Footage/Meters (i.e., of building, house, etc.):		
Enter Amount: 4			Enter Amounts: Gross 2,592		Usable 2,592
Select Units: <input checked="" type="radio"/> Acres <input type="radio"/> Square Feet <input type="radio"/> Square Kilometers <input type="radio"/> Square Meters			Select Units: <input checked="" type="radio"/> Square Feet <input type="radio"/> Square Meters		
14e. Real Property Ownership Type(s):					
<input checked="" type="checkbox"/> A. Owned		<input type="checkbox"/> B. Co-Owned		<input type="checkbox"/> C. Fee Simple	
<input type="checkbox"/> D. Corporate		<input type="checkbox"/> E. Joint Tenancy		<input type="checkbox"/> F. Partnership	
<input type="checkbox"/> G. Limited Liability Partnership		<input type="checkbox"/> H. Co-Operative		<input type="checkbox"/> I. Government Furnished Property	
<input type="checkbox"/> J. Other (Describe)					
14f. Real Property Cost: \$109,800			Share Percentage %		
Federal Share: \$87,840			80.00%		
Non-Federal Share: \$21,960			20.00%		
Total (sum of Federal and Non-Federal Share): \$109,800			100.00%		
14g. Has a deed, lien, covenant, or other related documentation been recorded to establish Federal interest in real property? <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA					
If yes(unless previously reported), describe the instrument used and enter the date and jurisdiction in which it was recorded:					
Instrument Used	Amount	Date Recorded	Jurisdiction	State	Reference Number
	0				
Additional Comments					

<i>(Attach additional sheets if necessary for 14g):</i>	
14h. Has Federally required insurance coverage been secured for this property? <i>(See instructions for more details).</i> <input checked="" type="radio"/> Yes <input type="radio"/> No	
14i. Are there any Uniform Relocation Act (URA) requirements applicable to this property? <input type="radio"/> Yes <input checked="" type="radio"/> No	
14j. Are there any environmental compliance requirements related to the real property? <input type="radio"/> Yes <input checked="" type="radio"/> No	
If yes, describe them <i>(Attach additional sheets if necessary for 14j):</i>	
14k. In accordance with the National Historic Preservation Act (NHPA), does the property possess historic significance, and/or is listed or eligible for listing in the National Register of Historic Places? <input type="radio"/> Yes <input checked="" type="radio"/> No	
If yes, describe them <i>(Attach additional sheets if necessary for 14k):</i>	
15. Has a significant change occurred with the real property, or is there an anticipated change expected during the next reporting period? <input type="radio"/> Yes <input checked="" type="radio"/> No	
If yes, describe the change <i>(Attach additional sheets if necessary for 15)</i>	
16. Real Property Disposition Status:	
<input type="checkbox"/> A. Sold	<input type="checkbox"/> B. Transferred to different award
<input type="checkbox"/> C. Used other Federally sponsored project/ program	<input type="checkbox"/> D. Transferred title
<input type="checkbox"/> E. Retained Title	<input checked="" type="checkbox"/> F. N/A
i. If the Federal agency provided the recipient disposition instructions to sell or retain title to the real property, enter the amount of the funds owed to the Federal government: \$0	
ii. If applicable, enter the amount of any net proceeds from sale of the real property and describe how the proceeds were distributed: \$0	
iii. If the Federal agency directed the recipient to transfer title to the real property, enter the amount of funds the Federal Agency owes: \$0	
17. Indicate the cumulative energy consumption for the previous 12 months:	
A. Electric (kWh) 10,955 or (Btu) 0 B. Petroleum (Gal) 0 C. Natural Gas (cu ft) 0	
Other (Specify)	
18. Remarks <i>(attach additional sheets if necessary):</i>	
N/A	

OMB Control No.: 4040-0016 Expires: 02/28/2025
REAL PROPERTY STATUS REPORT SF-429 ATTACHMENT A

Federal Grant or Other Identifying Number Assigned by Federal Agency (#2 on cover page) 04CH012406

Provide the requested information in subsections 13 through 18 of Attachment A for each parcel of real property being reported. Use a separate sheet to report information on each parcel of real property under the Federal financial assistance award identified in section 2. If a section does not apply, enter "N/A." Below is a summary of the required information to be provided for each subsection of Attachment A.

13. Period of Federal Interest (MM/DD/YYYY): From: 09/23/1991 To: uncertain

Type of Federal Interest

Acquisition
 Renovation
 Construction
 Government Furnished Property

14a. Description of Real Property:
 #2 Modular Unit - Head Start Program Holmes County, FL

Real Property Name: Tri-County Head Start - Westville #2

14b. Address of Real Property (legal description and complete address including zoning information):

Legal description Tri-County Community Council, Inc.

Address Line 1 2499 Cypress St		Address Line 2		
Address Line 3		City Westville	State FL	Zip Code 32464
County/Parish Holmes		Country USA		
GPS Location (Latitude) 30.7741848		GPS Location (Longitude) -85.8554866	Verified	

Additional zoning information

14c. Land Acreage or Square Units:

Enter Amount: 4	Enter Amounts: Gross 1,008	Usable 1,008
Select Units: <input checked="" type="radio"/> Acres <input type="radio"/> Square Feet <input type="radio"/> Square Kilometers <input type="radio"/> Square Meters	Select Units: <input checked="" type="radio"/> Square Feet <input type="radio"/> Square Meters	

14e. Real Property Ownership Type(s):

<input checked="" type="checkbox"/> A. Owned	<input type="checkbox"/> B. Co-Owned	<input type="checkbox"/> C. Fee Simple
<input type="checkbox"/> D. Corporate	<input type="checkbox"/> E. Joint Tenancy	<input type="checkbox"/> F. Partnership
<input type="checkbox"/> G. Limited Liability Partnership	<input type="checkbox"/> H. Co-Operative	<input type="checkbox"/> I. Government Furnished Property
<input type="checkbox"/> J. Other (Describe)		

14f. Real Property Cost: \$44,881 Share Percentage %

Federal Share: \$35,905	80.00%
Non-Federal Share: \$8,976	20.00%
Total (sum of Federal and Non-Federal Share): \$44,881	100.00%

14g. Has a deed, lien, covenant, or other related documentation been recorded to establish Federal interest in real property? Yes No NA

If yes (unless previously reported), describe the instrument used and enter the date and jurisdiction in which it was recorded:

Instrument Used	Amount	Date Recorded	Jurisdiction	State	Reference Number
	0				

Additional Comments

<i>(Attach additional sheets if necessary for 14g):</i>	
14h. Has Federally required insurance coverage been secured for this property? <i>(See instructions for more details).</i> <input checked="" type="radio"/> Yes <input type="radio"/> No	
14i. Are there any Uniform Relocation Act (URA) requirements applicable to this property? <input type="radio"/> Yes <input checked="" type="radio"/> No	
14j. Are there any environmental compliance requirements related to the real property? <input type="radio"/> Yes <input checked="" type="radio"/> No	
If yes, describe them <i>(Attach additional sheets if necessary for 14j):</i>	
14k. In accordance with the National Historic Preservation Act (NHPA), does the property possess historic significance, and/or is listed or eligible for listing in the National Register of Historic Places? <input type="radio"/> Yes <input checked="" type="radio"/> No	
If yes, describe them <i>(Attach additional sheets if necessary for 14k):</i>	
15. Has a significant change occurred with the real property, or is there an anticipated change expected during the next reporting period? <input type="radio"/> Yes <input checked="" type="radio"/> No	
If yes, describe the change <i>(Attach additional sheets if necessary for 15)</i>	
16. Real Property Disposition Status:	
<input type="checkbox"/> A. Sold	<input type="checkbox"/> B. Transferred to different award
<input type="checkbox"/> C. Used other Federally sponsored project/ program	<input type="checkbox"/> D. Transferred title
<input type="checkbox"/> E. Retained Title	<input checked="" type="checkbox"/> F. N/A
i. If the Federal agency provided the recipient disposition instructions to sell or retain title to the real property, enter the amount of the funds owed to the Federal government: \$0	
ii. If applicable, enter the amount of any net proceeds from sale of the real property and describe how the proceeds were distributed: \$0	
iii. If the Federal agency directed the recipient to transfer title to the real property, enter the amount of funds the Federal Agency owes: \$0	
17. Indicate the cumulative energy consumption for the previous 12 months:	
A. Electric (<i>kWh</i>) 33,526 or (<i>Btu</i>) 0 B. Petroleum (<i>Gal</i>) 0 C. Natural Gas (<i>cu ft</i>) 0	
<i>Other (Specify)</i>	
18. Remarks <i>(attach additional sheets if necessary):</i>	
N/A	

ATTACHMENT A (General Reporting)Property Name: Early Head Start

OMB Control No.: 4040-0016

Expires: 02/28/2025

**REAL PROPERTY STATUS REPORT SF-429
ATTACHMENT A**

Federal Grant or Other Identifying Number Assigned by Federal Agency (#2 on cover page) 04CH012406

Provide the requested information in subsections 13 through 18 of Attachment A for each parcel of real property being reported. Use a separate sheet to report information on each parcel of real property under the Federal financial assistance award identified in section 2. If a section does not apply, enter "N/A." Below is a summary of the required information to be provided for each subsection of Attachment A.

13. Period of Federal Interest (MM/DD/YYYY): From:12/01/2009 To: uncertain

Type of Federal Interest

Acquisition Renovation Construction Government Furnished Property

14a. Description of Real Property:

Land & Building (Renovation) - Early Head Start Walton County, FL

Real Property Name: Early Head Start

14b. Address of Real Property (legal description and complete address including zoning information):

Legal description Tri-County Community Council, Inc.

Address Line 1 265 S 13th St

Address Line 2

Address Line 3

City Defuniak Springs

StateFL

Zip Code 32435

Zip Ext. 2348

County/Parish Walton

CountryUSA

GPS Location (Latitude) 30.719873

GPS Location (Longitude) -86.126389

Verified

Additional zoning information

14c. Land Acreage or Square Units:

Enter Amount: 0.34

Select Units:

Acres
 Square Feet
 Square Kilometers
 Square Meters

14d. Gross and Usable Square Footage/Meters (i.e., of building, house, etc.):

Enter Amounts: Gross 2,856

Usable 2,856

Select Units:

Square Feet
 Square Meters

14e. Real Property Ownership Type(s):

A. Owned

B. Co-Owned

C. Fee Simple

D. Corporate

E. Joint Tenancy

F. Partnership

G. Limited Liability Partnership

H. Co-Operative

I. Government Furnished Property

J. Other (Describe)

14f. Real Property Cost: \$228,220

Share Percentage %

Federal Share: \$228,220

100.00%

Non-Federal Share: \$0

0.00%

Total (sum of Federal and Non-Federal Share): \$228,220

100.00%

14g. Has a deed, lien, covenant, or other related documentation been recorded to establish Federal interest in real property? Yes No NA

If yes(unless previously reported), describe the instrument used and enter the date and jurisdiction in which it was recorded:

Instrument Used	Amount	Date Recorded	Jurisdiction	State	Reference Number
Notice of Federal Interest	228,220	11/15/2011	Walton	FL	1175501

Additional Comments (<i>Attach additional sheets if necessary for 14g</i>):	
N/A	
14h. Has Federally required insurance coverage been secured for this property? (<i>See instructions for more details</i>). <input checked="" type="radio"/> Yes <input type="radio"/> No	
14i. Are there any Uniform Relocation Act (URA) requirements applicable to this property? <input type="radio"/> Yes <input checked="" type="radio"/> No	
14j. Are there any environmental compliance requirements related to the real property? <input type="radio"/> Yes <input checked="" type="radio"/> No	
If yes, describe them (<i>Attach additional sheets if necessary for 14j</i>):	
14k. In accordance with the National Historic Preservation Act (NHPA), does the property possess historic significance, and/or is listed or eligible for listing in the National Register of Historic Places? <input type="radio"/> Yes <input checked="" type="radio"/> No	
If yes, describe them (<i>Attach additional sheets if necessary for 14k</i>):	
15. Has a significant change occurred with the real property, or is there an anticipated change expected during the next reporting period? <input type="radio"/> Yes <input checked="" type="radio"/> No	
If yes, describe the change (<i>Attach additional sheets if necessary for 15</i>):	
16. Real Property Disposition Status:	
<input type="checkbox"/> A. Sold	<input type="checkbox"/> B. Transferred to different award
<input type="checkbox"/> C. Used other Federally sponsored project/ program	<input type="checkbox"/> D. Transferred title
<input type="checkbox"/> E. Retained Title	<input checked="" type="checkbox"/> F. N/A
i. If the Federal agency provided the recipient disposition instructions to sell or retain title to the real property, enter the amount of the funds owed to the Federal government: \$0	
ii. If applicable, enter the amount of any net proceeds from sale of the real property and describe how the proceeds were distributed: \$0	
iii. If the Federal agency directed the recipient to transfer title to the real property, enter the amount of funds the Federal Agency owes: \$0	
17. Indicate the cumulative energy consumption for the previous 12 months:	
A. Electric (<i>kWh</i>) 29,564 or (<i>Btu</i>) 0 B. Petroleum (<i>Gal</i>) 0 C. Natural Gas (<i>cu ft</i>) 0	
Other (<i>Specify</i>):	
18. Remarks (<i>attach additional sheets if necessary</i>):	
N/A	

TRI-COUNTY COMMUNITY COUNCIL, INC.
P.O. Box 1210; 302 North Oklahoma Street
Bonifay, FL 32425

PROGRAM REPORT

PROGRAM HS/EHS

FOR MONTH OF: December 2024

FAMILIES SERVED _____

PEOPLE SERVED 165

UNITS PROVIDED (if applicable) n/a

SIGNIFICANT ACCOMPLISHMENTS: We have been closed for the Christmas holidays. Hopefully all staff was able to get some much needed rest. We received the approval for our regular grant but it is only for half of the funds right now. We have been fully enrolled for the last five months.

PROBLEM AREAS NOTED: Ensuring all staff are trained and abide by the training provided and our policies.

ACTION OR RESOLUTION: Will be working on how we need to do follow-ups.

ANY OTHER INFO: We will receive a Focus One monitoring this year.

REPORTED BY: Kim Gillis

DATE: 1/6/2025

TRI-COUNTY COMMUNITY COUNCIL, INC.
P.O. Box 1210; 302 North Oklahoma Street
Bonifay, FL 32425

PROGRAM REPORT

PROGRAM: Transportation

FOR MONTH OF: December 2024

NUMBER SERVED:

COUNTY	INDIVIDUALS	MILES	TRIPS
HOLMES	74	10,898	438
SANTA ROSA	119	19,666	1,521
WALTON	217	18,309	1,846
WASHINGTON	63	9,721	584

SIGNIFICANT ACCOMPLISHMENTS: Providing transportation to as many
citizens as possible.

PROBLEM AREAS NOTED: Buses/ vehicles mileage extremely high and aged
resulting in numerous mechanical visits.

ACTION OR RESOLUTION: _____

ANY OTHER INFO: _____

REPORTED BY: Audrey Thomas DATE: 1-10-25

TRI-COUNTY COMMUNITY COUNCIL, INC.
P.O. Box 1210; 302 North Oklahoma Street Bonifay, FL 32425

PROGRAM REPORT

PROGRAM: CSBG

FOR MONTH OF: December 2024

TOTAL # FAMILIES SERVED: 17 TOTAL # PEOPLE SERVED: 56

INDIVIDUALS SERVED BY COUNTY:

BAY	HOLMES	JACKSON	OKALOOSA	SANTA ROSA	WALTON	WASHINGTON
0	0	0	38	11	7	0

SIGNIFICANT ACCOMPLISHMENTS: _____

PROBLEM AREAS NOT New CSBG Contract-counties have a low budget for the year
until more funding is released

ACTION OR RESOLUTION: _____

ANY OTHER INFO: _____

REPORTED BY: Lisa McCreary DATE: 01/08/2024

TRI-COUNTY COMMUNITY COUNCIL, INC.
P.O. Box 1210; 302 North Oklahoma Street Bonifay, FL 32425

PROGRAM REPORT

PROGRAM: LIHEAP

FOR MONTH OF: December 2024

TOTAL # FAMILIES SERVED: 244 TOTAL # PEOPLE SERVED: 558

INDIVIDUALS SERVED BY COUNTY:

BAY	HOLMES	JACKSON	OKALOOSA	SANTA ROSA	WALTON	WASHINGTON
n/a	49	n/a	224	159	56	70

SIGNIFICANT ACCOMPLISHMENTS: _____

PROBLEM AREAS NOTED: _____

ACTION OR RESOLUTION: _____

ANY OTHER INFO: _____

REPORTED BY: Lisa McCreary DATE: 01/08/2024

TRI-COUNTY COMMUNITY COUNCIL, INC.
P.O. Box 1210; 302 North Oklahoma Street Bonifay, FL 32425

PROGRAM REPORT

PROGRAM: Food Pantry

FOR MONTH OF: December 2024

TOTAL # FAMILIES SERVED: 137 TOTAL # PEOPLE SERVED: 336

INDIVIDUALS SERVED BY COUNTY:

BAY	HOLMES	JACKSON	OKALOOSA	SANTA ROSA	WALTON	WASHINGTON
n/a	n/a	n/a	n/a	n/a	167	169

SIGNIFICANT ACCOMPLISHMENTS: _____

PROBLEM AREAS NOTED: _____

ACTION OR RESOLUTION: _____

ANY OTHER INFO: _____

REPORTED BY: Lisa McCreary

DATE: 01/08/2024

TRI-COUNTY COMMUNITY COUNCIL, INC.
P.O. Box 1210; 302 North Oklahoma Street
Bonifay, FL 32425

PROGRAM REPORT

PROGRAM HS/EHS

FOR MONTH OF: January 2025

FAMILIES SERVED _____

PEOPLE SERVED 165

UNITS PROVIDED (if applicable) n/a

SIGNIFICANT ACCOMPLISHMENTS: We are fully enrolled. We are continuing to work on the corrective action plan. The corrective action plan will have several policies strengthened. We have requested an extension for the corrective action plan.

PROBLEM AREAS NOTED: We are working on policies and plan to meet with each center to train on any new information added or changed.

ACTION OR RESOLUTION: We will be working on how we need to do follow-ups.

ANY OTHER INFO: We will receive a Focus One monitoring this year.

REPORTED BY: Kim Gillis

DATE: 3/3/2025

TRI-COUNTY COMMUNITY COUNCIL, INC.

P.O. Box 1210; 302 North Oklahoma Street

Bonifay, FL 32425

PROGRAM REPORT

PROGRAM: Transportation

FOR MONTH OF: January 2025

NUMBER SERVED:

COUNTY	INDIVIDUALS	MILES	TRIPS
HOLMES	64	8,017	357
SANTA ROSA	125	18,087	1,454
WALTON	193	13,680	1,477
WASHINGTON	57	11,914	597

SIGNIFICANT ACCOMPLISHMENTS: Adding more trips to Wahington County.

PROBLEM AREAS NOTED: Still trying to hire a few more drivers.

ACTION OR RESOLUTION: Still advertising for drivers and have started calling old applicants.

ANY OTHER INFO: We contracted five more years as CTC for Santa Rosa.

REPORTED BY: Aubrey L. Morris DATE: 2-7-25

TRI-COUNTY COMMUNITY COUNCIL, INC.
P.O. Box 1210; 302 North Oklahoma Street Bonifay, FL 32425

PROGRAM REPORT

PROGRAM: CSBG

FOR MONTH OF: January 2025

TOTAL # FAMILIES SERVED: 5 TOTAL # PEOPLE SERVED: 19

INDIVIDUALS SERVED BY COUNTY:

BAY	HOLMES	JACKSON	OKALOOSA	SANTA ROSA	WALTON	WASHINGTON
0	0	0	7	0	7	5

SIGNIFICANT ACCOMPLISHMENTS: _____

PROBLEM AREAS NOT New CSBG Contract-counties have a low budget for the year
until more funding is released

ACTION OR RESOLUTION: _____

ANY OTHER INFO: _____

REPORTED BY: Lisa McCreary DATE: 02/04/2025

TRI-COUNTY COMMUNITY COUNCIL, INC.
P.O. Box 1210; 302 North Oklahoma Street Bonifay, FL 32425

PROGRAM REPORT

PROGRAM: LIHEAP

FOR MONTH OF: January 2025

TOTAL # FAMILIES SERVED: 217 TOTAL # PEOPLE SERVED: 475

INDIVIDUALS SERVED BY COUNTY:

BAY	HOLMES	JACKSON	OKALOOSA	SANTA ROSA	WALTON	WASHINGTON
n/a	63	n/a	159	109	55	89

SIGNIFICANT ACCOMPLISHMENTS: _____

PROBLEM AREAS NOTED: _____

ACTION OR RESOLUTION: _____

ANY OTHER INFO: _____

REPORTED BY: Lisa McCreary DATE: 02/04/2025

TRI-COUNTY COMMUNITY COUNCIL, INC.
P.O. Box 1210; 302 North Oklahoma Street Bonifay, FL 32425

PROGRAM REPORT

PROGRAM: Food Pantry

FOR MONTH OF: January 2025

TOTAL # FAMILIES SERVED: 106 TOTAL # PEOPLE SERVED: 262

INDIVIDUALS SERVED BY COUNTY:

BAY	HOLMES	JACKSON	OKALOOSA	SANTA ROSA	WALTON	WASHINGTON
n/a	n/a	n/a	n/a	n/a	168	94

SIGNIFICANT ACCOMPLISHMENTS: _____

PROBLEM AREAS NOTED: _____

ACTION OR RESOLUTION: _____

ANY OTHER INFO: _____

REPORTED BY: Lisa McCreary DATE: 02/04/2025



Tri-County Community Council, Inc.

Client Satisfaction Survey

County All Month December 2024
 Total Surveys Completed 219

Please respond based on your recent experiences	Circle Appropriate Response		
	Yes	No	N/A
The office was clean and comfortable	219	0	0
I was treated with courtesy and respect	219	0	0
My request for assistance was attended to as quickly as possible	219	0	0
The staff listened and responded to my concerns	218	0	1
Overall, I am very satisfied with the services I received	218	0	1
Please respond to questions below only if applicable			
The staff informed me about additional Community Action Programs that might be helpful to me	174	3	27
The staff helped me find other services/programs outside of Community Action Agency	167	4	33
If staff was unable to meet my needs the reason was clearly explained to me	148	4	51
Phone calls were quickly answered and my messages were returned	176	0	30
If I had a complaint(s), it was handled well	148	0	56

How can we improve our services? (Comments welcome) Nothing to improve, she was great to me. Never had a complaint, services is good to me. Need handicapped restrooms. I'm so appreciative of this place-these services. Have better weather, not so cold. It's so humiliating to ask for help, but Anita doesn't make you feel bad about it. You all have the best services on this end of the county. Thanks to all staff for your help during this time of mourning. Keep Vanessa. Wonderful lady. Need more help in the office.



Tri-County Community Council, Inc.

Client Satisfaction Survey

County All Month January 2025
 Total Surveys Completed 219

Please respond based on your recent experiences	Circle Appropriate Response		
	Yes	No	N/A
The office was clean and comfortable	218	0	1
I was treated with courtesy and respect	219	0	0
My request for assistance was attended to as quickly as possible	219	0	0
The staff listened and responded to my concerns	219	0	0
Overall, I am very satisfied with the services I received	219	0	0
Please respond to questions below only if applicable			
The staff informed me about additional Community Action Programs that might be helpful to me	161	6	44
The staff helped me find other services/programs outside of Community Action Agency	156	8	47
If staff was unable to meet my needs the reason was clearly explained to me	159	6	46
Phone calls were quickly answered and my messages were returned	164	2	42
If I had a complaint(s), it was handled well	154	2	52

How can we improve our services? (Comments welcome) More sitting room. Darlene was sweet and helpful. More information for the area. This is one of the most helpful agencies her in FWB. Very helpful if you are open and honest with staff. This place is so amazing and the staff are amazing as well. They're doing a fine job helping people when times are rough. Thank you very much I hope you get a raise this year. Bigger waiting area. Maybe skip copies of all the documents already on file. Bring HUD back for our residents.

The Results Oriented Management and Accountability Cycle

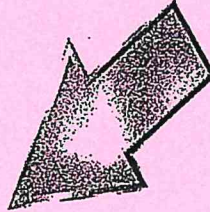
Assessment

Community needs and resources,
agency data



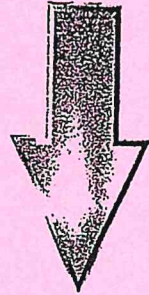
Evaluation

Analyze data, compare with
benchmarks



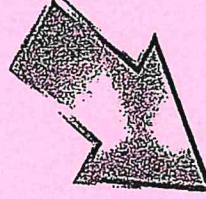
Achievement of Results

Observe and report progress



Planning

Use agency mission statement and
assessment data to identify results
and strategies



Implementation

Services and strategies produce
results

ROMA TRAINING

Board Training

March 13, 2025

Assessment –

this is when the Community Need Assessment is completed. There are different ways for an agency to complete the Community Need Assessment. In our agency, the different departments at TCCC meet with other agencies and organizations to discuss what each sees as a need for their community. We use a Community Assessment Survey that helps get data to determine what the communities see as a need. At the meeting, we look at the previous community need assessment survey and reevaluate the questions on the survey to update or add any new issues. The updated Community Assessment Survey will be distributed to organization, agencies, TCCC staff, TCCC board members, and clients to complete to get their aspect as what is a needs in the communities they live and work in. Once the data is collected, it is analyzed to see what the top needs of the communities we serve are. The top 5 needs will be what, if applicable, our agency will target. We are in the process of conducting a Community Need Assessment.

Planning –

once the top 5 needs have been identified, they will be evaluated, to determine if the need is something the agency is capable of administering, determine the services needed to achieve results, and how it will be implemented. At this point, work plans are completed identifying what areas will be targeted and the number of clients the agency anticipates serving.

Implementation-

this is when the needs targeted during the Planning stage and the services/strategies defined will be implemented. The services will be provided to the clients and the results of the service and the outcome of the service will be documented.

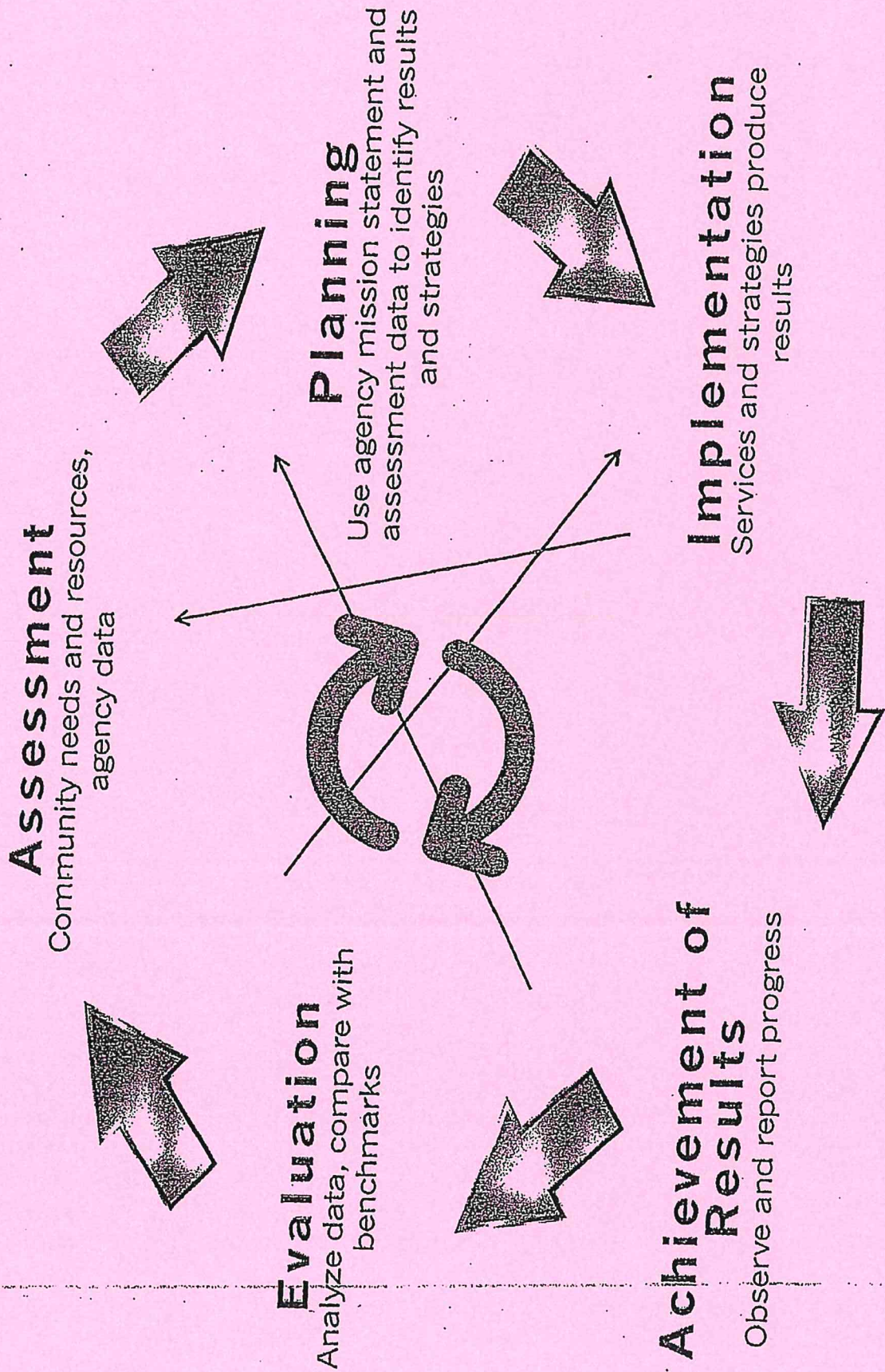
Achievement of Results –

the data from the services provided to the clients will be used to report the results. Monthly and quarterly reports are submitted to the supervisor. An annual report is submitted to DEO with both the target numbers and the achieved numbers.

Evaluation –

at this time, data is analyzed to ensure that the services provided produce the results to match the needs addressed in the Community Need Assessment. If the data indicates that the results was not achieved, then the Community Assessment and identified need will have to be readdressed to get an indication of why it was not successful.

The Results Oriented Management and Accountability Cycle



FORM 990

EXTENDED TO AUGUST 15, 2025

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

2023 Open to Public Inspection

A For the 2023 calendar year, or tax year beginning OCT 1, 2023 and ending SEP 30, 2024

B Check if applicable: C Name of organization TRI-COUNTY COMMUNITY COUNCIL, INC. D Employer identification number 59-1099586 E Telephone number 850-547-3689 G Gross receipts \$ 8,387,154. H(a) Is this a group return for subordinates? No H(b) Are all subordinates included? No I Tax-exempt status: 501(c)(3) J Website: N/A K Form of organization: Corporation L Year of formation: 1965 M State of legal domicile: FL

Part I Summary

Table with columns for Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances. Rows include mission statement (IMPROVING LIVES, ENHANCING OPPORTUNITIES AND ELIMINATING POVERTY), membership counts, revenue breakdown, expenses, and asset/liability totals.

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.

Signature of officer: JOEL PAUL, JR., EXECUTIVE DIRECTOR. Date: 2/12/25. Preparer: ASHLEY H. STAFFORD, CARR, RIGGS & INGRAM, LLC. Date: 01/19/25. Firm's EIN: 72-1396621.

May the IRS discuss this return with the preparer shown above? See instructions. [X] Yes [] No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TO PROVIDE STIMULATION AND INCENTIVES FOR THE COUNTIES OF BAY, HOLMES, JACKSON, OKALOOS, SANTA ROSA, WALTON, AND WASHINGTON, FLORIDA AND TO COMBAT POVERTY THROUGH COMMUNITY ACTION PROGRAMS AND RESEARCH PROJECTS.

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 2,364,610. including grants of \$) (Revenue \$) TRANSPORTATION - RURAL TRANSPORTATION SERVICES TO NEEDY INDIVIDUALS

4b (Code:) (Expenses \$ 2,484,031. including grants of \$) (Revenue \$) HEAD START - EDUCATIONAL SERVICES FOR YOUNG CHILDREN OF LOW INCOME FAMILIES.

4c (Code:) (Expenses \$ 547,030. including grants of \$) (Revenue \$) COMMUNITY SERVICE BLOCK GRANT PROGRAM PROVIDES PROGRAMS FOR EARLY CHILDHOOD EDUCATION, WORKFORCE INITIATIVES, LOW-INCOME HOUSING, ENTREPRENEURIAL TRAINING, TECHNICAL COMMUNITY ASSISTANCE, INFORMATION AND REFERRAL, FOOD ASSISTANCE, FINANCIAL COACHING, YOUTH TRAINING SERVICES, COMMUNITY PARTNERSHIP AND PROGRAM DEVELOPMENT ACTIVITIES AND COMMUNITY BASED PROGRAM DEVELOPMENT.

4d Other program services (Describe on Schedule O.) (Expenses \$ 2,485,863. including grants of \$) (Revenue \$)

4e Total program service expenses 7,881,534.

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 <i>Schedule B, Schedule of Contributors</i> ? See instructions		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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, for escrow or custodial account liability; 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 donor-restricted endowments or in 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 and XII</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 and XII 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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <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 other assistance to or for any foreign organization? <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 other assistance to or for foreign individuals? <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> . See instructions		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <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 hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows 22-38 contain various questions about grants, compensation, tax-exempt bonds, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows 1a-1c contain questions about Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Form with questions 2a through 17 and Yes/No columns. Includes sub-questions a, b, c, d, e, f, g, h for various sections.

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 on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line 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 of the governing body at the end of the tax year (19); 1b Enter the number of voting members included on line 1a, above, who are independent (19); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 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 on 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 Did the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did 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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NONE
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
HEATHER CRAFT - 850-547-3689
302 OKLAHOMA STREET, BONIFAY, FL 32425

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

Check if Schedule O contains a response or note to any line 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

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 (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOEL F. PAUL, JR EXECUTIVE DIRECTOR	40.00			X				0.	5,630.	
(2) SHARON KENT HR DIRECTOR	40.00			X				0.	8,815.	
(3) KIMBERLY GILLIS HEADSTART DIRECTOR	40.00			X				0.	8,125.	
(4) BETTY A. MOORE COMMUNITY RESOURCE DIRECTO	40.00			X				0.	9,777.	
(5) HEATHER S. CRAFT FISCAL OFFICER	40.00			X				0.	6,780.	
(6) VINCE STATEN TRANSPORTATION OPERATIONS ASSISTANT	40.00			X				0.	9,551.	
(7) RUTH KELLEY HEALTH SERVICE COORDINATOR	40.00			X				0.	6,780.	
(8) HOPE SHARPE FINANCE OFFICER	40.00			X				0.	8,739.	
(9) JEFF PLATT TRANSPORTATION DIRECTOR	40.00			X				0.	3,955.	
(10) DANNY GLIDEWELL VICE CHAIR	1.00	X					0.	0.	0.	
(11) CHRIS MOORE BOARD MEMBER	1.00	X					0.	0.	0.	
(12) ALAN BUSH BOARD MEMBER	1.00	X					0.	0.	0.	
(13) ALEX MCKINNIE BOARD MEMBER	1.00	X					0.	0.	0.	
(14) LANI BURRITT BOARD MEMBER	1.00	X					0.	0.	0.	
(15) CLINT ERICKSON BOARD MEMBER	1.00	X					0.	0.	0.	
(16) ISSAC BECKER BOARD MEMBER	1.00	X					0.	0.	0.	
(17) RUSS HENDERSON BOARD MEMBER	1.00	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 (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
(18) EDWARD CRUTCHFIELD BOARD MEMBER	1.00	X					0.	0.	0.	
(19) JERI FAIRCLOTH BOARD MEMBER	1.00	X					0.	0.	0.	
(20) PATRICIA LATSON BOARD MEMBER	1.00	X					0.	0.	0.	
(21) ANITA HALLING BOARD MEMBER	1.00	X					0.	0.	0.	
(22) JANICE FLOWERS BOARD MEMBER	1.00	X					0.	0.	0.	
(23) RON KELLEY CHAIR	1.00	X					0.	0.	0.	
(24) TARA FINCH SECRETARY	1.00	X					0.	0.	0.	
(25) LESLEY HATFIELD TREASURER	1.00	X					0.	0.	0.	
(26) JOHN HOFSTAD BOARD MEMBER	1.00	X					0.	0.	0.	
1b Subtotal							585,003.	0.	68,152.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							585,003.	0.	68,152.	

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

	Yes	No
3 Did the organization list any former officer, director, 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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
FLORIDA POWER AND LIGHT COMPANY P O BOX 025231, MIAMI, FL 33102		1,561,534.
FLORIDA INSURANCE TRUST 20 N ORANGE AVE # 500, ORLANDO, FL 32801		398,938.
TRI-COUNTY COMMUNITY COUNCIL 302 N OKLAHOMA ST, BONIFAY, FL 32425		311,115.
WRIGHTS EXPRESS P O BOX 6293, CAROL STREAM, IL 60197		286,135.
FRONTIER TRUST 3305 HIGHWAY 90, BONIFAY, FL 32425		223,551.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 5

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514		
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	8,136,834.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	66,310.				
	g Noncash contributions included in lines 1a-1f	1g \$					
	h Total. Add lines 1a-1f		8,203,144.				
Program Service Revenue	2 a <u>PROGRAM REVENUE</u>	Business Code 900099	97,144.	97,144.			
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		97,144.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		64,404.	64,404.			
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
			b Less: rental expenses	6b			
			c Rental income or (loss)	6c			
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	1,514.			
			(ii) Other				
			b Less: cost or other basis and sales expenses	7b	0.		
			c Gain or (loss)	7c	1,514.		
	d Net gain or (loss)		1,514.	1,514.			
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a		8,272.			
			b Less: direct expenses	8b	14,671.		
c Net income or (loss) from fundraising events				-6,399.		-6,399.	
9 a Gross income from gaming activities. See Part IV, line 19	9a						
		b Less: direct expenses	9b				
		c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	10a						
		b Less: cost of goods sold	10b				
		c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	11 a <u>MISC INCOME</u>	Business Code 900099	12,676.	12,676.			
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d		12,676.				
12 Total revenue. See instructions		8,372,483.	175,738.	0.	-6,399.		

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).

Check if Schedule O contains a response or note to any line in this Part IX

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 domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	377,377.	84,276.	293,101.	
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	3,144,115.	2,904,736.	239,379.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	100,400.	82,946.	17,454.	
9 Other employee benefits	49,972.	42,473.	7,499.	
10 Payroll taxes	271,118.	230,963.	40,155.	
11 Fees for services (nonemployees):				
a Management				
b Legal	66,729.		66,729.	
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion				
13 Office expenses	290,389.	264,761.	25,628.	
14 Information technology				
15 Royalties				
16 Occupancy	150,418.	126,502.	23,916.	
17 Travel	16,469.	14,217.	2,252.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	63,806.		63,806.	
23 Insurance	789,720.	663,324.	126,396.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a CLIENT ASSISTANCE	2,525,997.	2,525,997.		
b PURCHASED TRANSPORTATIO	291,515.	291,515.		
c REPAIRS	265,375.	263,776.	1,599.	
d MISCELLANEOUS	168,252.	162,184.	6,068.	
e All other expenses	273,891.	223,864.	50,027.	
25 Total functional expenses. Add lines 1 through 24e	8,845,543.	7,881,534.	964,009.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	1,946,408.	1	1,663,051.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	1,025,731.	3	1,153,869.
	4	Accounts receivable, net	10,671.	4	8,458.
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 5,827,377.		
	b	Less: accumulated depreciation	10b 4,404,504.	1,758,918.	10c 1,422,873.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11	790,483.	12	1,058,425.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	235,192.	15	0.
16	Total assets. Add lines 1 through 15 (must equal line 33)	5,767,403.	16	5,306,676.	
Liabilities	17	Accounts payable and accrued expenses	469,018.	17	481,350.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	469,018.	26	481,350.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	5,298,385.	27	4,825,326.
	28	Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
32	Total net assets or fund balances	5,298,385.	32	4,825,326.	
33	Total liabilities and net assets/fund balances	5,767,403.	33	5,306,676.	

Form 990 (2023)

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,372,483.
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,845,543.
3	Revenue less expenses. Subtract line 2 from line 1	3	-473,060.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,298,385.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	4,825,325.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line 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 on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	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 on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	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 on Schedule O and describe any steps taken to undergo such audits	X	

Form 990 (2023)

SCHEDULE A
(Form 990)

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

TRI-COUNTY COMMUNITY COUNCIL, INC.

Employer identification number

59-1099586

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 12, 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 (Form 990).)
- 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations _____
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	7871260.	10217316.	10443551.	8950512.	8203144.	45685783.
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	7871260.	10217316.	10443551.	8950512.	8203144.	45685783.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						45685783.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	7871260.	10217316.	10443551.	8950512.	8203144.	45685783.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	31,765.	2,544.	-7,370.	29,828.	64,404.	121,171.
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 VI.)	320,440.	26,205.	22,507.	413.	12,676.	382,241.
11 Total support. Add lines 7 through 10						46189195.
12 Gross receipts from related activities, etc. (see instructions)					12	397,857.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	98.91	%
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	98.16	%
16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>		
b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>		

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

(Complete only if you checked the box on line 10 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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2023. 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 - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11a: Has the organization accepted a gift or contribution from any of the following persons? Row 11b: A person who directly or indirectly controls... Row 11c: A family member of a person described on line 11a above? Row 11c: A 35% controlled entity of a person described on line 11a or 11b above?

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity... Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year... Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Row 2: Activities Test. Answer lines 2a and 2b below. Row 2a: Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? Row 2b: Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Row 3a: Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Row 3b: Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations?

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2023		
a	From 2018		
b	From 2019		
c	From 2020		
d	From 2021		
e	From 2022		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2023 distributable amount		
i	Carryover from 2018 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2023 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2023 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2024. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2019		
b	Excess from 2020		
c	Excess from 2021		
d	Excess from 2022		
e	Excess from 2023		

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Lined area for supplemental information.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

TRI-COUNTY COMMUNITY COUNCIL, INC.

Employer identification number

59-1099586

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

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number and acreage, and monitoring expenses.

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art collections and revenue/asset amounts.

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

Schedule D (Form 990) 2023

332051 09-28-23

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 make 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 program
- e Other _____

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

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" on 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 XIII and complete the following table:

- c Beginning balance
- d Additions during the year
- e Distributions during the year
- f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds Complete if the organization answered "Yes" on 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 current year end balance (line 1g, column (a)) held as:

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

The percentages on lines 2a, 2b, and 2c should equal 100%.

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

- (i) Unrelated organizations? _____
- (ii) Related organizations? _____

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? _____

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

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		160,890.		160,890.
b Buildings		2,318,102.	1,665,683.	652,419.
c Leasehold improvements				
d Equipment		2,987,832.	2,508,050.	479,782.
e Other		360,553.	230,771.	129,782.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				1,422,873.

Part VII Investments - Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. 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) PEOPLESOUTH - CD	290,720.	END-OF-YEAR MARKET VALUE
(B) REGIONS	255,392.	END-OF-YEAR MARKET VALUE
(C) TRANS-INVESTMENT	512,313.	END-OF-YEAR MARKET VALUE
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	1,058,425.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	8,387,384.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a		
	b Donated services and use of facilities	2b	230.	
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d	14,671.	
	e Add lines 2a through 2d	2e		14,901.
3	Subtract line 2e from line 1		3	8,372,483.
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 XIII.)	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	8,372,483.

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	8,860,443.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a	230.	
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d	14,671.	
	e Add lines 2a through 2d	2e		14,901.
3	Subtract line 2e from line 1		3	8,845,542.
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 XIII.)	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	8,845,542.

Part XIII Supplemental Information

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, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES REPORTED ON FORM 990, PART VIII, 8B 14,671.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES REPORTED ON FORM 990, PART VIII, 8B 14,671.

**SCHEDULE O
(Form 990)**

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 Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

TRI-COUNTY COMMUNITY COUNCIL, INC.

Employer identification number

59-1099586

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

LOW-INCOME HOME ENERGY ASSISTANCE

EXPENSES \$ 2,485,863. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11B:

THE 990 IS SUBMITTED TO ITS FINANCE COMMITTEE FOR REVIEW AND PRESENTED TO
THE BOARD. THE WEBSITE ADDRESS IS ANNOUNCED FOR PUBLIC VIEWING.

FORM 990, PART VI, SECTION B, LINE 12C:

IN REFERENCE TO EMPLOYEES - MANAGERS/SUPERVISORS/DIRECTORS REPORT TO THE
EXECUTIVE DIRECTOR OR HR DIRECTOR ANY SUSPICIONS OR KNOWLEDGE. THE EMPLOYEE
WOULD BE QUESTIONED. IN REFERENCE TO THE BOARD THEY HAVE A POLICY IN PLACE
AND ARE ASKED ANNUALLY TO REPORT ANY CONFLICT.

FORM 990, PART VI, SECTION B, LINE 15:

COMPENSATION FOR THE EXECUTIVE DIRECTOR, MANAGERS AND DIRECTORS IS APPROVED
BY THE BOARD. IT IS BASED ON EXPERIENCE, EDUCATION AND LONGEVITY.
MANAGERS AND DIRECTORS CAN RECOMMEND TO THE EXECUTIVE DIRECTOR AN INCREASE
FOR EMPLOYEES. COSTS OF LIVING AND INCENTIVES ARE APPROVED BY THE BOARD.

FORM 990, PART VI, SECTION C, LINE 19:

THE INFORMATION IS PROVIDED DURING BOARD MEETINGS WHICH ARE OPEN TO THE
PUBLIC. ALSO, INFORMATION IS AVAILABLE UPON REQUEST.

Form **8879-TE**

IRS E-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2023, or fiscal year beginning OCT 1, 2023, and ending SEP 30, 2024

2023

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

TRI-COUNTY COMMUNITY COUNCIL, INC.

EIN or SSN

59-1099586

Name and title of officer or person subject to tax

JOEL PAUL, JR.
EXECUTIVE DIRECTOR

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a	Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>8,372,483.</u>
2a	Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b	
5a	Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	
6a	Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
7a	Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	
8a	Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a	Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b	
10a	Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize CARR, RIGGS & INGRAM, LLC to enter my PIN 99586
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

63037536331

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature CRI ADVISORS, LLC

Date 01/19/25

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2023)

LHA 302521 01-05-24

15490127 794202 10-00050.001

2023.05040 TRI-COUNTY COMMUNITY COUN 10-00051

HEAD START/EARLY HEAD START
POLICY COUNCIL MEETING



Tri-County Community Council Head Start/Early Head Start

Policy Council Meeting
March 3, 2025

Call to order, Welcome

Roll Call

Seat New Members (if needed)

Approval of Minutes from February 13, 2025

Reports

Center Committees

Director's Report

Financial Reports

Form 990

Annual SF 425 Report

Old Business

New Business

FYI/Discussion

Monthly Training Topic – Finance/Budget Development

Self-Assessment Delay Request

Focus One March 31st (P.C & Board. 10:00 – 10:30 am)

Incident/CAP/Extension Request

Approvals

Policies

Active Supervision of children	Approval
Preventative and Primary Health Care	Approval
Determining Source of Health Care	Approval
Vision/Hearing Screening	Approval
Family Collaboration & Support Services Health	Approval
Refrigerator/Freezer/Temperatures	Approval
Head Start/Early Head Start Meals	Approval
Food Shopping	Approval
Breast Feeding	Approval
Choking Prevention	Approval
Cook Work Hours	Approval
Field Trip Meal Counts/Temperature Logs	Approval
Parties and Treats	Approval
Parent Committee	Approval
Policy Council Election and Service	Approval
Policy Council Member Reimbursement	Approval

Policy Council Telephone/Email Polls	Approval
Program Option	Approval
Community Assessment and Data	Approval
Classroom Observations	Approval
Deleted Policies	
Dental and Health Follow-ups	Approval
Dental Exams	Approval
Hemoglobin Testing	Approval
Immunizations	Approval
Lead Testing	Approval
Physical Environment	Approval
Ongoing Health Care	Approval
Infant/Toddler Gram	Approval
Other	
Self-Self-Assessment Delay Request	Approval

Information Only - Policies with date change only

- Height and Weights
- Dental Hygiene
- Disaster Meal Plan
- Meal Times
- Menu Changes
- Special Dietary Needs
- Transitioning Babies from a Bottle to a Cup
- Transitioning Babies to solid Foods
- Transitioning from Breastmilk/Formula to Milk
- USDA Regulations
- Vendor Food Shopping
- Center-Based Option
- Comprehensive Services
- Impasse/Internal Dispute Resolution Procedures
- Training of the Policy Council and the Board Members (also removed one sentence concerning home-base)

Adjourn

Focus One Monitoring Protocol

Performance Area 2: Program Governance

This area will capture how the governing body and policy council use their expertise and

experience to provide data-informed oversight to ensure the grant recipient provides quality services for children and families and progresses toward program goals.

Performance Measure 2.1: The grant recipient establishes program governance with sufficient expertise and representation that supports effective program oversight and engagement with families and the community. 642(c)(1)(B) and 642(c)(2)(B)(ii)

Elements of this measure include but are not limited to how the grant recipient:

- Maintains a governing body and a policy council that supports the grant recipient with its expertise

Performance Measure 2.2: The grant recipient has strategies to support collaboration across program staff members, the governing body, and the policy council to facilitate effective program governance. 642(c)(1)(E)(iv)(VII)(bb); 642(c)(2)(D); 642(d)(2)(A-I); and 1302.102(a)(1)

Elements of this measure include but are not limited to how the grant recipient:

- Provides the governing body and the policy council with data that are necessary to effectively conduct their responsibilities
- Collaborates with the governing body and the policy council to set and update program goals

HEAD START/EARLY HEAD START REPORT TO POLICY COUNCIL AND BOARD OF DIRECTORS

DATE March 1, 2025

MONTH: February 2025

ENROLLMENT

ITEM	CHIPLEY	WALTON	WESTVILLE	HS TOTAL	EHS		EHS TOTAL
					West	DFS	
Funded	17	71	37	125	16	24	40
Actual in Center/Home- Base	17	71	37	125	16	24	40

ERSEA

ITEM	CHIPLEY	WALTON	WESTVILLE	EHS	
				Westville	Walton
Waiting List	7	31	10	12	22
Eligible	4	19	7	10	18
Over income	3	12	3	2	4
Vacancies	0	3	3	2	5
How Long	n/a	1 to 3 days	4 to 7 days	2 days	10 to 16 days
Attendance	86%	87%	84%	85%	90%
Overall Monthly Attendance for School Year	86%			88%	

DISABILITY

ITEM	CHIPLEY	WALTON	WESTVILLE	EHS	TOTAL		Percentage	
					HS	EHS	HS	EHS
Diagnosed with an IEP/IFSP and receiving services	1	5	2	2	8	3	6% (actual enrolme nt)	7%
					Inclusive of dropped children			
Dropped children with an IEP/IFSP/ IEP/IFSP closed	1	0	0	0	1	0		
Concerns/In waiting/further evaluation/referral process/staffing	2	4	1	1	7	0		

MENTAL HEALTH REFERRALS AND VISITS

CHIPLEY		WALTON		WESTVILLE		EHS	
Referral/s	Visits	Referral/s	Visits	Referral/s	Visits	Referrals	Visits
0	0	2	1	0	0	0	0

IN-KIND TOTALS

ADMIN.	CHIPLEY	WALTON	WESTVILLE	EHS DFS	EHS Westville	TOTAL	Percentage
Required non-federal share for HS/EHS \$172,512 received a waiver Will continue to work to collect in-kind. HS - \$106,528; EHS - \$65,983							
\$0	\$2,238.34	\$0	\$290.64	\$0	\$906.61	\$2,528.96/ \$906.61	2%/1%

USDA

ITEM	CHIPLEY	WALTON	WESTVILLE	EHS		TOTAL
				Westville	Walton	
January Meals						
Breakfast	229	769	615	309		1922
Lunch	228	765	621	309		1923
Snack	217	687	592	277		1773
Total Meals	674	2221	1828	895		5618
January Cost/Expense						
ITEM	CHIPLEY	WALTON	WESTVILLE	EHS		TOTAL
				Westville	DFS	
Reimbursement	\$1,883.74	\$6,272.25	\$5,111.20		\$2,529.07	\$15,796.26
Expenses	1,712.41	5,238.82	3,987.93	1,552.98	2,764.56	15,256.70
Difference	+\$171.33	+\$1,033.43	+\$1,123.27	-\$1,552.98	-\$235.49	+\$539.56

STAFF STATUS

ITEM	ADMIN.	Chipley	WALTON	WESTVILLE	EHS		TOTAL
					West	Wal	
Reported	10	4	14	9	4	8	49
Hired/Transfer	1	0	0	0	0	0	1
Resigned/Let Go	0	0	0	0	0	0	0
Floater/Extended Care	2	0	0	0	0	0	2
Parent in Training	0	0	0	0	0	0	0
Substitute/Temporary	0	2	0	0	0	0	2
Total	13	6	14	9	4	8	54
Vacant Position	0	0	1	0	0	0	1

**Community Events/Collaboration
COMMENTS**

Annual Report
Self-Assessment
Program Summary

PIR
Outcomes
Community Assessment



HEAD START/EARLY HEAD START

Tri-County Community Council, Inc.
2499 Cypress St. Westville, FL 32464
(850) 548-9900 FAX (850) 548-5644
Website: www.tricountyheadstart.com

2/24/25

There will be a meeting of the Tri-County Head Start/Early Head Start Policy Council on Monday, March 3, 2025, at the Westville Head Start center. Meeting time is **12:00 p.m.** You may also join via the Zoom app. I will send emails to all members with the meeting link the morning of the meeting. If you prefer to dial in by phone, you can call 1-646-876-9923 and enter meeting ID 850 548 9900 followed by the # key. If it asks for a participant number, press # again to connect to meeting.

Lunch will be served at 11:30 a.m. Please RSVP if you plan to attend. If you cannot attend this meeting, please contact Nicole Thomas @ 850-548-9900 as soon as possible.

If you would like more information about Zoom or how to use it, please contact either Ryan or myself.

Bring all documents that you have received in the mail with you to the meeting. Please have your In-kind forms signed and your Travel Voucher completed before leaving the meeting.

Thank you for your support and we look forward to seeing you.

Nicole Thomas
Director's Assistant



Tri-County Community Council Head Start/Early Head Start

Policy Council Meeting
March 3, 2025

Call to order, Welcome

Roll Call

Seat New Members (if needed)

Approval of Minutes from February 13, 2025

Reports

- Center Committees
- Director's Report
- Financial Reports
- Form 990

Old Business

New Business

FYI/Discussion

- Monthly Training Topic –
Self-Assessment
- Incident/CAP/Extension Request

Approvals

Policies

Active Supervision of children	Approval
Preventative and Primary Health Care	Approval
Determining Source of Health Care	Approval
Vision/Hearing Screening	Approval
Family Collaboration & Support Services Health	Approval
Refrigerator/Freezer/Temperatures	Approval
Head Start/Early Head Start Meals	Approval
Food Shopping	Approval
Breast Feeding	Approval
Choking Prevention	Approval
Cook Work Hours	Approval
Field Trip Meal Counts/Temperature Logs	Approval
Parties and Treats	Approval
Parent Committee	Approval
Policy Council Election and Service	Approval

Policy Council Member Reimbursement	Approval
Policy Council Telephone/Email Polls	Approval
Program Option	Approval
Community Assessment and Data	Approval
Classroom Observations	Approval
Deleted Policies	
Dental and Health Follow-ups	Approval
Dental Exams	Approval
Hemoglobin Testing	Approval
Immunizations	Approval
Lead Testing	Approval
Physical Exams	Approval
Ongoing Health Care	Approval
Infant/Toddler Gram	Approval

Information Only - Policies with date change only

Height and Weights
Dental Hygiene
Disaster Meal Plan
Meal Times
Menu Changes
Special Dietary Needs
Transitioning Babies from a Bottle to a Cup
Transitioning Babies to solid Foods
Transitioning from Breastmilk/Formula to Milk
USDA Regulations
Vendor Food Shopping
Center-Based Option
Comprehensive Services
Impasse/Internal Dispute Resolution Procedures
Training of the Policy Council and the Board Members (also removed one sentence concerning home-base)

Adjourn

TRI-COUNTY COMMUNITY COUNCIL, INC.
HEAD START/EARLY HEAD START
POLICY COUNCIL MEETING
2499 CYPRESS STREET
WESTVILLE, FL. 32464

February 13, 2025

Present:	Absent:	Staff:	Guests:
Missy Lee	Bridgette Capps	Kim Gillis	Delores Peace
Jennifer Underwood	Kalista Butler	Nicole Thomas	
Stephen White	Shronda Sanders		
Jalisa Braxton	Brooke Tudor		
	Rochelle Howard		

Nicole Thomas called the meeting to order at 8:37 am. Nicole Thomas called roll with four members present. A quorum was not present. The group decided to move forward with any approvals pending a phone/email poll. Jennifer Underwood made the motion to approve the minutes from the January 6, 2025, meeting. Stephen seconded the motion, with all in favor. Motion will carry pending phone/email poll.

CENTER COMMITTEE REPORTS

Nicole Thomas gave the report for the Chipley site as follows:

The most recent parent meeting was on 1-30-25. We celebrated National School Choice Week January 27-31. Our study is on Music. The third big event, the Dance, will be February 28 from 5-7 at KMS in the cafeteria. Our Parent/Loved One & Child Activity Day will be February 14. Our Valentine's card exchange will be February 14. The week of February 10 we will have Color Week with dress up days for each day.

Nicole Thomas gave the report for the EHS site as follows:

Most recent parent meeting was on 2-7-25. We have our Valentine's Day activities planned. Parents are coming in to help decorate bags and will have a parent/child activity, after snack on the 14th, to decorate cupcakes. Parents discussed ideas about our easter Event and our last day of school plans. These will be our next big events for the year.

Stephen White gave the report for the Westville site as follows:

The next event in planning is the Easter celebration.

Jennifer Underwood gave the report for Walton site as follows:

The center is having a Valentine event tomorrow.

DIRECTORS REPORT

Kim Gillis reported that we have been notified that we are being taken off the under-enrollment list since we have been able to maintain full enrollment. Jennifer Underwood questioned what the attendance letters sent out were all about. Nicole Thomas and Kim Gillis

explained that there are a few children who are enrolled that consistently have poor attendance which impacts our overall percentage. Letters were sent out to remind all families of the importance of regular attendance and any concerns regarding specific children are addressed with the families individually. No other questions were asked regarding the Directors report.

FINANCIAL REPORTS

Kim Gillis went over the financial statements, pointing out that we have only received half of our operating budget at this time. She explained the actual current, actual year to date, budget year to date, and variance year to date columns.

There are three Visa card holders, Ruth Kelleys card is used for purchasing groceries for pick up orders at Walmart. Nicole Thomas's card is used for miscellaneous center and office needs, including training and food for special events. Kim Gillis's card was not used last month. There are Walmart charge cards at each center for cleaning supplies, some food items, office supplies, etc. The Lowes card is primarily used for maintenance needs. We no longer have a maintenance worker, but when we hire out people to work on certain jobs, we will sometimes buy the materials for the project. Jennifer Underwood asked who performs the plumbing jobs and Kim Gillis advised that it depends on what center needs the work, but for the Walton County and Holmes County centers we have been getting Easy Peazy Plumbing to do a few jobs for us. If the issue is HVAC related, we many times will use Perfect Temp or Taylors, depending on where the job is and the availability of workers.

The 429 real property report was shared to show what gets reported to OHS regarding real property owned by the agency. 941 was also shared and explained as a report showing the quarterly taxes pain in for all employees.

The 2024 financial audit was provided as well, and Kim Gillis reported that there were no findings by the auditor.

OLD BUSINESS

NEW BUSINESS

FYI/DISCUSSION

Training Topic- Program Governance

Delores Peace will provide the group with Program Governance training immediately following today's meeting.

SWOT Analysis

Kim Gillis explained that it is about to be time for our annual self-assessment and completing a SWOT analysis helps with identifying areas for improvement to focus our self-assessment on. Staff have already given input on what they feel to be the programs strengths, weaknesses, opportunities and threats and Kim asked for the Policy Council to give input as well. For strengths, Jennifer Underwood reported that our program provides great education opportunities for children. For threats, she stated that unprofessional staff are a threat to the

program and several staff could benefit from professionalism training, as well as staff dress code not being enforced. She also mentioned that parents who visit the center also need to be held to a higher standard with their attire instead of being allowed to visit the school in pajamas or inappropriate, revealing clothing. Kim advised that we have spoken with our main office about parent dress codes, but that there are some legal issues that can arise when enforcing a dress code for parents. Jennifer suggested not making it a requirement, but simply suggesting proper attire be worn, and setting that standard. For opportunities, the group discussed partnerships and agencies in the area could benefit the program for the different counties. Kim reported that the threats mentioned by staff were the need for some parents to have extended care hours. The group concurred that this is an area that needs to be looked at.

Self-Assessment

Kim Gillis asked Jennifer Underwood to be a part of the Self-Assessment team. We will be working on the self-assessment through the month of March and have the results ready to share with the full policy council in May. Anyone willing to help with the Self-Assessment can do so.

Incident/CAP/Extension Request

We were only given 30 days to get the CAP turned in, so our Program Specialist suggested that we ask for an extension, as we now have another incident to take into consideration involving a child left alone in a classroom. Stephen White asked where the incident occurred, and Kim Gillis advised that it was in a Walton County center. She explained that the incident was reported to the parent of the child, licensing, the DCF hotline and the regional office. The DCF hotline accepted the call and sent out an investigator to interview staff and the parent. The parents do not want to press charges. Jennifer Underwood asked if the staff responsible still works here and Kim advised that she was let go.

PI- Procedures for Tribal Child Care and Development Fund (CCDF) Lead Agencies and American Indian and Alaska Native (AIAN) Head Start Grant Recipients to Jointly Apply to Use CCDF and Head Start Funds for Construction or Major Renovation of early Childhood Facilities.

This PI does not pertain to our program but was provided in the mail out for informational purposes.

IM-Supporting Food Security and Access to Indigenous Foods for Children and Families in Tribal Early Childhood Programs

This IM does not pertain to our program but was provided in the mail out for informational purposes.

IM- Fiscal Year 2025 Monitoring Process for Head Start Recipients

The IM was provided in the mail out. Kim explained that we have received our 45-day letter to notify that we are up for our review in March. The reviewers may ask to talk with policy council members about their role in the governance of the program.

APPROVALS

Policy Revisions as provided in the mail out:

Motion: Stephen White Seconded: Jennifer Underwood Motion will carry pending phone/email poll.

SWOT/Self-Assessment & Request for an Extension for the CAP (child incident).

Motion: Stephen White Seconded: Jennifer Underwood Motion will carry pending phone/email poll.

New Hire: Lauren Dailey for Coach Specialist

Motion: Stephen White Seconded: Jennifer Underwood Motion will carry pending phone/email poll

ANNOUNCEMENTS

The next Policy Council meeting will be held on March 3, 2025.

Jennifer Underwood asked about the status of the Carryover Request for the EHS playground. Kim Gillis advised that it has been submitted for approval, but it was sent back so that we could include the request for an in-kind waiver on those funds, so it had to be revised, approved and sent back. She stated she feels strongly that it will be approved.

ADJOURNMENT

The meeting was adjourned at 9:24 am.

As recorded by Nicole Thomas

SECRETARY

DATE

An email poll was conducted after the meeting on 2/13/25 to receive additional votes to complete the quorum needed for approvals. Rochelle Howard responded with her approval of the items, as detailed and listed in the email, thus completing the quorum and all the motions carried.

Tri-County Community Council, Inc. (TRIFND)

Budget Revenue & Expense Report

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	Actual Current	Actual YTD	Budget YTD	Variance YTD
58 - HEAD START 12/1/24-11/30/25				
Operating Revenue				
58-2400-000 PROGRAM GRANT - BUDGET	74,942.41	652,099.29	1,316,789.50	664,690.21
Total Operating Revenue	\$74,942.41	\$652,099.29	\$1,316,789.50	\$664,690.21
Total Revenue	\$74,942.41	\$652,099.29	\$1,316,789.50	\$664,690.21
Operating Expense				
58-3101-000 ADMIN WAGES (P)	10,415.33	55,248.10	117,721.00	62,472.90
58-3105-000 ADMIN FICA (F)	801.71	4,167.84	8,550.50	4,382.66
58-3106-000 ADMIN PENSION (F)	331.14	1,822.61	4,166.50	2,343.89
58-3107-000 ADMIN INSURANCE (F)	1,384.06	6,682.98	12,178.50	5,495.52
58-3108-000 ADMIN WORK COMP INS (F)	152.06	787.87	1,961.00	1,173.13
58-3115-000 ADMIN STAFF OUT-OF-TOWN (T)	0.00	0.00	75.00	75.00
58-3116-000 ADMIN TRAINING/TECH ASSIST (O17)	0.00	0.00	0.00	0.00
58-3120-000 ADMIN LOCAL TRAVEL	0.00	11.35	650.00	638.65
58-3123-000 ADMIN VEHICLE MINOR REPAIRS/TIR	0.00	83.92	565.00	481.08
58-3124-000 ADMIN OFFICE SUPPLIES (S)	219.03	610.46	770.00	159.54
58-3125-000 ADMIN XEROX/POSTAGE (S)	0.00	157.09	362.50	205.41
58-3126-000 ADMIN OFFICE EQUIPMENT (S1)	0.00	0.00	0.00	0.00
58-3130-000 ADMIN AUDIT/PROFESSIONAL (C)	1,292.00	4,445.15	2,632.50	(1,812.65)
58-3131-000 ADMIN ARTICLE OF INC. (C)	0.00	0.00	32.50	32.50
58-3135-000 PHONE/ INTERNET O	53.17	1,541.39	3,146.50	1,605.11
58-3136-000 ADMIN UTILITIES O	62.15	1,159.12	2,878.50	1,719.38
58-3137-000 ADMIN EXTERMINATOR S	0.00	39.32	452.50	413.18
58-3144-000 ADMIN BONDING C	0.00	0.00	0.00	0.00
58-3145-000 BLDG MAINT/REPAIR O	0.00	139.70	550.00	410.30
58-3146-000 ADMIN DRUG TEST/PHY S	35.00	125.50	250.00	124.50
58-3147-000 DUES/SUBSCRIPTIONS/MEMBERSHIP	132.43	132.43	400.00	267.57
58-3148-000 ADMIN BOARD TRV & TRAINING S	0.00	86.75	50.00	(36.75)
58-3149-000 ADMIN COMPUTER EQUIP MAINT/TRI	210.45	3,995.84	2,063.00	(1,932.84)
58-3150-000 ADMIN BLDG/GEN LIABILITY O	0.00	0.00	7,500.00	7,500.00
58-3151-000 ADMIN AUTO INSURANCE (O8)	0.00	(367.74)	1,150.00	1,517.74
58-3155-000 ADMIN LEGAL C	151.35	605.29	1,585.00	979.71
58-3160-000 PUBLICATIONS/PRINTING O	0.00	3.39	700.00	696.61
58-3161-000 ADMIN RECRUITING/MKTING (S1)	0.00	0.00	0.00	0.00
58-3201-000 WAGES P	78,917.16	362,893.50	843,591.50	480,698.00
58-3201-100 NUTRITION SVCS/USDA EXCESS P	0.00	0.00	12,500.00	12,500.00
58-3205-000 FICA F	6,164.80	27,408.20	44,025.50	16,617.30
58-3206-000 PENSION F	2,305.92	12,032.15	16,562.50	4,530.35
58-3207-000 INSURANCE F	13,223.26	52,840.13	77,150.50	24,310.37
58-3208-000 W/C INSURANCE F	1,152.23	5,235.63	15,849.00	10,613.37
58-3215-000 OUT OF TOWN TRAVEL T	0.00	0.00	0.00	0.00
58-3220-000 LOCAL TRAVEL O	0.00	81.04	2,000.00	1,918.96
58-3221-000 VEHICLE FUEL (O8)	0.00	1,748.84	5,500.00	3,751.16
58-3222-000 VEHICLE MINOR REPR/TIRES/SUPLS	0.00	117.86	800.00	682.14
58-3223-000 VEHICLE:REPAIR OVER \$250 (O8)	0.00	0.00	740.50	740.50
58-3224-000 OFFICE SUPPLIES	0.00	20,649.63	7,292.50	(13,357.13)
58-3224-100 CENTER SUPPLIES-WESTVILLE S	8.75	17,154.86	4,461.00	(12,693.86)
58-3224-200 CENTER SUPPLIES-WALTON S	0.00	30,618.41	8,058.50	(22,559.91)
58-3224-201 CENTER SUPPLIES-CHAUTAUQUA S	0.00	0.00	3,000.00	3,000.00
58-3224-300 CENTER SUPPLIES-CHIPLEY S	0.00	9,288.00	1,871.00	(7,417.00)
58-3224-400 FOOD SERVICE SUPPLIES S	0.00	0.00	250.00	250.00
58-3224-601 EQUIPMENT - OTHER	0.00	0.00	0.00	0.00
58-3225-000 XEROX/POSTAGE O	0.00	88.99	25.00	(63.99)
58-3226-000 VEHICLE TAG/REGIS (O8)	0.00	195.10	100.00	(95.10)

Tri-County Community Council, Inc. (TRIFND)

Budget Revenue & Expense Report

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58 - HEAD START 12/1/24-11/30/25				
58-3235-000 PHONE/INTERNET O	261.83	8,695.31	10,344.00	1,648.69
58-3236-000 UTILITIES O	4,059.89	21,930.07	19,277.50	(2,652.57)
58-3237-000 EXTERMINATOR O	311.40	962.00	2,051.00	1,089.00
58-3238-000 RENT O	0.00	0.00	0.00	0.00
58-3238-100 CHILD TRANS SVCS C	839.50	3,290.50	5,835.50	2,545.00
58-3238-200 HEALTH/DISABILITY SVCS C	0.00	150.00	115.00	(35.00)
58-3238-300 REGISTERED DIETICIAN	0.00	0.00	130.00	130.00
58-3238-400 MENTAL HEALTH -LMC&COPE C	0.00	325.00	1,024.00	699.00
58-3238-500 TECHNOLOGY SERVICES O	0.00	0.00	1,050.00	1,050.00
58-3245-000 BLDG MAINT/REPAIR O	3,805.37	23,409.91	11,403.00	(12,006.91)
58-3246-000 PROG DRUG/ALCOHOL TEST/PHYSIC	0.00	732.54	2,000.00	1,267.46
58-3247-000 DUES/SUBSCRIPTION/MEMBERSHIP	0.00	0.00	0.00	0.00
58-3249-000 COMPUTER ACCESS/EQUIP O	0.00	0.00	0.00	0.00
58-3250-000 BLDG/GEN/CHILD LIA INSURANCE C	0.00	0.00	10,000.00	10,000.00
58-3251-000 VEHICLE INS (O8)	0.00	0.00	12,050.00	12,050.00
58-3252-000 VEHICLE PURCHASE	0.00	0.00	0.00	0.00
58-3260-000 PUBLICATION/AD/PRINTING O	0.00	0.00	50.00	50.00
58-3540-000 OTHER O	3.22	24,589.91	18,296.50	(6,293.41)
58-4022-000 VOLUNTEERS O	0.00	0.00	50.00	50.00
58-4041-000 PARENT SERVICES O	0.00	725.74	1,050.00	324.26
58-4060-000 T&TA	0.00	8,245.69	7,895.00	(350.69)
Total Operating Expense	\$126,293.21	\$714,887.37	\$1,316,789.50	\$601,902.13
Total Expense	\$126,293.21	\$714,887.37	\$1,316,789.50	\$601,902.13
Excess Revenue Over Expenses	(\$51,350.80)	(\$62,788.08)	\$0.00	

Tri-County Community Council, Inc. (TRIFND)

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45 - EARLY HEAD START 12/24-11/25				
Operating Revenue				
45-2400-000 PROGRAM GRANT - BUDGET	35,424.77	246,534.27	641,416.00	394,881.73
Total Operating Revenue	\$35,424.77	\$246,534.27	\$641,416.00	\$394,881.73
Total Revenue	\$35,424.77	\$246,534.27	\$641,416.00	\$394,881.73
Operating Expense				
45-3101-000 ADMIN WAGES P	3,427.30	18,485.15	48,145.00	29,659.85
45-3105-000 ADMIN FICA F	264.20	1,398.47	7,275.00	5,876.53
45-3106-000 ADMIN PENSION F	102.39	544.36	4,308.00	3,763.64
45-3107-000 ADMIN INSURANCE F	494.46	2,682.93	9,912.50	7,229.57
45-3108-000 ADMIN W/C INS. F	50.04	264.58	1,989.00	1,724.42
45-3115-000 ADM OUT OF TOWN TRAVEL T	0.00	0.00	25.00	25.00
45-3116-000 ADMIN TRAINING/TECH ASSIST (O1)	0.00	0.00	0.00	0.00
45-3120-000 ADMIN LOCAL TRAVEL O	0.00	7.21	190.00	182.79
45-3123-000 ADMIN VEHICLE MINOR REPAIRS/TIR	0.00	42.51	150.00	107.49
45-3124-000 ADMIN OFFICE SUPPLIES S	143.10	331.75	750.00	418.25
45-3125-000 ADMIN POSTAGE/XEROX S	0.00	114.27	200.00	85.73
45-3126-000 ADMIN OFFICE EQUIPMENT (S1)	0.00	0.00	0.00	0.00
45-3130-000 ADMIN AUDIT/PROFESSIONAL C	844.00	2,758.41	3,428.00	669.59
45-3131-000 ARTICLES OF INCORPORATION C	0.00	0.00	40.00	40.00
45-3135-000 ADMIN PHONE/INTERNET O	32.28	587.77	1,409.50	821.73
45-3136-000 ADMIN UTILITIES O	37.74	490.37	1,846.00	1,355.63
45-3137-000 ADMIN EXTERMINATOR S	0.00	11.18	194.00	182.82
45-3144-000 ADMIN BONDING C	0.00	0.00	0.00	0.00
45-3145-000 ADMIN MAINT/REPAIR O	0.00	58.71	350.00	291.29
45-3146-000 ADMIN BACKGROUND/DRUG TEST/PI	0.00	0.00	225.00	225.00
45-3147-000 ADMIN DUES/SUBSCRIPTIONS/MEME	80.40	80.40	250.00	169.60
45-3148-000 ADMN BOARD TRV & TRAINING S	0.00	23.99	250.00	226.01
45-3149-000 ADMIN COMPUTER EQUIP MAINT/TRI	127.76	1,612.50	1,425.00	(187.50)
45-3150-000 ADMIN BLDG/GEN LIABILITY O	0.00	0.00	3,150.00	3,150.00
45-3151-000 ADMIN AUTO INS. (O8)	0.00	(239.58)	675.00	914.58
45-3155-000 ADMIN LEGAL C	91.89	261.36	965.00	703.64
45-3160-000 ADMIN PRINTING/PUBLICATIONS O	0.00	2.22	25.00	22.78
45-3201-000 WAGES P	44,676.99	170,282.83	331,329.00	161,046.17
45-3205-000 FICA F	3,538.25	12,917.04	34,293.50	21,376.46
45-3206-000 PENSION F	1,289.72	4,756.51	15,843.50	11,086.99
45-3207-000 INSURANCE (O)	4,552.60	20,223.57	45,769.00	25,545.43
45-3208-000 W/C INSURANCE F	652.26	2,392.17	15,404.50	13,012.33
45-3215-000 OUT-OF-TOWN TRAVEL T	0.00	0.00	100.00	100.00
45-3220-000 LOCAL TRAVEL O	0.00	12.42	1,300.00	1,287.58
45-3221-000 VEHICLE FUEL (O8)	0.00	50.52	750.00	699.48
45-3222-000 VEHICLE MINOR REPR/TIRES/SUPLS	4.32	4.32	150.00	145.68
45-3223-000 VEHICLE REPAIR OVER 250 (O8)	0.00	0.00	150.00	150.00
45-3224-000 OFFICE SUPPLIES	0.00	4,619.03	8,600.00	3,980.97
45-3224-100 CENTER SUPPLIES - WESTVILLE S	3.75	3,639.75	10,230.00	6,590.25
45-3224-200 CENTER SUPPLIES-WALTON S	70.32	4,539.58	19,560.00	15,020.42
45-3224-400 FOOD SERVICE SUPPLIES S	0.00	0.00	65.00	65.00
45-3224-500 NUTRITION SERVICES	0.00	0.00	12,500.00	12,500.00
45-3224-601 EQUIPMENT - OTHER	0.00	0.00	0.00	0.00
45-3225-000 XEROX/POSTAGE S	0.00	0.00	50.00	50.00
45-3226-000 VEHICLE TAG/REGIS (O8)	0.00	0.00	100.00	100.00
45-3235-000 PHONE/INTERNET (OTHER h) O	8.56	2,383.81	5,861.00	3,477.19
45-3236-000 UTILITIES O	989.63	5,244.79	9,553.50	4,308.71
45-3237-000 EXTERMINATOR (S)	9.60	437.00	898.50	461.50

Tri-County Community Council, Inc. (TRIFND)

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45 - EARLY HEAD START 12/24-11/25				
45-3238-000 RENT	0.00	0.00	0.00	0.00
45-3238-200 HEALTH/DISAB(MENTAL) (C)	0.00	65.00	587.50	522.50
45-3238-300 REGISTERED DIETICIAN	0.00	0.00	45.50	45.50
45-3238-500 TECHNOLOGY SERVICES (O)	0.00	0.00	1,500.00	1,500.00
45-3245-000 BLDG MAINT/REPAIR (O)	165.90	11,378.22	9,000.00	(2,378.22)
45-3246-000 PROG DRUG/ALCOHOL TEST/PHYSIC	0.00	0.00	325.00	325.00
45-3247-000 DUES/SUBSCRIPTION/MEMBERSHIP	0.00	0.00	25.00	25.00
45-3249-000 COMPUTER ACCESS/EQUIP O	0.00	0.00	0.00	0.00
45-3250-000 BLDG/GEN/CHILD LIA INSURANCE O	0.00	0.00	4,350.00	4,350.00
45-3251-000 VEHICLE INS (O8)	0.00	(2,246.06)	3,000.00	5,246.06
45-3260-000 PUBLICATION/AD/PRINTING O	0.00	0.00	50.00	50.00
45-3540-000 OTHER O	1.38	4,078.34	12,900.00	8,821.66
45-4022-000 VOLUNTEERS O	0.00	0.00	25.00	25.00
45-4041-000 PARENT SERVICES O	0.00	143.02	340.00	196.98
45-4060-000 T&TA -	0.00	2,042.54	9,583.50	7,540.96
Total Operating Expense	\$61,658.84	\$276,482.96	\$641,416.00	\$364,933.04
Total Expense	\$61,658.84	\$276,482.96	\$641,416.00	\$364,933.04
Excess Revenue Over Expenses	(\$26,234.07)	(\$29,948.69)	\$0.00	

Tri-County Community Council, Inc. (TRIFND)

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57 - HS 58 IN/KIND 12/24-11/25				
Operating Revenue				
57-2420-000 IN-KIND	2,865.12	27,743.10	57,004.00	29,260.90
57-2430-000 CASH MATCH	0.00	0.00	0.00	0.00
57-2431-100 HLMS BOCC H8	0.00	0.00	0.00	0.00
57-2431-200 WALT BOCC H7	0.00	0.00	0.00	0.00
57-2431-300 WASH BOCC H8	0.00	0.00	0.00	0.00
57-2433-000 MISC. MATCH	0.00	0.00	0.00	0.00
Total Operating Revenue	\$2,865.12	\$27,743.10	\$57,004.00	\$29,260.90
Total Revenue	\$2,865.12	\$27,743.10	\$57,004.00	\$29,260.90
Operating Expense				
57-9610-000 I/K:SUPPLIES - OFFICE	0.00	0.00	0.00	0.00
57-9611-000 I/K:SUPPLIES - CHILD&FAM SERVICE	0.00	0.00	0.00	0.00
57-9620-000 I/K:VOLUNTEER TRANS	32.47	10,909.75	556.50	(10,353.25)
57-9622-000 I/K:CONTRACUTAL - T&T SERVICES	0.00	0.00	0.00	0.00
57-9623-000 I/K:CONTRACTUAL-OTHER(ELKS,SPC	0.00	0.00	0.00	0.00
57-9624-000 I/K: CHILD CARE CONSULTANTS	0.00	0.00	0.00	0.00
57-9630-000 I/K:OTHER-BLDG MAINT/REPAIR, OCC	0.00	0.00	0.00	0.00
57-9631-000 I/K:OTHER-INCIDENTAL ALTER /REN	0.00	0.00	259.00	259.00
57-9640-000 I/K:VOLUNTEERS	2,832.65	16,833.35	50,254.00	33,420.65
57-9642-000 I/K:PUBLICATIONS/ADS/PRINTING	0.00	0.00	0.00	0.00
57-9643-000 I/K:OTHER	0.00	0.00	0.00	0.00
57-9760-100 HLMS BOCC H8	0.00	0.00	1,234.50	1,234.50
57-9760-200 WAL BOCC H7	0.00	0.00	1,200.00	1,200.00
57-9760-300 WASH BOCC H8	0.00	0.00	3,500.00	3,500.00
57-9762-000 MISC. MATCH	0.00	0.00	0.00	0.00
Total Operating Expense	\$2,865.12	\$27,743.10	\$57,004.00	\$29,260.90
Total Expense	\$2,865.12	\$27,743.10	\$57,004.00	\$29,260.90
Excess Revenue Over Expenses	\$0.00	\$0.00	\$0.00	

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48 - EARLY HS 48 IK 12/1/24-11/30/25				
Operating Revenue				
48-2420-000 IN-KIND	1,171.17	6,368.13	32,991.50	26,623.37
48-2431-202 WALTON BOCC H7	0.00	0.00	0.00	0.00
48-2433-000 MISC. MATCH	0.00	0.00	0.00	0.00
Total Operating Revenue	\$1,171.17	\$6,368.13	\$32,991.50	\$26,623.37
Total Revenue	\$1,171.17	\$6,368.13	\$32,991.50	\$26,623.37
Operating Expense				
48-9610-000 I/K: SUPPLIES - OFFICE	0.00	0.00	0.00	0.00
48-9611-000 CHILD FAMILY SERVICES	0.00	0.00	0.00	0.00
48-9620-000 I/K: VOLUNTEER TRANS	10.25	20.75	178.00	157.25
48-9622-000 I/K: TRAIN/TECH SERVICES	0.00	0.00	0.00	0.00
48-9623-000 I/K: CONTRACTUAL-OTHER(ELKS, SPC	0.00	0.00	0.00	0.00
48-9631-000 I/K: OTHER-INCIDENTAL ALTER /REN	0.00	0.00	205.00	205.00
48-9640-000 I/K: VOLUNTEERS	1,160.92	6,347.38	31,408.50	25,061.12
48-9642-000 I/K: PUBLICATIONS/ADS/PRINTING	0.00	0.00	0.00	0.00
48-9643-000 I/K: OTHER	0.00	0.00	0.00	0.00
48-9760-202 WALTON BOCC H7	0.00	0.00	1,200.00	1,200.00
48-9762-000 MISC. MATCH	0.00	0.00	0.00	0.00
Total Operating Expense	\$1,171.17	\$6,368.13	\$32,991.50	\$26,623.37
Total Expense	\$1,171.17	\$6,368.13	\$32,991.50	\$26,623.37
Excess Revenue Over Expenses	\$0.00	\$0.00	\$0.00	



Corporate Account Name: TRI COUNTY COMM COUNCIL IN
Account Name: KIMBERLY GILLIS

Corporate Number: [REDACTED]
Account Ending In: [REDACTED]

Summary of Account Activity

Previous Account Balance	\$0.00	Statement Closing Date	02/03/2025
Payments and Credits	\$0.00	Days This Period	0
Purchases and Debits	\$0.00	Spending Limit	\$25,000.00
Total Spend This Month	\$403.97		
Cash Advances	\$0.00		
Fees	\$0.00		
Finance Charges	\$0.00		
New Ending Balance	\$0.00		

Payment Due Date 02/28/2025
Payment Amount Due **CORPORATE BILLED**

Questions? View your account information online at www.ffbf.com or call our Customer Service Center toll free at 1-855-609-3578 or 1-877-499-0572.

Send Billing Inquiries and Correspondence to:
P.O. Box 2087, Omaha, NE 68103-2087

Mail Payments to: P.O. Box 2711, Omaha, NE 68103-2711

Important Information

THANK YOU FOR CHOOSING FIRST FEDERAL BANK FOR YOUR CREDIT CARD NEEDS.

REWARDS SUMMARY REFLECTS POINTS ACTIVITY THROUGH THE END OF THE PREVIOUS MONTH.
ALWAYS REFER TO YOUR UCHOOSE REWARDS ONLINE ACCOUNT FOR YOUR CURRENT POINTS BALANCE.

First Federal Bank
4705 HWY 90 W
Lake City FL 32055-4884



Account Ending In [REDACTED]
Payment Due Date 02/28/2025
New Balance \$0.00
Minimum Payment Due CORPORATE BILLED

Make Check Payable To: \$

KIMBERLY GILLIS
TRI COUNTY COMM COUNCIL INC
PO BOX 1210
BONIFAY FL 32425-1210

First Federal Bank
P.O. Box 2711
Omaha NE 68103-2711





FIRST FEDERAL BANK

Transactions

Post Date	Tran Date	Reference Number	Transaction Description	\$Amount
01/15	01/15	24692160F31NG1HTN	AMAZON MKTPL*ZD0A53KP1 Amzn.com/billWA	\$39.96
01/19	01/18	24692160J34MYZFT5	AMAZON MKTPL*Z51J28YU0 Amzn.com/billWA	\$130.17
01/29	01/28	24055230X6K49VVKD	NIC*-DCF-CARES EGOV.COM FL	\$101.00
01/30	01/29	24692160Y315D0YAL	AMZN Mktp US*ZC1JL2QT0 Amzn.com/billWA	\$69.99
02/02	02/01	24692161033Q4SPRQ	AMAZON MKTPL*QM6921UE3 Amzn.com/billWA	\$62.85
			Total Activity	\$403.97



Transactions				
Post Date	Tran Date	Reference Number	Transaction Description	\$Amount
01/07	01/06	2444500065SQ3RBG0	WALMART.COM 8009256278 800-966-6546 AR	\$137.70
01/14	01/13	24445000D2X8D7X6V	WALMART.COM 8009256278 800-966-6546 AR	\$210.42
01/15	01/14	24445000E2X8B4S3H	WALMART.COM 8009256278 800-966-6546 AR	\$53.47
01/23	01/22	24055230N6D7039NL	WALMART.COM 800-925-6278 AR	\$46.87
01/29	01/28	24055230W6JR4HN82	WALMART.COM 800-925-6278 AR	\$118.98
01/29	01/28	24055230W6JR4P6HT	WALMART.COM 800-925-6278 AR	\$221.64
01/29	01/28	24445000W2X8LTSDW	WALMART.COM 8009256278 800-966-6546 AR	\$96.31
Total Activity				\$885.39



Transactions

Post Date	Tran Date	Reference Number	Transaction Description	\$Amount
01/05	01/02	2494300033KNNHR3Z	PIZZA HUT 002053 BONIFAY FL	\$116.72
01/07	01/06	2405523075YWQOW3L	EARLY EDUCATION AND CARE EECKIDSEDU FL	\$10.00
01/07	01/06	2405523075YWQOW3W	EARLY EDUCATION AND CARE EECKIDSEDU FL	\$10.00
01/07	01/06	2405523075YWQOW6G	EARLY EDUCATION AND CARE EECKIDSEDU FL	\$10.00
01/08	01/06	2494300073MYFK16B	PIZZA HUT 002053 BONIFAY FL	\$21.00
01/08	01/07	2444500075SQ7ZAZQ	WALMART.COM 8009256278 800-966-6546 AR	\$99.30
01/08	01/07	2444500075SQ7ZB1Z	WALMART.COM 8009256278 800-966-6546 AR	\$11.28
01/09	01/08	24055230860AR37ST	WALMART.COM 800-925-6278 AR	\$79.99
01/09	01/08	24055230860AR6JZP	WALMART.COM 800-925-6278 AR	\$320.37
01/13	01/12	24055230D64A9KZ30	WALMART.COM 800-925-6278 AR	\$17.94
01/13	01/12	24055230D64A9K9S3	WALMART.COM 800-925-6278 AR	\$259.99
01/19	01/17	24055230J6920N4HK	EARLY EDUCATION AND CARE EECKIDSEDU FL	\$10.00
01/22	01/17	24445000M5SQKMFQG	WALMART.COM 8009256278 800-966-6546 AR	\$83.79
01/26	01/24	24445000R8PTE1XME	WALMART.COM 8009256278 BENTONVILLE AR	\$23.96
01/28	01/27	24036290VMK9FKM01	EB *PRESCHOOL TRAINING 801-413-7200 CA	\$450.00
01/28	01/27	24055230W6J8XKQDX	EARLY EDUCATION AND CARE EECKIDSEDU FL	\$10.00
01/28	01/27	24055230W6J8XKQP6	EARLY EDUCATION AND CARE EECKIDSEDU FL	\$10.00
01/29	01/28	24116410WLX21TG8M	TECHSOUP 4156339300 CA	\$170.00
Total Activity				\$1,714.34



RECEIVED
FEB 12 2025

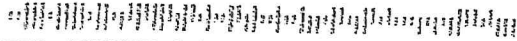
PAYMENT STUB
Page 1 of 3

Account: [REDACTED] Statement Date: 02/02/25 Page: 1 of 3

Account: [REDACTED]

MyLowe's Pro Rewards are coming soon. Learn more about the MyLowe's Pro Rewards Program and check your points balance at Lowe.com/account.

TRI COUNTY COMMUNITY COUN
ATTN: FINANCE DEPARTMENT
PO BOX 1210
BONIFAY, FL 32425-1210



TRI COUNTY COMMUNITY COUN 65991
ATTN: FINANCE DEPARTMENT K211
PO BOX 1210
BONIFAY, FL 32425-1210

PLEASE INDICATE ADDRESS CHANGES

PAYMENT ADDRESS

Lowe's
P.O. Box 669821
Dallas TX 75266-9775

Customer Service Online at www.lowescredit.com
This account is already registered.
See Your Online Admin to get a User ID & Password

DUE DATE: 02/20/25

Account Balance Summary

Amount Due

Current Invoices & Returns	\$ 2,414.77
1-30 Days Past Due	\$ 0.00
31-60 Days Past Due	\$ 0.00
Over 60 Days Past Due	\$ 0.00
Unapplied Payments & Adjustments	\$ 0.00
Statement Balance	\$ 2,414.77

PLEASE PAY THIS
AMOUNT BY
02/20/25
\$ 2,522.10

AMOUNT ENCLOSED \$ _____

FOR PAYMENT ENCLOSED
PLEASE CHECK ONE OF
THE FOLLOWING OPTIONS:

- Payment is for entire amount billed.
Please apply to all invoices.
- Payment is for specific invoices.
Please indicate by beside the
invoices/returns/unapplied payments
you are paying/applying and return
the payment stub(s) with your check.
- Apply enclosed payment to oldest
invoice(s).

Send payments to:
Lowe's
P.O. Box 669821
Dallas TX 75266-0775



Send Billing/General Inquiries
to:
P.O. Box 71772
Philadelphia PA 19176-1772



For Customer Service: call 1-866-232-7443

Tear Here



022252000

Purchases, returns, and payments made just prior to the statement date may not appear until the next month's statement. Any payments received after 5pm on any business day or on any day other than a business day, at the address above, will be credited on the next business day. If the payment is made at a location other than such address, credit may be delayed.

PLEASE RETURN ALL STUBS
WITH YOUR PAYMENT
Retain left portion for your records.



P.O. BOX 69
PORTLAND, ME 04112-9976

Credit Account [REDACTED]
01/08/25 - 02/07/25 | 31 days in billing cycle



Accounts Payable
TRI-COUNTY COMM COUNCIL IN
JANICE RICHARDS
PO BOX 1210
BONIFAY, FL 32425-1210

Account Summary	
Previous Balance	\$490.18
Payments	-\$490.18
Other Credits / Adjustments	\$0.00
Transactions	+\$691.87
Fees Charged	+\$0.00
Interest Charged	+\$0.00
New Balance	= \$691.87
Credit Limit	\$24,000.00
Available Credit (02/07/25)	\$23,308.13

Payment Information		
Payment Due Date	For online and phone payments, the deadline is 5pm ET.	
03/04/25		
New Balance	Past Due	Payment Due
\$691.87	\$0.00	\$58.00

Pay online at www.WalmartBusinessCard.com.

For questions, or to report an unauthorized use claim, call Walmart Small Business at 877-294-1086.

For online or phone payments, your account will be credited as of the business day we receive it, as long as it is made by 5 PM ET. Mail payments will be credited the same business day, as long as it is received by 5 PM ET at the correct address, noted below, with remit coupon. Payments received by us at any other location or in any other form may not be credited as of the day we receive them. Allow at least 7 business days for mail delivery.

Please detach and return stub with payment to address below.

Accounts Payable
TRI-COUNTY COMM COUNCIL IN
JANICE RICHARDS
PO BOX 1210
BONIFAY, FL 32425-1210

Credit Account # [REDACTED]
Statement Date 02/07/25
Statement # 7050831
Payment Due \$58.00

Address Change:

Amount Enclosed \$

Capital One
PO BOX 60506
CITY OF INDUSTRY, CA 91716-0506





Transactions

CORPORATE CARD xxxx [REDACTED]

PO #	Invoice #	Trans Date	Post Date	Description	Purchase Location	Amount
		01/14/25	01/14/25	Sale	WM SUPERCENTER #2114 2114 CHIPLEY FL	\$48.38
		01/16/25	01/16/25	Sale	WM SUPERCENTER #2114 2114 CHIPLEY FL	\$140.74
		01/28/25	01/28/25	Sale	WM SUPERCENTER #2114 2114 CHIPLEY FL	\$111.91
		02/04/25	02/04/25	Sale	WM SUPERCENTER #2114 2114 CHIPLEY FL	\$75.67
CORPORATE CARD Total Transactions						\$376.70

CORPORATE CARD xxxx [REDACTED]

PO #	Invoice #	Trans Date	Post Date	Description	Purchase Location	Amount
		02/03/25	02/03/25	Sale	WM SUPERCENTER #1134 1134 DE FUNIAK SPRIN FL	\$112.96
		02/07/25	02/07/25	Sale	WM SUPERCENTER #1134 1134 DE FUNIAK SPRIN FL	\$202.21
CORPORATE CARD Total Transactions						\$315.17
Total Transactions						\$691.87

Payments, Credits and Adjustments

Trans Date	Post Date	Description	Amount
01/28/25	01/28/25	Payment	-\$490.18
Total Payments, Credits and Adjustments			-\$490.18

Fees and Interest

Fees

Post Date	Description	Amount
-----------	-------------	--------



Fees and Interest				
Total Fees for This Period				\$0.00
Interest Charged				
<u>Post Date</u>	<u>Description</u>			<u>Amount</u>
Total Interest for This Period				\$0.00
Interest Charge Calculation				
Your Annual Percentage Rate (APR) is the annual interest rate on your account.				
Type of Balance	Annual Percentage Rate (APR)	Rate Type	Balance Subject to Interest Rate	Interest Charge
Purchases	19.05%	Variable	\$0.00	\$0.00



ULTIMATE PARENT ACCOUNT:
State of Florida

REPORT FOR:
Tri County Community Council
JAN-01-2025 TO JAN-31-2025

Financial Summary

PAGE 1
END OF REPORT

UNIT NUMBER	FLEET NAME
	Tri County Community Council

ACCOUNT	DESCRIPTION	UNITS	COST OR FEE	TOTAL FEES	FUEL \$	OTHER \$	GROSS \$	TOTAL FEES & PURCHASES
Headstart	Unleaded Regular	25.38	2.889	0.00	73.50	0.00	73.50	73.50
	PERIOD YTD			0.00	73.50	0.00	73.50	73.50
TR	Unleaded Regular	1002.08	2.957	0.00	2944.94	0.00	2944.94	2944.94
	PERIOD YTD			0.00	2944.94	0.00	2944.94	2944.94
art	Unleaded Regular	418.50	3.126	0.00	1308.34	0.00	1308.34	1308.34
	PERIOD YTD			0.00	1308.34	0.00	1308.34	1308.34
.ROSA TR	Unleaded Regular	1385.73	2.931	0.00	4053.37	0.00	4053.37	4053.37
	PERIOD YTD			0.00	4053.37	0.00	4053.37	4053.37
rosa TR	Unleaded Plus	16.32	3.379	0.00	55.15	0.00	55.15	55.15
	PERIOD YTD	870.56	2.919	0.00	2539.49	0.00	2539.49	2539.49
	Unleaded Regular	1008.74	2.877	0.00	2908.71	0.00	2908.71	2908.71
	PERIOD YTD			0.00	2908.71	0.00	2908.71	2908.71
R	Unleaded Regular	901.35	2.943	0.00	2652.68	0.00	2652.68	2652.68
	PERIOD YTD			0.00	2652.68	0.00	2652.68	2652.68
JNT TOTALS	Unleaded Plus	16.32	3.379	0.00	55.15	0.00	55.15	55.15
	Unleaded Regular	5612.34	20.641	0.00	16481.03	0.00	16481.03	16481.03
	PERIOD YTD			0.00	16536.18	0.00	16536.18	16536.18

ACCOUNTS RECEIVABLE SUMMARY - Invoice 102593505	
PREVIOUS BALANCE	18211.49
PAYMENTS	-18211.49
PURCHASES	16536.18
DEBITS	0.00
CREDITS	0.00
ANCILLARIES	0.00
AMOUNT DUE	16536.18

EXTENDED TO AUGUST 15, 2025
Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2023

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2023 calendar year, or tax year beginning **OCT 1, 2023** and ending **SEP 30, 2024**

B Check if applicable:

- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

C Name of organization
TRI-COUNTY COMMUNITY COUNCIL, INC.

D Employer identification number
59-1099586

Doing business as
Number and street (or P.O. box if mail is not delivered to street address) Room/suite
P.O. BOX 1210

E Telephone number
850-547-3689

City or town, state or province, country, and ZIP or foreign postal code
BONIFAY, FL 32425

G Gross receipts \$ **8,387,154.**

F Name and address of principal officer: **JOEL PAUL, JR.**
302 OKLAHOMA STREET, BONIFAY, FL 32425

H(a) Is this a group return for subordinates? Yes No

H(b) For all subordinates included? Yes No
If "No," attach a list. See instructions

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

J Website: **N/A**

H(c) Group exemption number

K Form of organization: Corporation Trust Association Other

L Year of formation: **1965** **M** State of legal domicile: **FL**

Part I Summary

1 Briefly describe the organization's mission or most significant activities: **IMPROVING LIVES, ENHANCING OPPORTUNITIES AND ELIMINATING POVERTY**

2 Check this box 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** **19**

4 Number of independent voting members of the governing body (Part VI, line 1b) **4** **19**

5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) **5** **149**

6 Total number of volunteers (estimate if necessary) **6** **150**

7 a Total unrelated business revenue from Part VIII, column (C), line 12 **7a** **0.**

b Net unrelated business taxable income from Form 990-T, Part I, line 11 **7b** **0.**

		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h)	8,950,512.	8,203,144.
	9 Program service revenue (Part VIII, line 2g)	94,770.	97,144.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	48,062.	65,918.
	11 Other revenue (Part VIII, column (A), lines 5, 8d, 8e, 8c, 10c, and 11e)	-4,206.	6,277.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,089,138.	8,372,483.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	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)		3,918,355.	3,942,982.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25)		0.	0.
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		5,694,640.	4,902,561.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	9,612,995.	8,845,543.	
19 Revenue less expenses. Subtract line 18 from line 12	-523,857.	-473,060.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 5,767,403.	End of Year 5,306,676.
	21 Total liabilities (Part X, line 26)	469,018.	481,350.
	22 Net assets or fund balances. Subtract line 21 from line 20	5,298,385.	4,825,326.

Part II Signature Block

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

Sign Here: Signature of officer: *Joel Paul, Jr.* Date: **12/20/23**
Type or print name and title: **JOEL PAUL, JR., EXECUTIVE DIRECTOR**

Paid Preparer Use Only: Print/Type preparer's name: **ASHLEY H. STAFFORD** Preparer's signature: *Ashley H. Stafford* Date: **01/19/25** Preparer's PTIN: **P00248001**
Firm's name: **CARR, RIGGS & INGRAM, LLC** Firm's EIN: **72-1396621**
Firm's address: **1117 BOLL WEEVIL CIRCLE ENTERPRISE, AL 36330** Phone no.: **334-347-0088**

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TO PROVIDE STIMULATION AND INCENTIVES FOR THE COUNTIES OF BAY, HOLMES, JACKSON, OKALOO, SANTA ROSA, WALTON, AND WASHINGTON, FLORIDA AND TO COMBAT POVERTY THROUGH COMMUNITY ACTION PROGRAMS AND RESEARCH PROJECTS.

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] No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 2,364,610, including grants of \$) (Revenue \$) TRANSPORTATION - RURAL TRANSPORTATION SERVICES TO NEEDY INDIVIDUALS

4b (Code:) (Expenses \$ 2,484,031, including grants of \$) (Revenue \$) HEAD START - EDUCATIONAL SERVICES FOR YOUNG CHILDREN OF LOW INCOME FAMILIES.

4c (Code:) (Expenses \$ 547,030, including grants of \$) (Revenue \$) COMMUNITY SERVICE BLOCK GRANT PROGRAM PROVIDES PROGRAMS FOR EARLY CHILDHOOD EDUCATION, WORKFORCE INITIATIVES, LOW-INCOME HOUSING, ENTREPRENEURIAL TRAINING, TECHNICAL COMMUNITY ASSISTANCE, INFORMATION AND REFERRAL, FOOD ASSISTANCE, FINANCIAL COACHING, YOUTH TRAINING SERVICES, COMMUNITY PARTNERSHIP AND PROGRAM DEVELOPMENT ACTIVITIES AND COMMUNITY BASED PROGRAM DEVELOPMENT.

4d Other program services (Describe on Schedule O.) (Expenses \$ 2,485,863, including grants of \$) (Revenue \$)

4e Total program service expenses 7,881,534.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<input checked="" type="checkbox"/>	
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions		<input checked="" type="checkbox"/>
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		<input checked="" type="checkbox"/>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		<input checked="" type="checkbox"/>
5 Is the organization a section 501(c)(4), 501(c)(6), or 501(c)(29) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III		<input checked="" type="checkbox"/>
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		<input checked="" type="checkbox"/>
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V		<input checked="" type="checkbox"/>
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	<input checked="" type="checkbox"/>	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	<input checked="" type="checkbox"/>	
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		<input checked="" type="checkbox"/>
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		<input checked="" type="checkbox"/>
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		<input checked="" type="checkbox"/>
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	<input checked="" type="checkbox"/>	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?		<input checked="" type="checkbox"/>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		<input checked="" type="checkbox"/>
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		<input checked="" type="checkbox"/>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		<input checked="" type="checkbox"/>
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions		<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		<input checked="" type="checkbox"/>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		<input checked="" type="checkbox"/>
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		<input checked="" type="checkbox"/>

Part IV Checklist of Required Schedules (continued)

Table with 2 columns: Question (22-38) and Yes/No checkboxes. Includes questions about grants, compensation, tax-exempt bonds, excess benefit transactions, controlled entities, and noncash contributions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with 2 columns: Question (1a-1c) and Yes/No checkboxes. Includes questions about Form 1096, Forms W-2G, and gambling winnings.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Form 990 (2021) Part V Statements Regarding Other IRS Filings and Tax Compliance (continued). Includes questions 2a through 17 regarding employee reporting, tax returns, foreign accounts, prohibited transactions, and charitable contributions.

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 on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

	1a	1b	2	3	4	5	6	7a	7b	8a	8b	9	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	19													
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.														
1b Enter the number of voting members included on line 1a, above, who are independent		19												
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			2											X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?				3										X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?					4									X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?						5								X
6 Did the organization have members or stockholders?							6							X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?								7a						X
7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?									7b					X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:														
8a The governing body?										8a	X			
8b Each committee with authority to act on behalf of the governing body?											8b	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 on Schedule O														X

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

	10a	10b	11a	12a	12b	12c	13	14	15a	15b	16a	16b	Yes	No
10a Did the organization have local chapters, branches, or affiliates?														X
10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?														
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?			11a	X										
11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.														
12a Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	X									
12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?					12b	X								
12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done						12c	X							
13 Did the organization have a written whistleblower policy?							13	X						
14 Did the organization have a written document retention and destruction policy?								14	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									15a	X				
15b Other officers or key employees of the organization										15b	X			
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.														
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?											16a			X
16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?												16b		

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NONE
- 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records
NEATHER CRAFT - 850-547-3689
302 OKLAHOMA STREET, BONIFAY, FL 32425

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

Check if Schedule O contains a response or note to any line 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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. See the instructions for the order in which to list the persons above.

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 (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Individual officer	Trustee	Key employee	Highest compensated employee	Former			
(1) JOEL F. PAUL, JR EXECUTIVE DIRECTOR	40.00		X					0.	5,630.	
(2) SHARON KENT HR DIRECTOR	40.00		X					0.	8,815.	
(3) KIMBERLY GILLIS HEADSTART DIRECTOR	40.00		X					0.	8,125.	
(4) BETTY A. MOORE COMMUNITY RESOURCE DIRECTOR	40.00		X					0.	9,777.	
(5) HEATHER S. CRAFT FISCAL OFFICER	40.00		X					0.	6,780.	
(6) VINCE STATEN TRANSPORTATION OPERATIONS ASSISTANT	40.00		X					0.	9,551.	
(7) RUTH KELLEY HEALTH SERVICE COORDINATOR	40.00		X					0.	6,780.	
(8) HOPE SHARPE FINANCE OFFICER	40.00		X					0.	8,739.	
(9) JEFF PLATT TRANSPORTATION DIRECTOR	40.00		X					0.	3,955.	
(10) DANNY GLIDEWELL VICE CHAIR	1.00	X					0.	0.	0.	
(11) CHRIS MOORE BOARD MEMBER	1.00	X					0.	0.	0.	
(12) ALAN BUSH BOARD MEMBER	1.00	X					0.	0.	0.	
(13) ALEX MCKINNIE BOARD MEMBER	1.00	X					0.	0.	0.	
(14) LANI BURRITT BOARD MEMBER	1.00	X					0.	0.	0.	
(15) CLINT ERICKSON BOARD MEMBER	1.00	X					0.	0.	0.	
(16) ISSAC BECKER BOARD MEMBER	1.00	X					0.	0.	0.	
(17) RUSS HENDERSON BOARD MEMBER	1.00	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 (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Officer	Director/trustee	Key employee	Highest compensated employee	Former	Former			
(18) EDWARD CRITCHFIELD BOARD MEMBER	1.00	X					0.	0.	0.	
(19) JERI FAIRCLOTH BOARD MEMBER	1.00	X					0.	0.	0.	
(20) PATRICIA LAYSON BOARD MEMBER	1.00	X					0.	0.	0.	
(21) ANITA WALLING BOARD MEMBER	1.00	X					0.	0.	0.	
(22) JANICE FLOWERS BOARD MEMBER	1.00	X					0.	0.	0.	
(23) RON KELLEY CHAIR	1.00	X					0.	0.	0.	
(24) TARA FINCH SECRETARY	1.00	X					0.	0.	0.	
(25) LESLEY HATFIELD TREASURER	1.00	X					0.	0.	0.	
(26) JOHN HOFSTAD BOARD MEMBER	1.00	X					0.	0.	0.	
1b Subtotal							585,003.	0.	68,152.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							585,003.	0.	68,152.	

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

1

- 3** Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 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
- 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

	Yes	No
3		X
4		X
5		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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
FLORIDA POWER AND LIGHT COMPANY P O BOX 025231, MIAMI, FL 33102		1,561,534.
FLORIDA INSURANCE TRUST 20 N ORANGE AVE # 500, ORLANDO, FL 32801		398,938.
TRI-COUNTY COMMUNITY COUNCIL 302 N OKLAHOMA ST, BONIFAY, FL 32425		311,115.
WRIGHTS EXPRESS P O BOX 6293, CAROL STREAM, IL 50197		286,135.
FRONTIER TRUST 3305 HIGHWAY 90, BONIFAY, FL 32425		223,551.

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

5

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

		(A)	(B)	(C)	(D)	
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	3a				
	b Membership dues	3b				
	c Fundraising events	3c				
	d Related organizations	3d				
	e Government grants (contributions)	3e	8,136,634.			
	f All other contributions, gifts, grants, and similar amounts not included above	3f	66,310.			
	g Noncash contributions included in lines 1a-1f	3g				
	h Total. Add lines 1a-1f		8,203,144.			
	Program Service Revenue	2 a PROGRAM REVENUE	Business Code 900099	97,144.	97,144.	
b						
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f			97,144.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		64,404.	64,404.		
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	6a	(i) Real (ii) Personal			
		b Less: rental expenses	6b			
		c Rental income or (loss)	6c			
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities (ii) Other	1,514.		
		b Less: cost or other basis and sales expenses	7b	0.		
		c Gain or (loss)	7c	1,514.		
	d Net gain or (loss)			1,514.	1,514.	
	8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a		8,272.		
		b Less: direct expenses	8b	14,671.		
c Net income or (loss) from fundraising events						
9 a Gross income from gaming activities. See Part IV, line 19	9a					
b Less: direct expenses	9b					
c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	10a					
	b Less: cost of goods sold	10b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	11 a MISC INCOME	Business Code 900099	12,676.	12,676.		
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d		12,676.			
12 Total revenue. See instructions		8,372,483.	175,738.	0.	-6,399.	

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).

Check if Schedule O contains a response or note to any line in this Part IX

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 domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	377,377.	84,276.	293,101.	
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	3,144,115.	2,904,736.	239,379.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	100,400.	82,946.	17,454.	
9 Other employee benefits	49,972.	42,473.	7,499.	
10 Payroll taxes	271,118.	230,963.	40,155.	
11 Fees for services (nonemployees):				
a Management				
b Legal	66,729.		66,729.	
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion				
13 Office expenses	290,389.	264,761.	25,628.	
14 Information technology				
15 Royalties				
16 Occupancy	150,418.	126,502.	23,916.	
17 Travel	16,469.	14,217.	2,252.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	63,806.		63,806.	
23 Insurance	789,720.	663,324.	126,396.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a CLIENT ASSISTANCE	2,525,997.	2,525,997.		
b PURCHASED TRANSPORTATIO	291,515.	291,515.		
c REPAIRS	285,375.	263,776.	1,599.	
d MISCELLANBOUS	168,252.	162,184.	6,068.	
e All other expenses	273,891.	223,864.	50,027.	
25 Total functional expenses. Add lines 1 through 24e	8,845,543.	7,881,534.	964,009.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 950-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,946,408.	1	1,663,051.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	1,025,731.	3	1,153,869.
	4 Accounts receivable, net	10,671.	4	8,458.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4950(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 5,827,377.		
	10b Less: accumulated depreciation	10b 4,404,504.	1,758,918.	10c 1,422,873.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	790,483.	12	1,058,425.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	235,192.	15	0.
16 Total assets. Add lines 1 through 15 (must equal line 33)	5,767,403.	16	5,306,676.	
Liabilities	17 Accounts payable and accrued expenses	469,018.	17	481,350.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	469,018.	26	481,350.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	5,298,385.	27	4,825,326.
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	5,298,385.	32	4,825,326.	
33 Total liabilities and net assets/fund balances	5,767,403.	33	5,306,676.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,372,483.
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,845,543.
3	Revenue less expenses. Subtract line 2 from line 1	3	-473,060.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,298,385.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	4,825,325.

Part XIII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XIII

	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 on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	X	

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	7871260.	10217316.	10443551.	8950512.	8203144.	45685783.
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	7871260.	10217316.	10443551.	8950512.	8203144.	45685783.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						45685783.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	7871260.	10217316.	10443551.	8950512.	8203144.	45685783.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	31,765.	2,544.	-7,370.	29,528.	64,404.	121,171.
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 VI.)	320,440.	26,205.	22,507.	413.	12,676.	382,241.
11 Total support. Add lines 7 through 10						46189195.
12 Gross receipts from related activities, etc. (see instructions)					397,557.	

13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	98.91 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	98.16 %
16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
16b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2023. 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 - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents?
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)?
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)?
3b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)?
3c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?
4a Was any supported organization not organized in the United States ("foreign supported organization")?
4b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization?
4c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)?
5a Did the organization add, substitute, or remove any supported organizations during the tax year?
5b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
5c Substitutions only. Was the substitution the result of an event beyond the organization's control?
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations?
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor?
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))?
9b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest?
9c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest?
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)?
10b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Table with 2 columns: Yes, No. Rows correspond to questions 1 through 10b.

Part IV Supporting Organizations (continued)

- 11 Has the organization accepted a gift or contribution from any of the following persons?
 - a A person who directly or indirectly controls, either alone or together with persons described on lines 11a and 11c below, the governing body of a supported organization?
 - b A family member of a person described on line 11a above?
 - c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

- 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

- 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

	Yes	No
1		

Section D. All Type III Supporting Organizations

- 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).
- 3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.

	Yes	No
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
 - a The organization satisfied the Activities Test. Complete line 2 below.
 - b The organization is the parent of each of its supported organizations. Complete line 3 below.
 - c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).

- 2 Activities Test. Answer lines 2a and 2b below.
 - a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify these supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
 - b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
 - a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
 - b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

	Yes	No
2a		
2b		
3a		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount . Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2023		
a	From 2018		
b	From 2019		
c	From 2020		
d	From 2021		
e	From 2022		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2023 distributable amount		
i	Carryover from 2018 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2023 from Section D, line 7:		
a	Applied to underdistributions of prior years		
b	Applied to 2023 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2024. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2019		
b	Excess from 2020		
c	Excess from 2021		
d	Excess from 2022		
e	Excess from 2023		

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)

Lined area for supplemental information.

SCHEDULE D
(Form 990)

Supplemental Financial Statements

GMB No. 1545-0047

2023
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

TRI-COUNTY COMMUNITY COUNCIL, INC.

Employer identification number
59-1099586

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

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

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

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the end of the tax year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2005, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year

4 Number of states where property subject to conservation easement is located

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

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

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

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

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

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1	\$	
(ii) Assets included in Form 990, Part X	\$	

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1	\$	
b Assets included in Form 990, Part X	\$	

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make 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 program
- e Other _____

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

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" on 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 XIII 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, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds Complete if the organization answered "Yes" on 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 current year end balance (line 1g, column (a)) held as:

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

The percentages on lines 2a, 2b, and 2c should equal 100%.

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" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		160,890.		160,890.
b Buildings		2,318,102.	1,665,683.	652,419.
c Leasehold improvements				
d Equipment		2,987,832.	2,508,050.	479,782.
e Other		360,553.	230,771.	129,782.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B).)				1,422,873.

Part VII Investments - Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. 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) PEOPLESOUTH - CD	290,720.	END-OF-YEAR MARKET VALUE
(B) REGIONS	255,392.	END-OF-YEAR MARKET VALUE
(C) TRANS-INVESTMENT	512,313.	END-OF-YEAR MARKET VALUE
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	1,058,425.	

Part VIII Investments - Program Related

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	8,387,384.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b	230.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	14,671.	
e	Add lines 2a through 2d	2e		14,901.
3	Subtract line 2e from line 1	3		8,372,483.
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 XIII.)	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		8,372,483.

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	8,860,443.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	230.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	14,671.	
e	Add lines 2a through 2d	2e		14,901.
3	Subtract line 2e from line 1	3		8,845,542.
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 XIII.)	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		8,845,542.

Part XIII Supplemental Information

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, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES REPORTED ON FORM 990, PART VIII, 8B 14,671.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES REPORTED ON FORM 990, PART VIII, 8B 14,671.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

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 Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Employer identification number

59-1099586

TRI-COUNTY COMMUNITY COUNCIL, INC.

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

LOW-INCOME HOME ENERGY ASSISTANCE

EXPENSES \$ 2,485,863. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11B:

**THE 990 IS SUBMITTED TO ITS FINANCE COMMITTEE FOR REVIEW AND PRESENTED TO
THE BOARD. THE WEBSITE ADDRESS IS ANNOUNCED FOR PUBLIC VIEWING.**

FORM 990, PART VI, SECTION B, LINE 12C:

**IN REFERENCE TO EMPLOYEES - MANAGERS/SUPERVISORS/DIRECTORS REPORT TO THE
EXECUTIVE DIRECTOR OR HR DIRECTOR ANY SUSPICIONS OR KNOWLEDGE. THE EMPLOYEE
WOULD BE QUESTIONED. IN REFERENCE TO THE BOARD THEY HAVE A POLICY IN PLACE
AND ARE ASKED ANNUALLY TO REPORT ANY CONFLICT.**

FORM 990, PART VI, SECTION B, LINE 15:

**COMPENSATION FOR THE EXECUTIVE DIRECTOR, MANAGERS AND DIRECTORS IS APPROVED
BY THE BOARD. IT IS BASED ON EXPERIENCE, EDUCATION AND LONGEVITY.
MANAGERS AND DIRECTORS CAN RECOMMEND TO THE EXECUTIVE DIRECTOR AN INCREASE
FOR EMPLOYEES. COSTS OF LIVING AND INCENTIVES ARE APPROVED BY THE BOARD.**

FORM 990, PART VI, SECTION C, LINE 19:

**THE INFORMATION IS PROVIDED DURING BOARD MEETINGS WHICH ARE OPEN TO THE
PUBLIC. ALSO, INFORMATION IS AVAILABLE UPON REQUEST.**

Form **8879-TE**

IRS E-file Signature Authorization for a Tax Exempt Entity

GVB No. 1045-0047

For calendar year 2023, or fiscal year beginning OCT 1, 2022, and ending SEP 30, 2024

2023

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information.

Department of the Treasury
Internal Revenue Service

Name of filer

TRI-COUNTY COMMUNITY COUNCIL, INC.

EIN or SSN

59-1099586

Name and title of officer or person subject to tax

**JOEL PAUL, JR.
EXECUTIVE DIRECTOR**

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CF and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a	Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VII, column (A), line 12)	1b	5,372,483.
2a	Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 5)	2b	
3a	Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b	
5a	Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	
6a	Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
7a	Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	
8a	Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, item D)	8b	
9a	Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b	
10a	Form 8038-CF check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CF Part III, line 22)	10b	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-899-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize **CARR, RIGGS & INGRAM, LLC** to enter my PIN **99586**
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

63037536331

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4153, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

CRI ADVISORS, LLC

Date

01/19/25

ERO Must Retain This Form - See Instructions

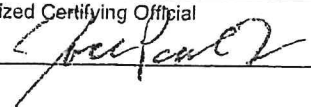
Do Not Submit This Form to the IRS Unless Requested To Do So

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8879-TE (2023)

FEDERAL FINANCIAL REPORT

(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted HHS-ADMINISTRATION FOR CHILDREN & FAMILIES				2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) 04CH01240601			
3. Recipient Organization (Name and complete address including Zip code) TRI-COUNTY COMMUNITY COUNCIL, INC. 302 N OKLAHOMA ST, BONIFAY, FL 32425-2224 USA							
4a. UEI KSHUE4AZMR39	4b. EIN 1591099586A1	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) 8D43P		6. Report Type <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Final		7. Basis of Accounting <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual	
8. Project/Grant Period (Month, Day, Year) From: December 1, 2023 To: November 30, 2024				9. Reporting Period End Date (Month, Day, Year) November 30, 2024			
10. Transactions						Cumulative	
<i>(Use lines a-c for single or combined multiple grant reporting)</i>							
Federal Cash (To report multiple grants separately, also use FFR Attachment):							
a. Cash Receipts						\$2,540,598.07	
b. Cash Disbursements						\$2,540,598.07	
c. Cash on Hand (line a minus b)						\$0.00	
<i>(Use lines d-o for single grant reporting)</i>							
Federal Expenditures and Unobligated Balance:							
d. Total Federal funds authorized						\$2,760,167.00	
e. Federal share of expenditures						\$2,540,598.07	
f. Federal share of unliquidated obligations						\$0.00	
g. Total Federal share (sum of lines e and f)						\$2,540,598.07	
h. Unobligated balance of Federal funds (line d minus g)						\$219,568.93	
Recipient Share:							
i. Total recipient share required						\$414,022.00	
j. Recipient share of expenditures						\$164,023.62	
k. Remaining recipient share to be provided (line i minus j)						\$249,998.38	
Program Income:							
l. Total Federal share of program income earned						\$0.00	
m. Program income expended in accordance with the deduction alternative						\$0.00	
n. Program income expended in accordance with the addition alternative						\$0.00	
o. Unexpended program income (line l minus line m and line n)						\$0.00	
11. Indirect Expense	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
g. Totals:					\$0.00	\$0.00	\$0.00
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation: On 10/24/2024 we submitted an In-Kind waiver request in HSES for \$301,358.							
13. Certification: By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and intent set forth in the award documents. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)							
a. Typed or Printed Name and Title of Authorized Certifying Official Paul, Jr., Joel Executive Director				c. Telephone (Area code, number, and extension)			
b. Signature of Authorized Certifying Official Paul, Jr., Joel 				d. Email Address joel@tricountycommunitycouncil.com			
				e. Date Report Submitted (Month, Day, Year) February 26, 2025			

Standard Form 425
OMB Approval Number: 4040-0014
Expiration Date: 02/28/2025

FEDERAL FINANCIAL REPORT

(Additional Page)

Federal Agency & Organization : HHS-ADMINISTRATION FOR CHILDREN & FAMILIES

Federal Grant ID : 04CH01240601

Recipient Organization : TRI-COUNTY COMMUNITY COUNCIL, INC.
302 N OKLAHOMA ST, BONIFAY, FL 32425-2224 USA

UEI : KSHUE4AZMR39

UEI Status when Certified : ACTIVE (as of 02/26/2025)

EIN : 1591099586A1

Reporting Period End Date : November 30, 2024

Status : Report Certified/Pending Agency Approval

Remarks : On 10/24/2024 we submitted an In-Kind waiver request in HSES for \$301,358.

Federal Agency Review

Reviewer Name :
Phone # :
Email :
Review Date :
Review Comments :

Health Policies Reviewed, Date change only 2.5.25

Height and Weights

Dental Hygiene

Tri-County Community Council, Inc.
Head Start/ Early Head Start

Part: 1302 Program Operations
Subpart: D Health Program Services
Section: 1302.47 Safety Practices
Subject: Active Supervision of Children

Policy:

In compliance with Head Start/ Early Head Start performance standards, all children must be under the direct supervision of at least two paid staff at all times during Head Start/ Early Head Start's hours of operation. The six strategies of active supervision will be followed: 1) set up environment, 2) position staff, 3) scan and count/periodic roll call 4) anticipate behavior, 5) listen, and 6) engage and redirect. Staff will be trained on these strategies and the Active Supervision of Children policy upon hire and at least annually thereafter. **No child will be left unsupervised while in the care of Head Start/Early Head Start.**

Procedure:

- 1. Staff-Child Ratios:** At all times, including rest/nap time, there will be a minimum of two Head Start/ Early Head Start staff supervising children.
 - a. Staff must ensure that proper ratios are maintained constantly in accordance with the Teaching Staff Assignment policy.
 - b. On special events or field trips there must be one extra Head Start staff member per classroom.
 - c. Volunteers, who have been background screened and trained on Tri-County Community Council's policies regarding the code of ethical conduct, reporting child abuse and neglect and active supervision of children as well as trained on confidentiality and age-appropriate development, may be counted for ratio only on the playground. The majority of the ratio must be paid staff members.
- 2.** All staff are responsible for ensuring the safety and security of children at the center. If staff observe safety concerns related to supervision, they must immediately inform the center director, or designee.
- 3.** Upon arrival or departure, parents must sign their child in/out putting the time and signature on the sign in/out form. For children who are transported by bus, the staff will sign the children in/out with time and signature on the sign in/out form.
- 4. Set up the environment:** The environment must be set up so that staff are able to always supervise children. This will include:
 - a. Posting daily schedule for children and all adults to help keep day predictable.
 - b. Height and arrangement of classroom furniture and outdoor equipment must be considered to allow effective monitoring and supervision of children.

Tri-County Community Council, Inc.
Head Start/ Early Head Start

- c. Be aware where children will be and how they will use classroom materials & equipment (i.e. Scissors, wooden blocks, trucks etc.)
- d. Keep environment clutter-free.

5. Position Staff: Staff must be strategically located in the classrooms, lunchrooms, on the playground and on field trips so that all the zones are covered to ensure all children are within view.

- a. When in a classroom/lunchroom, staff will position themselves strategically, to observe all children.
- b. At any time when children and staff are leaving the classroom, bathroom, kitchen or any part of a building or playground, the staff will sweep the classroom, bathroom, kitchen or any part of a building or playground to ensure no child is left unattended, one staff will lead at the front of the children and one staff will follow at the end of the line of children
- c. Staff must constantly walk/circulate around the playground to maintain visual contact with children. Sitting is limited while supervising children on the playground (i.e. during engagement activities, holding infants while engaging with other children.).
- d. Staff must be engaged the entire time.
- e. Staff will monitor children using the bathroom.

6. Scan and Count: It is the responsibility of all staff to maintain direct supervision. At a minimum staff must scan and count the children when:

- a. Transitioning children in/out of the classroom
- b. Transitioning between classroom activities
- c. Staff is returning from breaks and meals
- d. Children come and go from the restroom
- e. On the playground and when transitioning between indoor and outdoor
- f. Anytime Staff are transitioning in/out of ratio
- g. On field trips or when special guests are in the building
- h. Boarding and exiting the bus
- i. When classrooms are combined together or divided into separate groups

7. Transitional Periodic Roll Call: Supervision during transitions is extremely important and is often complex. Staff must know when a transition takes place and be in position to prevent a child from leaving the premises and getting into unsafe or unsupervised areas. In addition to scanning and counting, staff must conduct a Transitional Periodic Roll Call during any transition to or from the classroom; playground, lunchroom etc.

- a. Upon arrival, staff must mark children present using a check mark under the "Present" column.
- b. If the child is not present, staff will mark an A for the absent child.
- c. When a transition occurs, staff must record the time the transition is occurring in a new column. One teacher in the class will call the child's name and once the child is visually identified, both staff members will simultaneously record the appropriate code listed at the bottom of the roll call form for that transition.

Tri-County Community Council, Inc.
Head Start/ Early Head Start

- d. Staff will record the total number present for the transition and initial. If there are discrepancies in the total number at the end of roll call, it must be redone to ensure all children are accounted for.
- e. If any one child or group of children leaves the classroom, lunchroom, playground etc. for any purpose (i.e. therapy, speech, signed out by parents), staff must update the Transitional Periodic Roll Call form accordingly.
- f. If a regular transition from the classroom does not occur during the day, staff must conduct the roll call at the times they would typically be transitioning from the room, noting the time on the transitional periodic roll call form.
- g. Kitchen staff will conduct a visual head count at mealtimes (point of service) in conjunction with the USDA meal count. Kitchen staff will verify their head count with teaching staff to ensure all children are accounted for.
- h. All staff, including the floater, will carry a roll call on their person to assist in accounting for children at all times. When relieved for any reason, (e.g. break) the person relieving classroom staff must be given the roll call, then it will be given back to classroom staff upon their return.
- i. If a therapist or Head Start/Early Head Start staff member removes a child from the classroom, they must sign the child in/out on the therapy log or authorized staff log and classroom staff must use the roll call to document the reason that the child is out.
- j. Completed Transitional Periodic Roll Calls must be filed and kept in the Center Director's office for monitoring access.
- k. The Transitional Periodic Roll Call form does not take the place of the teacher's Daily Attendance Roll Book.
- l. All staff will be trained in how to effectively use the Transitional Periodic Roll call form during onboarding training, annual pre-service training, and periodically throughout the year.

8. Listen: Staff must listen closely to children to identify signs of potential danger.

- a. Specific sounds or the absence of them that may be reason for concern include but are not limited to, sniffing, crying, yelling, knocking or banging noises and noises from the environment, such as an alarm or bells on a door when it opens.
- b. Staff must communicate with each other, so everyone knows where each one is and what each one is doing.

9. Anticipate Children's Behavior: Staff must be proactive and use what they know about each child to predict what may happen next.

- a. Teachers must be aware of children's developmental needs and offer individual levels of support.
- b. Children with early signs of illness or atypical behavior must be monitored closely.
- c. Staff must pay attention to changes in a child's mood or health in order to anticipate when they may get upset, wander off, or take a dangerous risk.

10. Engage and Redirect:

- a. Staff will use active supervision skills to know when to offer children support.
- b. Staff will encourage children to solve problems on their own and wait to get involved until children are unable to do so safely.

Tri-County Community Council, Inc.
Head Start/ Early Head Start

- c. Levels of assistance and redirection will be individualized, depending on each child's needs.

11. Staff using cell phones while responsible for the direct supervision of children will be subject to disciplinary action.

12. In the event a child is unsupervised the following actions will be taken.

- a. If it is determined that a child has been left alone in the classroom, on the playground, or on the bus, the incident will be reported to the Director immediately.
- b. Once reported to the Director, the Director will gather the facts (when, where, who, and how long) and report them to the Executive Director.
- c. The Director will advise staff to report the incident to the parent/guardian.
- d. The Director will report the incident to the abuse hotline, the DCF licensor, and the Program Specialist at the regional office within three days.

*** Failure to follow this policy will be grounds for disciplinary action. Disciplinary action will be determined by the severity of the departure from policy.**

Tri-County Community Council, Inc.
Head Start/Early Head Start

Part: 1302 Program Operations
Subpart: D-Health Program Services
Section: 1302.42 Child Health Status and Care
Subject: Dental and Health Follow-ups

Policy:

Head Start/Early Head Start will assist each family enrolled in Head Start/Early Head Start to continue to follow the recommended schedule of well child physical following the EPSDT guidelines.

Procedure:

1. The Center Director, Family Service Advocate, or the Health Services Coordinator will send a letter to parents/guardians informing them of the need to make necessary appointments.
2. The Center Director or Family Service Advocate will communicate with the parent/guardian by telephone or letter to verify that an appointment was made and assist them if help is needed in making the appointment or arranging transportation.
3. The Center Director, Family Service Advocate, and Health Services Coordinator will work together to empower parents to seek out and obtain services that are needed.
4. The Center Director, Family Service Advocate, and Health Services Coordinator will send a request for information along with dental release and medical release forms to the appropriate dentists and physicians to obtain a record of treatment to be filed in the family file.

**Tri-County Community Council, Inc.
Head Start/Early Head Start**

Part: 1302 Program Operations
Subpart: D-Health Program Services
Section: 1302.42 Child Health Status and Care
Subject: Dental Exams

Policy:

Within 90 calendar days of enrollment in the program, Head Start/Early Head Start will assist families with obtaining a dental exam for all enrolled children (following EPSDT age requirement guidelines).

Procedure:

1. The Health Services Coordinator and/or the Family Service Advocate will assist the parent in making a dental appointment if the parent requests assistance.
2. If a parent denies permission for a dental exam the Center Director, Health Services Coordinator, and/or the Family Service Advocate will speak with the parent/guardian to determine why dental care was refused. The parent/guardian will be given information on the importance of regular dental care. All communication with the parent/guardian will be documented and filed appropriately in the child's family file.
3. The Health Services Coordinator, Center Director, and/or Family Service Advocate will notify parents of the results of the dental exam. They will work with the family to make sure the child gets any necessary follow-up care.
4. The Center Director and/or Family Service Advocate will be responsible for filing all dental forms in the proper place in the family file.

Tri-County Community Council, Inc.
Head Start/Early Head Start

Part: 1302 Program Operations
Subpart: D-Health Program Services
Section: 1302.42 Child Health Status and Care
Subject: Hemoglobin Testing

Policy:

A hemoglobin test result will be obtained for each child enrolled in Head Start/Early Head Start at the age of 12 months as scheduled per the Florida EPSDT.

Procedure:

1. Each child will have a hemoglobin test while enrolled in Early Head Start at the age of 12 months as scheduled per the Florida EPSDT.
2. If the child has already had a hemoglobin test the Health Services Coordinator, Center Director, and Family Service Advocate will work together to obtain the hemoglobin test results.
3. If the child has not already had a hemoglobin test the Family Service Advocate, Health Services Coordinator, and/or Center Director will work diligently to assist the family in having the child tested.
4. If the child is unable to get tested through other means (WIC, child's physician, Health Department, etc.) the Health Services Coordinator or Nurse consultant will perform noninvasive hemoglobin testing using the Masimo Pronto-7 hemoglobin testing machine. Any results obtained will be shared with the child's parent/guardian and documented in the child's family file.
5. If hemoglobin results are low, the Family Service Advocate or Center Director will contact the Health Services Coordinator and Nutrition Coordinator. If the family does not participate in WIC, they will also be referred and given any necessary assistance in applying for WIC.

**Tri-County Community Council, Inc.
Head Start/Early Head Start**

Part: 1302 Program Operations
Subpart: D-Health Program Services
Section: 1302.42 Child Health Status and Care
Subject: Immunizations

Policy:

Each child enrolled in Head Start/Early Head Start must be current on all required immunizations.

Procedure:

1. If a child is not current with immunizations at enrollment the Health Service Coordinator, Family Advocate, or Center Director will assist the parent/guardian in bringing the child up to date within 30 calendar days of child's enrollment.
2. The Family Service Advocate, Center Director, and/or Health Services Coordinator must assist the parent/guardian in making arrangements for the child to receive required immunizations.
3. The Center Director, Family Service Advocate, and/or Health Services Coordinator will continue to follow the recommended schedule for updating the child's immunizations by using a tracking system for all enrolled children.

Tri-County Community Council, Inc.
Head Start/Early Head Start

Part: 1302 Program Operations
Subpart: D-Health Program Services
Section: 1302.42 Child Health Status and Care
Subject: Lead Testing

Policy:

A lead test result will be obtained for each child enrolled in Head Start/Early Head Start in accordance to the Florida EPSDT schedule.

Procedure:

1. Each child will have a lead test while enrolled in Head Start/ Early Head Start unless the procedure was done prior to entering Head Start/ Early Head Start.
2. The lead test will be performed in accordance to the Florida EPSDT schedule.
3. If the child has already had a lead test the Health Services Coordinator, Center Director, and/or Family Service Advocate will work together to obtain documentation of the lead test result.
4. If the child has not already had a lead test, the Family Service Advocate, Health Services Coordinator, and/or Center Director will work diligently to assist the family in having the child tested.
5. Children who have not been tested will have a lead screening form filled out by their parents and placed in the child's family file. The Family Service Advocate, Health Services Coordinator, and/or Center Director will continue to work diligently with the family until the lead test has been performed and results have been obtained.
6. Children showing high lead levels will be referred to the local health department. Tri-County Head Start/Early Head Start will follow the local health department's guidance regarding facility testing, should the need arise.

**Tri-County Community Council, Inc.
Head Start/Early Head Start**

Part: 1302 Program Operations
Subpart: D-Health Program Services
Section: 1302.42 Child Health Status and Care
Subject: Physical Examinations

Policy:

Each child enrolled in Head Start/Early Head Start must submit a current physical or well-child checkup in accordance to the EPSDT guidelines.

Procedure:

1. Upon enrollment in the program and annually after that, every parent/guardian will be informed that within thirty (30) calendar days of enrollment they must obtain a physical examination for their child and provide a copy of it to the Head Start/Early Head Start Center.
2. The Family Service Advocate, Center Director, and/or Health Services Coordinator must assist the parent/guardian in making the arrangements for the child to receive their physical exam.
3. The Center Director, Family Service Advocate, and/or Health Services Coordinator will continue to follow the recommended schedule for updating physical exams by using a tracking system for all enrolled children.

Tri-County Community Council, Inc.
Head Start/Early Head Start

Part: 1302 Program Operations
Subpart: D-Health Program Services
Section: 1302.42 Child Health Status and Care
Subject: Preventative and Primary Health Care

Policy:

Within 90 calendar days of entry into the program, Every Head Start/Early Head Start must obtain a determination that the child is/will be up to date on a schedule of age-appropriate preventative and primary medical, mental health, and oral-health care. Family Service Advocates, Center Directors, and the Health Coordinator will collaborate with and assist parents as needed to bring the child up-to date as quickly as possible.

Procedure:

1. Head Start/Early Head Start will incorporate the requirements utilized by the well child exam and dental periodicity schedules as prescribed by the EPSDT guidelines.
2. **Physical Exams:** Within 30 calendar days of enrollment staff must obtain a physical examination for each child. Physical exams must be updated each year.
3. **Immunizations:** Within 30 calendar days of enrollment, Head Start/Early Head Start will require the latest immunization recommendations issued by the Center for Disease Control and Prevention and obtain a copy of the shot record.- In the event a child's shot record expires, that child will not be permitted to attend the program until they are brought up to date.
4. **Dental Exams:** Within 90 calendar days of enrollment staff will assist the parent in making a dental appointment, as needed.
5. **Lead Testing:** Lead tests will be performed in accordance with the EPSDT schedule. If lead testing was done prior to enrollment, staff will obtain documentation of result. If the child has not been tested, a lead screening form will be filled out by the parent and staff will work with the family to have the child tested. Children showing high lead levels will be referred to the local health department.
 - The program will follow the local health departments guidance regarding facility testing, should the need arise.
- 3-6. **Hemoglobin Testing:** Any child over 12 months old will have a hemoglobin test performed by a health care provider, or if unable to get tested through a physician, health department or WIC, the Health Services Coordinator may perform a noninvasive test using the Masimo Pronto-7 machine. If results are low, the family will be referred to the

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Health Services Coordinator and Nutrition Coordinator. If family is not already receiving WIC services, a referral will be provided.

- 4-7. Head Start/Early Head Start will follow the local Health and Mental Health Services Advisory Committee recommendations based on community health problems.
- 5-8. Head Start/Early Head Start will assist parents in making the arrangements to bring the child up to date on the schedule provided.
9. Head Start/Early Head Start will continue to follow the recommended schedule after the child has been brought up to date.
- 6-10. Family Service Advocates, Center Directors or the Health Services Coordinator will send a letter to parents/guardians informing them of the need for any necessary appointments and assist them in making the appointment and arranging transportation as needed. Staff will communicate regularly with parent/guardians to verify appointment was made and completed.
- 7-11. Head Start/Early Head Start will track the provision of health care services.
- 8-12. **Follow Up Care:** Head Start/Early Head Start will work with parents to arrange testing, examination, and treatment for each child with an observable, known, or suspected health or developmental problem.
13. Head Start/Early Head Start will develop and implement a follow-up plan for any identified condition so that any needed treatment can begin.
14. Family Service Advocates and Center Directors are responsible for documenting and filing all communications with parents/guardians and/or health care providers regarding the students on-going health/dental care and must ensure that physicals, shot records, dental forms, treatment plans and all other health related documents are input into child plus and filed in the proper place.
- 9-15. **Use of Funds:** Tri-County Head Start/Early Head Start will purchase diapers and formula for use during our operating hours, at no charge to parents/guardians. Program funds may also be used for professional medical and oral health services, only if no other source of funding is available and there is written documentation of efforts made to access other funding sources.

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Part: 1302 Program Operations
Subpart: D-Health Program Services
Section: 1302.42 Child Health Status and Care
Subject: Determining Source of Health Care

Policy:

Within 390 calendar days of enrollment in the program Head Start/Early Head Start must consult with families to determine whether each child has an ongoing source of continuous, accessible health and oral health care—that is not primarily a source of emergency or urgent care—and health insurance. If the child does not have such a source of ongoing care and health insurance coverage or access to care, the program must assist families in accessing a source of care and health insurance that will meet these criteria, as quickly as possible.

Procedure:

1. At enrollment the Family Service Advocate or Center Director will consult with families to determine whether each child has an ongoing source of continuous, accessible health care and health insurance by identifying the name of the physician, dentist and insurance company of the child.
2. If the child does not have an ongoing source of continuous, accessible health care and health insurance the Family Service Advocate or Center Director will assist the family with applying for an ongoing source of continuous, accessible health care and health insurance through phone calls, filling out forms and computer assistance. If the parent has no phone, the Head Start/Early Head Start phone number can be a contact for the provider information.
- ~~2-3.~~ Family Service Advocates or Center Directors will input the determination information in Child Plus as a Health Event or tracking purposes.

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Part: 1302 Program Operations
Subpart: D-Health Program Services
Section: 1302.42 Child Health Status and Care
Subject: Vision/Hearing Screening

Policy:

A vision and hearing screening will be ~~completed or obtained~~done on each child enrolled in Head Start/Early Head Start within 45 calendar days of their first day of attendance.

Procedure:

1. A vision and hearing screening will be completed annually on each enrolled child.
2. The vision and hearing screening should be done at the child's physician's office at the time of the annual physical examination.
3. If a vision test is not included on the physical exam, the Family Service Advocate, Center Director, Disability Specialist or Health Services Coordinator will administer a vision test using the LEA Symbols Flipchart or a vision chart. For Early Head Start children, the Family Service Advocate, Center Director, Health Services Coordinator, Disability Specialist, or Nurse Consultant will administer a vision test by having the infant/toddler follow an object or light. Parent/guardian consent must be obtained prior to conducting the test.
4. If a hearing test is not included on the physical exam, the Family Service Advocate, Center Director, Disability Specialist, Nurse Consultant, or Health Services Coordinator will administer a hearing test using the whisper test method. For Early Head Start children, a hearing test will be performed by the Center Director, Health Services Coordinator, Disability Specialist, or Nurse Consultant using the following:
 - a. Infant's birth -3 months: responds to loud noises or quiets to parent/familiar voice.
 - b. 4-6 months: turns head toward source of sound, responds to parent/familiar voice.
 - c. 6-10 months: responds to own name, can respond to ringing sound, turns head toward sound.
 - d. 10-12 months: recognizes and localizes source of sound, can imitate words and sounds.Parent/guardian consent must be obtained before conducting the test.
5. The Family Service Advocate or Center Director will notify the parent/guardian of the results of the vision and hearing screening.

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Head Start/Early Head Start**

Part: 1302 Program Operations
Subpart: D-Health Program Services
Section: 1302.46 Family Support Services for Health, Nutrition and Mental Health
Subject: Ongoing Health Care

Policy:

Head Start/Early Head Start will determine if each child has an ongoing source of health care.

Procedure:

1. Identify the name of the physician of the child.
2. Identify the name of the dentist of the child.
3. Identify the name of the insurance company of the child.
4. If no physician, dentist, Medicaid, or insurance is identified, the Family Advocate or Center Director will assist the parents through phone calls, filling out forms, and computer assistance for available providers.
5. If the parent has no phone, the Head Start/Early Head Start center phone number can be a contact for the provider information.

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Part: 1302 Program Operations

Subpart: D-Health Program Services

Section: 1302.41 Collaboration and Communication with Parents
1302.46 Family Support Services for Health, Nutrition and Mental Health

Subject: Family Collaboration & Support Services- Health

Policy:

The program will collaborate with parents to promote children's health, mental health and well-being by providing medical, oral, nutrition and mental health information and resources. Advanced authorization will be obtained from the parent/guardian for all health, mental health and developmental screenings or procedures administered through the program or by contract or agreement. Written documentation must be maintained if parents/guardians refuse to give authorization for any service(s).

Procedure:

1. Parents will be provided with information regarding all screenings prior to the screening occurring.
2. Family Service Advocates or Center Directors will explain the screenings and obtain consent while completing the enrollment paperwork with each family. The parent/guardian will also sign the Consent to Release Information form, which the program will utilize to request any information needed directly from the physician/dentist/WIC etc.
3. If a parent denies permission for developmental screenings or assessments, it will be documented on the consent forms during the enrollment process.
4. If a parent denies permissions for medical screenings such as dental exams or treatment, lead, hemoglobin, height/weight, hearing or vision, the Family Service Advocate or Center Director will have the parent fill out the Parent Refusal of Health Services form and document all communication with the parent.
5. Information on the importance of regular screenings will be provided to the parents.
6. Parent/guardians will be notified of the results of any screening or procedures administered and staff will work with the family to make sure the child gets any necessary follow-up care.
7. The Center Director, Family Service Advocates, and Health Services Coordinator will work together to empower parents to seek out and obtain services that are needed.
8. Parents will be offered training as requested on health topics/issues that are of concern to them through parent meetings and/or informational hand-outs/flyers.
9. Health training and information provided to parents will include at a minimum:
 - Preventative medical and oral health care

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- Emergency first aid
 - Environmental hazards
 - Health and safety practices for the home
 - Health and developmental consequences of tobacco use
 - Health and developmental consequences of exposure to lead
 - Safe sleep
 - Nutrition and importance of physical activity and healthy eating
 - Negative health consequences of sugar-sweetened beverages
 - How to prepare nutritious foods on a budget
 - Mental health: typical and atypical behavior and development
 - How to appropriately respond to their child and promote social and emotional development
 - Vehicle and pedestrian safety for keeping children safe
10. Parents will be encouraged to be a part of the Health and Mental Health Services Advisory Committee.
11. Staff will partner with the family to provide support to assist parents' navigation through the health and mental health systems, including how to access health insurance, understanding results of diagnostic and treatment procedures, becoming familiar with services their child will receive while enrolled and how to access mental health services for children and their families.

Nutrition policies reviewed with date change only 2.13.25

Disaster Meal Plan

Emergency Meal Plan

Meal Times

Menu Changes

Special Dietary Needs

Transitioning Babies from a Bottle to a Cup

Transitioning Babies to Solid Foods

Transitioning From Breastmilk/Formula to Milk

USDA Regulations

Vendor Food Shopping

**Tri-County Community Council, Inc.
Head Start/Early Head Start**

Part: 1302 Program Operations
Subpart: D- Health Program Services
Section: 1302.44 Child Nutrition
Subject: Infant/Toddler Gram

POLICY:

Information regarding children under one year of age will be recorded on the Infant/Toddler Gram to be shared between the teaching staff and the family daily. The information recorded and shared would include the infant/toddler's sleeping, eating, toileting, developmental, and social activities.

PROCEDURE:

1. The teaching staff will complete the form during the day as an activity occurs.
2. The parent will review the completed form in the afternoon before the child goes home and initial each day, leaving comments if they choose.
3. The teaching staff will file the form in the classroom at the end of each week.
4. A copy of the form will be given to the parent, if requested.

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Part: 1302 Program Operations

Subpart: D- Health Program Services

Section: 1302.44 Child Nutrition

Subject: Refrigerator/Freezer Temperatures

Policy:

Refrigerator and freezer temperatures must be taken daily to ensure that food items will be held at appropriate temperatures to ensure food safety. Refrigerator temperatures must be 41°F or below, freezers must be 0°F or below.

Procedure:

1. Each refrigerator, freezer and/or milk cooler will have a working thermometer that is easily visible.
2. Each refrigerator, freezer and/or milk cooler will have a labeled Fahrenheit Temperature Log attached to the appliance or posted adjacent to the appliance.
3. Upon arriving at work each morning, the cook will document each appliance's temperature on the temperature log.
4. If the temperature of a refrigerator compartment or milk cooler is above 41°F and/or the temperature of a freezer is above 0°F, the cook will re-check the temperature of the unit with a known good thermometer. If an acceptable reading is obtained, the thermometer will be replaced. (Inform the Center Director and the Nutrition Staff.)
5. The cook will adjust the appliance's temperature controls and monitor it until it reaches a safe temperature. If it does not reach a safe temperature the Cook will inform the Center Director and the Nutrition Staff so steps may be taken to ensure the safety of the food and repair or replace the appliance.
6. The cook must document all actions related to refrigerator and freezer temperatures, on the back page of the labeled Fahrenheit Temperature Log.

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Part: 1302 Program Operations
Subpart: D- Health Program Services
Section: 1302.44 Child Nutrition
Subject: Head Start/Early Head Start Meals

Policy:

It is the policy of Tri-County Community Council, Inc. Head Start/Early Head Start to provide nutritious meals as well as opportunities for learning to all children attending the program.

Procedure:

1. Head Start/Early Head Start will use USDA/CCFP funds to provide meals.
2. Head Start/Early Head Start will conduct its food service operation using guidelines set forth in the Policy and Procedure Manual for Sponsoring Organizations of Child Care Centers participating in the Child Care Food Program.
3. Foods served will be nutrient dense and low in sugar, salt and fat. A variety of foods will be served to broaden each child's food experiences.
4. All meals served will comply with USDA/CCFP meal patterns for both components and quantity.
5. As a full day program, Head Start/Early Head Start will provide enrolled children with 2/3 of their daily nutritional needs, including a nourishing breakfast. Any child arriving after breakfast has been served, but more than an hour before lunchtime, will be served a nutritious breakfast containing all the components for breakfast as required by USDA/CCFP. If a child arrives less than an hour before lunchtime and is hungry they will be given a snack of fruit and/or milk to tide them over to lunch, but not ruin their appetite for lunch.
6. Parents of enrolled children will be provided with educational opportunities to assist them with food preparation and healthy eating decisions through parent meetings and newsletter articles.
7. Food will not be used as punishment or reward. Children will be encouraged, but not forced, to eat or taste their food and beverages.
8. To contribute to the socialization and development of each child enrolled in the program, all Head Start center staff (Center Director, center assistant, teachers, teacher

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assistants, family service worker, cook) and volunteers will eat family style with the children and will eat the same menu as the children. If a staff person cannot eat the same food as the children, they must provide their Center Director and the Nutrition Staff with a written statement from their medical provider stating the condition and the foods not allowed.

9. Infants and toddlers will be fed at the level of developmental readiness of each individual child.
10. Family style service includes children serving themselves at meal service. Children should serve themselves all food items per USDA/CCFP guidance either by themselves or with adult assistance. When a food is served by an adult, because it is hot or messy (ex. soup), the adult will be provided with and will use serving utensils in the correct portion size to meet the CCFP Meal Pattern requirement. When adults serve meal components they will not serve partial portions of required meal components.
11. Children will use silverware appropriate in size and type for the foods served (i.e., spoon for cereal, soup; fork for spaghetti, turkey breast).
12. Each child will be allowed sufficient time to eat their meal.
13. Staff will provide enrolled children the opportunity to participate in food related activities that are developmentally appropriate and nutritionally sound.
14. Centers will post evidence of compliance with applicable state, tribal and local food safety and sanitation laws through inspection reports in an area that is readily accessible to the public.
15. Centers must also post 4 items mandated by the CCFP (Child Care Food Program). These will be current copies of the “And Justice for All” poster, “WIC” poster, “Building for the Future” poster in both English and Spanish. These postings will be provided to the Center Director by the Nutrition staff. These postings must be displayed prominently in a location where all parents entering the center will see them, they must also be posted in any room where CCFP meals are served. A dated, The current, and correct menu must also be posted in the same locations.
16. All vendors serving Head Start/Early Head Start food service operations will be licensed by the state of Florida.
17. All food served in the center will be prepared at the center, by center staff and/or properly trained volunteers unless prior approval has been given by the Nutrition Staff and the Center Director. Any foods brought from home must conform to all Head Start/Early Head Start policies regarding food safety, wellness and nutrition. In addition, foods to be shared among the children must be either whole fruits or commercially prepared packaged foods in factory-sealed containers.

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18. Parents, staff, and appropriate community agencies will be involved in menu planning and evaluation of Head Start/Early Head Start nutrition services. This involvement will include surveys, the self-assessment process, and menu approval by the Policy Council and the Health Services Advisory Committee to ensure menus are culturally and developmentally appropriate.
19. Drinking water will be available to all children at all times during the program day.
20. Infants are never laid down with a bottle. Bottle-fed children are always cuddled in an upright position when being fed a bottle, they are never laid down with a bottle, and bottles are never to be propped for a child.
21. Highchairs will only be used in toddler classrooms for children who are not developmentally capable of safely entering and exiting a regular child-size chair on their own. Only children who are able to sit up on their own will be placed in highchairs. Children are only allowed to be placed in highchairs for the duration of the meal. When they are done eating, they must be removed from the chair in a timely manner.
Highchairs will not be used for any purpose other than feeding.

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Part: 1302 Program Operations
Subpart: D- Health Program Services
Section: 1302.44 Child Nutrition
Subject: Food Shopping

Policy:

Grocery shopping (as opposed to vendor food purchases) shall be allowed one time per week and then ONLY when the following procedures are followed.

Procedure:

1. The Cook will list all food to be purchased at the store.
2. The Cook will then email/fax the list to the Nutrition Staff for approval no later than Wednesday of the week PRIOR to going to the store.
3. Once the Nutrition Staff has approved the Food Order form, the Cook will consult with the Center Director to determine if any other supplies are needed for the week. The Center Director will decide if she or the Cook will go to the store for food/supplies.
4. ~~Whenever possible~~ The grocery order will be placed online, and store pickup will be utilized. Orders will be placed by staff knowledgeable in CACFP guidelines, for cost efficiency and CACFP Compliance.
5. If any changes to the approved list become necessary (e.g., food not available in approved form, prices for approved food excessively high, sale prices on seasonal fresh fruit not already approved) the Cook or Center Director will call the Nutrition Staff for verbal approval to change the Food Order.
6. After the purchases are made, the receipt will be sent to the administrative office in Westville. Ensure that all items on the receipt are identifiable. For example, a pack of paper plates might be identified on the receipt as 100 CT PPL, the cook or Center Director would write Paper Plates beside the item.
7. If food has been purchased without prior approval, the staff purchasing the food will receive a verbal warning for the first offense. Repeated offenses can result in disciplinary action up to and including termination.

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Part: 1302 Program Operations
Subpart: D- Health Program Services
Section: 1302.44 Child Nutrition
Subject: Breast-Feeding

Policy:

The program will promote breast-feeding. They will provide facilities for parents to breast-feed at the center, and for the storage and handling of breast milk. Resources will be available at the center to educate families and to promote breast-feeding as a positive choice.

Procedure:

1. Breast-feeding is to be welcomed and promoted by the Head Start/Early Head Start centers.
 - (a.) Staff will be trained to support breast-feeding families.
 - (b.) Comfortable accommodations will be made available for mothers who wish to breast-feed or express milk at the center during program hours.
 - (c.) Lactation information that promotes breast-feeding will be provided at all Tri-County Head Start/Early Head Start centers. Referrals to WIC, support groups, La Leche League, lactation consultants or counselors will be available, made, and documented, if needed.
2. The program will provide facilities for the proper storage and handling of breast milk.
3. Staff will feed infants on cue, and coordinate feeding times with the mother's normal schedule.
 - (a.) Breast fed babies do not receive food or drink, other than breast milk unless specified.
 - (b.) Parents will be asked to assist the center in making a plan of action in the event that Mother is late, or the supply of breast milk is gone, and their baby is hungry.

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Part: 1302 Program Operations
Subpart: D- Health Program Services
Section: 1302.44 Child Nutrition
Subject: Choking Prevention

Policy:

Foods served to Head Start/Early Head Start children during the school day will be of size and consistency appropriate to their chewing and swallowing ability, in compliance with USDA/CACFP policies.

Procedure:

1. Children will be watched during meals and snacks to ensure they:
 - a. Sit quietly.
 - b. Eat slowly.
 - c. Chew food well before swallowing.
 - d. Eat small portions and take only one bite at a time.
 - e. Finish swallowing before leaving the table.

2. Foods will be prepared so that they are easy to chew:
 - a. Round foods, like hot dogs, will not be served unless they are cut lengthwise into thin strips.
 - b. Fish will not be served with bones.
 - c. Peanut butter will be spread thinly and never served from a spoon.
 - d. Seeds and pits will be removed from fruit.
 - e. Foods will be prepared in a manner consistent with USDA/CACFP recipes developed for children.

3. The following foods will not be served to children younger than four years of age due to risk of choking:
 - a. Whole or Hot dog rounds
 - b. Hard candy
 - c. Whole Peanuts
 - d. Whole grapes
 - e. Cherries with pits
 - f. Popcorn
 - g. Chunks of carrot, celery, or other raw hard vegetables
 - h. Chewing gum
 - i. Large spoonfuls or chunks of peanut or other nut butters
 - j. Large chunks of meat

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- k. Chips
 - l. Pretzel Nuggets
 - m. Nuts
 - n. Cheese Cubes
 - o. Any food that is of similar shape and size of the trachea/windpipe.
4. Food for infants must be cut into pieces $\frac{1}{4}$ inch or smaller, food for toddlers must be cut into pieces $\frac{1}{2}$ inch or smaller to prevent choking.

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Part: 1302 Program Operations
Subpart: D- Health Program Services
Section: 1302.44 Child Nutrition
Subject: Cook Work Hours

Policy:

Cooks are required to work an eight-hour day which includes eating lunch with the children.

Procedure:

1. Cooks will work a straight eight-hour shift (7:00am to 3:00pm) as they are required to eat with the children in the lunchroom.
2. If any changes need to be made to this schedule to accommodate vendor deliveries or other needs the changes will be worked out between the Center Director and the Cook.
3. The hours worked must be approved by both the Center Director and Nutrition Staff to ensure the needs of the Head Start/Early Head Start Program are met.

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Part: 1302 Program Operations
Subpart: D- Health Program Services
Section: 1302.44 Child Nutrition
Subject: Field Trip Meal Counts/Temperature Logs

Policy:

All meal counts and food temperatures are to be accurate and taken at the time and point of meal service.

Procedure:

1. When children are served meals during a field trip, the cook will provide the teacher a tote for all non-food items needed for that meal service (to include cutlery, serving utensils, knife, sanitizer wipes, napkins, paper towels, disposable table covers, garbage bags, etc.) and must contain a meal count roster, a thermometer, and a temperature log.
2. Prior to meal service, document the temperature of milk, yogurt and any other potentially perishable foods taken on the field trip. Any food that has not been kept at 41^{oF} or colder must not be served to children.
3. Meal counts must be taken at the time the children are eating the meal. The designated staff person will mark the roster, showing which children are present and eating, and which are absent. Also, record the number of adults drinking milk, record them separately as Program (paid Head Start staff members) or non-Program (volunteers).
4. Upon returning from the field trip, the teacher will give the completed meal count roster and the temperature log to the cook who will transfer the information to the CCFP meal count documents. These will be maintained with and turned in with that month's USDA paperwork.
5. If the cook attends the field trip, she/he will be responsible for both taking and maintaining the temperature and the meal count records.

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Part: 1302 Program Operations

Subpart: D- Health Program Services

Section: 1302.44 Child Nutrition

Subject: Parties and Treats

Policy:

It is the policy of Tri-County Community Council, Inc. Head Start/Early Head Start to encourage children that attend this program to develop positive healthy habits by exposing them to fun, yet healthy ways to celebrate.

Procedure:

1. Parents are not permitted to bring any food into the center for consumption by Head Start/Early Head Start children without prior approval of the Nutrition Staff. In no circumstances are parents to bring candy or soda to the center. Parents will be notified of this policy during enrollment.
2. Parents who wish to provide treats to their child's class (for birthdays, etc.) are encouraged to bring non-food treats such as stickers, erasers, or small toys instead of food. Such items must be approved by the Center Director and must not pose a choking hazard or other health/safety issue.
3. Any food treats may not be given to children until after the last USDA meal of the day (usually snack) has been served.
4. All food served in the center must be prepared at the center by Head Start/Early Head Start staff unless approved by the Nutrition Staff. Parents are allowed to volunteer in the kitchen to assist the cook in making items for children with prior approval from the Nutrition Staff.
5. For food safety reasons Tri-County Community Council Head Start/Early Head Start cannot allow homemade foods or any food not in original packaging from a retail store to be served to children.
6. No foods with excessive amounts of sugar and/or fat per serving will be served to children.
7. Parents and staff may contact the Nutrition Staff for healthy party food/treat suggestions.

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8. All foods served during school hours will conform to all Head Start/Early Head Start policies and plans including, but not limited to those dealing with food safety and nutrient content.

9. Appropriate healthy meals or snacks will be provided at all EHS Group Socializations.

Program governance policies reviewed with date change only

Training of Policy Council and Board Members

Impasse procedures

Program Structure policies reviewed with date change

Comprehensive Services

Center Based Option

Tri-County Community Council, Inc. Head Start/Early Head Start

Part: 1302 Program Operations
Subpart: A-Eligibility, Recruitment, Selection, Enrollment, and Attendance
Section: 1302.11 Determining Community Strengths, Needs, and Resources
Subject: Comprehensive Community Assessment and Data

Policy:

The Tri-County Community Council, Inc. Head Start/Early Head Start Program will conduct a Comprehensive Community Assessment (CCA) every five years and will with updates annually review and update if any significant changes are needed. The program's service areas are defined by Holmes, Walton, and Washington Counties.

Procedure:

1. Tri-County Community Council, Inc. Head Start/Early Head Start will conduct a Comprehensive Community Assessment every five years with annual reviews and updates performed by a designee in the Head Start/Early Head Start Program if significant changes are needed. The Head Start/Early Head Start Director may choose to assign a staff member the job, or contract with someone who has knowledge of Head Start/Early Head Start and the community assessment. The assessment data will be used to:
 - Identify populations most in need of services including prevalent social or economic factors, challenges, and barriers experienced by families and children
 - Inform the program's design and to ensure equitable, inclusive, and accessible service delivery that reflect needs and diversity of the community;
 - Inform the enrollment, recruitment, and selection process to prioritize the enrollment of those populations;
 - Identify strengths and resources in the community that can be leveraged for service delivery, coordination, and partnership efforts for education, health, nutrition, and referrals to social services to eligible children and families; and,
2. The program must collect and utilize data that collected will describes the community strengths, needs, and resources and include at a minimum:
 - Relevant demographic data about~~The number of~~ eligible ~~infants, toddlers, preschool age~~ children, and expectant mothers, including race, ethnicity, children living in poverty, children experiencing homelessness, children in foster care, children with disabilities, including types of disabilities and relevant services and resources provided to these children by community agencies, and geographic location and languages they speak, ~~and languages spoken.~~
 - The education, health, nutrition, and social service needs of eligible children and their families, including prevalent social or economic factors, challenges,

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and barriers to program participation such as transportation needs, that impact family well-being

- Typical work, school, and training schedules of parents with eligible children
 - Other childcare facilities and family childcare programs that serve eligible children, including any home visiting, publicly funded state and local preschools, and the programs that serve eligible children, also, including approximate number of eligible children served and their ages.
 - Community Resources that are available in the community to address the needs of eligible children and their families; especially transportation resources, and culturally appropriate and responsive supports.
 - Strengths in the community
 - Gaps in community resources in areas relevant to addressing the needs of eligible children and their families such as gaps in health and human services, housing assistance, food assistance, employment assistance, early childhood development, and social services
3. The program will have a strategic approach that will determine what data to acquire prior to conducting the assessment and how to use the data acquired after conducting the assessment in order to reach the goals listed in number 1 above.
4. When determining what data to acquire, the program will consider what information is most relevant to inform services for families most in need. Data gathering will be informed by the program's understanding of the community and be intentionally designed to help the program identify community strengths, needs and resources, and plan the program accordingly. The program will utilize community partners and existing available data sources relevant to the local community. Sources of information will be collected from local community agencies but are not limited to the following agencies: Children and Families, County Health Units, Chamber of Commerce, Job Service, JTPA, Head Start/Early Head Start Parents and Head Start/Early Head Start Policy Council, and door-to-door surveys if necessary. Also, certain data may be obtained from government web sites.
- ~~4. The program will annually review and update the community assessment to reflect any significant changes including increased availability of publicly funded pre-kindergarten and include how these programs meet the needs of the parents and children whether it is offered for a full-school day, rates of family and child homelessness, and significant shifts in community demographics and resources.~~
- ~~5. The program will consider whether the characteristics of the community allow it to include children from diverse economic backgrounds that would be supported by other funding sources to include private pay in addition to the program's eligible-funded enrollment.~~
- ~~6.5. The program will annually review and, where needed, update the community assessment to identify any significant shifts in community demographics, needs, and resources that may impact program design and service delivery. The results of the most recent self-assessment and the annual funding application will be considered to inform this process.~~

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The annual update review must consider at a minimum: changes related to children and families experiencing homelessness; how the program addresses equity, accessibility, and inclusiveness in its provision of services; and changes to the availability of publicly-funded pre-kindergarten and whether it meets the needs of families. The program will also consider how the annual review and update can inform and support management approaches for continuous quality improvement, program goals, and ongoing oversight. The Comprehensive Community Assessment review and update (if needed) will be completed annually in June/July.

6. The findings of the update will be presented to the Policy Council and Board of Directors for approval.
7. The program will consider whether the characteristics of the community allow it to include children from diverse economic backgrounds that would be supported by other funding sources, including private pay, in addition to the program's eligible funded enrollment. Children from diverse economic backgrounds will not be enrolled if it would result in the program serving less than its eligible funded enrollment.
8. The Head Start/Early Head Start Director will keep an up-to-date copy of the CCA, including all updates, on file for program use.
9. The Comprehensive Community Assessment will be used in the program planning process.

Tri-County Community Council, Inc.
Head Start/Early Head Start

Part: 1301 Program Governance

Section: 1301.3 Policy Council and Policy Committee

Subject: Policy Council Election and Service

Policy:

Tri-County Community Council Head Start/Early Head Start program will establish a Policy Council group as early in the program year as possible.

Procedure:

1. The Policy Council membership will be comprised of at least 51% of the parents whose children are currently enrolled and no more than 49% comprised of community representatives.
2. At the first parent committee meeting of the new school year, the parents of currently enrolled children will nominate and elect the Policy Council member/s to represent their center. One parent will be elected to represent the Chipley Head Start, Westville Head Start, Westville Early Head Start and Defuniak Early Head Start. Two parents will be elected to represent Walton Head Start.
3. One community representative will be solicited from each county to serve on the Policy Council.
4. The Director will request from the Policy Council, Center Directors, and/or Board of Directors, names from the community that might be interested in serving as a community representative on the Policy Council. If a current community representative would like to remain on the Policy Council for a second, third, fourth, and/or fifth year, the request will go to currently seated Policy Council members.
5. The parent members of the Policy Council must approve the seating of community representatives.
6. The current Policy Council members will seat all new members annually during the September/October Policy Council meeting. Community Representatives will also be seated during the September/October Policy Council meeting.
7. The Policy Council members will elect a Chairperson, Vice-chairperson, and a secretary of the current members to conduct the meetings.
8. The Director will request that one of the Board of Director members serve as the Board liaison to the Policy Council. Once the person is asked and willing to serve in that

Tri-County Community Council, Inc.
Head Start/Early Head Start

capacity a request for approval will be presented to the Policy Council and Board of Directors. The board liaison will not have any voting rights on the Policy Council.

- ~~8-9.~~ The Policy Council chair or liaison will attend Tri-County Council Board meetings to report on Head Start Policy Council business and request approvals.
- ~~9-10.~~ The Policy Council members will review and revise the Policy Council By-laws annually. The members will follow the By-laws.
- ~~10-11.~~ No Policy Council member will serve for more than five years combined.
- ~~11-12.~~ No Policy Council member will serve if there is a conflict of interest. (Ex: cannot be a vendor of the program, have no financial interest with the program, receive no compensation for serving, and operates independently of staff employed by program).
- ~~12-13.~~ No staff or staff's immediate family member(s) will serve on the Policy Council.

Tri-County Community Council, Inc.
Head Start/Early Head Start

Part: 1301 Program Governance
Section: 1301.3 Policy Council and Policy Committee
Subject: Policy Council Telephone/E-Mail Polls

Policy:

If there are issues that must be voted on by Policy Council before their regularly scheduled meeting or if at the prior Policy Council meeting, there was not a quorum and there were topics on the agenda that must be voted on, a telephone/e-mail poll may be conducted to obtain Policy Council approval.

Procedure:

1. The Head Start Director, along with the Chairperson of the Policy Council will determine the need for a telephone/e-mail poll.
2. The Director's Assistant will conduct the telephone/e-mail poll.
3. All Policy Council members, or the equivalency of a quorum, must be notified.
4. The Director's Assistant will explain the issues and ask for the Policy Council Member's vote.
5. The vote will be recorded on the Policy Council telephone/e-mail poll form containing the following information:
 - Date of the vote.
 - Topic(s) to be voted on.
 - Name of members notified and whether they approved or disapproved of the topic(s).
 - Signature of person taking the telephone/e-mail poll.
 - Date the poll was taken.
6. The telephone/e-mail poll form will become a part of the Policy Council record for the month it is taken.
7. The Policy Council Chairperson will review, sign, and date the telephone/e-mail poll and complete the approval sheets for the topic(s) included in the telephone/e-mail poll.

Tri-County Community Council, Inc.
Head Start/Early Head Start

Part: 1301 Program Governance

Section: 1301.3 Policy Council and Policy Committee

Subject: Policy Council Member Reimbursement

Policy:

Tri-County Community Council, Inc. Head Start/Early Head Start will reimburse parents who participate in Policy Council for the cost of mileage when attending meetings and functions associated with Policy Council participation.

Procedure:

1. During the first Policy Council meeting of each program year, each member will be asked if they want to contribute their mileage to in-kind, or they can complete a mileage reimbursement form, "Policy Council Travel Voucher". Mileage is recorded for a period of three meetings on each form and signed by the Policy Council member. In the event that a member is experiencing hardships, if mileage for one meeting is over \$10.00, a check can be issued for that meeting. If the mileage for one meeting is under \$10.00, that member will need to attend another meeting until they have accumulated \$10.00 of mileage, or attended the third meeting, whichever comes first.
2. Policy Council members will submit forms to the Head Start Director's Assistant for processing. Reimbursement will be paid at the current Tri-County Community Council, Inc. rate for mileage reimbursement.
3. The Head Start Director's Assistant will be responsible for submitting the completed forms to bookkeeping for reimbursement.
4. The bookkeeping department will mail checks directly to the Policy Council member.
5. There is no reimbursement for babysitting. Parents are encouraged to bring their children. Children will be supervised by Head Start staff/volunteers.
6. If a Policy Council member attends an out-of-town function, they will be reimbursed as if they were Head Start staff by completing the Request and Authorization for Official Travel & Advance.

Tri-County Community Council, Inc.
Head Start/Early Head Start

Part: 1301 Program Governance

Section: 1301.4 Parent Committees

Subject: Parent Committee

Policy:

Tri-County Community Council Head Start/Early Head Start program will establish a parent committee at each center as early in the program year as possible made up of parents of currently enrolled children.

Procedure:

1. The parent committee will be made up of parents of currently enrolled children.
2. The Center Director and/or Family Service Advocates will discuss the process for elections and the potential leadership opportunities at the first parent meeting.
3. At the first parent committee meeting of the new school year the parents will nominate and elect the Policy Council member/s that will represent their center.
4. The parent committee members will elect a Chairperson, Vice-chairperson, and a Secretary to conduct the meetings.
5. The parent committee will advise staff in developing and implementing the program policies, activities, and services to ensure they meet the needs of children and their families.
6. The parent committee parent that is elected to serve on the Policy Council will provide information to the Policy Council from the parent committee and from the Policy Council to the parent committee.
7. The parent committee will participate in the recruitment and screening of potential Head Start and Early Head Start employees according to the guidelines that are established by the governing body and policy council.

Tri-County Community Council, Inc.
Head Start/Early Head Start

Part: 1302 Program Operations

Subpart: B- Program Structure

Section: 1302.20 Determining Program Structure

Subject: Program Option

Policy:

Tri-County Community Council will provide the program option that best meets the needs of the children, families, and the community.

Procedure:

1. The community assessment will be reviewed annually to determine if the center-based continues to be the best option for Head Start and Early Head Start.
2. The community assessment will be reviewed annually for changing needs of the families and the children we serve. Example – a need for more Early Head Start slots than Head Start slots or families need full day services.
3. If there is a need for slots to be converted, Tri-County will begin the discussions with the Policy Council, Board of Directors, staff, families, the community, and the Regional Office.
4. If there is a need for full-day services, Tri-County will enter into a contract with the Early Learning Coalition for the particular county that full day services are needed. The parents will be provided with information for applying to the Early Learning Coalition in their county for services. If they qualify and the Early Learning Coalition has funds available, they will pay a majority of the parent cost for the extended hours needed. The parent will pay a small fee, determined by the Early Learning Coalition. If a parent needs the full day services and does not qualify for Early Learning Coalition funds, then the parent will have to pay the same cost as the Early Learning Coalition contract states they will pay.

**Tri-County Community Council, Inc.
Head Start/Early Head Start**

Part: 1302 Program Operations
Subpart: J-Program Management and Quality Improvement
Section: 1302.102 Achieving Program Goals
Subject: Classroom Observations

Policy:

Beginning February 2025, Designated members of the administrative staff will conduct classroom observations, ensuring that each classroom is observed ~~at least quarterly~~ at least once bi-monthly, with additional observations for classrooms that are showing concerns. Types of observations may include Routine Observations, CLASS Assessments, ~~and~~ Creative Curriculum Fidelity Observations, Coaching Observations, Mentoring Observations and Mental Health Observations.

Procedure:

Routine Observations

1. In-person observations may be announced or unannounced. Announced observations will be communicated to the classroom staff at least 24 hours prior to the observation date to allow staff to prepare and potentially gather additional materials to support the observation.
2. Remote observations may be conducted utilizing video technology via a password protected security camera system. This may include live video streams or pre-recorded footage. Remote observations may be announced or unannounced at the discretion of the observer.
3. Routine observations should last at least 30 minutes to 2 hours to ensure enough time to capture a true sample of the classroom activities.
4. The observer will use the Classroom Observation Report Form to document results of the observation and record the observation into Child Plus using the Classroom Observation Log.

CLASS Observations

1. CLASS Observations are conducted at least twice per year by a certified member of the Education team.
2. CLASS observations are conducted using a structured framework that involves observing and scoring teacher-child interactions in each of the three domains.

Creative Curriculum Fidelity Observations

1. Members of the Education team will conduct curriculum fidelity observations at least twice per year.

Tri-County Community Council, Inc.
Head Start/Early Head Start

2. Observers will document how well teachers implement the Creative Curriculum, focusing on curriculum delivery, planning, and interacting with children.

Coaching Observations

1. Depending on the goal for each Coachee, the Coach and Coachee will collaborate to schedule a Focused Observation.
2. Results from the observation will be discussed in a Reflection and Feedback and session to identify new action steps, revise current action steps or successfully close the established goal.

Mentoring/On-boarding Observations

1. During the first six months of employment, the Education Specialist will complete classroom observation with new staff who regularly work in a classroom and file them in the Classroom Observation Notebook.

Mental Health Observations

1. When concerns arise, the Mental Health & Disabilities Coordinator may observe in the classroom to identify any classroom and/or individual who may need additional support.

Training for Observers

1. Observers will be trained in how to use the observation tools, focus areas to concentrate on, and how to recognize and address personal biases that may affect the observation process.
2. CLASS Observers will be certified according to the CLASS Reliability policy.

Post Observation Process

1. Upon completion of any observation, the observer will provide verbal or written feedback to the classroom staff, highlighting strengths and areas for improvement. If any follow-up actions are needed, they will also be addressed.
2. The Education Team will use the results of all observations to recommend and schedule professional development opportunities or additional support for classroom staff to enhance teaching practices.
3. All observations, including notes and feedback, will be documented and stored securely within the program's management system.
4. Teachers and staff are encouraged to engage in reflective practice by reviewing observation reports and taking part in follow-up discussions or training sessions.

Non-Compliance and Consequences

1. If significant concerns arise during an observation, such as non-compliance with Head Start standards or violations of policies and procedures, disciplinary action will be taken following the Employee Discipline and Investigation Process policy.



Walton
2-26-25

Order Guide
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Tri-County Comm Council
Westville, FL

Fresh Produce

Prod Id	Manuf#	Size	Brand	Description	*Price	To Order
F1536		1/88Cnt	Packer	Apple Delicious Golden Extra Fancy Fresh	59.07	
M9622	82324	125/Cnt	Packer	* Inactive * Apple Delicious Golden Washington Fancy Fresh	53.66	
75012	12821	125/Cnt	Packer	Apple Delicious Red Extra Fancy Premium Fresh	42.38	
72148		12/1Cnt	Packer	Blueberry Fresh	36.83	
GC966	483057S	1/113Cnt	Growers Choice	Orange Choice Fresh	34.89	
HB846	482976P	1/40Lb	Peak Fresh Produce	Orange Fancy 88 Size Fresh	33.75	

Meat

Prod Id	Manuf#	Size	Brand	Description	*Price	To Order
46050	42580	4/5Lb	Prairie Creek	Beef Ground 81/19 Raw Bulk Cryo Refrigerated	67.55	
12646	42583	4/10Lb	Prairie Creek	Beef Ground 81/19 Raw Bulk Refrigerated	121.45	
C3700	75156-	1/30Lb	Maldrite	* Inactive * Beef Ground Patty 2.25 Ounce Charbroiled Fully Cooked Frozen	110.15	
L4232	16926	75/3.20z	Prairie Creek	Beef Ground Patty 5-1 78/22 Natural Seasoned Scored Cheyenne Frozen	53.30	
FR088	959134	60/4Oz	Ranahan Ranch	Beef Patty Thin 80/20 Frozen	60.46	
12468	9082248616	2/5Lb	Prairie Creek	Pork Cushion Meat Carnitas Style Boneless Fully Cooked Boil In Bag Frozen	3.61 /#	
A4898	13426	2/5Lb	Austin Blues	Pork Pulled Smoked Carolina Style Fully Cooked Frozen	61.51	
63464	19889	4/2.5Lb	Cobblestreet Market	Ham Honey Cooked Shingle Slice .67 Ounce Refrigerated	53.93	
62956	9082248612	2/12Up	Cobblestreet Market	Ham Pit Honey Brown Sugar Refrigerated	3.44 /#	
43596	33279	4/3Lb	Bread Ready	Ham Water Added Buffet Smoked Boneless 1 Ounce Slice Fully Cooked Bread Ready Refrigerated	69.62	
40138	9082248612	2/12Up	Cobblestreet Market	Ham Water Added Pit Round Hardwood Smoked Boneless Refrigerated	3.26 /#	

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Denotes Items with an Early Cutoff

Denotes Special Order Items

Order Guide

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Meat ... continued

Prod Id	Manuf#	Size	Brand	Description	*Price	To Order
HJ390	86063	2/2Ozt	Dan's Prize	Pork Pulled All Natural Precooked Frozen	4.94 #	
A6758	4082248612	4/2.5Lb	Cobblestreet Market	* Inactive * Ham And Water Product Cooked Diced 1/4" Frozen	33.63	
VC734	2082248623	2/5Lb	Cobblestreet Market	Ham And Water Product Diced 1/4" Cooked Frozen	33.82	
P5504	90803	1/12Lb	Fit Foodz	Sausage Chicken Breakfast Link Bulk Frozen	45.93	
R5924	182	2/5Lb	Sunset Farms Foods	Sausage Bulk Chub Frozen	37.03	
T2042	10010	12/1Lb	Swaggerty	Sausage Country Mild Raw Chub Frozen	37.67	
R5006	10162	160/1Oz	Swaggerty	Sausage Link 1 Ounce Breakfast Frozen - Has Been Replaced With CV342	37.44	
50760	0082248612	1/10Lb	Prairie Creek	Sausage Pork Link Breakfast Fully Cooked Average 200/.8 Ounce Skinless Frozen	26.02	
50778	0082248612	1/10Lb	Prairie Creek	Sausage Breakfast Patty 1.5 Ounce Fully Cooked Frozen	26.36	

Poultry

Prod Id	Manuf#	Size	Brand	Description	*Price	To Order
AR220	60715	4/5Lb	Proview Foods	* Inactive * Chicken Breast Fillet Breaded 4 Ounce Fully Cooked Whole Grain With Ribmeat Frozen Meets School Grain Requirements	60.88	
P5476	5332	67/2.4Oz	Brakebush	Chicken Breast Slider Breaded Southern Style Marinated Fully Cooked Frozen	45.29	
59924	111125	2/5Lb	Pierce Chicken	Chicken Wing Ding Breaded Fully Cooked Boneless Marinated Average 170-210 Frozen	43.72	
JJ356	80350	2/5Lb	Perdue Farms	Chicken Breast Homestyle Breaded Chunk With Rib Meat Fully Cooked No Antibiotics Ever Frozen	50.80	
V6492	1038387092	2/5Lb	Tyson Red Label	Chicken Breast Nuggets Battered Tempura Average 225/.71 Ounce Frozen	26.17	
H9842	43015-WG	4/5Lb	Proview Foods	* Inactive * Chicken Popcorn Nuggels Whole Grain Fully Cooked Frozen Meets School Grain Requirements	35.59	
FW678	791426	8/4Lb	Gold Creek	* Inactive * Chicken Patty Breakfast Fully Cooked Frozen	77.63	

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Poultry ... continued

Prod Id	Manuf#	Size	Brand	Description	*Price	To Order
43932	5841	2/5Lb	Brakebush	Chicken Breast Strip 1.1 Ounce Average Breaded Gold 'N' Spice Smartshapes Fully Cooked Frozen	41.42	
A7600	5843	2/5Lb	Brakebush	Chicken Breast Strip Breaded Whole Grain Average 145/1.1 Ounce Frozen Meets School Grain Requirements	41.84	
AR226	63330	4/5Lb	Proview Foods	* Inactive * Chicken Breast Tender Breaded Fully Cooked Whole Grain Frozen Meets School Grain Requirements	85.94	
73062	1110341092	2/5Lb	Tyson Foods	Chicken Breast Tender Breaded Homestyle Ready To Cook Average 80/2 Ounce Frozen	36.13	
L1176	40015	4/5Lb	Proview Foods	* Inactive * Chicken Nuggets Breaded Whole Grain Fully Cooked .6 Ounce Frozen Meets School Grain Requirements	33.02	
B8500	1002584092	2/5Lb	Tyson Foods	* Inactive * Chicken Tenderloin Breaded Breast Fully Cooked 90-110 Count Frozen Fully Cooked Frozen	60.77	
T1268	110123	1/10Lb	Pierce Chicken	Chicken Diced 1/2" Natural White And Dark Fully Cooked Frozen	42.36	
BT048	1024160092	2/5Lb	Tyson Foods	Chicken White Diced 1/2" Fully Cooked Marinated Low Sodium Frozen	58.60	
P4802	278455	6/3-4Lb	Jennie-O	Turkey Breast 4-5 Pound Skinless Slice 1/4" Roasted Fully Cooked Frozen	6.03 #	
M5214	72217	2/10Lb	Natural Choice	* Inactive * Turkey Breast Oven Roasted Fully Cooked Natural Choice Slice & Serve Refrigerated	7.76 #	
94950	11718	6/2Lb	Cobblestreet Market	Turkey Breast Slice .7 Ounce Smoked Cured 99% Fat Free Refrigerated	54.78	
42340	218616	2/10Up	Cobblestreet Market	Turkey Breast Boneless Skin On Roast 15% Raw Foil Wrap Frozen	4.03 #	
HN132	35008	2/8Lb	Perdue Farms	* Inactive * Turkey Breast Roast 8.25-11Lb Ready To Cook Foil 18% Frozen	4.75 #	
W1744	700108	4/5Lb	Harvest Provisions	* Inactive * Turkey Pot Roast Fully Cooked Frozen	5.57 #	

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Denotes Items with an Early Cutoff

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Seafood

Prod Id	Manuf#	Size	Brand	Description	*Price	To Order
52030	10020540	1/10Lb	High Liner Foods	Fish Breaded Oven Ready Nuggets Star And Fish 1 Ounce Whole Grain Individually Quick Frozen Meets School Grain Requirements	31.68	
52040	16593	1/10Lb	Hidden Bay	Cod Battered Beer Fry Or Oven Fillet Natural Hand Cut Alaskan Wild 2-3 Ounce Individually Quick Frozen	77.43	
99898	400301	2/5Lb	Trident Seafoods	* Inactive * Pollock Alaskan Breaded Crunchy Nuggets 1 Ounce Par Fried Oven Ready Frozen Meets School Grain Requirements	30.49	
G9038	1089302	4/5Lb	High Liner Foods	Pollock Breaded 1 Ounce Stick Oven Ready Golden Crunchy Frozen	99.79	

Dairy/Non-Dairy

Prod Id	Manuf#	Size	Brand	Description	*Price	To Order
11708	21642FAM	30/1Lb	Fair Meadow	Margarine Solid Refrigerated	37.77	
T1892	20684SBN	30/1Lb	Smart Balance	Margarine Spread Buttery 79% Vegetable Oil	69.03	
72976	20627	4/5Lb	Cobblestreet Market	Cheese American White 160 Slice Easy Peel Refrigerated	56.69	
70036	20598	4/5Lb	Cobblestreet Market	Cheese American Yellow .5 Ounce 160 Slice Easy Peel Refrigerated	53.31	
R6269	15887	1/5Lb	Fair Meadow	Cheese Cheddar Jack Shredded Fancy 50/50 Refrigerated - Has Been Replaced With PK919	0.00	
16042	17007	2/5Lb	Villa Frizzoni	Cheese Parmesan Grated Import Refrigerated	41.80	
HM768	08210	4/5Lb	Schreiber	Cheese Cheddar Mild Shredded Feather White Refrigerated	54.66	
HM769	08210	1/5Lb	Schreiber	Cheese Cheddar Mild Shredded Feather White Refrigerated	15.72	
P0144	15888	4/5Lb	Fair Meadow	* Inactive * Cheese Cheddar Yellow Mild Feather Shredded Refrigerated	60.84	
DA808	92290	6/5Lb	Roma	Cheese Mozzarella Low Moisture Part Skim Feather Shredded Roma Gold Refrigerated	78.42	

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Dairy/Non-Dairy ... continued

Prod Id	Manuf#	Size	Brand	Description	*Price	To Order
DA809	92290	1/5Lb	Roma	Cheese Mozzarella Low Moisture Part Skim Feather Shredded Roma Gold Refrigerated	15.03	
61677	10000998	1/5Lb	Villa Frizzoni	* Inactive * Cheese Mozzarella Shredded Feather Low Moisture Part Skim Refrigerated	0.00	
HB925	955022/232	1/5Lb	Roma	Cheese Parmesan Grated Tub Refrigerated	21.88	
BE618	03121404	1/15Dz	Kreider Farms	Egg Shell On White Large Grade A Carton Refrigerated	101.78	
L3716	17613	1/30Dz	Fair Meadow	Egg Shell On White Large Grade Aa Loose Pack Refrigerated	199.03	
HF084	7413	12/8Oz	Lactaid	* Inactive * Milk Skim White Lactose Free Carton Refrigerated	7.95	
J2402	16631	6/64Oz	Yoplait	Yogurt Strawberry Low Fat Parfait Pro Pouch Gluten Free Refrigerated	39.01	
P5096	00439	6/32Oz	Yoplait	* Inactive * Yogurt Vanilla Low Fat Original Refrigerated	18.03	
J2280	16632	6/64Oz	Yoplait	Yogurt Vanilla Low Fat Parfait Pro Pouch Gluten Free Refrigerated	37.51	
F4546	17728	48/4Oz	Yoplait	Yogurt Variety Raspberry Peach Refrigerated	26.68	
72728	01353	12/16Oz	Rich's Products	Topping Whipped Non Dairy Prewhipped Bowl Frozen	51.26	
F1234	8024	12/16Oz	Quality Farms	* Inactive * Topping Whipped Non Dairy Ready To Use Bag Frozen	41.97	
32324	00960	12/16Oz	Cool Whip	Topping Whipped Original Non Dairy Bowl Tub Frozen	45.06	

Frozen Foods

Prod Id	Manuf#	Size	Brand	Description	*Price	To Order
52094	1945	2/5Lb	Intros!	Hushpuppy Buttermilk Regular Average 280 Count Oven Ready Frozen	31.03	
A8810	00251	8/6Cnt	Just Bagels	Bagel Plain Sliced 4 Ounce Frozen	28.97	
P0548	117879	72/2Oz	Thomas	* Inactive * Muffin English Whole Wheat 100% Frozen	31.96	
10208	2248619187	120/2.25	Brickfire Bakery	Biscuit Buttermilk 3" Heat And Split Fully Baked Frozen	39.32	

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Frozen Foods ... continued

Prod Id	Manuf#	Size	Brand	Description	*Price	To Order
HA324		48/2.15	Cusano's Bakery	* Inactive * Bun Hamburger Challah Wheat	19.04	
20480	08409	216/2.2	Brickfire Bakery	4" Baked Sliced Thaw & Serve Frozen		
71260	106252000	216/2.2	Pillsbury	Dough Biscuit Southern Homestyle Round	43.35	
J3848	70005	175/Cnt	Signature Breads	Handi Split Frozen		
A5022	63020	1/180Cnt	Sister Schubert's	Dough Biscuit Southern Style Frozen	63.05	
F0372	4816270500	120/1.5	Sister Schubert's	* Inactive * Roll Dinner 1.25 Ounce Whole	29.37	
R5972	399939 DOT 128/1.4	Pepperidge Farm		Grain Pull-A-Part Warm & Serve Frozen		
N7912	10511190	1/120Cnt	European Baker's	Meets School Grain Requirements		
P7840	10021	118/Cnt	New York Frozen Foods	Roll Dinner Yeast Average 1 Ounce Partial	28.21	
CL412	1293	1/12Cnt	Klosterman Baking Company	Baked Frozen		
27680	40010122	10/24Oz	European Baker's	Roll Dinner Yeast Partial Baked Frozen -	25.40	
L9426	1605	120/Cnt	Bake Crafters	Has Been Replaced With VR080		
13828	12653	10/32Oz	Brickfire Bakery	Bread Garlic Toast 128 Slice Case 8 Slice	46.44	
TB144	713	16/21Oz	Morabito Baking Co	Loaf Frozen		
C2652	1638	240/Cnt	Bake Crafters	* Inactive * Bread Garlic Toast Average	39.11	
66534	10081	168/1.2	New York Style	120/1.4 Ounce Slice Frozen		
PD378	143409	6/2Lb	Trident Seafoods	Bread Garlic Toast Baked Slice 1.5 Ounce	25.49	
FM992	117338	3/2Lb	Trident Seafoods	Frozen - Has Been Replaced With R5972		
				Bread Sandwich 24 Ounce Sliced Whole	27.85	
				Grain Frozen Meets School Grain		
				Requirements		
				Bread Texas Toast 15 Slice 7/8" Fully	36.84	
				Baked Frozen - Has Been Replaced With		
				CV160		
				* Inactive * Bread Texas Toast Garlic 1.31	23.22	
				Ounce Whole Grain 120 Slice Frozen Bulk		
				Meets School Grain Requirements		
				Bread Wheat Pullman 1/2" 30 Slice Baked	39.55	
				Frozen		
				* Inactive * Bread Whole Wheat 55%	31.88	
				Frozen Meets School Grain Requirements		
				* Inactive * Breadsick Garlic 1.19 Ounce	36.49	
				Whole Grain Frozen Meets School Grain		
				Requirements		
				Breadstick Garlic 6" Baked Minimum	33.78	
				168/Pieces Brown & Serve Frozen		
				French Toast Stick Sweet Battered Frozen	50.71	
				French Toast Stick Frozen - Has Been		
				Replaced With PD378	24.33	

Frozen Foods ... continued

Prod Id	Manuf#	Size	Brand	Description	*Price	To Order
AW108	442	2/5Lb	Bake Crafters	French Toast Stick Whole Grain Average 143 Pieces Bulk Frozen Meets School Grain Requirements	25.16	
AN430	639958	144/1.36	Eggo	Pancake Buttermilk 4" Tz Frozen	36.22	
K1898	80483	72/2.4Oz	Krusteaz	* Inactive * Waffle Belgian Whole Grain 2.4 Ounce 4" Square Meets School Grain Requirements Frozen	35.60	
T3108	4521	48/2.92	J&J Snack Foods	Waffle Dutch 5" 51% Whole Grain Meets School Grain Requirements Frozen	30.45	
AR818	3800014690	144/1.23	Eggo	Waffle Homestyle 4" Frozen	30.80	
AN434	639152	144/1.23	Eggo	Waffle Wheat Nutri-Grain Frozen	30.80	
29754	3295	72/2.4Oz	Brauhaus Bavarian	Pretzel Soft Bavarian Stick Frozen	48.69	
E0256	0822486148	12/32Oz	Rejuv	Juice Orange Concentrate 100% 3+1 Yield 1536 Ounce Frozen	104.28	
61306	1007117919	1/20Lb	Simplot Company	Blueberry Individually Quick Frozen	58.68	
CP290	22486-	2/5Lb	Bountiful Harvest	Blueberry Individually Quick Frozen - Has Been Replaced With 61306	38.46	
71694	11711	2/5Lb	Dole	Blueberry Whole Grade A Individually Quick Frozen	38.05	
J3988	356642 DOT	6/6.5Lb	Packer	Strawberry Slice 4+1 Frozen	83.59	
CP358	22486-	6/6.5Lb	Bountiful Harvest	* Inactive * Strawberry Slice Sugar Added Usa Frozen	86.07	
CF266	1003801200	1/20Lb	Bountiful Harvest	Bean Green Cut 1" Grade A Individually Quick Frozen	24.49	
GJ500	51009	1/20Lb	Artic Gardens	* Inactive * Bean Lima Baby Frozen	36.03	
HG502		20/Lb	Chill Ripe	* Inactive * Bean Lima Baby Grade A Individually Quick Frozen	33.62	
61174	044-016131	12/2Lb	Bountiful Harvest	Broccoli Floret Premium Grade A Individually Quick Frozen	56.73	
GC204	10001	12/2Lb	Harvest Delight	Broccoli Florets Frozen	70.12	
V4442	93070	12/2Lb	Chill Ripe	* Inactive * Carrot Baby Whole Individually Quick Frozen	35.23	
T2584	13124	12/2Lb	Bountiful Harvest	Cauliflower Floret Grade B Individually Quick Frozen	48.54	
CF278	1004350960	1/96Cnt	Bountiful Harvest	Corn Cob 3" Grade A Individually Quick Frozen	37.06	
CF284	1004451200	1/20Lb	Bountiful Harvest	Corn Whole Kernel Grade A Individually Quick Frozen	21.68	

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VAL - 52766, Tri-County Comm Council

Order Guide
printed in order of Performance View

⚡ Denotes Items with an Early Cutoff

⚡ Denotes Special Order Items

*Prices subject to change

Frozen Foods ... continued

Prod Id	Manuf#	Size	Brand	Description	*Price	To Order
H5886	401334	6/2Lb	Packer	Onion Diced 3/8" Frozen	18.64	
CK556	1006012250	12/2.5Lb	Bountiful Harvest	Pea Green Garden Grade A Frozen	42.78	
P9350	519-013-004	1/20Lb	Picisweet	Peas Field With Snap Frozen	41.94	
P9352	519-013-007	20/Lb	Picisweet	* Inactive * Peas Purple Hull Frozen	25.64	
W0054	1007117902	6/2.5Lb	Roastworks	* Inactive * Potato Sweet Diced Flame Roasted Unseasoned Frozen	45.06	
T3740	519411028	6/3Lb	Picisweet	Turnip Greens With Roots Frozen	30.42	
CF294	1060387250	12/2.5Lb	Bountiful Harvest	Vegetable Blend 5 Way Carrot Pea Corn Green Bean Lima Bean Individually Quick Frozen	38.16	
G2538	1007117918	12/2.5Lb	Simplet Classic	Vegetable Blend Pea And Carrot Frozen	46.01	
HG682	550901	1/20Lb	Chill Ripe	Vegetable Mix 4 Way Carrot Pea Green Bean Corn Frozen - Has Been Replaced With GJ486	22.91	
R1046	07403	224/Cnt	Bright Harvest	* Inactive * Yam Patty Candied 1.5 Ounce Frozen	34.83	
16796	BH01/BH40	6/5Lb	Bountiful Harvest	Fries Crinkle Cut 1/2" Fancy Grade A Line Flow Frozen - Has Been Replaced With CP990	23.76	1
31836	MCF04566	6/2.5Lb	Harvest Splendor	Fries Sweet Potato Crinkle Cut 7/16" Extra Long Fancy Fry Or Convection Oven Zero Grams Trans Fat Deep Groove Frozen	45.16	
G1902	MCF04712	6/2.5Lb	Harvest Splendor	Fries Sweet Potato Ridge Wedge 10 Cut Frozen	45.66	
R8184	OIF01027A	6/5Lb	Oreida	* Inactive * Fries Shoestring 1/4" Extra Long Evercrisp Frozen	20.22	
93130	OIF00589A	6/20Cnt	Oreida	Hashbrown Patty 2.25 Ounce Oval Zero Grams Trans Fat Frozen	37.64	
V7270	L0094	6/2.5Lb	Sweet Thing	Fries Sweet Potato Battered Mini Puff Ovenable Frozen	46.40	
16624	BH50	6/5Lb	Bountiful Harvest	Potato Tater Barrels Formed Fry Or Convection Oven Or Oven Frozen - Has Been Replaced With FM488	40.53	
FM488	6082248622	6/5Lb	Bountiful Harvest	Tater Tot Barrel Frozen	62.83	
B7662	74797	12/22Oz	Villa Prima	Pizza Cheese 12" Rolled Edge Scratch Ready Frozen	58.87	

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↳ Denotes Items with an Early Cutoff

Ⓢ Denotes Special Order Items

Order Guide

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Dry Grocery

Prod Id	Manuf#	Size	Brand	Description	*Price	To Order
J4772	213513	6/5Lb	Pioneer	Cornbread Mix Deluxe Trans Fat Free Complete	42.72	
JJ688	5178121	1/25Lb	Roma	Flour All Purpose Hotel & Restaurant Enriched Bleached Kosher Baking Powder	9.94	
JE553	58007	1/5Lb	Heritage Ovens	Baking Powder Tub - Has Been Replaced With JE553	15.27	
22385	18666	1/5Lb	Culinary Secrets	Cornmeal Mix Self Rising Yellow	0.00	
R5268	2028242	1/25Lb	Stiver's Best	Cornmeal Yellow	18.98	
W2344	27444	1/25Lb	Indian Girl	Juice Apple Ready To Use	18.39	
E7670	1149	12/46Oz	Lyons Magnus	Juice Grape 100% Ready To Use Aseptic Shelf Stable	56.58	
E7674	1164	12/46Oz	Lyons Magnus	Juice Lemon 100% From Concentrate	77.06	
CN529	3200402CY	1/1Gal	Culinary Secrets	* Inactive * Juice Orange 100% Ready To Serve Aseptic	14.18	
M5554	1150	12/46Oz	Lyons Magnus	Juice Tomato 100% From Concentrate	60.72	
54758	00366	12/46Oz	Campbells	Cornmeal Yellow	33.71	
33252	03050	12/24Oz	Quaker Oats	Grits Quick	30.32	
R5316	1330012408	8/5Lb	Jim Dandy	Oatmeal Quick Rolled Enriched In Box	34.35	
26332	71923-	12/42Oz	Hospitality	* Inactive * Jelly Assorted #2 Portion Control 80 Grape 80 Mixed Fruit 40 Strawberry	49.02	
P6038	WELC843	200/5Oz	Welch's	* Inactive * Jelly Grape Cup	15.82	
ET092	J0101	200/5Oz	Four In One Company	Jelly Grape Portion Control Cup Foil	13.24	
18152	5150000764	200/5Oz	Smuckers	Jelly Mixed Fruit Portion Control Cup Foil	15.89	
25880	5150000765	200/5Oz	Smuckers	* Inactive * Jelly Variety #4 Cup 80 Grape 80 Mixed Fruit 40 Strawberry	16.20	
DR700	8424	200/5Oz	West Creek	Ketchup Fancy 33% (Z) Pouch	21.34	
12930	CULY572	6/114Oz	Culinary Secrets	* Inactive * Ketchup Fancy 33% 9 Gram Packet	36.93	
A4308	REDY59G	1000/Cnt	Red Gold	Ketchup Portion Control Foil Packet	23.05	
18072	1001300098	1000/9Gm	Heinz Usa	Mustard Yellow Packet Trans Fat Free	54.25	
CV530	06536	500/5.5G	West Creek	Peanut Butter Creamy	22.85	
31766	14283	6/5Lb	Culinary Secrets	Peanut Butter Creamy	76.67	
31767	14283	1/5Lb	Culinary Secrets	Cookie Animal Cracker Meets School Grain Requirements	14.69	
GR356	07293	150/1Oz	Keebler		41.90	

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VAL - 52766, Tri-County Comm Council

⚠ Denotes items with an Early Cutoff

Ⓢ Denotes Special Order Items

printed in order of Performance View

Order Guide

2305 - Monthly Attendance

Program Term: Early Head Start 2024-2025: Head Start 2024-2025 | All | Time Frame: 1 Month Starting 2/25 | Enrollment Status: All | Flag/Group: Not Filtered | Program Option: All | Responsible Staff: All | Custom Filter: Not Filtered | Report Type: Detail

		February 2025												Present (Open 18 days)	Monthly ADA	Enroll	Emrl End Date																	
		S	S	M	T	W	T	F	S	S	M	T	W					T	F															
11	Participants	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	7 / 9	78%	8/12/24	2/14/25	
	Carter, Zayden	E																													4	100	2/24/25	
	Ferguson, A'Nyjah	E																													18	100	8/12/24	
	Irby, Larry III	E																													9	100	8/12/24	2/14/25
	Jackson, Caleb Jr.	E																													9	100	2/18/25	
	Lopez, Grayson	E																													18	100	8/13/24	
	Mendoza-Flores, Jayden	E																													8 / 18	44%	8/13/24	
	Smith, Amir	E																													18	100	8/12/24	
	Smith, Avalynn	E																													17 / 18	94%	8/12/24	
	Stubbs, Angel	E																													8 / 9	89%	2/15/25	
	Thompson, Liam	E																													4	100	10/12/24	2/7/25
	Wright, Nevaeh	E																																
	Present																														7	78%		
	Pct. Present																														88	88%		
	Not Present																														1			
																													Classroom: 90%					

1. Individual Monthly ADA is calculated by taking the number of days an individual participant was present and dividing it by the number of days the classroom was "Open".
 2. Classroom Monthly ADA is the weighted average of each student's Individual Monthly ADA
- Statuses counted as Present: Present(P), Best Interest Day(B), Present Offsite(O), Tardy(T), Left Early(LE), Tardy and Left Early(TLE), Virtual(V), Late Pickup (LP), Tardy and Late Pickup(TLP)
- Statuses counted as Absent: Absent(A), Excused(E), Unexcused(U)
- Statuses counted as Neither: No Class (-), Not Scheduled (N), ()
- Classroom Status Codes: X - Cancelled, C - Closed, H - Holiday, W - Teacher Workday

Westville Head Start Center - Room 1 Head/Wilkerson (EA)																																					
February 2025																																					
Participants	S	S	M	I	W	T	F	S	S	S	M	T	W	T	F	S	S	S	S	S	S	M	T	W	T	F	S	S	S	Enroll	Present (Open 19 days)	Monthly ADA	Enroll	Emrl End Date			
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28									
Andrews, Kennedi	E	C	C	P	P	P	P	C	C	C	P	P	P	P	P	C	C	C	C	C	C	P	P	P	P	T	P	19	100	8/19/24							
Boatwright, Evelyn	E	C	C	P	P	P	P	C	C	A	A	P	P	P	C	C	C	C	C	C	C	P	P	P	P	A	16 / 19	84%	8/12/24								
Crutchfield, Axl	E	C	C	P	P	P	P	C	C	P	P	P	P	P	C	C	C	C	C	C	C	P	P	P	P	P	19	100	8/13/24								
Dunn, Wyatt	E	C	C					C	C	P	P	P	P	P	C	C	C	C	C	C	C	P	A	P	T	P	13 / 14	93%	2/10/25								
Grant , Syllas	E	C	C	A	P	P	A	C	C					C	C	H					C					3 / 5	60%	8/12/24									
Lassiter, Maggie	E	C	C	P	P	P	A	P	C	C	P	P	A	P	C	C	C	C	C	C	C	P	P	P	P	P	17 / 19	89%	8/12/24								
Lassiter, Sarah	E	C	C	P	P	P	A	P	C	C	P	P	P	P	C	C	C	C	C	C	C	P	P	P	P	P	18 / 19	95%	8/12/24								
Sasser, Karson	E	C	C	A	A	P	P	C	C	P	A	P	P	P	C	C	C	C	C	C	C	P	P	P	P	P	16 / 19	84%	8/26/24								
Shepardson, Ace	E	C	C	P	P	P	P	C	C	A	P	P	P	P	C	C	C	C	C	C	C	P	P	P	A	P	16 / 19	84%	8/30/24								
Present							6	7	8	6	7							6	6	8	7	8							8	7	8	7	7				
Pct. Present							75	88	100	75	88							75	75	100	88	100							100	88	100	88	88				
Not Present							2	1	2	1							2	2	1							1							1	1	1	1	1
Classroom: 90% ²																																					

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 2. Classroom Monthly ADA is the weighted average of each student's Individual Monthly ADA
 Statuses counted as Present: Present(P), Best Interest Day(B), Present Offsite(O), Tardy(T), Left Early(LE), Tardy and Left Early(TLE), Virtual(V), Late Pickup (LP), Tardy and Late Pickup(TLP)
 Statuses counted as Absent: Absent(A), Excused(E), Unexcused(U)
 Statuses counted as Neither: No Class (-), Not Scheduled (N), ()
 Classroom Status Codes: X - Cancelled, C - Closed, H - Holiday, W - Teacher Workday

2305 - Monthly Attendance

Program Term: Early Head Start 2024-2025 | All | Time Frame: 1 Month Starting 2/25 | Enrollment Status: All | Flag/Group: Not Filtered | Program Option: All | Responsible Staff: All | Custom Filter: Not Filtered | Report Type: Detail

		February 2025																												Present (Open 19 days)	Monthly ADA	Enroll	Emrl End Date	
		S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F					S
20 Participants		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28					
Anderson, Alaska	H	P	P	P	P	A					A	P	P	P	P					P	P	P									16 / 19	84%	8/12/24	
Boatwright, Alice	H																															18 / 19	95%	8/12/24
Bowers, Roseanne	H																															18 / 19	95%	10/30/24
Braxton, Braylon	H																															16 / 19	84%	8/12/24
Butts, Julien	H																															18 / 19	95%	8/12/24
Carnley, Anslee	H																															19	100	8/12/24
Carroll, Taislynn	H																															16 / 19	84%	8/12/24
Daum, Vailyn	H																															11 / 19	58%	8/12/24
Forehand, Sawyer	H																															13 / 19	68%	8/12/24
Gainey, Oliver	H																															19	100	8/12/24
Graham, Stella	H																															19	100	8/12/24
Head, Kamden	H																															16 / 19	84%	10/26/24
Jones, MacKenzie	H																															18 / 19	95%	10/15/24
Kneller, Aayla	H																															18 / 19	95%	8/12/24
Lynch, Eliza	H																															17 / 19	89%	8/17/24
Marks, Jamiyah	H																															19	100	8/12/24
Merrill, Althea	H																															18 / 19	95%	8/12/24
Stewart, A'Brianna	H																															16 / 19	84%	11/6/24
Vickers, Mason	H																															15 / 19	79%	8/12/24
Washington, Kingston	H																															19	100	10/23/24
Present		19	18	20	18	16					17	20	19	16	16					19	19	19	19	17	16	15	19	17						
Pct. Present		95	90	100	90	80					85	100	95	80	80					95	95	95	95	85	80	75	95	85					Classroom: 89%	
Not Present		1	2	2	4					3	1	4	4							1	1	1	1	3	4	5	1	3						

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- Statuses counted as Neither: No Class (-), Not Scheduled (N), ()
- Classroom Status Codes: X - Cancelled, C - Closed, H - Holiday, W - Teacher Workday

Program Term: Early Head Start 2024-2025 | Head Start 2024-2025 | All | Time Frame: 1 Month Starting 2/25 | Enrollment Status: All | Flag/Group: Not Filtered | Program Option: All | Responsible Staff: All | Custom Filter: Not Filtered | Report Type: Detail

		February 2025																												Present (Open 19 days)	Monthly ADA	Enroll	Enrl End Date				
		S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	16 / 19	84%	10/31/24					
8 Participants		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	100	100						
Becker, Kaden	E																													10	100	8/12/24					
Butler, Brandon	E																													19	100	8/12/24					
Butler, Rambo	E																													10	100	8/12/24					
Jordan, Eden	E																													19	100	8/12/24					
Lindsey, Piper	E																													10	100	8/12/24					
Redmon, Jewell	E																													19	100	8/12/24					
White, Rozellalyn	E																													10	100	8/12/24					
White, Sophia	E																													19	100	8/12/24					
Present		6	6	7	8	8																													19		
Pct. Present		75	75	88	100	100																													86		
Not Present		2	2	1																													2				
																														Classroom: 80%							

1. Individual Monthly ADA is calculated by taking the number of days an individual participant was present and dividing it by the number of days the classroom was "Open".
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- Statuses counted as Present: Present(P), Best Interest Day(B), Present Offsite(O), Tardy(T), Left Early(LE), Tardy and Left Early(TLE), Virtual(V), Late Pickup (LP), Tardy and Late Pickup(TLP)
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