# 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.

MEMBER	SECTOR PI	RESENT	ABSENT	STAFF
Isaac Becker	Low-Income Elected	[]	[X]	Joel Paul
Lani Burritt	Public	[X]	ii	Sharon Kent
Alan Bush	Public	ii	[X]	Heather Craft
Edward Crutchfield	Low-Income Elected	[X]	ij	Kim Gillis
Clint Erickson	Public	Ţį	[X]	Angie Moore
Jeri Faircloth	Low-Income Elected	Ī	[X]	Hope Sharpe
Tara Finch	Low-Income Elected	[X]	j	
Janice Flowers	Low-Income Elected	[X]	Ϊį	
Danny Glidewell	Public	[ ]	[X]	
Anita Halling	Private		[X]	
Lesley Hatfield	Private	[X]	j	
Russ Henderson	Private	[X]	j	
John Hofstad	Public	[X]	i j	
Ron Kelley	Private	[X]	įj	
Patricia Latson	Low-Income Elected	[X]	įį	
Alex McKinnie	Public	[]	[X]	
Chris Moore	Public	[X]		
VACANT	Private	[]	[]	
VACANT	Low-Income Elected	[]	[ ]	
ATTORNEY				
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

#### BOARD OF DIRECTOR'S MEETING JANUARY 9, 2025 PAGE TWO

#### **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.

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

#### BOARD OF DIRECTOR'S MEETING JANUARY 9, 2025 PAGE THREE

Ashlynn Marquez	Public		[X]
Chris Moore	Public	[X]	ii
Wilmer Stafford	Public	[X]	įί
Willie Spires	Public	İ	X
Ashley Thompson	Low-Income Elected	[X]	Ϊį
ATTORNEY			
Jeff Carter		[X]	[]

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:

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

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

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

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

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

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 30<sup>th</sup> 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

#### BOARD OF DIRECTOR'S MEETING JANUARY 9, 2025 PAGE FOUR

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 15<sup>th</sup>. 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.

<u>Board Training Topic:</u> 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

#### BOARD OF DIRECTOR'S MEETING JANUARY 9, 2025 PAGE FIVE

- ... 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 30<sup>th</sup> in Pensacola. We will know more after that meeting. The RFP process will result in the selection of the

#### BOARD OF DIRECTOR'S MEETING JANUARY 9, 2025 PAGE SIX

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 be 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 <u>Annual Resolution Re Authority</u> 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 <u>Annual Report</u> 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.

#### BOARD OF DIRECTOR'S MEETING JANUARY 9, 2025 PAGE SEVEN

Leslie Hatfield made a motion to	approve both the A	nnual Resolution and	d the Annual Re	port.
Tara Finch seconded. Motion car	rried.			
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

Period Jan. 1		GRANTY	GRANT YEAR INFORMATION	-	
Revenue   Reve	Revenue	Revenue vs. Expense Grant Period	pc		
Figure   F		Exce	Excess Rev	BUDGET vs EXPENSE	XPENSE
No. 10, 23-9/13   3-165-70   3-156-70   3-	Revenue	Expense	over Expense GR.	GRANT BUDGET V.	VARIANCE
National State   Nati	\$ 11,862.62	\$ 49,384.35 \$	(37,521.73) \$	350.00 \$	(49,034.35)
NUCEDIO122-9723   S	\$ 2,265.40	\$ 162,168.19 \$	\$ (159,902.79)	-	1,056,831.81
VFEES(10/22-9/23)   S   3,873.14   S   1,102.35   S   13,324.55   S   6,445.69   S   6,878.86   S   13,324.45     S   22,186.64   S   21,600.76   S   33,957.46   S   4,004.33   S   10,0076.87   S   39,824.44     S   22,186.64   S   21,600.76   S   23,927.46   S   20,049.91   S   1,203.81   S   20,049.91   S   1,203.81   S   20,049.91   S   1,203.81   S   20,049.91   S   1,203.81   S   2,218.66   S   1,203.72   S   1,700.72   S   1,700.	\$	\$ 47,701.23 \$	_	132,000.00 \$	84,298.77
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CSBG PROGRAM \$ - \$ - \$ 88,646.33 \$ 88,646.33 \$ - \$ 665,270.00	42,855.13	42,855.13 \$	*		113,707.87
	665,270.00	665,270.00 \$	٠	Mile-	(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) \$	\$ 7,215,178.68	8,047,098.51 \$	(831,919.83)	13,204,642.00 \$	5,157,543.49

#### **Detailed Balance Sheet**

As of: 2/28/2025

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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
	FIRST FEDERAL ACCT# 8397	125,703.67
H5-1002-000	FIRST FEDERAL ACCT# 8397	15,852.41
	FIRST FEDERAL ACCT# 8397	41,781.29
H7-1002-000	FIRST FEDERAL ACCT# 8397	15,470.45
	FIRST FEDERAL ACCT# 8397	14,447.06
	FIRST FEDERAL ACCT# 8397	77,955.53
	PEOPLES SOUTH 0326	295,502.61
	PETTY CASH	40.00
	PETTY CASH -	7.50
	PETTY CASH	40.00
	PETTY CASH	(7.50)
	PETTY CASH -	220.00
90-1009-000	PETTY CASH	30.00
01-1015-000	HUD	0.41
	FRAG - INVESTMENT	(737.74)
	FRAG - INVESTMENT	737.74
	TRANS - INVESTMENT	517,503.94
	FIRST FEDERAL ACCT# 8400	(248,400.38)
14-1024-000	FIRST FEDERAL ACCT# 8400	(157,859.29)
	FIRST FEDERAL ACCT# 8400	(3,188.01)
	FIRST FEDERAL ACCT# 8400	(964.76)
	FIRST FEDERAL ACCT# 8400 FIRST FEDERAL ACCT# 8400	(911.51) (12.764.15)
	FIRST FEDERAL ACCT# 8400 FIRST FEDERAL ACCT# 8400	(12,764.15)
	FIRST FEDERAL ACCT# 8400 FIRST FEDERAL ACCT# 8400	(39,851.87)
	FIRST FEDERAL ACCT# 8400	1,181,501.55 (24,196.54)
	FIRST FEDERAL ACCT# 8400 FIRST FEDERAL ACCT# 8400	(24, 196.54) (97,610.32)
	FIRST FEDERAL ACCT# 8400	(97,610.52)
	FIRST FEDERAL ACCT# 8400	(58,267.38)
	FIRST FEDERAL ACCT# 8400	(48,324.86)
.0 1327 000		(10,024.00)

#### **Detailed Balance Sheet**

As of: 2/28/2025

2/27/2025	3:45:54 PM		All Funds	Page 2
-	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)	
		FIRST FEDERAL ACCT# 8419	(42,573.97)	
		FIRST FEDERAL ACCT# 8419	7,585.98	
		FIRST FEDERAL ACCT# 8419	217,670.76	
		CETERA INVESTMENT	254,594.00	
		5 YR ANNUITY CONTRACT	(0.17)	
		3 YR ANNUITY CONTRACT	(0.04)	
		DUE TO/DUE FROM ACCOUNT	1,957.84	
		DUE TO/DUE FROM ACCOUNT DUE TO/DUE FROM ACCOUNT	(0.01) 839.50	
		DUE TO/DUE FROM ACCOUNT	(41.17)	
		DUE TO/DUE FROM ACCOUNT	(1,725.06)	
		DUE TO/DUE FROM ACCOUNT	(691.58)	
		DUE TO/DUE FROM ACCT	(100.31)	
		DUE TO/DUE FROM	(28.37)	
		DUE TO/DUE FROM	(1,161.63)	
		DUE TO/DUE FROM ACCOUNTS		
		DUE TO/DUE FROM ACCOUNT	(913.09)	
		DUE TO/DUE FROM ACCOUNT	10,001.59	
		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 Ass	ets		=====	\$4,495,724.41
	Liabilities			
	16-1502-000	ACCOUNTS PAYABLE	6.41	
		ACCOUNTS PAYABLE	0.46	
			(9.64)	
		A/P GENERAL ACCT	722.25	
		A/P GENERAL ACCT	(5.18)	
		A/P GENERAL ACCT		
		A/P GENERAL	(7.92)	
		ACCOUNTS PAYABLE	20.95	
		A/P GENERAL ACCT	(5.08)	
		STATE U/E TAX	301.48	
		STATE U/E TAX	8.79	
		STATE U/E TAX	4.80	
		STATE U/E TAX	2.69	
	22-1509-000	STATE U/E TAX	15.72	
		A	04.00	

84.63

1,742.16

22-1509-000 STATE U/E TAX 23-1509-000 STATE U/E TAX

40-1509-000 STATE U/E TAX

#### **Detailed Balance Sheet**

As of: 2/28/2025

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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	
		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	
		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	
		GARNISHMENT FEE	7.20	
			2.44	
	61-1536-000	GARNISHMENT FEE	2.44	
		GARNISHMENT FEE	9.41	

#### **Detailed Balance Sheet**

As of: 2/28/2025

2/27/2025	3:45:54 PM	All Funds		Page
	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	
		TCCC CONTRIBUTION	7.15	
	61-1539-000	TCCC CONTRIBUTION	9.66	
	79-1539-000	TCCC CONTRIBUTION	4.99	
		TCCC CONTRIBUTION	6.13	
	22-1556-000	PLAN MEMBER SECURITIES	0.01	
		PLAN MEMBER SECURITIES	(0.01)	
		ACCRUED LEAVE LIABILITY	71,651.13	
otal Lial	bilities			\$195,082.1
	Net Assets	;		
	01-1850-000	BEGINNING NET ASSETS (U)	574,094.46	
		BEGINNING NET ASSETS (U)	(196,129.47)	
		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	
		BEGINNING FUND BALANCES	279,140.20	
	53-1850-000	BEGINNING NET ASSETS	(4,059.84)	
		BEGINNING NET ASSETS (U)	(280,994.83)	
		BEGINNING NET ASSETS (U)	5,277.67	
		BEGINNING NET ASSETS (U)	(107.73)	
		BEGINNING NET ASSETS (U)	(338,698.08)	
		BEGINNING NET ASSETS (U)	7,585.98	
		BEGINNING NET ASSETS (U)	(230.59)	
		BEGINNING FUND BALANCES	217,670.76	
		BEGINNING FUND BALANCES	4,484.21	
		BEGINNING FUND BALANCES	10,612.47	
		BEGINNING NET ASSETS (U)	16,152.41	
		BEGINNING NET ASSETS (U)	9,890.24	
		BEGINNING FUND BALANCES	82,091.20	
		BEGINNING NET ASSETS (T)	734,325.42	
		BEGINNING NET ASSETS (T)	47,021.12	
		BEGINNING NET ASSETS	30,486.26	
		PRIOR PERIOD ADJ	28,298.87	
		BEGINNING NET ASSETS	126,736.44	
		PRIOR PERIOD ADJ	123,527.04	
		ues Over Expenses	(524,680.67)	
	Assets			\$4,300,642.29

**Total Liabilities and Net Worth** 

\$4,495,724.41

# TCCC MONTHLY CREDIT CARD REVIEW DECEMBER 2024 ACTIVITY

LOWE'S	TOTAL CHARGES  \$ - \$ -	<b>DESCRIPTION</b> NO PURCHASES
WALMART - ADM	\$ - \$ -	NO PURCHASES
WALMART - CSBG / SENIOR CENTER	\$ - \$ -	NO PURCHASES
WALMART - HEADSTART/SR CENTER EFT 01/28/25	\$ 490.18 \$ 490.18	FOOD (USDA), VEHICLE MAINT/REPAIR, FOOD FOR FAMILY NIGHT
WRIGHTS EXPRESS ADM, HS, SVCS, & TRANS EFT 01/17/25	\$ 18,211.49 \$ 18,211.49	FUEL
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
TOTAL	\$	5,518.00	
EFT 01/28/25	7	3,310.00	

# TCCC MONTHLY CREDIT CARD REVIEW JANUARY 2025 ACTIVITY

	TOTAL CHARGES	DESCRIPTION
LOWE'S		
EFT 02/18/25	\$ 2,414.77 \$ 2,414.77	OFFICE/CENTER REPAIRS AND/OR MAINT.
WALMART -		
CSBG	\$ -	NO PURCHASES
	\$ - \$ -	
WALMART - HEADSTART /SR CENTER		
EFT 02/28/25	\$ 691.87	CENTER SUPPLIES, USDA (FOOD)
	052.67	
WRIGHTS EXPRESS		
ADM, HS, SVCS, & TRANS EFT 02/18/25	\$ 16,536.18 \$ 16,536.18	FUEL
	7 23/230125	
OFFICE DEPOT	\$0.00	NO ACTIVITY
PEOPLES SOUTH MASTERCARD	\$0.00	NO ACTIVITY

# TCCC VISA REVIEW JANUARY 2024 ACTIVITY

ADMIN		TOTAL	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	\$	4 1 2 1 1 A	
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
	1	Tage to the	
TOTAL	\$	5,018.80	
EFT 02/27/25			
	My		

941 for 2024: Employer's QUARTERLY Federal Tax Return OMB No. 1545-0029 Report for this Quarter of 2024 Employer Identification number (EIN) 8 (Check one.) TRI-COUNTY COMMUNITY COUNCIL Name (not your trade name) INC. 1: January, February, March 2: April, May, June Trade name (if any) 3: July, August, September 1210, 302 N OKLAHOMA ST Address 4: October, November, December Suite or room number Go to www.irs.gov/Form941 for BONIFAY FL instructions and the latest information. 32425 City State ZIP code Foreign country name Foreign province/county Foreign postal code 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. Number of employees who received wages, tips, or other compensation for the pay period including: Mar. 12 (Quarter 1), June 12 (Quarter 2), Sept. 12 (Quarter 3), or Dec. 12 (Quarter 4) 107 2 Wages, tips, and other compensation . 980199.37 3 Federal income tax withheld from wages, tips, and other compensation 56289.15 If no wages, tips, and other compensation are subject to social security or Medicare tax Check here and go to line 6. Column 1 Column 2 Taxable social security wages . 1012941.17 125604.71 Taxable social security tips . 5b 0.00 0.00 5c Taxable Medicare wages & tips . 1012941.17 29375 .29 Taxable wages & tips subject to 0.00 Additional Medicare Tax withholding x 0.009 =0.00 Total social security and Medicare taxes. Add Column 2 from lines 5a, 5b, 5c, and 5d 154980.00 5e Section 3121(q) Notice and Demand — Tax due on unreported tips (see instructions). 5f 5f 0.00 Total taxes before adjustments. Add lines 3, 5e, and 5f · 211269.15 7 Current quarter's adjustment for fractions of cents . 0.14 8 Current quarter's adjustment for sick pay. 0.00 Current quarter's adjustments for tips and group-term life insurance. 0.00 Total taxes after adjustments. Combine lines 6 through 9 · 10 211269.29 10 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 211269 - 29 12 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 211269-29 13 14 Balance due. If line 12 is more than line 13, enter the difference and see instructions . 15 Overpayment. If line 13 is more than line 12, enter the difference Check one: Apply to next return. Send a refund. You MUST complete both pages of Form 941 and SIGN it. For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

950124

Form 941 (Rev. 3-2024)

Name (not your trade name)	Employer Identification number (EIN)								
TRI-COUNTY COMMUNITY COUNCIL, INC.	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								
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. If line 12 for the prior quarter was less than \$2,500 but line 12 on this return is \$100,000 or more, you must provide a record of your federal tax liability. If you're a monthly schedule depositor, complete the deposit schedule below; if you're a semiweekly schedule depositor, attach Schedule B (Form 941). Go to Part 3.									
You were a monthly schedule depositor for the entire quare liability for the quarter, then go to Part 3.	ter. Enter your tax liability for each month and total								
Tax liability: Month 1									
Month 2									
Month 3									
Total liability for quarter Tot	al must equal line 12.								
You were a semiweekly schedule depositor for any part of Report of Tax Liability for Semiweekly Schedule Depositors, and attach it to	this quarter Complete Schedule B (Form 941)								
Part 3: Tell us about your business. If a question does NOT apply to your busi	ness, 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 you									
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 thi for details.	s return with the IRS? See the instructions								
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 belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all	and statements, and to the best of my knowledge information of which preparer has any knowledge.								
Sign your Print your name here	JOEL PAUL JR								
name here ful (and ) Print your	N. V. S.								
title here	EXECUTIVE DIRECTOR								
Date 01/16/25 Best daytime pl	8505472444								
Paid Preparer Use Only	Check if you're self-employed								
Preparer's name	PTIN								
Preparer's signature	Date								
Firm's name (or yours if self-employed)	EIN								
Address	Phone								
City	ZIP code								

## Schedule B (Form 941):

	port of Tax Lia	, abili			Schedule Depo		co —	OMB No. 1545-002	
Emp	oloyer identification numb	oer [	5 9 - 1	0	9 9 5	8		heck one.)	
Nam	Name (not your trade name)  TRI-COUNTY COMMUNITY COUNCIL, INC.  1: January, February, March 2: April, May, June								
Cal	endar year	[	2 0 2	4	(Als	o che	ck quarter)	3: July, August, September	
if you	4: October, November, December  Jee 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 f 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.								
Mon	th 1	1		1		1		Tax liability for Month 1	
1		9	•	17		25		Tax hability for World 1	
2	•	10		18	29313.08	26	•	58398.80	
3		11	•	19	•	27	•		
4	29085.72	12	•	20		28			
5	•	13		21		29			
6		14		22		30			
7		15		23		31			
8	•	16		24					
Mon	h 2								
1	28709.57	9		17		25		Tax liability for Month 2	
2		10	•	18		26		96289.06	
3	•	11	• •	19		27		30203100	
4		12		20		28			
5		13		21		29	30325.68		
6		14		22	rzeren en e	30			
7		15	28292.62	23		31			
8	8961.19	16		24					
Mont	n 3								
1		9		17		25		Tax llability for Month 3	
2		10		18		26		56581.43	
3		11		19		27	29127.02	30301: 43	
4		12		20		28			
5		13	27454.41	21		29			
6		14		22		30			
7		15		23		31			
8		16		24					
			Fill in your		ability for the quarter (Mo	onth 1	+ Month 2 + Month 3).	Total liability for the quarter	
					Total must	equa	Il line 12 on Form 941.	211269.29	

#### FEDERAL FINANCIAL REPORT

		and the latest the lat		(Follow form	instructions)						
			nal Element to Which F			Federal Ag	ency (To r	ant or Other Identifying Number Assigned by cy (To report multiple grants, use FFR Attachment)			
_			CHILDREN & FAM			04CH01	240601				
3. Recipier	nt Organization	n (Name an	d complete address in	cluding Zip code)							
			OUNCIL, INC.								
	302 N OKLAHOMA ST, BONIFAY, FL 32425-2224 USA										
4a. UEI	4a. UEI  4b. EIN  5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)  Cash Cash Cash Accounting Annual										
KSHUE4	AZMR39	15	91099586A1	8D43P			□ Fi				
8. Project/C	8. Project/Grant Period (Month, Day, Year)  9. Reporting Period End Date (Month, Day, Year)										
From: De	From: December 1, 2023 To: November 30, 2024 November 30, 2024										
10. Transa				THO TOTAL DOT	2027		NOVEIII	00, 2024	Cumulative		
(Use lines a	a-c for single o	r combined	multiple grant reportir	na)		-					
				o use FFR Attachme	nt)·					900	
a. Cash I		, ,							\$2,540,59	8.07	
	Disbursements										
									\$2,540,59		
	on Hand (line a								*	0.00	
	l-o for single g		ated Balance:								
		COLUMN TO THE REAL PROPERTY.	aleu balance:						00 700 40	7.00	
	ederal funds a								\$2,760,16	ALC: NO.	
	I share of exp								\$2,540,59		
	share of unliq							Favor Contract		0.00	
	ederal share (								\$2,540,59	3.07	
h. Unoblig	gated balance	of Federal	funds (line d minus g)						\$219,56	3.93	
Recipient S	hare:										
i. Total re	cipient share r	equired							\$414,022	2.00	
j. Recipier	nt share of exp	enditures	CENTER VIEW CH						\$164,023	3.62	
		hare to be	provided (line i minus	j)					\$249,998	3.38	
Program Inc											
	deral share of								\$0	0.00	
m. Progra	m income exp	ended in ac	ccordance with the dec	duction alternative				HILLER	\$0	0.00	
n. Prograr	m income expe	ended in ac	cordance with the add	ition alternative					\$0	0.00	
o. Unexpe	nded program	income (lir	ne I minus line m and I	ine n)	e i heli si				\$0	0.00	
11. Indirect	а. Туре	b. Rate	c. Period From	Period To	d. Base		e. Amoun	t Charged	f. Federal Share		
Expense											
NOW THE PROPERTY OF THE	**************************************	MANAGEMENT AND									
			A CONTRACTOR	g. Totals:		\$0.00		\$0.00	\$C	0.00	
12. Remarks	: Attach any ex	xplanations	deemed necessary or	r information required l	by Federal sp	onsoring ag	ency in cor	mpliance with q	overning legislation:		
				est in HSES for \$30							
expenditure	s, disburseme	ents and ca	ash receipts are for t	est of my knowledge he purposes and inte riminal, civil, or admi	ent set forth i	in the award	docume	nts. I am aware	that any false.		
			Authorized Certifying						ber, and extension)		
							iopiioiio (		or, and exemplony		
Paul, Jr., Joel d. Email Address											
Executive						joe	@tricou	ntycommunit	ycouncil.com		
. Signature o	of Authorized	Certifying O	fficial					Submitted (Mor			
Paul, Jr., J	loel (	fre	cul			Feb	ruary 26	2025			
	/	/"				Stand	ard Form 425	ber: 4040-0014			
	·						tion Date: 02/				

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 hours 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.	Cove	er Pag	ze							
2.	ATI	ACH	MENT	A (General	Reporting)Property	Name:	Tri-County	Head Star	rt - Chipley	#1
3.	ATT	ACH	MENT	A (General	Reporting) Property	Name:	Tri-County	Head Star	rt - Chipley	#2
4.	ATT	ACH	MENT	A (General	Reporting) Property	Name:	Tri-County	Head Star	rt - Chipley	#3
5.	ATT	ACH	MENT.	A (General	Reporting) Property	Name:	Tri-County	Head Star	rt - Walton #	#1
6.	ATT	ACH	MENT.	A (General	Reporting) Property	Name:	Tri-County	Head Star	rt - Walton #	‡2
7.	ATT	ACH	MENT.	A (General	Reporting) Property	Name:	Tri-County	Head Star	rt - Walton #	‡3
8.	ATT	ACH	MENT.	A (General	Reporting) Property	Name:	Tri-County	Head Star	t - Walton #	4
9.	ATT	ACH	MENT.	A (General	Reporting) Property	Name:	Tri-County	Head Star	t - Walton #	16
0.	ATT	ACH	MENT.	A (General	Reporting) Property	Name:	Tri-County	Head Star	t - Westville	, FL
<i>I</i> .	ATT	ACH!	MENT .	A (General	Reporting) Property	Name:	Tri-County	Head Star	t - Westville	#1
					Reporting)Property				t - Westville	#2
3.	ATT	ACH!	MENT	A (General	Reporting) Property	Name.	Farly Hoad	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 Subm   2. Federal Grant:   2a. Other Identifying Number(s) by Federal A									
Administration for Child	Iren and Families		04CH012406 gency(ies): 04CH0902						
3. Recipient Organizati Tri-County Community	ion (name and complete Council, Inc.	address including zip code	e):	24.131.4					
Address Line 1 302 N OKLAHOMA ST			Address Line 2		72 3	pinery.			
Address Line 3			City BONIFAY	State FL		ip Code 2425	Zip Ext. 2224		
4a. DUNS Number: 070865001	4b. EIN: 1591099586A1	5. Recipient Account	6. Contact Person for this Report:						
0,0003001	1391099380A1	or Identifying Number:	First Name: Hope	Middle Init	ial: R	Last Name: Sha	ире		
		Bonifay	Phone: (850) 547-3689	Phone Exte	nsion:				
			Email: HOPE@TRICOUNTYCO	MMUNITY	COUNC	CIL.COM			
			Fax:						
7. Report End Date (MA	M/DD/YYYY): 11/30/202	4							
8. Real Property Status	Report - Attachments: /	check the applicab	le block(s)]:						
Attachment A (C	General Reporting	attached							
Attachment B (Requ	est to Acquire, In	prove or Furnish)	attached						
Attachment C (Dispe	osition Request) a	ttached		Alles					
9. Comments (attach	additional sheets	if necessary):							
						- Tarris de l'Alle			
10. Certification: I certification of fac	ly to the best of my know It upon which the Feder	vledge and belief that all in al government may rely.	formation presented in this report	is true, corr	ect and	complete and cons	titutes a mate		
Ila. First Name: Joe	lair (i. jan.)		11c. Telephone (area code, number, extension):						
lla. Middle Initial:			11d. Email Address: joel@trico	untycom	munity	ycouncil.com			
11a. Last Name Paul,		11e. Date Report Submitted (MM/DD/YYYY): 01/30/2025							
	11a. Title of Authorized Certifying Official: Executive Director			12. Agency use only.					
1b. Signature of Author	ized Certifying Official:	cut)							

OMB Control No.: 4040-0016

Expires: 02/28/2025

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

is Submitted:	ncy and Organiz	rational Element t Families	o Which Report	2. Federal Gran 04CH012406		2a. Other Identifying Number(s) by Federal Agency(ies): 04CH0902				
3. Recipient Or Tri-County Con	ganization (nam munity Council,	ne and complete at Inc.	idress including z	ip code):						
Address Line 1 302 N OKLAHO		Address Lin	e 2							
Address Line 3		City BONIFAY				Zip Code 32425			Zip Ext. 2224	
4a. DUNS Number:	4b. EIN: 1591099586A1	5. Recipient	6. Contact Perso	on for this Report				4-1-		
070865001	1591099586A1	Account or	First Name: H	ope	Middle	Initial: F	1	Last Nan	ne: Sharpe	
		Identifying Number:	Phone: (850) 5	47-3689	Phone E	xtension	:			
		Bonifay	Email: HOPE@TRICOUNTYCOMMUNITYCOUNCIL.COM							
			Fax:							
		FFF): 11/30/2024								
8. Real Property	Status Report -	- Attachments: /c.	heck the appli	cable block(s)	<i>]</i> :	List T				
Attachme	ent A (General	Reporting) at	tached		1.4		15.5	E T	7-1-1-1-1	
Attachment B	(Request to A	cquire, Impro	ve or Furnish,	) attached						
Attachment C	(Disposition )	Request) attach	ed							
9. Comments (a	ttach additio	nal sheets if no	ecessary):		T T	3.77				
10. Certification constitutes a ma	: I certify to the terial representa	best of my knowle	dge and belief the	at all information government may	presented rely.	in this r	eport is t	rue, correc	et and complete and	
la. First Name:	Heather			11c. Telephone (a	rea code	e, numi	ber, ext	ension)		
1a. Middle Initi	al:			11d. Email Addre			_			
I a. Last NameCraft				11e. Date Report Submitted (MM/DD/YYYY): 01/30/2025						
1a. Title of Autl CFO	iorized Certifyii	ng Official:		12. Agency use only.						
1b. Signature of	Authorized Cer	rtifying Official:								

	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 reconstruction on award identifie summary of the Attachment A.	quested inform I of real prope each parcel of d in section 2 e required inf	mati erty of re . If a orm	ion bei eal p a se	in subsectiong reported.  oroperty und  ection does n	ns 13 th Use a s er the F ot appl	rough eparate ederal y, enter	sheet to financial a "N/A." B	report assistance elow is a		
13. Period of Federal Inte	rest (MM/DD/YYY)	):	From	m:11/04/1993 To:	uncertain	- 11				
Type of Federal Interest										
Acquisition L	✓ Renovation	C	onstru	ction Gove	rnment Furni	shed Proper	ty			
14a. Description of Real F #1 Building-Head Start Pro	gram Washington County									
Real Property Name: Tri-	County Head Start - Chip	ley#1				Major 1				
14b. Address of Real Prop	erty (legal description	on an	d co	mplete address inc	luding zon	ing inform	nation):			
Legal description Tri-Co		l, Inc.								
Address Line 1 541 5th 5	St		ess Li		-			WHITE I		
Address Line 3	City Chipley StateFL Zip Code Zip Ext. 32428 1176									
County/Parish Washingt		Соци	tryUS	A						
GPS Location ( Latitude		GPS	S Loca	tion (Longitude) -85	.539705	Verified				
Additional zoning inform	ation									
14c. Land Acreage or Squa	are Units:		14d.	Gross and Usable Squ	are Footage/	Meters (i.e.,	of building,	house, etc.):		
Enter Amount: 15,066			En	ter Amounts: Gross 8	16	Us	able 816			
Select Units: Acres Square Feet Square Kilometers Square Meters			0	lect Units: Square Feet Square Meters						
4e. Real Property Owners	ship Type(s):									
A. Owned				B. Co-Owned	C.F	ee Simple				
D. Corporate				E. Joint Tenancy	☐ F. P	artnership	61.4.11			
G. Limited Liability	y Partnership			H. Co-Operative	☐ 1. G	overnment F	urnished Proper	ty		
J. Other (Describ	e)									
4f. Real Property Cost: SI	162,906		Shar	e Percentage %						
Federal Share: \$130,325	Federal Share: \$130,325 80.00%									
Non-Federal Share: \$32,5			20.0					The Alberta		
Total (sum of Federal Thare): \$162,906	l and Non-Federal		100.	.00%						
4g. Has a deed, lien, coven A	ant, or other related do	ument	tation	been recorded to estab	lish Federal i	nterest in re	al property? 💽	Yes ONo C		
If yes(unless previously re	ported), describe the in:	strume	ent use	d and enter the date a	nd jurisdictio	n in which it	was recorded:			
Instrument Used	Amount		Ī	Date Recorded	Jurisd	iction	State	Reference Number		
cod		10 1	12/21/1	993	Washington		E.	93006110		

Additional Communication and the second	.,						
Additional Comments (Attach additional sheets	if necessary for 14g):						
N/A							
14h. Has Federally required insurance coverage been see	tured for this property? (See instructions for more details). • Yes C No						
14i. Are there any Uniform Relocation Act (URA) requir							
14j. Are there any environmental compliance requireme							
If yes, describe them (Attach additional sheets if	necessary for 14j):						
14k. In accordance with the National Historic Preservaticaligible for listing in the National Register of Historic Place Yes No	on Act (NHPA), does the property possess historic significance, and/or is listed or ces?						
If yes, describe them (Attach additional sheets if	necessary for 14k):						
15. Has a significant change occurred with the real property, or is there an anticipated change expected during the next reporting period? C							
If yes, describe the change (Attach additional sheets if necessary for 15)							
16. Real Property Disposition Status:							
A. Sold	B. Transferred to different award						
C. Used other Federally sponsored project/ program	D. Transferred title						
E. Retained Title	F. N/A						
<ul> <li>i. If the Federal agency provided the recipient dispositio owed to the Federal government; \$0</li> </ul>	n instructions to sell or retain title to the real property, enter the amount of the funds						
ii. If applicable, enter the amount of any net proceeds from	om sale of the real property and describe how the proceeds were distributed: \$0						
iii. If the Federal agency directed the recipient to transfe	r title to the real property, enter the amount of funds the Federal Agency owes: \$0						
17. Indicate the cumulative energy consumption for the pr							
A. Electric (kWh) 9,718 or (Btu) 0 B. Petroleun	t (Gal) 0 C. Natural Gas (cu ft) 0						
Other (Specify)							
18. Remarks (attach additional sheets if necessar	y):						
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: 11/04/1993 To: uncertain Type of Federal Interest **✓** Renovation Acquisition Construction **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 StateFL Zip Code Zip Ext. 32428 1176 County/Parish Washington CountryUSA 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: Select Units: Acres Square Feet Square Feet Square Meters Square Kilometers 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: \$162,906 Share Percentage % Federal Share: \$130,325 80.00% Non-Federal Share: \$32,581 20.00% 100.00% Total (sum of Federal and Non-Federal Share): \$162,906 14g. Has a deed, lien, covenant, or other related documentation been recorded to establish Federal interest in real property? G Yes C No C If yes(unless previously reported), describe the instrument used and enter the date and jurisdiction in which it was recorded: Reference Instrument Used Amount Date Recorded Inrisdiction State 10 12/21/1993 Washington 93006110 Deed FL

Additional Comments (Attach additional sheets	if necessary for 14g):
N/A	
14h. Has Federally required insurance coverage been see	cured for this property? (See instructions for more details). Gyes C No
14i. Are there any Uniform Relocation Act (URA) requir	rements applicable to this property? C Yes @ No
14j. Are there any environmental compliance requirement	nts related to the real property? C Yes C No
If yes, describe them (Attach additional sheets if	necessary for 14j):
N/A	
14k. In accordance with the National Historic Preservational Register of Historic Pla C Yes No	on Act (NHPA), does the property possess historic significance, and/or is listed or aces?
If yes, describe them (Attach additional sheets if	necessary for 14k):
15. Has a significant change occurred with the real property of No	erty, or is there an anticipated change expected during the next reporting period?
If yes, describe the change (Attach additional sheet	ets if necessary for 15)
16. Real Property Disposition Status:	
A. Sold	B. Transferred to different award
C. Used other Federally sponsored project/ program	D. Transferred title
E. Retained Title	F. N/A
i. If the Federal agency provided the recipient dispositio owed to the Federal government: \$0	n instructions to sell or retain title to the real property, enter the amount of the funds
ii. If applicable, enter the amount of any net proceeds fr	om sale of the real property and describe how the proceeds were distributed: \$0
	Control of the control of the state of the s
iii. If the Federal agency directed the recipient to transfe	er title to the real property, enter the amount of funds the Federal Agency owes: \$0
17. Indicate the cumulative energy consumption for the pr	
A. Electric (kWh) 16,340 or (Btu) 0 B. Petroleu	ım (Gal) 0 C. Natural Gas (cu ft) 0
Other (Specify)	
18. Remarks (attach additional sheets if necessar	p):
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:11/04/1993 To: uncertain Type of Federal Interest ✓ Renovation Acquisition Construction 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 StateFL Zip Code Zip Ext. 32428 County/Parish Washington CountryUSA 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: Select Units: Acres Square Feet Square Feet Square Meters Square Kilometers Square Meters 14c. 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 1. Government Furnished Property 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 100.00% Share): \$162,906 14g. Has a deed, lien, covenant, or other related documentation been recorded to establish Federal interest in real property? 🤄 Yes 🤼 No 🔘 If yes(unless previously reported), describe the instrument used and enter the date and jurisdiction in which it was recorded: Instrument Used Reference Amount Date Recorded Jurisdiction Number 10 12/21/1993 Washington 93006110 Deed FL

Additional Company (Attack additional shorts if a green for 15)								
Additional Comments (Attach additional sheets if necessary for 14g):  N/A								
N/A								
14h. Has Federally required insurance coverage been secured for this property? (See instructions for more details).								
14i. Are there any Uniform Relocation Act (URA) requirements applicable to this property? C Yes O No								
14j. Are there any environmental compliance requirements related to the real property? C Yes 6 No								
If yes, describe them (Attach additional sheets if necessary for 14j):								
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?  Yes No								
If yes, describe them (Attach additional sheets if necessary for 14k):								
15. Has a significant change occurred with the real property, or is there an anticipated change expected during the next reporting period? C Yes ② No								
If yes, describe the change (Attach additional sheets if necessary for 15)								
16. Real Property Disposition Status:								
A. Sold B. Transferred to different award								
C. Used other Federally sponsored project/ program  D. Transferred title								
E. Retained Title								
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: S0								
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: S0								
17. Indicate the cumulative energy consumption for the previous 12 months:								
A. Electric (kWh) 6,479 or (Btu) 0 B. Petroleum (Gal) 0 C. Natural Gas (cu ft) 0								
Other (Specify)								
18. Remarks (attach additional sheets if necessary):								
N/A								

					_				
									l No.: 4040-0016 pires: 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 red for each parce information on award identifie summary of th Attachment A.	quested informated informated in the contraction of	naterty of re	ion beir eal p a se	in subsection ng reported property und ction does	no. L	s 13 th Jse a se er the Fe ot apply	rough eparate ederal /, enter	sheet to financial "N/A." B	report assistance elow is a
13. Period of Federal Inte	rest (MM/DD/YYY)	):	Fron	n:11/30/1992 To	): l	uncertain			
Type of Federal Interest					U			a hat e	
Acquisition [	Renovation	] c	onstruc	tion Gov	ern	ment Furnis	hed Proper	ly	
14a. Description of Real I #1 Modular Unit - Head Sta	urt Program Walton Count								
Real Property Name: Tri-						144-1			(3), (4), (4)
14b. Address of Real Prop	erty (legal description	on ar	nd con	nplete address in	cli	uding zoni	ing inform	nation):	
Legal description Tri-Co	ounty Community Counci	l, Inc.			7				
Address Line 1 268 S Da	avis Lu	Address Line 2							
Address Line 3		City Defuniak Springs StateFL Zip Code 32435 Zip Ext. 32435							
County/Parish Walton		CountryUSA							
GPS Location ( Latitude		GP	S Loca	tion (Longitude) -8	6.0	95	Verified		145 774
Additional zoning inform	ation								
14c. Land Acreage or Squa	are Units:		14d.	Gross and Usable So	uai	re Footage/M	leters (i.e.,	of building,	house, etc.):
Enter Amount: 1.19				ter Amounts: Gross	960	0	Us	able 960	7.15754.4
Select Units: Acres Square Feet Square Kilometers Square Meters			Select Units:  Square Feet  Square Meters						
14e. Real Property Owners	ship Type(s):								
A. Owned				B. Co-Owned		C. Fe	e Simple		
D. Corporate				E. Joint Tenancy		F. Pa	rtnership		
G. Limited Liability	y Partnership			H. Co-Operative		1. Go	vernment F	urnished Proper	tv
J. Other (Describ									
4f. Real Property Cost: S3	37,835			Percentage %		(62-14-17)			
Federal Share: \$30,268			80.0						
Non-Federal Share: \$7,50			20.0		_				
Total (sum of Federal Share): \$37,835	l and Non-Federal		100.0	00%					
4g. Has a deed, lien, coven A									Yes CNo C
If yes(unless previously re	ported), describe the ins	trum	ent used	and enter the date	and	l jurisdiction	in which it	was recorded:	
Instrument Used	Amount			Date Recorded	I	Jurisdi	ction	State	Reference Number
		0	_		1				

(Attach additional sheets if necessary for 14g):							
examen mannonan sneets if necessary for 14g):							
14h. Has Federally required insurance coverage been secured for this property? (See instructions for more details).							
14i. Are there any Uniform Relocation Act (URA) requirements applicable to this property? CYes 6 No							
14j. Are there any environmental compliance requirements related to the real property? C Yes C No							
If yes, describe them (Attach additional sheets if necessary for 14j):							
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?  Yes 10 No							
If yes, describe them (Attach additional sheets if necessary for 14k):							
15. Has a significant change occurred with the real property, or is there an anticipated change expected during the next reporting period? C Yes 6 No							
If yes, describe the change (Attach additional sheets if necessary for 15)							
16. Real Property Disposition Status:							
A. Sold B. Transferred to different award							
C. Used other Federally sponsored project/ D. Transferred title							
E. Retained Title 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: 50							
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							
7. Indicate the cumulative energy consumption for the previous 12 months:							
A. Electric (kWh) 8,941 or (Btu) 0 B. Petroleum (Gal) 0 C. Natural Gas (cu ft) 0							
Other (Specify)							
8. Remarks (attach additional sheets if necessary):							
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: #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 Zip Code 32435 Zip Ext. 2900 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: Select Units: • Acres © Square Feet C Square Feet C Square Meters Square Kilometers C Square Meters 14c. 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 1. Government Furnished Property 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 100 00% Share): \$37.835 14g. Has a deed, lien, covenant, or other related documentation been recorded to establish Federal interest in real property? 🕻 Yes 🧖 No 🙃 If yes(unless previously reported), describe the instrument used and enter the date and jurisdiction in which it was recorded: Reference Instrument Used Amount Date Recorded Jurisdiction State Additional Comments

If yes, describe them (Attach additional sheets if necessary for 14k):  15. Has a significant change occurred with the real property, or is there an anticipated change expected during the next reporting period?  16. Has a significant change occurred with the real property, or is there an anticipated change expected during the next reporting period?  17. When the same of the change (Attach additional sheets if necessary for 15)  18. Has a significant change expected during the next reporting period?  19. Has a significant change expected during the next reporting period?  19. Has a significant change expected during the next reporting period?  19. Has a significant change expected during the next reporting period?  19. Has a significant change expected during the next reporting period?  10. Transferred to different award  10. Used other Federally sponsored project/  10. Transferred title  10. Has a significant change expected during the next reporting period?  10. Transferred title  10. Transferred title  10. F. N/A  11. If the Federal agency provided the recipient disposition instructions to sell or retain title to the real property enter the amount of the funds.	(Allege and Discount and Mark 1977)							
14i. Are there any Uniform Relocation Act (URA) requirements applicable to this property? Yes No  14j. Are there any environmental compliance requirements related to the real property? Yes No  If yes, describe them (Attach additional sheets if necessary for 14j):  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?  Yes No  If yes, describe them (Attach additional sheets if necessary for 14k):  15. Has a significant change occurred with the real property, or is there an anticipated change expected during the next reporting period? Yes No  If yes, describe the change (Attach additional sheets if necessary for 15)  6. Real Property Disposition Status:  A. Sold  B. Transferred to different award  C. Used other Federally sponsored project/ Operation of the funds of the Federal agency provided the recipient disposition instructions to sell or retain title to the real property, enter the amount of the funds wed to the Federal government: SO  ii. If applicable, enter the amount of any net proceeds from sale of the real property and describe how the proceeds were distributed: SO	(Anach additional sneets if necessary for 14g):							
14i. Are there any Uniform Relocation Act (URA) requirements applicable to this property? Yes No  14j. Are there any environmental compliance requirements related to the real property? Yes No  If yes, describe them (Attach additional sheets if necessary for 14j):  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?  Yes No  If yes, describe them (Attach additional sheets if necessary for 14k):  15. Has a significant change occurred with the real property, or is there an anticipated change expected during the next reporting period? Yes No  If yes, describe the change (Attach additional sheets if necessary for 15)  6. Real Property Disposition Status:  A. Sold  B. Transferred to different award  C. Used other Federally sponsored project/ D. Transferred title  E. Retained Title  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 wed to the Federal government: SO  ii. If applicable, enter the amount of any net proceeds from sale of the real property and describe how the proceeds were distributed: SO								
If yes, describe them (Attach additional sheets if necessary for 14j):  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?  Yes No  If yes, describe them (Attach additional sheets if necessary for 14k):  15. Has a significant change occurred with the real property, or is there an anticipated change expected during the next reporting period? Yes No  If yes, describe the change (Attach additional sheets if necessary for 15)  6. Real Property Disposition Status:  A. Sold  B. Transferred to different award  C. Used other Federally sponsored project/ rogram  B. Transferred title  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 wed to the Federal government: SO  ii. If applicable, enter the amount of any net proceeds from sale of the real property and describe how the proceeds were distributed: SO	14h. Has Federally required insurance coverage been secured for this property? (See instructions for more details). F Yes C No							
If yes, describe them (Attach additional sheets if necessary for 14j):  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?  Yes No  If yes, describe them (Attach additional sheets if necessary for 14k):  15. Has a significant change occurred with the real property, or is there an anticipated change expected during the next reporting period?  Yes, No  If yes, describe the change (Attach additional sheets if necessary for 15)  6. Real Property Disposition Status:  A. Sold B. Transferred to different award  C. Used other Federally sponsored project/ program  E. Retained Title 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 wed to the Federal government: S0  ii. If applicable, enter the amount of any net proceeds from sale of the real property and describe how the proceeds were distributed: S0	14i. Are there any Uniform Relocation Act (URA) requirement	s applicable to this property? C Yes 6 No						
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?  Yes No  If yes, describe them (Attach additional sheets if necessary for 14k):  15. Has a significant change occurred with the real property, or is there an anticipated change expected during the next reporting period? Construction of the change (Attach additional sheets if necessary for 15)  If yes, describe the change (Attach additional sheets if necessary for 15)  6. Real Property Disposition Status:  A. Sold B. Transferred to different award  C. Used other Federally sponsored project/ normal property in the property of the property of the Federal agency provided the recipient disposition instructions to sell or retain title to the real property, enter the amount of the funds wed to the Federal government: S0  ii. If applicable, enter the amount of any net proceeds from sale of the real property and describe how the proceeds were distributed: S0	14j. Are there any environmental compliance requirements related to the real property? C Yes 6 No							
If yes, describe them (Attach additional sheets if necessary for 14k):    15. Has a significant change occurred with the real property, or is there an anticipated change expected during the next reporting period?   C     16. Has a significant change occurred with the real property, or is there an anticipated change expected during the next reporting period?   C     16. Has a significant change occurred with the real property, or is there an anticipated change expected during the next reporting period?   C     17. Has a significant change occurred with the real property for 15     18. Has a significant change expected during the next reporting period?   C     18. Has a significant change expected during the next reporting period?   C     18. Has a significant change expected during the next reporting period?   C     18. Has a significant change expected during the next reporting period?   C     18. Has a significant change expected during the next reporting period?   C     18. Has a significant change expected during the next reporting period?   C     18. Has a significant change expected during the next reporting period?   C     18. Has a significant change expected during the next reporting period?   C     18. Has a significant change expected during the next reporting period?   C     18. Has a significant change expected during the next reporting period?   C     18. Has a significant change expected during the next reporting period?   C     18. Has a significant change expected during the next reporting period?   C     18. Has a significant change expected during the next reporting period?   C     18. Has a significant change expected during the next reporting period?   C     18. Has a significant change expected during the next reporting period?   C     18. Has a significant change expected during the next reporting period?   C     18. Has a significant change expected during the next reporting period?   C     18. Has a significant change expected during the next reporting period?   C     18. Has a significa	If yes, describe them (Attach additional sheets if nece	ssary for 14j):						
15. Has a significant change occurred with the real property, or is there an anticipated change expected during the next reporting period?  If yes, describe the change (Attach additional sheets if necessary for 15)  6. Real Property Disposition Status:  A. Sold  B. Transferred to different award  C. Used other Federally sponsored project/ rogram  E. Retained Title  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 wed to the Federal government: S0  ii. If applicable, enter the amount of any net proceeds from sale of the real property and describe how the proceeds were distributed: \$0	engine for listing in the National Register of Historic Places?	(NHPA), does the property possess historic significance, and/or is listed or						
If yes, describe the change (Attach additional sheets if necessary for 15)  6. Real Property Disposition Status:  A. Sold B. Transferred to different award  C. Used other Federally sponsored project/ program  E. Retained Title 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 wed 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	If yes, describe them (Attach additional sheets if nece.	ssary for 14k):						
If yes, describe the change (Attach additional sheets if necessary for 15)  6. Real Property Disposition Status:  A. Sold B. Transferred to different award  C. Used other Federally sponsored project/ program  E. Retained Title 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 wed to the Federal government: SO  ii. If applicable, enter the amount of any net proceeds from sale of the real property and describe how the proceeds were distributed: SO								
6. Real Property Disposition Status:  A. Sold B. Transferred to different award C. Used other Federally sponsored project/ rogram B. Transferred title D. Transferred title 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 wed to the Federal government: SO ii. If applicable, enter the amount of any net proceeds from sale of the real property and describe how the proceeds were distributed: SO	15. Has a significant change occurred with the real property, or Yes 6 No	is there an anticipated change expected during the next reporting period?						
A. Sold  B. Transferred to different award  C. Used other Federally sponsored project/ rogram  E. Retained Title  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 wed to the Federal government: SO  ii. If applicable, enter the amount of any net proceeds from sale of the real property and describe how the proceeds were distributed: SO	If yes, describe the change (Attach additional sheets if	necessary for 15)						
A. Sold  B. Transferred to different award  C. Used other Federally sponsored project/ rogram  E. Retained Title  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 wed to the Federal government: SO  ii. If applicable, enter the amount of any net proceeds from sale of the real property and describe how the proceeds were distributed: SO								
C. Used other Federally sponsored project/ D. Transferred title  E. Retained Title  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 wed 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	16. Real Property Disposition Status:							
E. Retained Title  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 wed 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	A. Sold	B. Transferred to different award						
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 wed to the Federal government: 50  ii. If applicable, enter the amount of any net proceeds from sale of the real property and describe how the proceeds were distributed: \$0	C. Used other Federally sponsored project/	D. Transferred title						
ii. If applicable, enter the amount of any net proceeds from sale of the real property and describe how the proceeds were distributed: \$0	E. Retained Title	F. N/A						
	i. If the Federal agency provided the recipient disposition instr owed to the Federal government: \$0	uctions to sell or retain title to the real property, enter the amount of the funds						
iii. If the Federal agency directed the recipient to transfer title to the real property, enter the amount of funds the Federal Agency owes: SO	ii. If applicable, enter the amount of any net proceeds from sale	e 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: S0								
	iii. If the Federal agency directed the recipient to transfer title	to the real property, enter the amount of funds the Federal Agency owes: 50						
7. Indicate the cumulative energy consumption for the previous 12 months:	17. Indicate the cumulative energy consumption for the previous	12 months:						
A. Electric (kWh) 8,941 or (Btu) 0 B. Petroleum (Gal) 0 C. Natural Gas (cu ft) 0								
Other (Specify)	Other (Specify)							
B. Remarks (attach additional sheets if necessary):								
N/A	N/A							

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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 Inter	rest (MM/DD/YYYY)	):	From:11/15/1992 To: 1	uncertain	Walls	(15.13.5)	ilian et l			
Type of Federal Interest				i dend	Ter Hell					
✓ 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 - Walt	on #3	The second							
14b. Address of Real Property (legal description and complete address including zoning information):										
Legal description Tri-Co	unty Community Council	, Inc.		A WE	That Age 1					
Address Line 1 268 S Da	ıvis Ln	Address Line 2								
Address Line 3		City	Defuniak Springs	14.4	StateFL	Zip Code 32435	Zip Ext. 2900			
County/Parish Walton		Count	tryUSA		Age in	arare				
GPS Location ( Latitude	GPS Location ( Latitude ) 30.72167 GPS Location ( Longitude ) -86.095 Verified									
Additional zoning information										
4c. Land Acreage or Square Units:			14d. Gross and Usable Square Footage/Meters (i.e., of building, house, etc.):							
Enter Amount: 1.19	nter Amount: 1.19			0	Us	able 960				
Select Units: Acres Square Feet Square Kilometers Square Meters			Select Units:  Square Feet  Square Meters							
4c. Real Property Ownership Type(s):										
A. Owned			B. Co-Owned	C. Fee Simple						
D. Corporate		E. Joint Tenancy	☐ F. Pa	F. Partnership						
G. Limited Liability Partnership			H. Co-Operative	☐ 1. Go	1. Government Furnished Property					
J. Other (Describe)										
If. Real Property Cost: \$37,835 Share Percentage %										
ederal Share: \$30,268 80.00%										
Non-Federal Share: \$7,567 20.00%										
Total (sum of Federal and Non-Federal 100.00% hare): \$37,835										
ig. Has a deed, lien, covenant, or other related documentation been recorded to establish Federal interest in real property? C Yes C No 6										
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	Jurisd	iction	State	Reference Number			
		0								
11111 10		-								

(Attach additional sheets if necessary for 14g	3):
14h. Has Federally required insurance coverage been se	cured for this property? (See instructions for more details). Eyes O No
14i. Are there any Uniform Relocation Act (URA) requir	rements applicable to this property? CYes © No
14j. Are there any environmental compliance requireme	ents related to the real property? C Yes 6 No
If yes, describe them (Attach additional sheets ij	f necessary for 14j):
14k. In accordance with the National Historic Preservati eligible for listing in the National Register of Historic Pla C Yes No	ion Act (NHPA), does the property possess historic significance, and/or is listed or nees?
If yes, describe them (Attach additional sheets if	fnecessary for 14k):
15. Has a significant change occurred with the real property of No	erty, or is there an anticipated change expected during the next reporting period?
If yes, describe the change (Attach additional she	ets if necessary for 15)
16. Real Property Disposition Status:	
A. Sold	B. Transferred to different award
C. Used other Federally sponsored project/ program	D. Transferred title
E. Retained Title	▼ F. N/A
i. If the Federal agency provided the recipient disposition owed to the Federal government: \$0	on instructions to sell or retain title to the real property, enter the amount of the funds
ii. If applicable, enter the amount of any net proceeds fr	rom sale of the real property and describe how the proceeds were distributed: \$0
iii. If the Federal agency directed the recipient to transf	er title to the real property, enter the amount of funds the Federal Agency owes: \$0
7. Indicate the cumulative energy consumption for the p	revious 12 months:
A. Electric (hWh) 8,941 or (Btu) 0 B. Petroleur	m (Gal) 0 C. Natural Gas (cu ft) 0
Other (Specify)	
8. Remarks (attach additional sheets if necessar	y):
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: #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 StateFL Zip Code Zip Ext. 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: Select Units: • Acres Square Feet C Square Feet Square Meters Square Kilometers Square Meters 14c. 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: \$37,835 Share Percentage % Federal Share: \$30,268 80.00% Non-Federal Share: \$7,567 20.00% Total (sum of Federal and Non-Federal 100.00% Share): \$37,835 14g. Has a deed, lien, covenant, or other related documentation been recorded to establish Federal interest in real property? C Yes C No . 6 If yes(unless previously reported), describe the instrument used and enter the date and jurisdiction in which it was recorded: Reference Instrument Used Amount Date Recorded Jurisdiction Number 0 Additional Comments

(Attach additional sheets if necessary for 14g	y):
14h. Has Federally required insurance coverage been sec	cured for this property? (See instructions for more details). Gyes C No
14i. Are there any Uniform Relocation Act (URA) requir	
14j. Are there any environmental compliance requirement	
If yes, describe them (Attach additional sheets if	necessary for 14j):
14k. In accordance with the National Historic Preservati eligible for listing in the National Register of Historic Pla C Yes © No	on Act (NHPA), does the property possess historic significance, and/or is listed or ces?
If yes, describe them (Attach additional sheets if	necessary for 14k):
<ol> <li>Has a significant change occurred with the real prope</li> <li>Yes No</li> </ol>	erty, or is there an anticipated change expected during the next reporting period?
If yes, describe the change (Attach additional shee	ets if necessary for 15)
16. Real Property Disposition Status:	
A. Sold	B. Transferred to different award
C. Used other Federally sponsored project/ program	D. Transferred title
E. Retained Title	✓ F. N/A
i. If the Federal agency provided the recipient dispositionwed to the Federal government: \$0	n instructions to sell or retain title to the real property, enter the amount of the funds
ii. If applicable, enter the amount of any net proceeds fr	om sale of the real property and describe how the proceeds were distributed: \$0
iii. If the Federal agency directed the recipient to transfe	er title to the real property, enter the amount of funds the Federal Agency owes: \$0
7. Indicate the cumulative energy consumption for the pr	
A. Electric (kWh) 8,941 or (Btu) 0 B. Petroleur	n (Gul) 0 C. Natural Gas (Cu ft) 0
Other (Specify)	
8. Remarks (attach additional sheets if necessar	p):
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 Construction Renovation 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 2 Address Line 1 268 S Davis Ln Address Line 3 City Defuniak Springs Zip Code StateFL Zip Ext. 2900 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: Select Units: Acres Square Feet Square Feet Square Meters Square Kilometers
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 100.00% Share): \$30,500 14g. Has a deed, lien, covenant, or other related documentation been recorded to establish Federal interest in real property? C Yes C No 🕟 If yes(unless previously reported), describe the instrument used and enter the date and jurisdiction in which it was recorded: Reference Instrument Used Date Recorded Amount Jurisdiction State Number Additional Comments

(Attach additional sheets if necessary for 14g	):
14h. Has Federally required insurance coverage been sec	ured for this property? (See instructions for more details).
14i. Are there any Uniform Relocation Act (URA) requir	ements applicable to this property? C Yes 6 No
14j. Are there any environmental compliance requiremen	nts related to the real property? C Yes 6 No
If yes, describe them (Attach additional sheets if	necessary for 14j):
14k. In accordance with the National Historic Preservative eligible for listing in the National Register of Historic Pla Yes No	on Act (NHPA), does the property possess historic significance, and/or is listed or ces?
If yes, describe them (Attach additional sheets if	necessary for 14k):
15. Has a significant change occurred with the real prope Yes • No	rty, or is there an anticipated change expected during the next reporting period? $  {\cal C} $
If yes, describe the change (Attach additional shee	ets if necessary for 15)
16. Real Property Disposition Status:	
A. Sold	B. Transferred to different award
C. Used other Federally sponsored project/ program	D. Transferred title
E. Retained Title	F. N/A
i. If the Federal agency provided the recipient dispositio owed to the Federal government: \$0	n instructions to sell or retain title to the real property, enter the amount of the funds
ii. If applicable, enter the amount of any net proceeds fr	om sale of the real property and describe how the proceeds were distributed: \$0
iii. If the Federal agency directed the recipient to transfe	r title to the real property, enter the amount of funds the Federal Agency owes: \$0
17. Indicate the cumulative energy consumption for the pr	
A. Electric (hWh) 8,940 or (Btu) 0 B. Petroleun	n (Gal) 0 C. Natural Gas (cu ft) 0
Other (Specify)	
18. Remarks (attach additional sheets if necessar	y):
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 ✓ Renovation Acquisition 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 StateFL Zip Code Zip Ext. 32464 4246 County/Parish Holmes Country USA GPS Location (Latitude) 30.7741848 GPS Location (Longitude) -85.8554866 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: Select Units: Acres Square Feet Square Feet Square Meters Square Kilometers C 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 1. Government Furnished Property 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 100.00% Share): \$456,252 14g. Has a deed, lien, covenant, or other related documentation been recorded to establish Federal interest in real property? 🤄 Yes 🤼 No 🥂 If yes(unless previously reported), describe the instrument used and enter the date and jurisdiction in which it was recorded: Reference Instrument Used Date Recorded Jurisdiction State Number 365,002 02/14/2012 Holmes 201230000560 Notice of Federal Interest FL

Additional Comments (Attach additional sheets if necessary for 14g):	
N/A	
14h. Has Federally required insurance coverage been secured for this property? (See instructions for more details).	Yes C No
14i. Are there any Uniform Relocation Act (URA) requirements applicable to this property? Yes 💽 No	1-11-1
14j. Are there any environmental compliance requirements related to the real property? C Yes 6 No	
If yes, describe them (Attach additional sheets if necessary for 14j):	
14k. In accordance with the National Historic Preservation Act (NHPA), does the property possess historic significance, and/or is list cligible for listing in the National Register of Historic Places?  \( \text{C} \text{ Yes} \ \text{No} \text{ No} \)	ed or
If yes, describe them (Attach additional sheets if necessary for 14k):	
15. Has a significant change occurred with the real property, or is there an anticipated change expected during the next reporting peyes of No	riod? C
If yes, describe the change (Attach additional sheets if necessary for 15)	77,571
6. Real Property Disposition Status:	
A. Sold B. Transferred to different award	
C. Used other Federally sponsored project/ D. Transferred title	Wig.
E. Retained Title	
i. If the Federal agency provided the recipient disposition instructions to sell or retain title to the real property, enter the amount of wed to the Federal government: \$0	the funds
ii. If applicable, enter the amount of any net proceeds from sale of the real property and describe how the proceeds were distributed	i: \$0
iii. If the Federal agency directed the recipient to transfer title to the real property, enter the amount of funds the Federal Agency o	wes: \$0
7. Indicate the cumulative energy consumption for the previous 12 months:	
A. Electric (kWh) 88,760 or (Btu) 0 B. Petroleum (Gul) 0 C. Natural Gas (cu ft) 0	
Other (Specify) 913 propane	
8. Remarks (attach additional sheets if necessary):	
N/A	

				-			
OMB Control No.: 4040-0016 Expires: 02/28/2025 REAL PROPERTY STATUS REPORT SF-429							
ATTACHMENT A							
Federal Grant or Other I	dentifying Number Assi	gned t	y Federal Agency (#2 on cove	r page) 04Cl	1012406		
Provide the re- for each parce information on award identifie summary of th Attachment A.	quested informal of real properties of the properties of the parcel of the properties of the propertie	mati erty of re If a orm	ion in subsection being reported. I sal property under a section does not attion to be provi	us 13 the Use a se er the Fe ot apply	rough eparate ederal	e sheet to financial r "N/A." B	report assistance selow is a
13. Period of Federal Inte		):	From:07/15/1989 To:	uncertain			
Type of Federal Interest							
Acquisition [	Renovation	∟ c	onstruction Govern	nment Furnis	hed Proper	ty	A PART OF
14a. Description of Real I #1 Modular Unit - Head Sta	nrt Program Holmes Coun						
Real Property Name: Tri-					1.61		
14b. Address of Real Prop	erty (legal description	on an	d complete address incl	uding zoni	ing inform	nation):	X TO SERVE
Legal description Tri-Co		l, Inc.					
Address Line 1 2499 Cy	press St	Addr	ess Line 2				
Address Line 3		City	Westville		StateFL	Zip Code 32464	Zip Ext. 4246
County/Parish Holmes		Coun	tryUSA				
GPS Location (Latitude	On the second se	GP	S Location (Longitude) -85.8	3554866	Verified		
Additional zoning inform	ution						
14c. Land Acreage or Squa	are Units:		14d. Gross and Usable Squa	re Footage/N	leters (i.e.,	of building,	house, etc.):
Enter Amount: 4			Enter Amounts: Gross 2.5	592	Us	sable 2,592	TOTAL SEASON
Select Units:			Select Units:				
Square Feet			Square Feet Square Meters				
Square Kilometers							
Square Meters							
4e. Real Property Owners	ship Type(s):						# 12 E Y
A. Owned			B. Co-Owned	C. Fe	e Simple		
D. Corporate			E. Joint Tenancy	F. Par	rtnership		
G. Limited Liability	y Partnership		H. Co-Operative	1. Gov	vernment F	urnished Proper	ty
J. Other (Describ	e)	14.4					
4f. Real Property Cost: Si	109,800		Share Percentage %	<b>100</b>			
Federal Share: \$87,840			80.00%				
Non-Federal Share: \$21,5	960		20.00%		NO AT		
Total (sum of Federal hare): \$109,800	Total (sum of Federal and Non-Federal 100.00% hare): \$109,800						
g. Has a deed, lien, covenant, or other related documentation been recorded to establish Federal interest in real property? C Yes C No G							
If yes(unless previously re	ported), describe the ins	trume	nt used and enter the date and	d jurisdiction	in which it	was recorded:	
Instrument Used	Amount	I	Date Recorded	Jurisdic	ction	State	Reference Number
		0					
Additional Comments							

(Attach additional sheets if necessary for 14,	g):
14h. Has Federally required insurance coverage been so	ecured for this property? (See instructions for more details). Eyes C No
14i. Are there any Uniform Relocation Act (URA) requi	irements applicable to this property? CYes & No
14j. Are there any environmental compliance requireme	ents related to the real property? C Yes 6 No
If yes, describe them (Attach additional sheets i	f necessary for 14j):
14k. In accordance with the National Historic Preservat eligible for listing in the National Register of Historic Pl C Yes © No	tion Act (NHPA), does the property possess historic significance, and/or is listed or inces?
If yes, describe them (Attach additional sheets i	f necessary for 14k):
15. Has a significant change occurred with the real prop Yes 🕝 No	perty, or is there an anticipated change expected during the next reporting period?
If yes, describe the change (Attach additional she	rets if necessary for 15)
16. Real Property Disposition Status:	
A. Sold	B. Transferred to different award
C. Used other Federally sponsored project/	D. Transferred title
E. Retained Title	F. N/A
i. If the Federal agency provided the recipient dispositi owed to the Federal government: \$0	ion instructions to sell or retain title to the real property, enter the amount of the funds
ii. If applicable, enter the amount of any net proceeds f	from sale of the real property and describe how the proceeds were distributed: \$0
iii. If the Federal agency directed the recipient to trans	fer title to the real property, enter the amount of funds the Federal Agency owes: S0
17. Indicate the cumulative energy consumption for the p	previous 12 months:
A. Electric (kWh) 10,955 or (Btu) 0 B. Petrole	eum (Gul) 0 C. Natural Gas (cu ft) 0
Other (Specify)	
18. Remarks (attach additional sheets if necessa	ay):
N/A	

		_			_				
OMB Control No.: 4040-0016 Expires: 02/28/2025 REAL PROPERTY STATUS REPORT SF-429									
	ATTACHMENT A								
Federal Grant or Other I	dentifying Number Assi	gned b	y Fede	ral Agency (#2 or	o cove	r page) 04C	H012406	No. of Concession, Name of Street, or other Designation, or other	Name and Post of the Owner, where
Provide the red					-			18 of Atta	chment A
for each parce information on award identifie summary of the Attachment A.	l of real prope each parcel o d in section 2	rty of re . If a	beir eal p a se	ng reporte roperty u ction doe:	d. l nde s ne	Jse a ser the Foot apply	eparate ederal y, enter	sheet to financial "N/A." B	report assistance elow is a
13. Period of Federal Inte	rest (MM/DD/YYYY	):	From	1:09/23/1991	To:	uncertain			
Type of Federal Interest				1103/23/1331		uncertain			
Acquisition [	Renovation	Co	nstruc	tion C	Govern	ıment Furni:	shed Proper	ly	
14a. Description of Real I #2 Modular Unit - Head Sta		ty, FL							
Real Property Name: Tri-	County Head Start - Wes	ville#	2						
14b. Address of Real Prop	erty (legal description	on an	d con	iplete address	incl	uding zon	ing inforn	nation):	
Legal description Tri-Co	ounty Community Counci	, Inc.						IAL BUT	
Address Line 1 2499 Cy	press St	Addr	ess Lin	e 2					
Address Line 3		City	Westvi	lle			StateFL	Zip Code 32464	Zip Ext. 4246
County/Parish Holmes		Coun	tryUSA						
GPS Location ( Latitude	) 30.7741848	GPS	Locat	ion ( Longitude )	-85.8	1554866	Verified		
Additional zoning inform	ution								
14c. Land Acreage or Squa	re Units:		14d. (	Gross and Usable	Squa	re Footage/I	Meters (i.e.,	of building,	house, etc.):
Enter Amount: 4			Ent	er Amounts: Gro	oss 1.0	008	Us	able 1,008	
Select Units:				ect Units:	- 5				
Acres Square Feet				quare Feet quare Meters					
Square Kilometers									4 7 7 7
Square Meters									
4c. Real Property Owners	hip Type(s):								
A. Owned				B. Co-Owned		C.F	ee Simple		
D. Corporate			Ш	E. Joint Tenanc	y	F. Pa	artnership		
G. Limited Liability	y Partnership			H. Co-Operativ	e	1. Ge	overnment F	urnished Proper	ty
J. Other (Describ	e)		n Eir						
4f. Real Property Cost: S-	14,881		Share	Percentage %					
Federal Share: \$35,905 80.00%									
Non-Federal Share: \$8,97			20.00						
Total (sum of Federal and Non-Federal 100.00% hare): \$44,881									
dg. Has a deed, lien, covenant, or other related documentation been recorded to establish Federal interest in real property? C Yes C No 6									
If yes(unless previously re	ported), describe the ins	trume	nt used	and enter the da	ate an	d jurisdictio	n in which it	was recorded:	
Instrument Used	Amount	T		Date Recorded		Jurisd	iction	State	Reference Number
		0							
Additional Comments					and the second				

(Attach additional sheets if necessary for 14g	y):
14h. Has Federally required insurance coverage been see	cured for this property? (See instructions for more details). EYes C No
14i. Are there any Uniform Relocation Act (URA) requir	rements applicable to this property? C Yes C No
14j. Are there any environmental compliance requireme	nts related to the real property? C Yes & No
If yes, describe them (Attach additional sheets if	necessary for 14j):
eligible for listing in the National Register of Historic Pla	
If yes, describe them (Attach additional sheets if	necessary for 14k):
15. Has a significant change occurred with the real prope Yes 🕝 No	erty, or is there an anticipated change expected during the next reporting period?
If yes, describe the change (Attach additional sheet	ets if necessary for 15)
16. Real Property Disposition Status:	
A. Sold	B. Transferred to different award
C. Used other Federally sponsored project/ program	D. Transferred title
E. Retained Title	₩ F.N/A
i. If the Federal agency provided the recipient disposition owed to the Federal government: \$0	on instructions to sell or retain title to the real property, enter the amount of the funds
ii. If applicable, enter the amount of any net proceeds fr	om sale of the real property and describe how the proceeds were distributed: \$0
" If the Federal country is a late of the second	
	er title to the real property, enter the amount of funds the Federal Agency owes: 80
17. Indicate the cumulative energy consumption for the pr	
A. Electric (hWh) 33,526 or (Btu) 0 B. Petrolet	ım (Gul) 0 C. Natural Gas (cu ft) 0
Other (Specify)	
18. Remarks (attach additional sheets if necessar	τ <sub>ν</sub> ):
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 Construction Renovation 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 18th St Address Line 2 Address Line 3 City Defuniak Springs StateFL Zip Code Zip Ext. County/Parish Walton CountryUSA GPS Location (Latitude) 30.719873 GPS Location (Longitude) -86.126389 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: 0.34 Enter Amounts: Gross 2,856 Usable 2,856 Select Units: Select Units: Acres Square Feet Square Feet Square Meters C Square Kilometers C Square Meters 14c. Real Property Ownership Type(s): ✓ A. Owned B. Co-Owned C. Fee Simple D. Corporate E. Joint Tenancy F. Partnership G. Limited Liability Partnership 1. Government Furnished Property H. Co-Operative J. Other (Describe) 14f. Real Property Cost: S228,220 Share Percentage % Federal Share: \$228,220 100.00% Non-Federal Share: \$0 0.00% 100.00% Total (sum of Federal and Non-Federal Share): \$228,220 14g. Has a deed, lien, covenant, or other related documentation been recorded to establish Federal interest in real property? 🍳 Yes 🦵 No 🕥 If yes(unless previously reported), describe the instrument used and enter the date and jurisdiction in which it was recorded: Reference Instrument Used Amount Date Recorded Jurisdiction State

Walton

228,220

Notice of Federal Interest

11/15/2011

Number

1175501

Additional Comments (Attends additional about if was a grown for 14-)					
Additional Comments (Attach additional sheets if necessary for 14g):					
N/A					
14h. Has Federally required insurance coverage been secured for this property? (See instructions for more details).					
14i. Are there any Uniform Relocation Act (URA) requirements applicable to this property? CYes 6 No					
14j. Are there any environmental compliance requirements related to the real property? C Yes 6 No					
If yes, describe them (Attach additional sheets if necessary for 14j):					
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?  Yes No					
If yes, describe them (Attach additional sheets if necessary for 14k):					
15. Has a significant change occurred with the real property, or is there an anticipated change expected during the next reporting period? Cyes 6 No					
If yes, describe the change (Attach additional sheets if necessary for 15)					
16. Real Property Disposition Status:					
A. Sold B. Transferred to different award					
C. Used other Federally sponsored project/ program  D. Transferred title					
E. Retained Title					
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 (hWh) 29,564 or (Btu) 0 B. Petroleum (Gul) 0 C. Natural Gas (cu ft) 0					
Other (Specify)					
18. Remarks (attach additional sheets if necessary):					
N/A					

PROGRAM HS/EHS
FOR MONTH OF:
# FAMILIES SERVED # PEOPLE SERVED <u>165</u>
UNITS PROVIDED (if applicable) <u>n/a</u>
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

PROGRAM: Trans	portation			
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	
PROBLEM AREAS N	OTED: Buses/ vel		tremely high and	aged
ACTION OR RESOLU	JTION:			
ANY OTHER INFO: _				
REPORTED BY:	who rey S	noni	DATE: 1-1	.D-35

PROGRAM	: CSBG					
FOR MONT	H OF: <u>De</u>	cember 2024				
TOTAL # FA	AMILIES SEI	RVED:1	7_ TOTAL	# PEOPLE S	ERVED:5	66_
# INDIVIDU	JALS SERVE	D BY COUN	TY:			
BAY	HOLMES		OKALOOSA	SANTA ROSA	WALTON	WASHINGTON
0	0	0	38	11	7	0
SIGNIFICAN	NT ACCOMP		3:			
	AREAS NOT		CSBG Contrac	et-counties ha	ve a low budg	get for the year_
ACTION OR	RESOLUTIO	ON:				
ANY OTHER	R INFO:					
REPORTED :	BY: <u>Lisa Mc</u>	Creary			DATE:	01/08/2024

PROGRAM	: LIHEA	Р				
FOR MONT	H OF:	December 20	024			
TOTAL # FA	AMILIES SEI	RVED: <u>244</u>	_ TOTAL#	PEOPLE SEF	RVED: <u>558</u>	
# INDIVIDI	JALS SERVE	D BY COUN	ITY.			
BAY	HOLMES		OKALOOSA	SANTA ROSA	WALTON	WASHINGTON
n/a	49	n/a	224	159	56	70
SIGNIFICAN	NT ACCOMP	LISHMENTS	S:			
PROBLEM A	AREAS NOT	ED:				
ACTION OR	RESOLUTIO	ON:				
ANY OTHER	R INFO:					
		45E-67				
REPORTED :	BY: Lisa Mc	Creary		DAT	E: <u>01/08/2</u>	024

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

PROGRAM	I: Food Par	ntry				
FOR MONT	ГН ОF: <u>D</u> e	ecember 2024				
TOTAL # FA	AMILIES SE	RVED: <u>137</u>	_ TOTAL#	PEOPLE SE	RVED: _33	6_
# INDIVIDU	JALS SERVE	D BY COUN	TY:			
BAY	HOLMES			SANTA ROSA	WALTON	WASHINGTON
n/a	n/a	n/a	n/a	n/a	167	169
SIGNIFICAN	T ACCOMP	LISHMENTS	:			
PROBLEM A	REAS NOTE	ED:				
ACTION OR	RESOLUTIO	N:				
ANY OTHER	INFO:					
REPORTED B	Y: <u>Lisa McC</u>	reary		DATE	: <u>01/08/202</u>	24

PROGRAM HS/EHS
FOR MONTH OF:
# FAMILIES SERVED # PEOPLE SERVED165
UNITS PROVIDED (if applicable) <u>n/a</u>
SIGNIFICANT ACCOMPLISHMENTS: We are fully enrolled. We are continuing to work of 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

PROGRAM: Trans	portation			
FOR MONTH OF:	January 2025			
FOR MONTH OF:				
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	
PROBLEM AREAS N	OTED: Still trying	to hire a few mo	ore drivers.	
ACTION OR RESOLU	JTION: Still adve	ertising for drivers	s and have started	calling
ANY OTHER INFO: _	We contracted five	e more years as	CTC for Santa Ro	sa.
			450-00-5	
REPORTED BY:	whom F	monie	DATE:	

PROGRAM	: CSBG	ř .				
FOR MONT	TH OF: <u>Ja</u>	nuary 2025				
TOTAL # F.	AMILIES SE	RVED:5	5_ TOTAL#	PEOPLE SE	ERVED: <u>19</u>	
# INDIVIDI	JALS SERVE	D BY COID	ITV.			
BAY	HOLMES		OKALOOSA	SANTA ROSA	WALTON	WASHINGTON
0	0	0	7	0	7	5
	AREAS NOT		CSBG Contrac	ct-counties ha	ive a low budg	get for the year_
ACTION OR	RESOLUTIO	ON:				
ANY OTHEI	R INFO:					
REPORTED	BY: <u>Lisa Mc</u>	Creary			DATE:	02/04/2025

PROGRAM	: LIHEA	P				
FOR MONT	'H OF:	January 2025	5			
TOTAL # FA	AMILIES SEI	RVED: <u>217</u>	_ TOTAL#1	PEOPLE SEI	RVED: <u>475</u>	
# INDIVIDI	JALS SERVE	D BY COUN	TV.			
BAY	HOLMES		OKALOOSA	SANTA ROSA	WALTON	WASHINGTON
n/a	63	n/a	159	109	55	89
SIGNIFICAN	NT ACCOMP	LISHMENTS	S:			
PROBLEM A	AREAS NOTI	ED:				
	w					
ACTION OR	RESOLUTIO	ON:				
ANY OTHER	R INFO:					
REPORTED	BY: Lisa Mc	Creary		DAT	E: <u>02/04/20</u>	025

PROGRAM	: Food Pan	ntry				
FOR MONT	H OF: <u>Jar</u>	nuary 2025				
TOTAL # FA	AMILIES SEI	RVED: <u>106</u>	_ TOTAL#	PEOPLE SE	RVED: <u>262</u>	2_
# INDIVIDI	IALS SERVE	D BY COUN	$ ext{TV} \cdot$			
BAY	HOLMES		OKALOOSA	SANTA ROSA	WALTON	WASHINGTON
n/a	n/a	n/a	n/a	n/a	168	94
SIGNIFICAN	NT ACCOMP	LISHMENTS	S:			
PROBLEM A	AREAS NOTI	ED:				
ACTION OR	RESOLUTIO	ON:				
ANY OTHER	INFO:					
REPORTED I	BY: Lisa Mc	Creary		DAT	E: <u>02/04/20</u>	)25



#### Tri-County Community Council, Inc.

#### Client Satisfaction Survey

County _	All	Month	December 2024
		<b>Total Surveys Completed</b>	219

Please respond based on your recent experiences	Circle Ap	propriate Re	sponse
	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 Ap	propriate Re	sponse
	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	in .		
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 Results

Observe and report progress



## 

assessment data to identify results Use agency mission statement and 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.

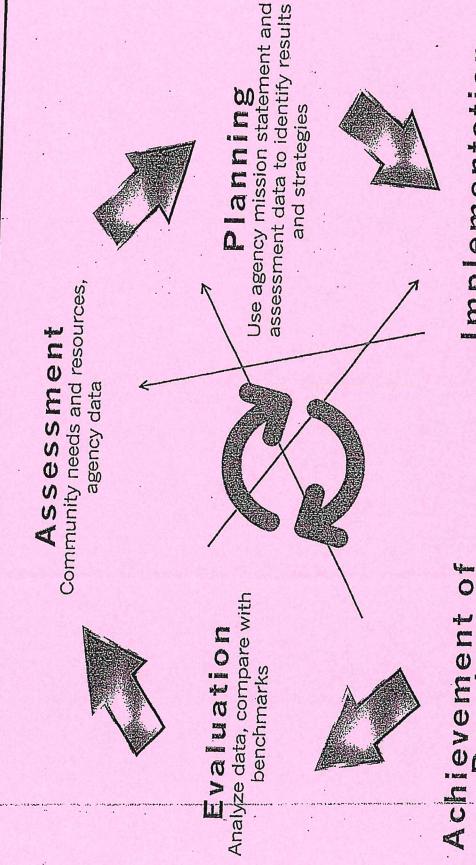
#### Achievement of Results -

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



# Implementation

Services and strategies produce results





Observe and report progress

Results

## FORM 990

#### Form **990**

#### Return of Organization Exempt From Income Tax

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

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

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Inspection A For the 2023 calendar year, or tax year beginning OCT 1, 2023 and ending SEP 30, 2024 C Name of organization D Employer identification number TRI-COUNTY COMMUNITY COUNCIL, INC. Name 59-1099586 Doing business as Initial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ P.O. BOX 1210 850-547-3689 termin-City or town, state or province, country, and ZIP or foreign postal code 8,387, G Gross receipts \$ Amended return BONIFAY, FL 32425 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: JOEL PAUL, JR. for subordinates? ..... L Yes X No 302 OKLAHOMA STREET, BONIFAY, FL 32425 H(b) Are all subordinates included? Yes No 1 Tax-exempt status: X 501(c)(3) 501(c) ( (insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions N/A J Website: H(c) Group exemption number K Form of organization: X Corporation Trust Association Other L Year of formation: 1965 M State of legal domicile: FL Part I Summary Briefly describe the organization's mission or most significant activities: IMPROVING LIVES, ENHANCING Activities & Governance OPPORTUNITIES AND ELIMINATING POVERTY Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 19 Number of independent voting members of the governing body (Part VI, line 1b) 4 19 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 149 6 Total number of volunteers (estimate if necessary) 150 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. 7a b Net unrelated business taxable income from Form 990-T, Part I, line 11 0. **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) 8,950,512. 8,203,144. Revenue Program service revenue (Part VIII, line 2g) 94,770. 9 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, 6d, 8c, 9c, 10c, and 11e) -4,206. 6,277. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 9,089,138. 8,372,483. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 3,918,355 3,942,982. 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-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.Beginning of Current Year **End of Year** 20 Total assets (Part X, line 16) 5,767,403. 5,306,676. 21 Total liabilities (Part X, line 26) 469,018. 481,350. 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. Signature of office Sign JOEL PAUL Here EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name PTIN Preparer's signature Paid ASHLEY H. STAFFORD 01/19 ASHLEY H. STAFFORD /25 P00248001 self-employed CARR, RIGGS & INGRAM, LLC Preparer Firm's name Firm's EIN 72-1396621 Use Only Firm's address 1117 BOLL WEEVIL CIRCLE ENTERPRISE, AL 36330 Phone no.334-347-0088

X Yes

For	n 990 (2023) TRI-COUNTY COMMUNITY COUNCIL, INC. 59-1099586	Page 2
Pa	art 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, HOLME	C
	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	
		X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	X No
	If "Yes," describe these changes on Schedule O.	
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, a	
		nu
_	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	
46	(Code:) (Expenses \$2, 484, 031. including grants of \$) (Revenue \$	
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	1
	AND REFERRAL, FOOD ASSISTANCE, FINANCIAL COACHING, YOUTH TRAINING	
	SERVICES, COMMUNITY PARTNERSHIP AND PROGRAM DEVELOPMENT ACTIVITIES AN	4D
	COMMUNITY BASED PROGRAM DEVELOPMENT.	
4d	Other program services (Describe on Schedule O.)	
	(Expanses S 2,485,863. Including grents of S ) (Revenue S	
4e	Total program service expenses 7,881,534.	
		90 (2023)
	Form 95	o (2023)

			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	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		X
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	3		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? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			7.5
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
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	7	-	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			х
_	Schedule D, Part III	8	$\vdash$	
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?			х
40	If "Yes," complete Schedule D, Part IV	9_		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		х
44	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	171101	- 1
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,	22117	MATERIAL STREET	
_	as applicable.  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	69,5150	10112	
а		11a	x	
h	Part VI  Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	118	- 1	
D	assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VII	11b	х	
	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	116		
٠	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
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 167 if "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 257 If "Yes," complete Schedule D, Part X	11e		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)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	x	
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	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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? If "Yes," complete Schedule F, Parts I and IV	14b		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? If "Yes," complete Schedule F, Parts II and IV	15		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? If "Yes," complete Schedule F, Parts III and IV	16		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? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
gover	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
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	19		<u>X</u>
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	$\rightarrow$	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	000	X
132003	12-21-23	Form	990 (2	2023)

Pa	rt IV Checklist of Required Schedules (continued)				
			Yes	No	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on				
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current				
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete				
	Schedule J	23		X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete				
	Schedule K. If "No," go to line 25a	24a		X	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b			
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease				
•	any tax-exempt bonds?	24c			
ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d			
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit				
254	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х	
6	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	a.ou			
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? // "Yes." complete				
	to the terminal and the	25b		Х	
oc	Schedule L, Part I  Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200	$\Box$	21	
26			1 1		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	00		х	
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		A	
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,		1		
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			v	
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	No. and Controller	X	
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,				
	instructions for applicable filing thresholds, conditions, and exceptions):				
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If				
	"Yes," complete Schedule L, Part IV	28a		X	
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X	
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If				
	"Yes," complete Schedule L, Part IV	28c		X	
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			1220	
	contributions? If "Yes," complete Schedule M	30		X	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete				
	Schedule N, Part II	32		X	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations				
	sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I	33		X	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and				
	Part V, line 1	34		X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?				
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity				
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?				
	If "Yes," complete Schedule R, Part V, line 2	36		X	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization				
	and that is treated as a partnership for federal income tax purposes? If "Yes, " complete Schedule R, Part VI	37		X	
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?				
	Note: All Form 990 filers are required to complete Schedule O	38	х		
Par					
	Check if Schedule O contains a response or note to any line in this Part V				
			Yes	No	
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			1.272	
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0				
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming				
	(gambling) winnings to prize winners?	1c	X		
332004	12-21-23		990 (2	2023)	

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return	Rosetti Marie		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
b		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
h	If "Yes," enter the name of the foreign country		Care	
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
53	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b		5b		X
c		5c		
6a				
0a	any contributions that were not tax deductible as charitable contributions?	6a		Х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	- Oa		
b	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		i Egyiste	
	200	7a	594 NES	X
a		7b		
b		70		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	٠.		х
	to file Form 8282?	7c		A data
	If "Yes," indicate the number of Forms 8282 filed during the year	MARK.	(ESTATE	v
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	Samuel an	. Wester for
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
_	sponsoring organization have excess business holdings at any time during the year?	8	in the second	1-0-2004
9	Sponsoring organizations maintaining donor advised funds.			1 4 6 6 6 6
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	ani.	12.5
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			7
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		Ob 6 hours
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		7111	117.7
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand			75.00
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	_	X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.	1128		17.151
	Total State Control of the Control o	F	non.	

TRI-COUNTY COMMUNITY COUNCIL, INC. 59-1099586 Form 990 (2023) 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. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 19 1a Enter the number of voting members of the governing body at the end of the tax year 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. 19 b Enter the number of voting members included on line 1a, above, who are independent 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 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 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 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 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X The governing body? Ra X Each committee with authority to act on behalf of the governing body? 8b 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 Did the organization have local chapters, branches, or affiliates? b 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? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X 11a b 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 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe on Schedule O how this was done ..... 12c 13 X 13 Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 14 14 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? The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b 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 b 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 NONE List the states with which a copy of this Form 990 is required to be filed 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) 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.

Form 990 (2023)

32425

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,

#### 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.

Charly this have if position the expenientian per any related expenientian componented any current officer director, or trusted

- 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) (B)			(C)					(D)	(E)	(F)
Name and title	Average	Ido	Position (do not check more than one					Reportable	Reportable	Estimated
	hours per	box	box, unless person is both an officer and a director/trustee)					compensation	compensation	amount of
	week		cer ar	10 8 0	director/trustee)			from	from related	other
	(list any	recto						the	organizations	compensation
	hours for related	or di	99			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	ustee	trust		9	ubeu		1099-NEC)	1099-NEC)	and related
	below	fual to	tiona	ارا	Ploy	st cor	_	1033 1120)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOEL F. PAUL, JR	40.00									
EXECUTIVE DIRECTIOR			_	Х	_			112,601	0.	5,630.
(2) SHARON KENT	40.00									
HR DIRECTOR				X				67, 631).	0.	8,815.
(3) KIMBERLY GILLIS	40.00									
HEADSTART DIRECTOR				X				67,255	0.	8,125.
(4) BETTY A. MOORE	40.00									
COMMUNITY RESOURCE DIRECTO				Х				69,941.	0.	9,777.
(5) HEATHER S. CRAFT	40.00				l					
FISCAL OFFICER				X				6.2,8/2	0.	6,780.
(6) VINCE STATEN	40.00								_	0 ==4
TRANSPORTATION OPERATIONS ASSISTANT		_		X	_		Ш	65,4125	0.	9,551.
(7) RUTH KELLEY	40.00									6 500
HEALTH SERVICE COORDINATOR				X		_		54,686).	0.	6,780.
(8) HOPE SHARPE	40.00									
FINANCE OFFICER				X	_			50,929.	0.	8,739.
(9) JEFF PLATT	40.00									
TRANSPORTATION DIRECTOR				X				63,4/63	0.	3,955.
(10) DANNY GLIDEWELL	1.00									
VICE CHAIR		X						0.	0.	0.
(11) CHRIS MOORE	1.00									•
BOARD MEMBER	1 00	X	_			-	-	0.	0.	0.
(12) ALAN BUSH	1.00	x						0.	0.	0
BOARD MEMBER (13) ALEX MCKINNIE	1.00	A	-			-	$\dashv$	U • 1	U •	0.
BOARD MEMBER	1.00	x						0.	0.	0.
(14) LANI BURRITT	1.00	^		$\dashv$	_	$\vdash$	$\dashv$	0.	0.	0.
BOARD MEMBER	1.00	x						0.	0.	0.
(15) CLINT ERICKSON	1.00	Δ		$\dashv$	_		$\dashv$	U a	U .	<u> </u>
BOARD MEMBER	1.00	х						0.	0.	0.
(16) ISSAC BECKER	1.00		$\neg$	$\dashv$			$\dashv$	J.		<u> </u>
BOARD MEMBER		x					- 1	0.	0.	0.
(17) RUSS HENDERSON	1.00			$\neg$						<del></del>
BOARD MEMBER		x						0.	0.	0.

332007 12-21-23

Form 990 (2023)

romi 990 (2023) 11(1 COOM									33 1033	JUU Fage U
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees,	and	Hi	ghes	st C	ompensated Employee	s (continued)	
(A)	(B)			((	C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos heck			one	Reportable	Reportable	Estimated
	hours per week		, unler					compensation	compensation	amount of
	(list any	_			-	T	100,	from the	from related organizations	other compensation
	hours for	direct						organization	(W-2/1099-MISC/	from the
	related	ee or director	stee			nsale		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trust	Institutional trustee		yee	Highest compensated employee		1099-NEC)	•	and related
	below	Individual trust	itution	Ja:	Key employee	lest co	iệi			organizations
	line)	ng.	Inst	Officer	Key	High	Former			
(18) EDWARD CRUTCHFIELD	1.00									_
BOARD MEMBER		X				_		0.	0.	0.
(19) JERI FAIRCLOTH	1.00			2001						
BOARD MEMBER		X						0.	0.	0.
(20) PATRICIA LATSON	1.00			2000000					_	
BOARD MEMBER		X				_		0.	0.	0.
(21) ANITA HALLING	1.00									_
BOARD MEMBER		X						0.	0.	0.
(22) JANICE FLOWERS	1.00								_	_
BOARD MEMBER		X				_		0.	0.	0.
(23) RON KELLEY	1.00									_
CHAIR		X		$\perp$		_		0.	0.	0.
(24) TARA FINCH	1.00									
SECRETARY	4 00	Х		_			_	0.	0.	0.
(25) LESLEY HATFIELD	1.00									
TREASURER	1 00	X	_	_				0.	0.	0.
(26) JOHN HOFSTAD	1.00									0
BOARD MEMBER		X						0.	0.	0.
1b Subtotal								585,003.	0.	68,152.
c Total from continuation sheets to Part VI								0.	0.	0.
d Total (add lines 1b and 1c)								585,003.	U •	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

Yes No

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

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

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

S 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		4 564 554
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 at	pove) who received more than	
\$100,000 of compensation from the organization 5		The second secon

Form 990 (2023)

		Check if Schedule O contains a response	or note to any lir	e 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
र र	1	a Federated campaigns 1a					Control of the second columns of the second
ran		b Membership dues 1b				in an analysis	
Q E		c Fundraising events 1c					Solding of the second of the s
ifts		d Related organizations 1d					
9,E		e Government grants (contributions) 1e 8,	136,834.			Acceptance of the second of th	
Sign		All other contributions, gifts, grants, and					
ber		similar amounts not included above 1f	66,310.				
<u> </u>		g Noncash contributions included in lines 1a-1f					Service of the servic
Contributions, Gifts, Grants and Other Similar Amounts		h Total. Add lines 1a-1f		8,203,144.			
			Business Code	<b>1987年 新新州市</b>			
ø	2	PROGRAM REVENUE	900099	97,144.	97,144.		
Š.							
Se		C					
eve eve		d					
Program Service Revenue		·					
ď		All other program service revenue					
		Total. Add lines 2a-2f		97,144.			
	3	Investment income (including dividends, intere			64 464		
		other similar amounts)		64,404.	64,404.		
	4	Income from investment of tax-exempt bond pr					
	5	Royalties		110/2008-028/7028/88/708/70			
		(i) Real	(ii) Personal				
		Gross rents 6a					
- 1		Less: rental expenses 6b					
		Rental income or (loss) 6c		SEIGHT SERVICE STRUCTURE	A		
1		Net rental income or (loss) Gross amount from sales of (i) Securities	(ii) Other	i gedeni produkta perduktua			
	/ :		(ii) Otitei	111111111111111111111111111111111111111		100000000000000000000000000000000000000	
	1	assets other than inventory  Less: cost or other basis		70010 0011 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0			
0		and sales expenses					
DI I		Gain or (loss) 7c 1,514.					Total State of the Control of the Co
è		Net gain or (loss)	-	1,514.	1,514.		Appendix 28 mm and the property of the
Other Revenue		Gross income from fundraising events (not					
됩	-	including \$ of					Charles Control of the Control of th
		contributions reported on line 1c). See					
		Part IV, line 18	8,272.				
	ł	Less: direct expenses 8b	14,671.		<b>深进新建筑</b>		
	(	Net income or (loss) from fundraising events		-6,399.	M. FORMULE HISTORY		-6,399.
	9 a	Gross income from gaming activities. See		4公司在201			
		Part IV, line 19 9a					
	ŀ			<b>机械</b> 加速 1988	restauration electric		
		Net income or (loss) from gaming activities		E SPECIES AND DESCRIPTION		,	
	10 a	Gross sales of inventory, less returns					
		and allowances 10a					
		Less: cost of goods sold 10b		THE SECOND SECOND	Xan and a second		with the wilder of the state of
$\dashv$		Net income or (loss) from sales of inventory	Business Code				
Sp	11 a	MISC INCOME	900099	12,676.	12,676.	#1446.5 (1860) #1446.50 12 (1	27 17 W 20 20 20 20 20 20 20 20 20 20 20 20 20
e e	i i e		200000	12,070.	12,070.		
Miscellaneous Revenue							
Sc	Č		1				
Σ		Total, Add lines 11a-11d		12,676.			
	12	Total revenue. See instructions		3,372,483.	175,738.	0.	-6,399.
	10000 1000	651					- 000

Do	Check if Schedule O contains a responsion tinclude amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.		expenses	general expenses	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  Compensation of current officers, directors,			and the substitution of the state of the sta	ferrett bisk is illentenda sittelle
5	trustees, and key employees	377,377.	84,276.	293,101.	
6	Compensation not included above to disqualified	311,3110	04,270.	255,101.	
0	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.	
7	Pension plan accruals and contributions (include	3,144,113	2120-1130.	200,010	
3	section 401(k) and 403(b) employer contributions)	100,400.	82,946.	17,454.	
9		49,972.	42,473.	7,499.	
	Other employee benefits	271,118.	230,963.	40,155.	****
1	Payroll taxes Fees for services (nonemployees):	212,1100	230,703.	±0,100.	
1_					
a	Management	66,729.		66,729.	
b	Legal	00,725.		00,1231	
C	Accounting				
d	Lobbying		Salaring teach days to extract		
e	Professional fundraising services. See Part IV, line 17		Charles and the second		
f					
g	The state of the s				
	column (A), amount, list line 11g expenses on Sch O.)				
2	Advertising and promotion	290,389.	264,761.	25,628.	
3	Office expenses	270,303.	204,701.	23,020.	
1	Information technology				
5 6	Royalties	150,418.	126,502.	23,916.	
, ,	Occupancy	16,469.	14,217.	2,252.	The state of the s
3	Payments of travel or entertainment expenses	10,103.	11,21,0	2,2521	
•	for any federal, state, or local public officials	İ			
)	Conferences, conventions, and meetings				
)	Interest				
ĺ	Payments to affiliates				
	Depreciation, depletion, and amortization	63,806.		63,806.	
	Insurance	789,720.	663,324.	126,396.	
	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.)				The second secon
а	CLIENT ASSISTANCE	2,525,997.	2,525,997.	The same as a second particular of the same as a se	A STATE OF THE PARTY OF THE PAR
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.	
_	Total functional expenses. Add lines 1 through 24e	8,845,543.	7,881,534.	964,009.	
	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 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 Beginning of year End of year 1,946,408. 1,663,051. Cash - non-interest-bearing 1 Savings and temporary cash investments 2 2 1,025,731. 1,153,869. 3 Pledges and grants receivable, net 3 10,671. Accounts receivable, net 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 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 Assets Inventories for sale or use 8 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 Less: accumulated depreciation \_\_\_\_\_\_10b 4,404,504. 1,758,918. 1,422,873. Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 790,483. 1,058,425. 12 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 235,192. 15 Other assets. See Part IV, line 11 15 5,767,403. 5,306,676. 16 Total assets. Add lines 1 through 15 (must equal line 33) ... 16 Accounts payable and accrued expenses 469,018. 481,350. 17 17 18 Grants payable 18 19 Deferred revenue 19 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 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 Secured mortgages and notes payable to unrelated third parties 23 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 469,018. Total liabilities. Add lines 17 through 25 26 Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 5,298,385. 4,825,326. 27 27 Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29

4,825,326. 5,306,676. Form 990 (2023)

Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

5,298,385.

5,767,403.

31

32

	n 990 (2023) TRI-COUNTY COMMUNITY COUNCIL, INC.	<u>59</u>	<u>-1099586</u>	Pa	ige 12
Pa	rt 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	8,37	2,4	83.
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,84	5,5	43.
3	Revenue less expenses. Subtract line 2 from line 1	3	-47	3,0	60.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,29	8,3	85.
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	5,3	25.
Pa	rt 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: Cash X Accrual Other		1800		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.	100		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a	874 - 147		
	separate basis, consolidated basis, or both:		A		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	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:		And the second s		1234
	X Separate basis Consolidated basis Both consolidated and separate basis		France Programme (1997)		
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?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	dule O	. This		
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?		3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			X	
			Form	990 (	(2023)

#### SCHEDULE A

(Form 990)

Total

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.

2023

Open to Public Inspection

Name of the organization Employer identification number TRI-COUNTY COMMUNITY COUNCIL, INC. 59-1099586 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I 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). 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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. 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. 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. 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. 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. 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 Provide the following information about the supported organization(s). (i) Name of supported (II) EIN (iii) Type of organization (iv) is the proprization listed (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 omanization support (see instructions) support (see instructions) Yes above (see Instructions))

332021 12-21-23

Schedule A (Form 990) 2023 TRI-COUNTY COMMUNITY COUNCIL, INC. 59-1099

[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.)

Se	ction A. Public Support						
Cale	endar 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 organ-						
	ization'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.
	The portion of total contributions		A CONTRACTOR OF THE CONTRACTOR				
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included					AND ALL STREET	
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.			ANCHORAGO PERO	arrifes a tribularios	17.74EE27.34EE87.	45685783.
	ction B. Total Support		Marie Carlotte Carlot	many facility of the second se		The second of the second of the second	100007007
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4		10217316.	10443551.	8950512.	8203144.	45685783.
	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.
q	Net income from unrelated business	22/,000		.,,,,,,,		02/2020	
•	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				Spirit by the manufacturer		46189195.
	Gross receipts from related activities,	etc (see instruction	nel	to provide the second s		12	397,857.
	First 5 years. If the Form 990 is for th	1.5		ourth or fifth tax v			031,0371
10	organization, check this box and stor					101 3000 0	
Sec	tion C. Computation of Publi						
	Public support percentage for 2023 (li			olumn (f))		14	98.91 %
	Public support percentage from 2022						98.16 %
	33 1/3% support test - 2023. If the o						
	stop here. The organization qualifies			Company of the second second second to		AND THE CONTRACTORS DESIGNATION OF CARD	N. LONG P. STONE
ь	33 1/3% support test - 2022. If the o						
_	and stop here. The organization quali	•					
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts	-					
	meets the facts-and-circumstances te						
b	10% -facts-and-circumstances test						
_	more, and if the organization meets th						-14 -
	organization meets the facts-and-circu				•	102	
18	Private foundation. If the organization						
					1.23		Form 990) 2023

Schedule A (Form 990) 2023 TRI-COUNTY COMMUNITY COUNCIL,

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.)

Se	ction A. Public Support	below, please com	piete Part II.)				
	endar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(6) 2021	(4) 2022	(a) 2022	(f) Total
	Gifts, grants, contributions, and	(a) 2019	(0) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
•	membership fees received. (Do not	1					
	include any "unusual grants.")						
			<u> </u>			<del></del>	<del> </del>
2	Gross receipts from admissions, merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the	ì					
	organization's tax-exempt purpose				-		
3	Gross receipts from activities that		ł				
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-				1		
	ization's benefit and either paid to		1				
	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						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received				<b>†</b>		
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the	1					
	amount on line 13 for the year					<u> </u>	
	Add lines 7a and 7b	energy of the consequence of the	ACTOR OF THE PARTY	HOUSE CONTRACTORS	FIRE STANDARD NATIONAL		
Sec	Public support. (Subtract line 7c from line 6.)	5-65-24-80-00-81-34-6-4-4-4-	NO. CAMBE OF BUILDING		The government of the	125/03/19/03/20/20/20/20	
		4-1-0010	(1.) 0000	(-) COO4	4-0-2000	4.1.0000	40 T-4-1
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6 Gross income from interest,					-	
ıva	dividends, payments received on						
	securities loans, rents, royalties,		1				
	and income from similar sources				<b>ļ</b>		
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business				1		
	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 th	e organization's fir	rst, second, third, fe	ourth, or fifth tax	year as a section 5	i01(c)(3) organizatio	n.
	aland, this have and store to an	, <del>-</del> :			•		
Sec	tion C. Computation of Publi						
	Public support percentage for 2023 (li			olumn (fi))		15	%
	Public support percentage from 2022					16	%
	tion D. Computation of Inves						
	Investment income percentage for 20			e 13, column (fi)		17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2023. If the						
	more than 33 1/3%, check this box an						
	33 1/3% support tests - 2022. If the						
	line 18 is not more than 33 1/3%, chec						<u> </u>
	Private foundation. If the organization		10	3			·····-
	3 12-21-23	n did flot Glieck a t	50A OII IIII 14, 198	, or 180, check th	13 DOX BIR SEE INS		(Form 990) 2023
0202	16-6 1-60					Scriedule A	(1 01111 330) 2023

### 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? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- 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)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- 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)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- 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?
- 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? If "Yes," provide detail in Part VI.
- 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? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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))? If "Yes," provide detail in Part VI.
- 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? If "Yes," provide detail in Part VI.
- 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? If "Yes," provide detail in Part VI.
- 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)? If "Yes, " answer line 10b below.
- b 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.)

	Yes	No
1		70.65
2 3a	11.00	
3b	D. T. S.	
3c 4a		
4b		145 145 145 145 145 145 145 145 145 145
4c		
5a		
5b 5c		_
6		11
7		
8		
9a		
9b	distr.	
9c		
10a 10b	india.	

332024 12-21-23

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

| 3b | | Schedule A (Form 990) 2023

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each

3

4

5

chedu	le A	(Form	9901	2023

3

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

Enter greater of line 2 or line 3.

instructions).

Income tax imposed in prior year

emergency temporary reduction (see instructions).

Minimum asset amount for prior year (from Section B, line 8, column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

Schedule A (Form 990) 2023 TRI-COUNTY COMMUNITY COUNCIL, INC. 59-1099586 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 1 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 Other distributions (describe in Part VI). See instructions. 6 Total annual distributions. Add lines 1 through 6. 7 7 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributable amount for 2023 from Section C, line 6 9 Line 8 amount divided by line 9 amount 10 Underdistributions Distributable Section E - Distribution Allocations (see instructions) **Excess Distributions** Pre-2023 Amount for 2023 Distributable amount for 2023 from Section C, line 6 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 Carryover from 2018 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 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. Excess distributions carryover to 2024. Add lines 3j and 4c. Breakdown of line 7: a Excess from 2019 b Excess from 2020 c Excess from 2021

Schedule A (Form 990) 2023

d Excess from 2022 e Excess from 2023

### SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

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.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Employer identification number TRI-COUNTY COMMUNITY COUNCIL, INC. 59-1099586

Pa	organizations Maintaining Donor Advise		or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		
		(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 v	writing that the assets held in donor advise	ed funds
	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor o		
Pa	rt II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990 F	Part IV line 7
1	Purpose(s) of conservation easements held by the organization		ditiv, into 1.
•	Preservation of land for public use (for example, recreated by the organization)		a biotoria di cuma destina de con
	Protection of natural habitat		a historically important land area
		Preservation of	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	led conservation contribution in the form of	
	day of the tax year.		Held at the End of the Tax Year
а			
b			
	Number of conservation easements on a certified historic stru		2c
d	Number of conservation easements included on line 2c acqui		
	on a historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	organization during the tax
	year		
4	Number of states where property subject to conservation eas	ement is located	
5	Does the organization have a written policy regarding the peri	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing conse	ervation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handle	ing of violations, and enforcing conservati	on 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 conservatio	n easements in its revenue and expense s	tatement and
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's financial statemen	nts that describes the
	organization's accounting for conservation easements.		
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Oth	er 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 an	d balance sheet works
	of art, historical treasures, or other similar assets held for publ		
	service, provide in Part XIII the text of the footnote to its finance		12
b	If the organization elected, as permitted under FASB ASC 958		
	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items.	, and the state of	
	(i) Revenue included on Form 990, Part VIII, line 1		\$
2	If the organization received or held works of art, historical treat		
-	the following amounts required to be reported under FASB AS	AND THE RESIDENCE OF THE PROPERTY OF THE PROPE	gain, provide
9	Revenue included on Form 990, Part VIII, line 1	•	<b>\$</b>
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2023

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	edule D (Form 990) 2023 TRI-COU	NTY COMMUN	ITY	COUNCI	L, INC			<u>59-10</u>	9958	6 F	age 2
Pa	rt III   Organizations Maintaining C	collections of Ar	t, His	torical Tre	easures, o	or Other	Simila	r Assets	(conti	nued)	
3	Using the organization's acquisition, access	ion, and other record	ls, che	ck any of the	following that	at make sig	gnificant	use of its			
	collection items (check all that apply).										
а	Public exhibition		d $\square$	Loan or exc	change prog	ram					
b	Scholarly research		• 🗆	Other							
c	Preservation for future generations										
4	Provide a description of the organization's c	ollections and explain	n how	they further t	he organizat	ion's exem	pt purpo	se in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations	of art, h	nistorical trea	sures, or oth	ner similar a	assets				
	to be sold to raise funds rather than to be m	aintained as part of t	he orga	anization's co	ollection? .				Yes		No
Pa	t IV Escrow and Custodial Arran	gements Comple	te if th	e organizatio	n answered	"Yes" on F	orm 990	Part IV, li	ne 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.									
1a	Is the organization an agent, trustee, custod	ian, or other intermed	diary fo	or contribution	ns or other a	ssets not i	ncluded				
	on Form 990, Part X?		,,,,,,,,,,					$\square$	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table:							
									Amour	it	
С	Beginning balance	***********************					1c				
	Additions during the year										
	Distributions during the year										
f	Ending balance							-			
2a	Did the organization include an amount on F								Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planat	on has been	provided in	Part XIII					
Pai	t V Endowment Funds Complete if	the organization ans	swered	"Yes" on For	rm 990, Part						
		(a) Current year	(b)	Prior year	(c) Two year	ars back (	<b>d)</b> Three y	years back	(e) Fou	r years	back
1a	Beginning of year balance										
b	Contributions										
c	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1	g, column (a)	)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
C	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.									
3a	Are there endowment funds not in the posse	ssion of the organiza	tion th	at are held ar	nd administe	red 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 organiza	tions listed as require	ed on S	Schedule R?					3b		
4	Describe in Part XIII the intended uses of the		wment	funds.							
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answered	d "Yes" on Form 990	, Part I	V, line 11a. S	ee Form 990	), Part X, lii	ne 10.				
	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) Acc	cumulate	d	(d) Boo	k valu	е
		basis (investr	nent)		(other)	depr	reciation				
1a	Land				0,890.			per 1		0,89	
b	Buildings			2,31	8,102.	1,6	65,68	33.	65	2,4:	19.
	Leasehold improvements										
d	Equipment				7,832.		08,05			9,78	
	Other				0,553.	2	30,77			9,78	
Total	Add lines to through to Column (of must or	avel Come OOO Doet 1	1 1:	10	(C)			1 1	1 42	2 8	14

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023

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

(8)

Total. (Column (b) must equal Form 990. Part X, line 25, col. (B))

	edule D (Form 990) 2023 TRI-COUNTY COMMUNITY COUNCIL, INC.		1099586 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	eturn	
	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:		
а	3 ( )		
b	Donated services and use of facilities 230.		
С			
d	Other (Describe in Part XIII.)		
е	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:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
	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.
Par	t XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Retur	n
	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:		
а	Donated services and use of facilities 230.		
b	Prior year adjustments		
C	Other losses 2c		
d	Other (Describe in Part XIII.) 2d 14,671.		
е	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:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
		7.000	
	Other (Describe in Part XIII.)	V350300000	
	Other (Describe in Part XIII.)  Add lines 4a and 4b	4c	0.
C	Add lines 4a and 4b	4c	8,845,542.
с 5		4c 5	0. 8,845,542.
5 Par	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  t XIII   Supplemental Information	5	
5 Par Provid	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)  t XIII   Supplemental Information  de 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	5	
5 Par Provid	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  t XIII   Supplemental Information	5	
5 Par Provid	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)  t XIII   Supplemental Information  de 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	5	
5 Par Provid	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)  t XIII   Supplemental Information  de 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	5	
5 Par Provid	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)  t XIII   Supplemental Information  de 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	5	
5 Par Providines	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)  t XIII Supplemental Information  de 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 42d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5	
Par Providines	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)  t XIII Supplemental Information  de 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 42d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.  T XI, LINE 2D - OTHER ADJUSTMENTS:	5	
Par Providines	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)  t XIII   Supplemental Information  de 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 42d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5	
Par Providines	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)  t XIII Supplemental Information  de 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 42d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.  T XI, LINE 2D - OTHER ADJUSTMENTS:	5	(, line 2; Part XI,
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### SCHEDULE O (Form 990)

### 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 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

TRI-COUNTY COMMUNITY COUNCIL, 59-1099586 INC. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: LOW-INCOME HOME ENERGY ASSISTANCE EXPENSES \$ 2,485,863. INCLUDING GRANTS OF \$ 0. REVENUE S 0. FORM 990, PART VI, SECTION B, LINE 11B: THE 990 IS SUBMITTED TO ITS FINANCE COMMITTEE FOR REVIEW AND PRESENTED TO THE WEBSITE ADDRESS IS ANNOUNCED FOR PUBLIC VIEWING. THE BOARD. 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 COSTS OF LIVING AND INCENTIVES ARE APPROVED BY THE BOARD. FOR EMPLOYEES. FORM 990, PART VI, SECTION C, LINE 19: THE INFORMATION IS PROVIDED DURING BOARD MEETINGS WHICH ARE OPEN TO THE ALSO, INFORMATION IS AVAILABLE UPON REQUEST.

.... 8879-TE

### **IRS E-file Signature Authorization** for a Tax Exempt Entity

OMB	No.	1545-0047
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For calendar year 2023, or fiscal year beginning OCT 1 , 2023, and ending SEP 30 , 20 24

Do not send to the IRS. Keep for your records. Department of the Treasury Go to www.irs.gov/Form8879TE for the latest information. Internal Revenue Service Name of filer EIN or SSN TRI-COUNTY COMMUNITY COUNCIL, INC. 59-1099586 JOEL PAUL, JR. Name and title of officer or person subject to tax 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. b Total revenue, if any (Form 990, Part VIII, column (A), line 12) \_\_\_\_\_\_\_ 1b 8,372,483. 1a Form 990 check here ..... b Total revenue, if any (Form 990-EZ, line 9) \_\_\_\_\_\_2b 2a Form 990-EZ check here b Total tax (Form 1120-POL, line 22) \_\_\_\_\_\_ 3b 3a Form 1120-POL check here b Tax based on investment income (Form 990-PF, Part V, line 5) Form 990-PF check here ... 4a 5a Form 8868 check here ..... b Balance due (Form 8868, line 3c) 5b Form 990-T check here 6a b Total tax (Form 990-T, Part III, line 4) 6b Form 4720 check here ..... 7a Form 5227 check here ..... b FMV of assets at end of tax year (Form 5227, Item D) \_\_\_\_\_ 8b 8a Form 5330 check here b Tax due (Form 5330, Part II, line 19) \_\_\_\_\_\_\_9b 9a Form 8038-CP check here b Amount of credit payment requested (Form 8038-CP, Part III, line 22) Declaration and Signature Authorization of Officer or Person Subject to Tax Part II 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 , (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) and the financial institution account indicated in the respective posterior posterior to the financial results and the financial results are the financial institution accounts indicated in the sentence. 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 X lauthorize CARR, RIGGS & INGRAM, LLC 99586 to enter my PIN Enter five numbers, but **ERO firm name** 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 agencyfies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. ature of officer or person subject to tax

art III Certification and Authentication Part III 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. CRI ADVISORS, LLC ERO's signature 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

# 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 31<sup>st</sup> (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 Program Option Community Assessment and Data Classroom Observations Deleted Policies	Approval Approval Approval
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	E	HS	EHS
				TOTAL	West	DFS	TOTAL
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	E	HS
				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	3%

### **DISABILITY**

ITEM	CHIPLEY	WALTON	WESTVILLE	EHS	TOT	`AL	Percei	ntage
					HS	EHS	HS	EHS
Diagnosed with an IEP/IFSP and	1	5	2	2	8	3	6%	7%
receiving services					Inclusi	ve of	(actual	
					drop	ped	enrolme	
ii.					child	ren	nt)	
Dropped children with an IEP/IFSP/ IEP/IFSP closed	- 1	0	0	0	1	0		
Concerns/In waiting/further evaluation/referral	2	4	1	1	7	0		
process/staffing								

Company of the Company of the Company

### MENTAL HEALTH REFERRALS AND VISITS

CHIP	LEY	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	EHS	TOTAL	Percentage
		(5.		DFS	Westville		
Required non-federal share for HS/EHS \$172,512 received a waiver							
			vork to collect in-				
\$0	\$2,238.34	\$0	\$290.64	\$0	\$906.61	\$2,528.96/	2%/1%
						\$906.61	

### USDA

	T		USDA			
ITEM	CHIPLEY	WALTON	WESTVILLE	E	HS	TOTAL
				Westville	Walton	
1		Jan	uary Meals			
Breakfast	229	769	61	5	309	1922
Lunch	228	765	62	1	309	1923
Snack	217	687	592	2	277	1773
Total Meals	674	2221	182	8	895	5618
		January	Cost/Expense			
ITEM	CHIPLEY	WALTON	WESTVILLE	EF	IS	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	E	HS	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
Floaters/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

PIR

Self-Assessment

Outcomes

Program Summary

Community Assessment



### **HEAD START/EARLY HEAD START**

Tri-County Community Council, Inc. 2499 Cypress St. Westville, FI 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

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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
-	11

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

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**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: Missy Lee Jennifer Underwood

Absent: Bridgette Capps Staff:

Guests: Delores Peace

Kalista Butler Shronda Sanders

Kim Gillis Nicole Thomas

Stephen White Jalisa Braxton

Brooke Tuder 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 underenrollment 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 is 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.

APPF	COV	AI	S
Police	, De	ari o	:.

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**

2/19/2025 3:29:33 PM

58-3226-000 VEHICLE TAG/REGIS (O8)

Current: 2/1/2025 to 2/28/2025 VTD 10/1/2023 to 2/28/2025

2/19/2025 3:29:33 PM YTD1	10/1/2023 to 2/28/2025	5		Page 1
58 - HEAD START 12/1/24-11/30/25	Actual	Actual	Budget	Variance
	Current	YTD	YTD	YTD
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
68-3124-000 ADMIN OFFICE SUPPLIES (S)	219.03	610.46	770.00	159.54
8-3125-000 ADMIN XEROX/POSTAGE (S)	0.00	157.09	362.50	205.41
8-3126-000 ADMIN OFFICE EQUIPMENT (S1)	0.00	0.00	0.00	0.00
8-3130-000 ADMIN AUDIT/PROFESSIONAL (C)	1,292.00	4,445.15	2,632.50	(1,812.65)
8-3131-000 ADMIN ARTICLE OF INC. (C)	0.00	0.00	32.50	32.50
8-3135-000 PHONE/ INTERNET O	53.17	1,541.39	3,146.50	1,605.11
8-3136-000 ADMIN UTILITIES O	62.15	1,159.12	2,878.50	1,719.38
8-3137-000 ADMIN EXTERMINATOR S	0.00	39.32	452.50	413.18
B-3144-000 ADMIN BONDING C	0.00	0.00	0.00	0.00
3-3145-000 BLDG MAINT/REPAIR O	0.00	139.70	550.00	410.30
-3146-000 ADMIN DRUG TEST/PHY S	35.00	125.50	250.00	124.50
-3147-000 DUES/SUBSCRIPTIONS/MEMBERSHIF	132.43	132.43	400.00	267.57
-3148-000 ADMN BOARD TRV & TRAINING S	0.00	86.75	50.00	(36.75)
-3149-000 ADMIN COMPUTER EQUIP MAINT/TRI	210.45	3,995.84	2,063.00	(1,932.84)
-3150-000 ADMIN BLDG/GEN LIABILITY O	0.00	0.00	7,500.00	7,500.00
I-3151-000 ADMIN AUTO INSURANCE (O8)	0.00	(367.74)	1,150.00	1,517.74
-3155-000 ADMIN LEGAL C	151.35	605.29	1,585.00	979.71
-3160-000 PUBLICATIONS/PRINTING O	0.00	3.39	700.00	696.61
3161-000 ADMIN RECRUITING/MKTING (S1)	0.00	0.00	0.00	0.00
3201-000 WAGES P	78,917.16	362,893.50	843,591.50	480,698.00
3201-100 NUTRITION SVCS/USDA EXCESS P	0.00	0.00	12,500.00	12,500.00
3205-000 FICA F	6,164.80	27,408.20	44,025.50	16,617.30
3206-000 PENSION F	2,305.92	12,032.15	16,562.50	4,530.35
-3207-000 INSURANCE F	13,223.26	52,840.13	77,150.50	24,310.37
3208-000 W/C INSURANCE F	1,152.23	5,235.63	15,849.00	10,613.37
3215-000 OUT OF TOWN TRAVEL T	0.00	0.00	0.00	0.00
3220-000 LOCAL TRAVEL O	0.00	81.04	2,000.00	1,918.96
3221-000 VEHICLE FUEL (O8)	0.00	1,748.84	5,500.00	3,751.16
3222-000 VEHICLE MINOR REPR/TIRES/SUPLS	0.00	117.86	800.00	682.14
3223-000 VEHICLE:REPAIR OVER \$250 (O8)	0.00	0.00	740.50	740.50
3224-000 OFFICE SUPPLIES	0.00	20,649.63	7,292.50	(13,357.13)
3224-100 CENTER SUPPLIES-WESTVILLE S	8.75	17,154.86	4,461.00	(12,693.86)
3224-200 CENTER SUPPLIES-WALTON S	0.00	30,618.41	8,058.50	(22,559.91)
3224-201 CENTER SUPPLIES-CHAUTAUQUA S	0.00	0.00	3,000.00	3,000.00
3224-300 CENTER SUPPLIES-CHIPLEY S	0.00	9,288.00	1,871.00	(7,417.00)
3224-400 FOOD SERVICE SUPPLIES S	0.00	0.00	250.00	250.00
224-601 EQUIPMENT - OTHER	0.00	0.00	0.00	0.00
1225-000 XEROX/POSTAGE O	0.00	88.99	25.00	(63.99)
JEEG-GOO ALNOAIF OG IAGE O	0.00	00.00	20.00	(03.99)

0.00

195.10

100.00

(95.10)

### Tri-County Community Council, Inc. (TRIFND)

**Budget Revenue & Expense Report** 

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2/19/2025 3:29:33 PM

Current: 2/1/2025 to 2/28/2025 YTD 10/1/2023 to 2/28/2025

Actual Actual Budget Variance 58 - HEAD START 12/1/24-11/30/25 Current YTD YTD YTD 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 \$601,902.13 \$714,887.37 \$1,316,789.50 **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)**

### Budget Revenue & Expense Report

2/19/2025 3:30:37 PM

Current: 2/1/2025 to 2/28/2025 YTD 10/1/2023 to 2/28/2025

3 to 2/28/2025 Page 1

2/19/2025 3.30.37 PIVI	YTD 10/1/2023 to 2/28/2025			Page
AF FADI V UEAD CTADT 40/04 44/05	Actual	Actual	Budget	Varianc
45 - EARLY HEAD START 12/24-11/25	Current	YTD	YTD	YTD
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
5-3107-000 ADMIN INSURANCE F	494.46	2,682.93	9,912.50	7,229.57
15-3108-000 ADMIN W/C INS. F	50.04	264.58	1,989.00	1,724.42
5-3115-000 ADM OUT OF TOWN TRAVEL T	0.00	0.00	25.00	25.00
5-3116-000 ADMIN TRAINING/TECH ASSIST (O1)	0.00	0.00	0.00	0.00
5-3120-000 ADMIN LOCAL TRAVEL O	0.00	7.21	190.00	182.79
5-3123-000 ADMIN VEHICLE MINOR REPAIRS/TIP	0.00	42.51	150.00	107.49
5-3124-000 ADMIN OFFICE SUPPLIES S	143.10	331.75	750.00	418.25
5-3125-000 ADMIN POSTAGE/XEROX S	0.00	114.27	200.00	85.73
5-3126-000 ADMIN OFFICE EQUIPMENT (S1)	0.00	0.00	0.00	0.00
5-3130-000 ADMIN AUDIT/PROFESSIONAL C	844.00	2,758.41	3,428.00	669.59
5-3131-000 ARTICLES OF INCORPORATION C	0.00	0.00	40.00	40.00
5-3135-000 ADMIN PHONE/INTERNET O	32.28	587.77	1,409.50	821.73
5-3136-000 ADMIN UTILITIES O	37.74	490.37	1,846.00	1,355.63
5-3137-000 ADMIN EXTERMINATOR S	0.00	11.18	194.00	182.82
5-3144-000 ADMIN BONDING C	0.00	0.00	0.00	0.00
5-3145-000 ADMIN MAINT/REPAIR O	0.00	58.71	350.00	291.29
-3146-000 ADMIN BACKGROUND/DRUG TEST/PI	0.00	0.00	225.00	225.00
-3147-000 ADMIN DUES/SUBSCRIPTIONS/MEME	80.40	80.40	250.00	169.60
-3148-000 ADMN BOARD TRV & TRAINING S	0.00	23.99	250.00	226.01
-3149-000 ADMIN COMPUTER EQUIP MAINT/TRI	127.76	1,612.50	1,425.00	(187.50)
-3150-000 ADMIN BLDG/GEN LIABILITY O	0.00	0.00	3,150.00	3,150.00
-3151-000 ADMIN AUTO INS. (O8)	0.00	(239.58)	675.00	914.58
-3155-000 ADMIN LEGAL C	91.89	261.36	965.00	703.64
-3160-000 ADMIN PRINTING/PUBLICATIONS O	0.00	2.22	25.00	22.78
3201-000 WAGES P	44,676.99	170,282.83	331,329.00	161,046.17
3205-000 FICA F	3,538.25	12,917.04	34,293.50	21,376.46
3206-000 PENSION F	1,289.72	4,756.51	15,843.50	11,086.99
3207-000 INSURANCE (O)	4,552.60	20,223.57	45,769.00	25,545.43
3208-000 W/C INSURANCE F	652.26	2,392.17	15,404.50	13,012.33
3215-000 OUT-OF-TOWN TRAVEL T	0.00	0.00	100.00	100.00
3220-000 LOCAL TRAVEL O	0.00	12.42	1,300.00	1,287.58
3221-000 VEHICLE FUEL (O8)	0.00	50.52	750.00	699.48
3222-000 VEHICLE MINOR REPR/TIRES/SUPLS	4.32	4.32	150.00	145.68
3223-000 VEHICLE REPAIR OVER 250 (O8)	0.00	0.00	150.00	150.00
3224-000 OFFICE SUPPLIES	0.00	4,619.03	8,600.00	3,980.97
3224-100 CENTER SUPPLIES - WESTVILLE S	3.75	3,639.75	10,230.00	6,590.25
3224-200 CENTER SUPPLIES-WALTON S	70.32	4,539.58	19,560.00	15,020.42
3224-400 FOOD SERVICE SUPPLIES S	0.00	0.00	65.00	65.00
224-500 NUTRITION SERVICES	0.00	0.00	12,500.00	12,500.00
224-601 EQUIPMENT - OTHER	0.00	0.00	0.00	0.00
225-000 XEROX/POSTAGE S	0.00	0.00	50.00	50.00
	0.00	0.00	100.00	100.00
226-UUU VEHICI E TAGABEGIS 700	0.00			
226-000 VEHICLE TAG/REGIS (O8) 235-000 PHONE/INTERNET (OTHER b), O	8 56	2 383 81	5.861.00	3 477 10
226-000 VEHICLE IAG/REGIS (O8) 235-000 PHONE/INTERNET (OTHER h) O 236-000 UTILITIES O	8.56 989.63	2,383.81 5,244.79	5,861.00 9,553.50	3,477.19 4,308.71

# Tri-County Community Council, Inc. (TRIFND) Budget Revenue & Expense Report

2/19/2025 3:30:37 PM

Current: 2/1/2025 to 2/28/2025 YTD 10/1/2023 to 2/28/2025

110 10/1/2020 to 2/20/2020			Page 2	
	Actual Current	Actual YTD	Budget YTD	Variance YTD
	0.00	0.00		0.00
)	0.00	65.00		522.50
	0.00	0.00		45.50
)	0.00	0.00		1,500.00
	165.90	11,378.22	E D G S VOID C	(2,378.22)
/PHYSIC	0.00	0.00	325.00	325.00
ERSHIP	0.00	0.00	25.00	25.00
	0.00	0.00	0.00	0.00
NCE O	0.00	0.00	4,350.00	4,350.00
	0.00	(2,246.06)	3,000.00	5,246.06
0	0.00	0.00	50.00	50.00
	1.38	4,078.34	12,900.00	8,821.66
	0.00	0.00	25.00	25.00
	0.00	143.02	340.00	196.98
	0.00	2,042.54	9,583.50	7,540.96
	\$61,658.84	\$276,482.96	\$641,416.00	\$364,933.04
	\$61,658.84	\$276,482.96	\$641,416.00	\$364,933.04
	(\$26,234.07)	(\$29,948.69)	\$0.00	
	) /PHYSIC ERSHIP O NCE O	Current  0.00  0.00  0.00  0.00  165.90  //PHYSIC  0.00  ERSHIP  0.00  0.00  NCE O  0.00  0.00  1.38  0.00  0.00  0.00  \$61,658.84  \$61,658.84	Current YTD  0.00 0.00  0.00 0.00  0.00 0.00  0.00 0.00  165.90 11,378.22  //PHYSIC 0.00 0.00  ERSHIP 0.00 0.00  O 0.00 0.00  NCE O 0.00 0.00  NCE O 0.00 0.00  1.38 4,078.34  0.00 0.00  1.38 4,078.34  0.00 0.00  0.00 0.00  \$61,658.84 \$276,482.96  \$61,658.84 \$276,482.96	Current YTD YTD  0.00 0.00 0.00  0.00 0.00  0.00 65.00 587.50  0.00 0.00 0.00 45.50  0.00 0.00 0.00 1,500.00  165.90 11,378.22 9,000.00  /PHYSIC 0.00 0.00 325.00  ERSHIP 0.00 0.00 0.00 25.00  O 0.00 0.00 0.00 0.00  NCE O 0.00 0.00 4,350.00  NCE O 0.00 0.00 325.00  0.00 (2,246.06) 3,000.00  O 0.00 0.00 50.00  1.38 4,078.34 12,900.00  0.00 0.00 0.00 25.00  0.00 143.02 340.00  0.00 143.02 340.00  0.00 2,042.54 9,583.50  \$61,658.84 \$276,482.96 \$641,416.00

# Tri-County Community Council, Inc. (TRIFND)

Budget Revenue & Expense Report

Current: 2/1/2025 to 2/28/2025 2/19/2025 3:31:47 PM

2/19/2025 3:31:47 PM	YTD 10/1/2023 to 2/28/2	025		Page 1
57 - HS 58 IN/KIND 12/24-11/25	Actual	Actu		Variance
A STATE OF THE STA	Current	YTD	YTD	YTD
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 SERVIC	E: 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)
7-9622-000 I/K:CONTRACUTAL - T&T SERVICES	0.00	0.00	0.00	0.00
7-9623-000 I/K:CONTRACTUAL-OTHER(ELKS,SI	0.00	0.00	0.00	0.00
7-9624-000 I/K: CHILD CARE CONSULTANTS	0.00	0.00	0.00	0.00
7-9630-000 I/K:OTHER-BLDG MAINT/REPAIR, O		0.00	0.00	0.00
7-9631-000 I/K:OTHER-INCINDENTAL ALTER /RE	N 0.00	0.00	259.00	259.00
7-9640-000 I/K:VOLUNTEERS	2,832.65	16,833.35	50,254.00	33,420.65
7-9642-000 I/K:PUBLICATIONS/ADS/PRINTING	0.00	0.00	0.00	0.00
7-9643-000 I/K:OTHER	0.00	0.00	0.00	0.00
7-9760-100 HLMS BOCC H8	0.00	0.00	1,234.50	1,234.50
7-9760-200 WAL BOCC H7	0.00	0.00	1,200.00	1,200.00
7-9760-300 WASH BOCC H8	0.00	0.00	3,500.00	3,500.00
7-9762-000 MISC. MATCH	0.00	0.00	0.00	0.00
otal Operating Expense	\$2,865.12	\$27,743.10	\$57,004.00	\$29,260.90
tal Expense	\$2,865.12	\$27,743.10	\$57,004.00	\$29,260.90
ccess Revenue Over Expenses	\$0.00	\$0.00	\$0.00	

# Tri-County Community Council, Inc. (TRIFND) Budget Revenue & Expense Report

2/19/2025 3:33:04 PM

Current: 2/1/2025 to 2/28/2025 YTD 10/1/2023 to 2/28/2025

Page 1

		rage			
48 - EARLY HS 48 IK 12/1/24-11/30/25	Actual Current	Actual YTD	Budget YTD	Variance YTD	
Operating Revenue					
48-2420-000 IN-KIND	1,171.17	6,368.13	32,991.50	26 622 27	
48-2431-202 WALTON BOCC H7	0.00	0.00	0.00	26,623.37	
48-2433-000 MISC. MATCH	0.00	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-INCINDENTAL 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	
8-9643-000 I/K:OTHER	0.00	0.00	0.00	0.00	
8-9760-202 WALTON BOCC H7	0.00	0.00	1,200.00	1,200.00	
8-9762-000 MISC. MATCH	0.00	0.00	0.00	0.00	
otal Operating Expense	\$1,171.17	\$6,368.13	\$32,991.50	\$26,623.37	
otal Expense	\$1,171.17	\$6,368.13	\$32,991.50	\$26,623.37	
xcess Revenue Over Expenses	\$0.00	\$0.00	\$0.00		



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

Corporate Number:

Account Ending In:

			Account thanky III.
	Summary of Acc	count Activity	
Previous Account Balance Payments and Credits Purchases and Debits Total Spend This Month Cash Advances Fees Finance Charges New Ending Balance	\$0.00 \$0.00 \$0.00 \$403.97 \$0.00 \$0.00 \$0.00	Statement Closing Date Days This Period Spending Limit	02/03/2025 0 \$25,000.00
	•	Payment Due Date Payment Amount Due	02/28/2025 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 **Payment Due Date 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 նիվիցիոնինգրդիվինգիերիներիներիի

First Federal Bank P.O. Box 2711 Omaha NE 68103-2711 ով[[Արվակալիայականություրը][հիկականի



			Transactions	
Post Date	Tran Date	Reference Number	Transaction Description	\$Amount
01/15	01/15	24692160F31NG1HTN	AMAZON MKTPL*ZD0A53KP1 Amzn.com/billwa	\$39 <b>.9</b> 6
01/19	01/18	24692160J34MYZFT5	AMAZON MKTPL*Z51J28YU0 Amzn.com/billwa	\$130.17
01/29	01/28	24055230X6K49VNKD	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	\$40 <b>3.</b> 97



Corporate Account Name: TRI COUNTY COMM COUNCIL IN Account Name: RUTH KELLEY

Account E

Payment Amount Due

Corporate Number Account Ending In:

CORPORATE BILLED

	Summary of Acc	count 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	\$885.39	3	of the section of the section of the section of
Cash Advances	\$0.00		
Fees	\$0.00		
Finance Charges	\$0.00		
New Ending Balance	\$0.00		
	•	Payment Due Date	02/28/2025

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.

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P.O. Box 2087, Omaha, NE 68103-2087

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

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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

VISA

Account Ending In
Payment Due Date
New Balance
Minimum Payment Due

02/28/2025 \$0.00 CORPORATE BILLED

Make Check Payable To:

\$

RUTH KELLEY
TRI COUNTY COMM COUNCIL INC
PO BOX 1210
BONIFAY FL 32425-1210
III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III | III

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

\*\*Interpretable for the state of the state



n 12				
			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
1/23	01/22	24055230N6D7039NL	WALMART.COM 800-925-6278 AR	\$46.87
1/29	01/28	24055230W6JR4HN82	WALMART.COM 800-925-6278 AR	\$118.98
1/29	01/28	24055230W6JR4P6HT	WALMART.COM 800-925-6278 AR	\$221.64
1/29	01/28	24445000W2X8LTSDW	WALMART.COM 8009256278 800-966-6546 AR	\$96.31
			Total Activity	\$885.39



Corporate Account Name: TRI COUNTY COMM COUNCIL IN Account Name: MANDI THOMAS

Corporate Number: Account Ending In:

	Summary of Acc	ount 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	\$1,714.34		1 2
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

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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

VISA

Account Ending In
Payment Due Date
New Balance

02/28/2025 \$0.00

Minimum Payment Due CORPORATE BILLED

Make Check Payable To:

\$



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	2405523075YWQ0W3L	EARLY EDUCATION AND CARE EECKIDSEDU FL	\$10.00			
01/07	01/06	2405523075YWQ0W3W	EARLY EDUCATION AND CARE EECKIDSEDU FL	\$10.00			
01/07	01/06	2405523075YWQ0W6G	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			





PAYMENT STUB

age 1 of 3

Account:

Stat Went Date: 02/02/25

Page: 1 of 3

Mylone's Pro Rewards are coming soon. Learn mera about the MyLowe's Pro Rewards Program and check your points balance at Lowes.com/account. Account:

TRI COUNTY COMMUNITY COUN ATTN: FINANCE DEPARTMENT PO BOX 1219 BONIFAY, FL 32425-1210

PLEASE INDICATE ADDRESS CHANGES

PAYMENT ADDRESS

TRI COUNTY COMMUNITY COUN ATTN: FINANCE DEPARTMENT PO BON 1210 BOHIFAY, FL 32425-1210

65991 K211

Lowe's
P.O. Box \$69821
Dallas TX 75266-6775

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

Statement Balance	\$ 2,414.77
Unapplied Payments & Adjustments	\$ 0.00
Over 60 Days Past Due	\$ 0.00
31-60 Days Past Due	\$ 0.00
1-39 Days Past Due	\$ 0.00
Current Invoices & Returns	\$ 2,414.77

Amount Due

PLEASE PAY THIS AMOUNT BY 02/20/25

\$ 2,522,10

AMOUNT ENCLOSED S

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 [2] 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 !nquiries to: P.O. Box 71772



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

000258831

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 Rotain left portion for your records.

-Continue-

-

Philadelphia PA 19176-1772 -866-232-7445

Ter Ex



# PAYMENT STUB

Account:

Statement Date: 02/02/25

Page: 2 of 3

Account:



# **ACCOUNT ACTIVITY**

Account Number:



Current Invoices & Retur	m	17	11	af	R	8	nvoices	Current	(
--------------------------	---	----	----	----	---	---	---------	---------	---

				21 4 1 4 9 4	1110			
Date	Invoice	Original Amount	Due Dat	e Store/C	ity Reference	Invoice	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ate & nount Due
						Please Indicate by 🔀	Invoices You a	noeme Oge ere Paying
11/19/24	977586 -OCJKWM	\$ 938 12	02/20/25	2666	018657	777588	1	11/19/24 \$ 938.12
				DEFUNIA	K SPRING, FL			
12/30/24	984765 -OFWHEW	\$ 1,583 98	02/20/25	2866	WALTON HEAD ST	984765	<b>%</b>	12/30/24 \$1,583.98
				DEFUNIAR	CSPHING, FL	·		11 114
01/04/25	994813 -OGLBEV	\$ (147.23)	03/20/25	2886		994813	<i>\(  \)</i>	01/04/25 \$ (147-23)
				DEFUNIAR	SPRING, FL	to the same that the same of the same		41
01/09/25	970834 -OGPGBP	\$ 39 90	03/20/25	2886	EHS	970834	<u> </u>	01/06/25 \$ 39,90
				DEFUNIAR	SPRING, FL	25	e se •	
Subtotal	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	\$ 2.414 77			, .	Subtotal	***************************************	\$ 2,414.77

Tax Mare

Account Balance
Summary

Total
\$ 2,414.77

# **Current Invoice Details**

Mail Payments to:

Lowe's

P.O. Box 669821 Dallas TX 75266-0775

TRI COUNTY COMMUNITY COUN

Account: Store/City:

2886 / DEFUNIAK SPRING FL

Buyer:

THOMAS NICOLE

DESCRIPTION

QUANTITY UNIT

Invoice:

Date of Sale: 01/04/25

P.O. / JOB:

S.K.U. 000000004064851

1.00 EA

994813 -OGLBEV

(147.23)

PRICE

EXT. PRICE (147.23)

Subtotal: (147.23)

Tax: 0.00

Salance Due:

(147.23)

Mall Payments to:

Lowe's

PO Box 669821

HENRY650R RELEAS PRESISEN

Dallas TX 75266-0775

TRI COUNTY COMMUNITY COUN

Account Store/City:

2886 / DEFUNIAK SPRING FL

Date of Sale: 01/05/25

979834 -OGPGBP

Invoice: P.O /JOB:

EHS

Buyer THO	MAS NICOLE	1.0 700g. End			
S.K.U.	DESCRIPTION	QUANTITY	UNIT	PRICE	EXT. PRICE
000000000024437	2-INX 1/8-INX 15-FT FOLMSL	1.00	EA	6.63	6.63
000000005430837	3M General Purp Duot Tape	2.00	EA	6,63	13.26
000000000023930	3-INX50-FTX1/2-IN FBRGLSS	1.00	EA.	10.05	10.05
000000000004868	1/8-IN X 2IN X 30FT WRP(-	1,00	!EA.	9.96	9,96
000000000155670	PROMOTIONAL DISCOUNT APPL	1.00	EA	0.00	0.00
Subtotal: 39.90	Tax: 0.00		Bala	nce Due:	39.90



### Credit Account 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

Pa	yment Inform	ation
Payment Due Date 03/04/25		ne and phone payments, dline is 5pm ET.
New Balance	Past Due	Payment Due
\$691.87	\$0.00	\$58,00

	STEEL STEEL STEEL STEEL STEEL STEEL STEEL STEEL STEEL STEEL STEEL STEEL STEEL STEEL STEEL STEEL STEEL STEEL ST
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

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 ROLL ACCOUNTS TO DO NOT ACCOUNTS TO DO	Credit Account # Statement Date Statement #	02/07/25 7050831
PO BOX 1210 BONIFAY, FL 32425-1210	Payment Due	\$58.00
Address Change:	Amount Enclosed \$	
	Capital One PO BOX 60506 CITY OF INDUS	TRY, CA 91716-0506



# O1/08/25 - 02/07/25 | 31 days in billing cycle



	Maga.			Transac	tions	
CORPORAT	E CARD XXXX					
PO#	Invoice #	Trans Date	Post Date	Description	Purchase Location	Amour
		01/14/25	01/14/25	Sale	WM SUPERCENTER #2114 2114 CHIPLEY FL	\$48.3
		01/16/25	01/16/25	Sale	WM SUPERCENTER #2114 2114 CHIPLEY FL	\$140.7
		01/28/25	01/28/25	Sale	WM SUPERCENTER #2114 2114 CHIPLEY FL	\$111.9
		02/04/25	02/04/25	Sale	WM SUPERCENTER #2114 2114 CHIPLEY FL	\$75.6°
CORPORATE	CARD Total Trans	actions				\$376.7
CORPORATE	CARD XXXX					
PO #	Invoice #	Trans Date	Post Date	Description	Purchase Location	Amoun
		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 C	ARD Total Transa	ections				\$315.17
Total Transa	ctions					\$691.87
計劃對			Paymen	ts, Credits ar	nd Adjustments	
Trans Date	Post Date D	escription				Amount
01/28/25	01/28/25 Pa	ayment				-\$490.18
Total Payme	nts, Credits ar	nd Adjustme	nts			-\$490,18
				Fees and In	terest	
				Fees		
Post Date			Descripti	on		Amount





		Fees and Inter	est				
Total Fees for Th	is Period			\$0.00			
		Interest Charge	ed the Audin				
Post Date	Description	n		Amount			
Total Interest for	This Period			\$0.00			
	Intere	est Charge Cal	culation	ALMA CON			
	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

PAGE 1 END OF REPORT

# lancial Summary

LEET NAME	ri County Community Council
UNT NUMBER	

TMENT								
	DESCRIPTION	UNITS	COST	TOTAL FEES	FUELS	OTUED &		
eadstart	Unleaded Regular		OR FEE		)   	\$ X H L C	GROSS \$	TOTAL FEES &
	PERIOD	25.38	2.889	0.00	73.50	0.00	73.50	TORCHASES
2	ary and a second			0.00	73.50	0.00	73.50	73.50
	Onleaded Regular DEDION	1002.08	2,957	0.00	2944.94		č	73.50
<u>Lie</u>				0.00	2944.94			2944.94
	Omeaded Regular	418.50	3.126	0.00	1308,34			
ROSA TR	YTD Inhaded Remiss			0.00	1308.34			1308.34
	PERIOD	1385,73	2.931	00.00	4053,37	0.00		1000
losa TR	YTD Unleaded Plus			0.00	4053.37 4053.37	0.00	4053.37	4053.37
	Unleaded Regular PERION	16.32 870.56	3.379	00.00	55.15 2539.49	0.00		
~			8	0.00	2594.64 2594.64			2594.64
	Onleaded Regular	1008.74	2.877	00.00	2908,71			7294.64
įκ	YTD Infeeded Damiss			00.0	2908.71 2908.71	00.0		2908.71
A	Original PERIOD	901.35	2.943	00.00	2652,68			
JNT TOTALS	YTD Unleaded Plus			0.00	2652.68 2652.68	0.00	2652.68 2652.68	2652.68
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ACCOUNTS RECEIVARI E SUMMANDY	YENOU YTD			0.00	16536,18 16536,18			16536.18
	MINIMART - INVOICE 102593505							
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ANCILLARIES	0000 0000 0000							
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						_		_

# Form 990

# Return of Organization Exempt From Income Tax

Under section 501(e), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form350 for instructions and the latest information.

2023
Open to Publis Inspection

Department of the Tracoury Interior Revenue Bervise A For the 2023 calendar year, or tax year beginning and ending SEP 30, 2024 Check if C Name of organization D Employer identification number distriction TRI-COUNTY COMMUNITY COUNCIL. Mama chungs 59-1099586 leidat tetuti Number and street (or P.O. box it mail is not delivered to street address): Room/suite E Telephone mumber Firms P.O. BOX 1210 850-547-3689 teretion sted City or town, state or province, country, and ZIP or foreign postal code 8.387,154. G Gross receipte à i Amendad I refurri BONIFAY, FL 32425 H(a) Is this a group return Applies-F Name and address of principal officer: JOEL PAUL, JR. for subordinates? Yes X No Geo.dino 302 OKLAHOMA STREET, BONIFAY, 32425 H(b) rea all embordinetes included? Yes No Tax-exempt status: X 501(e)(3) 501(6) ( 527 If "No," attach a list. See instructions d Website: N/A His! Group exemption number K Form of organization; [X] Corporation Trust Association [ Year of formation: 1965 M State of legal domicile; FL Part I Summary Briefly describe the organization's mission or most significant activities: IMPROVING LIVES Covernosince opportunities and eliminating poverty \_\_\_ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1s) 3 19 Number of independent voting members of the governing body (Fan VI, line 1b) 19 Activities & Total number of individuals employed in calendar year 2023 (Part V, line 2a) 149 Total number of volunteers (estimate if necessary) 150 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. b Net unrelated business taxable income from Form 990-T, Part I, line 11 0. Current Year Contributions and grants (Part VIII, line 1h) 8.950,512 8,203,144. **Flewersug** Program service revenue (Part VIII, line 2g) 94,770. ..... 97,144. 19 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 48,062 65,918. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -4.2066,277 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 9,089,138. 8,372,483 Grants and similar amounts paid (Fart IX, column (A), lines 1-3) 0, Ø, 14 Benefits paid to or for members (Part IX, column (A), line 4) O. Q. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 3,918.355. 3,942,982. 16a Professional fundralsing fees (Part IX, column (A), line 11e) O. b Total fundraising expenses (Part IX, column (D), line 25) 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) 8,845,543, 9,512,995. 15 Revenue less expenses. Subtract line 18 from line 12 -523,857 -473,060. 50 Beginning of Guttent Year End of Year 20 Total assets (Part X, line 16) 5,767,403. 5,306,676. 21 Total liabilities (Part X, line 25) 469,018 481,350, 용된 22 Net assats or fund balances. Subtract line 21 from line 20 | Part II | Signature Block 298,385. 4,825.326. 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 ballef, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of office JOEL PAUL JR. Here EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name Préparer's aignature Paid ashley H. Stafford <u>ASHLEY H. STAFFORD</u> P00248001 self-employed CARR, RIGGS & INGRAM, LLC Preparer Firm's name Firm's EIN 72-1396621 Use Only 1117 BOLL WEEVIL CIRCLE Firm's address ENTERPRISE, AL 36330 Phone no. 334-347-0088 May the IRS discuss this return with the preparer shown above? See instructions X Yes LHA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form 990 (2023)

1		P
	art III Statement of Program Service Accomplishments	
.«	Check if Schedule O contains a response or note to any line in this Part III	
t,	Stelly describe the arganization's mission:  TO PROVITE STIMILATION AND INCENTIVES FOR MULE CONTENTED OF PAY WALKET	a
	TO PROVIDE STIMULATION AND INCENTIVES FOR THE COUNTIES OF BAY, HOLME JACKSON, OKALOOS, SANTA ROSA, WALTON, AND WASHINGTON, FLORIDA AND TO	BY
	COMBAT POVERTY THROUGH COMMUNITY ACTION PROGRAMS AND RESEARCH	ATT-TO
	PROJECTS.	The same
2	Did the organization undertake any significant program services during the year which were not listed on the	-
	prior Form 950 or 990-EZ?	13.
	If "Yes," describe these new services on Schedula O.	4.2
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	X
	If "Yes," describe these changes on Schedule O.	Sales of the last
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 affocations to others, the total expenses, an	d
Ti Water	revenue, if any, for each program service reported.	and The Section
12	(Section) (Expenses 2,364,610 - including grants of 6) (Expenses)	19000
	TRANSPORTATION - RURAL TRANSPORTATION SERVICES TO NEEDY INDIVIDUALS	-
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L.	art IV Checklist of Required Schedules	تتعرف	حدومات		-
	So the management and the state of the state	F		63	A
\}	If "Yes," complete Scredule A		,	X	
3			?		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for				hard from
	public office? if "Yes," complete Schedule C, Part I	3	3		×
4	Section 301(c)(d) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effec				
5	during the tax year? If "Yes," complete Schedule C, Part II	4		ecan-	X
8	le the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that reselves membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-197 If "Yes," complete Schedule C, Part III			The state of	X
£	Did the organization maintain any donor advised funds or any similar funds or accounts for which demors have the right to	المحدد	- Marchine Co.		
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "yes," complete Schedule D, Part I	6	- Carrie	Ę	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	E			20
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	17	1	Timeser	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yex," complete	LC,		-779.76	41
	Schedule D, Part III	8		Act of the last of	X
Ø	Sid the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for				25.
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			ļ	
	If "Yes," complete Schedule D, Part IV	9			X
0	Did the organization, directly or through a related organization, hold assets in denor-restricted endowmente	- marie	and Resident Ser	STATE OF THE PERSON	
	or in quasi-andowments? If "Yes," complete Schedule D. Part V	10			X
1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X,	PHO15	AL CASTO		-1112
	as applicable.		WILLIAM CO.	PARTITION	
ij	Did the organization report an amount for land, buildings, and equipment in Part X, line 107 if "Yes," complete Schedule D,			ĺ	
	Part VI	118	X		*****
	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total		T		
	assets reported in Part X, line 167 if "Yes," complete Schedule D, Part VII	110	X		220-
Ē	Did the organization report an amount for investments - program releted in Part X, line 18, that is 5% or more of its total				
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	118	- Commercia	-	1
S.	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 167 if "Yes," complete Schedule D, Part IX	118			K
	Did the organization report an amount for other liabilities in Part X, line 257 If "Yes," complete Schedule D, Part X	118	*******		5
: 1	Did the organization's separate or consolidated financial statements for the tax year include a feetnote that addresses			-	-
, ,	he organization's liability for uncertain tax positions under FIN 46 (ASC 740)? If "Yes," complete Schedule D. Part X	111	<u> </u>	1	5
/ L	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	100000	20	Jane Principal	
5	chedule D, Parts XI and XII	122	X		×
	Vas the organization included in consolidated, independent audited financial statements for the tax year?				ø
11	"Yes," and if the organization answered "No" to line 12s, then completing Schedule D, Parts XI and XII is optional	126		4	-
٤	the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedulo E id the organization maintain an office, employees, or agents outside of the United States?	13		1	
	id the organization maintain an office, employees, or agents outside of the United States?  Id the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	148	********	7	<u>.</u>
	vestment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000				
	more? If "Yes," complete Schedule F, Parts I and IV	145		X	
D	id the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	149		10	~===
	reign organization? If "Yes," complete Schedule F, Parts II and IV	15		X	
D	d the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13	NEW COLORS	1	7
OI	for fereign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X	
D	d the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			- AX	_
CC	lumn (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X	
Ďí	d the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines				2.7
ic	and 8a? if "Yes," complete Schedule G, Part II	19	174 Table 1844	X	
Die	I the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"				
CO	mplete Schedule G, Part III	19		X	
Dic	i the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20n	energic st.	X	
If "	Yes" to line 20a, did the organization attach a copy of its audited linancial statements to this return?	d05			
Die	the organization report more than \$5,000 of grants or other assistance to any domestic organization or				

	22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	-	Yes	No
	Part IX, cellumn (A), line 27 If "Yes," complete Schedule I, Farts I and III	22		X
	22 Did the organization answer "Yee" to Part VII, Section A, line 5, 4, or 5, about compensation of the organization's current		4	30,000
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
,	Schedule J	23		X
,	24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the		Ì	Ì
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			.45
	Schedule K. II "No," go to line 25a	244	ļ	X
	b Did the organization invest any proceeds of law-exempt bonds beyond a temporary period exception?	. Att	-	-
	6 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24s		
	d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	248		
2	6a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yea," complete Schedule L, Part I	259		X
	b le the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-527 If "Yes," complete			-
	Schedule L, Part i	265		X
200	Sales to any district the sales and the payables to any district			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	20	-	X
27	grant and additional additional additio			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
2412	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	3"		1	
	instructions for applicable filing thresholds, conditions, and exceptions):		1	
	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor?		l	45
	"Yes," complete Schedule L, Part IV	280		X
,	A family member of any individual described in line 28a? If "Yes," complete Schedula L, Part IV	285		X
,		48-		v
29	"Yes," complete Schedule L, Part IV  Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	28s	removember of	X
30	Old the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	49		
	contributions? If "Yes," complete Schedule M	30	1	X
31	Did the organization liquidate, terminate, or dissolve and cause operations? If "Yes," complete Schedule N, Part I	31	m	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			100000
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		-	THE REAL PROPERTY.
	sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	-		no more
	Pert V. line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	36a		X
B	If "Yes" to line 35a, did the organization receive any payment from or angage in any transaction with a controlled entity			-
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		, in the second of
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			-
	If "Yes," complete Schedule R, Part V, line 2	26		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 115 and 197		.	
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38 2		-
	Check if Schedule O contains a response or note to any line in this Part V		Ĩ	-
		41	es f	Ye.
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 117		-	No.
Ð	Enter the number of Forms W-20 included on line 1a. Enter -0- if not applicable 1b 0		l	
Ċ.	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		į	
	(gambling) winnings to prize winners?	16 X		
333604		Form 99	0 (20	(53)

Form 990 (2023)

Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities

that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

If "Yes," complete Form 4720, Schedule O.

If "Yes," complete Form 6069.

932005 12-21-23

ermi 990 (2023)	TRI-COUNTY	COMMUNITY	COUNCIL	INC
		THE RESERVE THE PROPERTY OF THE PARTY OF THE		

59-1099586 Page 6 Part VI Governance, Management, and Disclosure: For each "Yes" response to lines 2 through 75 below, and for a "No" response to line \$3, 85, or 105 below, describe the circumstances, processes, or changes on Schedule O. See instructions.

20	Check if Schedule O centains a response or note to any line in this Part VI	design	-Web-	-	
95	ction A, Governing Body and Management		The state of the s	Yes	LN
-1	a Enter the number of voting members of the governing body at the end of the fax year	196	VA SALIGNAD	444	+4
	If there are material differences in voting rights among members of the governing body, or if the governing	حقدت			WHEN THE PERSON NAMED IN
	body delegated Broad authority is an executive committee or similar committee, explain on Schedule D.				
9		19			-
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other				Table 1
.5.	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				1
	of officers, directors, trustees, or key employees to a management company or other person?	İ	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 950 was filed?	==	d		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5	TITE RECEIVE	X
É	Did the organization have members or stockholders?	_	6		X
78		le c	<u> </u>		
2.53	more members of the governing bedy?		īa l		X
45	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	200	(51	LEST.	
10-	persons other than the governing body?		76		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	ook		~~~	J. 45
<u>a</u>		١,	.	X	
b	The governing body?  Each committee with authority to act on behalf of the governing body?		d	X	<del>о. Бе</del> л
梦	each committee with authority to act on behalf of the governing body?  Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the		也	-53	toper.c
3"	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	1,	9		X
0.0	tion S. Policies (This Section S requests information about policies not required by the Internal Revenus Code.)	modera	2 1		.62
action.	man ear a mara a titula section la (agnesia linguission abont colletes vot tedrites by the titletual Revenira Code)	-	-	Vac	41.0
Ga	Did the organization have local chapters, branches, or affiliates?	130	de l	Yes	Ne
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	-12			22
	and because the second of the	40	16	1	
	and pranches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 950 to all members of its governing body before filing the form?	10000	a	X	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	1			The same of the sa
	Old the organization have a written conflict of interest policy? If "No," go to line 13	12		x	
	Were officers, directors, or trustess, and key employees required to disclose annually interests that could give rise to conflicts?		1	X	NO CONCESSION
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12	0	33	
		16		X	
	on Schedule O haw this was done	12	1		-
	Did the organization have a written whiatleblower policy?	1	1	X	
	Did the organization have a written document retention and destruction policy?	14		4	***
	Did the process for determining compensation of the following persons include a review and approval by independent		İ	Ì	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	1		74	
	The organization's CEO, Executive Director, or top management official	15	1	X	
	Other officers or key employees of the organization	15	2	X	
	"Yes" to line 15a or 15b, describe the process on Schedule Ö. See instructions.			1	
	lid the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		l	Ī	26
	Ixable entity during the year?	16		-	X
	"Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation		ĺ	ļ	
	joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			- 1	
()	rempt status with respect to such arrangements? on C. Disclosure	165	3	<u></u>	-
	ection 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	y) ava	ailable	)
	r public inspection, Indicate how you made these available. Check all that apply,				
•	Own website Another's website Upon request Other (explain on Schedule O)	1 >			
	pacribe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	i finai	ncial		
	atements available to the public during the tax year.				
	ate the name, address, and telephone number of the person who possesses the organization's books and records  EATHER CRAFT - 850-547-3689				
22	02 OKLAHOMA STREET, BONIFAY, FL 32425		- Victoria		

Form 990 (2023)	TRI-COUN	IY COMMUNITY	COUNCIL,	INC.	59-1099586 Compensated	िसंतर हैं
Pan VIII Co	pensation of Officers, I	Directors, Trustee:	Key Employ	ees, Highes	! Compensated	
Em	leyees, and Independen	it 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. Fleport compensation for the calendar year ending with or within the organization's tax year. List all of the organization's surrent officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter 6- in solumns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's surrent key employees, if any. See the instructions for definition of "key employee."
- List the organization's five sament highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compansation (sex 5 of Form W.2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-MEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former efficers, key employees, and highest compensated employees who received more than \$100,000 or 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	ner any relate	ed org	iani	estio	N 00	ក្រែខ្ល	พรสเ	ed any current officer, o	lirector, or trustee.	
(A)	(6)	diam'r.			C			(0)	(2)	(6)
Name and title	Average	1,	-let -144	Po Istoci	Silio			Reportable	Peportable	Estimated
	hours ps	P 15	52, un	r deseri Properties	traen	ia ba	កែ ឧក	ดอกกฤษกระทัยก	compensation	amount of
	week	- Contract	-Mary Same	and a	dross	GT/17U	100)	from	from related	other
	(list any	200						the	organizationa	compensation
	hours for	15.50	l g			高		organization	(W-2/1059-MISC/	from the
	felated		I FEET	-	1 8	N. S.		(W-2/1099-MISC/	1099-NEC)	organisation
	organization below	19 6	9.00	District of the last	alga.	100		1095-NEC)		and related
	linei	्रक स्थानस्थानस्थानस्थानस्य	OSIGNA GRANDITICE SERVICES	No.	Hoy an alayen	E SE	Street			organizations
(1) JOEL F. PAUL, JR	40.00	and the second second	a Callin	- Holes	1	-92	-572	Control of the Contro		
executive direction	The state of the s			X					0.	5,630.
(2) SHARON KENT	40.00		1		tantiver.	حنصا	-	The same of the sa	CONTRACTOR CONTRACTOR	2,8281
nr director				X					0.	9,615.
(3) KINBERLY GILLIS	40.00		T				-		The second secon	0 10 2 3 5
HEADSTART DIRECTOR		1		X					0.	8,125.
(4) BETTY A. MOORE	40.00	1							The state of the s	Service Servic
COMMUNITY RESOURCE DIRECTO				X					Õ,	9,777.
(S) HEATHER S. CRAFT	40.00	_						45123-0740 04-0745-05-05-0		
FISCAL OFFICER				X					0.	6,780.
(6) Vince Staten	40.00				1			(200 Street) 200 Street		
TRANSPORTATION OPERATIONS ASSISTANT			TELES	X					0.1	9,551.
(7) RUTH RELLEY	40.00	4				Ì	į			
NEALTH SERVICE COORDINATOR (8) HOPE SHARPE	4 25 27 25		-	X					0.	6,780.
FINANCE OFFICER	40.00		-		- 1		-			
(9) JEFF PLATE	10 80			X	عارمست				0.	8,739.
TRANSPORTATION GIRECTOR	40.00			4.			Ì		_	
(10) DANNY GLIDEWELL	1.00			X		+			0.	3,955,
VICE CHAIR	1,00	X	-							-
(11) CHRIS BOORS	1.00		+		+	4	+	0.	0.	0.
BOARD MEMBER	7 6 9 0	X	-			ļ		0.	5	
(12) ADAN BUSH	1.00	49		-	-	-	arridanii	Vol	Ű.	0.
BOARD MEMBER	E : 0 0	X			1			0.	0.	э
(13) ALEX MCKIMWIE	1.00		-	+	-	+-	_	93	V:	0.
BOARD MEMBER		X		1	į	1		0.	0.	0.
(14) LANI BURRITE	1.00		T	Ť		T				33
BOARD MEMBER		X			İ.			0.	0.	0.
(15) CLINT ERICKSON	1.00				1		T			
BOARD MEMBER		X						0.	0.	0.
(16) ISSAC DECKER	1.00									
BOARD MEMBER		X	_			ļ.,	-	0.	0.	0.
(17) RUSS KENDERSON	1.00									THE WAS DESCRIBED AS COMME
BOARD MEMBER		X				1_	J.,,,,,,	0.	0.1	0.
392007 12-21-29				7					Fo	ım <b>990</b> (2023)

Total number of independent contractors (including but not limited to those listed above) who received more than

Form 990 (2023)

\$100,000 of compensation from the organization

قامان مامانات		The best state of the state of			5.1100 St. 1315 16 6	n <u>v åre in this Part Vill</u> (A) Total revenue	(8)	(C) Unrelated business reven	Revenue exclude from tax under sections \$12 - 51
Combibetions, Cate, Cranis 1884 Other Similar beau	1	a Federated campaigne b Membership dues		1a 10					
3		© Fundraising events							
		d Related organizations		1 - 1		neer m	The state of the s	Service and Anti-	
		e Government grants (cor		1,	8,136,83	<u></u>			
9		100		Ne commercial					Maron
diti		i ar oriter oction and aronny gard		6 5	EE 99	~			To the second se
2		bulani zon etnuoms ralimie			66,31	<u>y</u>			
assaid (		Noncean dentification included	स वित्रमृ	te # Jule					
<u>.0.</u>	Constanting of the last of the	1 Total. Add lines 1a-11		行いるまではみけるける。	ercuretering menericani		3		
		STANSON WESTAGES	-1. W4 . F. E	4	Business Co	The same of the sa			
Program Sarvica Revenue	2 8	The state of the s	かいま		90009	9 97,144	97,144.		
2 2	89	)	mana Chance	and the same of th	THE PERSON NAMED AND ADDRESS OF THE PERSON NAMED AND ADDRESS O				2000
0.5	\$		ii Na Taranana						
	d		nervere		hannes and a second	Second Se			
6	9		ta hirena in wa	and the second s					The state of the s
6	*	All other program service	e reve	inue				THE PERSON NAMED AND POST OF THE PERSON NAMED	THE RESIDENCE OF THE PARTY OF T
	9	Total, Add lines 2a-2t	44.4414	&: b:D () 02:1 (D);	ALC: 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	97,144	,	The state of the s	
-	3	Investment income (inclu	ding	dividenda, in	terest, and				
i i						64,404	64,404.		
Į.	A	Income from investment	of tax	easemble bea	d maceeda	· housemakens			The section of the se
	50	Royalties			e is:000002	Commenter Section State Section Sectio	AND DESCRIPTION OF THE PARTY OF	The second secon	
		,	Tunn	(i) Real	(ii) Persona	the state of the s		The second of th	-
ļ	<b>6</b> 3	Gross rente	e e	A DESCRIPTION OF THE PARTY OF T					
	-	Less: rental expenses	6b			-			
i de la companya de l			-	- Section and the section of the sec		<b>⊃</b> 24			-
N. Carrier		Rental income or (loss)	eç.				<del></del>		
Ì		Net rental income or floss	إستا	G San Wa	The state of the s	-			The state of the s
i Commercial Commercia		Gross amount from sales of		(i) Securitie		1200	1.		
e do main		assets other than inventory	78	1,514	-			The Mark Street	
_		Lees: cost or other basis							
18.00		and sales expenses		0					
2			76	1,514					
Other Revenue	려	Net gain or (loss)				1,514,	1,514,		
Tage 1		Gross income from fundraisin	ig dvø	rits (not					
ő	i	noluding \$		- oř		1			
	6	contributions reported on i							
	F	art IV, line 18		8	8,272	,			
	b l	.ess: direct expenses		9	b 14,671.			1	
		let income or (loss) from fo				-6,399.			-6,399.
Š		tross income from gaming			1				6/3938
		art IV, line 19			~			1	
						1			
						<u> </u>	Marie 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		
10		let income or (less) from g			<del>apronounce de la constante de</del>	-	Company of the Compan	- CONTRACTOR OF THE PROPERTY O	
1.69		ross sales of inventory, le				}			
- 1	. ai	rd allowances							
1		es: cost of goods sold							Andrew Street,
	S. M	et income or (lass) from se	ilas o	f inventory	<del>- production to the control of the </del>				
a					Business Code				
4.1	a M	isc income	-		900099	12,676.	12,676.		
Pevenue	er	Canada and the second							Company of the Compan
4	Ġ								The state of the s
55	d All	other revenue							
	9 Te	tal. Add lines 11a-11d			Participation State Consuming	12,676.	The same of the sa		Complete the first designation of the second
		tal revenue. See instructions		<u> </u>		8,372,483.	175,738.	0.	-6,399.
12	1 (7)								

	ction 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon-	se or note to any line it	this Part IX	Wilderstein and der eine eine eine eine eine eine eine ei	designations extended to the second second
	o, Sb, 96, and 105 of Part VIII.	(A) esenegke lateT	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
4	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21		The state of the s		
2		The second secon	Annual Control of the		(
E.	15 Control and Control		-	4 4	
а	individuals. See Part IV, line 22				CHARLES CONTRACTOR
3	Grants and other societance to foreign				
	organizations, foreign governments, and toreign individuals. See Part IV, lines 15 and 16				
		. C. Saphinghan day on thing industries things in the second section of the section of th			
4	Beriefits paid to or for members  Compensation of current officers, directors,			<del>na manan-manan-manan-manan-</del>	
59	instees, and key employees	377,377.	84,276.	293,101.	
6	Compensation not included above to disqualified	31/13/16	69,4/00	433,1011	
(a)	parcona (as defined under section 4958(f)(1)) and			65 E-1	
	persons described in section 4958(c)(3)(6)		,		
7	Other salaries and wages	3,144,115.	2,904,736.	239,379.	
, B	Pension plan accrusts and contributions (include	O/ATT/AAJ	4/303/1361	437,3131	
9	section 401(k) and 403(b) employer contributions)	non nor	ano ca	17,454.	
9	Other employee benefits	100.400. 49,972.	82,946. 42,473.	7,499.	
9 10	Caucili Iduae	271,118.	230,963.	40,155.	
14	Payroll taxes Fees for services (nonemployees):	WAY TEREST	436/2696	371533	
	Management	Į.			
		66,729.		66,729.	
	Legal	0011433		4611633	THE PARTY OF THE P
	Accounting				
	Lobbying	CONTRACTOR CONTRACTOR	The state of the s		distance of the same and the same of the s
	Investment management fees				Charles and the same of the same party of the same of
	Other. (If line 11g amount exceeds 10% of line 25,	-			The state of the s
	column (A), amount, list line 11g expenses on Sch (I,)				
	Advertising and promotion	The state of the s	and the same of th		
	Office expenses	290,389.	264,761.	25,628.	The second secon
4 1	nformation technology		The state of the s		
	Picyaltias	The section is to the section and the section			The second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the section is the second section in the section is the second section in the second section in the section is the second section in the section is the section in the section in the section is the section in the section is the section in the section is the section in the section is the section in the section is the section in the section is the section in the sectio
	Decupancy	150,418.	126,502.	23,916.	
	ravel	15,469.	14,217.	2,252.	
	Payments of travel or entertainment expenses				
	or any federal, state, or local public officials				
	onferences, conventions, and meetings				
	iterest				
þ	ayments to affiliates				The second secon
	epreciation, depletion, and amortization	63,806.	The second secon	63,806.	
	surance	789,720.	663,324.	126,398.	
	ther expenses. Itemize expenses not covered				
ah	ove. (List miscellaneous expenses on line 24e. If le 24c amount exceeds 10% of line 25, column (A),	o de la company			
ន្តព	nount, list line 24e expenses on Schedule O.)				
C	LIENT ASSISTANCE	525,997.	2,525,997.		
	URCHASED TRANSPORTATIO	291,515.	291,515.		
	epairs	265,375.	263,776.	1,599,	
M	ISCELLANEOUS	158,252.	162,184.	6,068.	
All	other expenses	273,891.	223,864.	50,027.	
	21 11 11 11 11 11 11 11	,845,543,	7,981,534.	964,009.	0
	int easts. Complete this line only if the organization			T) managed a	
	orted in column (B) joint costs from a combined	ļ			
net:	icational campaign and fundraising solicitation.		1		

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

Beginning of year End of year 1,946,408. 1,663,051. Cash - non-interest-braring 1 -1 Savings and temporary cash investments 2 1,025,731. 1,153,869. Fledges and grante receivable, net 3 10.671. Accounts receivable, net 8.458. 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 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(5) Notes and Isans receivable, net 7 Inventories for sale or use ß Prepaid expanses and deferred charges 9 10a Land, buildings, and equipment: cost or other 5.827.377. basis, Complete Part VI of Schedule D 19a b Lass: accumulated depreciation 1961 1,758,918. 1,422,873. 100 Investments - publicly traded securities 11 Investments - other securities. See Part IV, line 11 790,483. 12 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 235,192. Ō. 13 Other assets. See Part IV, line 11 19 5,767,**4**03. 5,306,676. Total assets. Add lines 1 through 15 (must equal line 33) 18 18 469,018. Accounts payable and accrued expenses 481,350. 17 37 18 Grants payable 18 13 Deferred revenue 18 Tax-exempt bond liabilities 20 20 31 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 32 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including tederal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 469,018. 481,350. 28 Total liebilities, Add lines 17 through 25 Organizations that follow FASB ASC 958, sheek here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 5,298,385. 4,825,326. Net assets without donor restrictions 27 Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 956, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund 30 31 31 Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

4,825,326.

,298,385

5,767,403

32

	TRI-COUNTY COMMUNITY COUNCIL, INC.	59	-109958	6	age 12
	Part XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u> </u>		
	1 Total revenue (must equal Part VIII, column (A), line 12)	1			483.
2	the state of the s	2			543.
2	The state of the s	3			060.
4	and the second of the second o	4	5,2	98,	385.
5	g (1.000)	5		San and the san and the san and	ALL THE REAL PROPERTY.
6		6	- CONTROL CONT	worksade un	WHEN A CONTRACTOR
7	Investment expenses	7		-	Table to the same of
8	Prior period adjustments	8			(Characteria)
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,				
5	column (B))	10	4,82	25,3	25.
Pá	rinancial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		222111111111111111111111111111111111111		
			***	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other	Marine State of the land of th			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	D.		1	
2a	Daniel and the second s		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	m a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Soth consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	oasis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	udit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sched	lule O.			
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?		3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	d audit			
-	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			X	
			Form	990 (	2023)

### SCHEDULE A

(Form \$90)

Department of the Treesury Internal Rosemus Resolves

# **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form890 for instructions and the lutest information.

046 Na. 1040-0647

Open to Public Inspection

Mame of the organization Employer identification number TRI-COUNTY COMMUNITY COUNCIL. 59-1099586 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.) .5 A church, convention of churches, or association of churches described in sestion 170(b)(1)(A)(i), 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 sestion 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: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in sestion 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in sestion 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in eastion 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in sestion 170(b)(1)(A)(vi), (Complete Part II.) An agricultural research organization described in sestion 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 1/2% of its support from contributions, membership tass, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than \$3 1/3% of its support from gross investment income and unrelated business taxable income (less section \$11 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2), (Complete Part III.) 17 An organization organized and operated exclusively to test for public safety. See "section 505(ayA), 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 sestion 509(a)(1) or section 509(a)(2). See section 509(a)(3), Check the box on lines 12s through 12d that describes the type of supporting organization and complete lines 12s, 12f, and 12g, 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. Type il. 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. 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. 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 (ese instructions). You must complete Part IV, Sections A and D, and Part V. 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. Enter the number of supported organizations g Provide the following information about the supported organization(s). (i) Mama of supported (iii) EIN (III) Type of organization (iv) is the arganization listed (y) Amount of monetary (vi) Amount of other (described on lines 1-10 in your saverning document organization (encitaunteni ege) fraqque support (see instructions) above (see instructions)

Schedule A Form 990 2023 TRI-COUNTY COMMUNITY COUNCIL, INC. 59-1099586 Page 2
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.)

Sign	etion A. Public Support						
Cal	endar year (or fiscal year beginning in)	(a) 2019	(b) 2020	M12021	(4) 2022	(e) 2023	(f) Total
*	Gifts, grants, contributions, and	27.44					
	memberahip fees received. (Do not				-		
	include any "unusual grants.")	7871260.	10217316	<u>. 10443551.</u>	8950512.	8203144	45685783
2	Tax revenues levied for the organ-	J. A. C. C. C. C. C. C. C. C. C. C. C. C. C.		ATTLEMENT OF THE PROPERTY OF T			
	ization's bariellt and either paid to				The spiritual of the sp	-	
	or expended on its behalf	E-Secret Gritt Approximately					
3	The value of services or facilities		- Colonia	Towards or			
	furnished by a governmental unit to			and a second			
	the organization without charge						
Ą		7871260.	<u> 10217316.</u>	10443551.	8950512.	8203144.	<u>45685783.</u>
5	The portion of total contributions					6 y 3 m 18 1	
	by each person (other than a						
	governmental unit or publicly			Backback Sec.			
	eupported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11.						
	eolumn (f)	The second secon					
	Public support, Subtract line 6 from line 4.				en en en en en en en en en en en en en e	Y	45685783.
A ALBERT A SHIPE TO	lion B. Total Support	or and the second second					
	dar year (or fissal year beginning in)	(#) 2019	(b) 2020	<u> 191 2021</u>	(9) 2022	(e) 2023	
	Amoun <b>is</b> from line 4	7871260.	10217316.	10443551.	8950512.	8203144.	45685783.
	Grees income from interest,						
	lividends, payments received on				and the same of th		
	ecurities loans, rents, royalties,						
	ind income from similar sources	31,765.	2,544,	-7,370.	29,528.	64,404.	121,171.
i B	let income from unrelated business	-					
	ctivities, whether or not the	1	ĺ	ļ			
	usiness is regularly carried on		The factor was also become a large to				The second secon
	ther income. Do not include gain				arcano.		
	r loss from the sale of capital	3.5.3.4.5	20.025	00.000			2.2
	ssets (Explain in Part VI.)	320,440.	26,205.	22,507.	413.	12,676.	382,241.
	etal support. Add lines 7 through 10						6189195.
	ross receipts from related activities, e					12	397,857.
	rst 5 years. If the Form 990 is for the		t, second, third, fo	ourth, or fifth tax ye	ar as a section 50	1(c)(3)	
esti	ganization, check this box and atep i on C. Computation of Public	here Support Perc	entage		<u></u>		
Fi	iblic support percentage for 2023 (lin	e 6, column (f), div	ided by line 11, co	വലന്ന (റ്)		14	98.91 %
	iblic support percentage from 2022 S						98.16 %
	1/3% support test - 2023. If the org						The second secon
Sta	op here. The organization qualifies as	a publicly suppor	ted organization				X
	1/3% support test - 2022. If the org						
สู่กั	d step here. The organization qualific	s as a publicly au	oported organizati	ön			
	% -facto-and-circumstances test = :						
建的	d if the organization meets the facts a	ind-circumstances	test, check this b	ox and step here.	. Explain in Part VI	how the organizat	iơก
	ets the facts and circumstances test.					.,	
10	% -facts-and-sircumatances test - :	2022. If the organ	ization did not ch	esk a box on line 1	3, 16a, 16b, or 17s	a, and line 15 is 10	% or
	re, and if the organization meets the						
	anization meets the facts-and-circum						
Pri	vate foundation. If the organization o	lid not check a bo	x on line 13, 16a,	186, 17a, or 175, c	hock this box and	see instructions	menene []
						Schedule A (Fi	orm 990) 2023

Schoole A Form 5507 2073 TRI-COUNTY COMMUNITY COUNCIL, 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 falled to qualify under Part II, if the organization falls to Qualify under the tests listed below, please complete Pan It i

Section A. Public Support		and the second s				
Calendar year (or fiscal year beginning in)	(a) 2019	(6) 2020	(s) 2021	(6) 2022	(6) 2023	(A) To
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include any "unusual grante.")	ARTICLE AND AND AND AND AND AND AND AND AND AND	esterior de la companya de la compan			į	
2. Gross receipts from admissions,	Day of the same of			The second secon		-
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organization's tax-exempt purpose		į			5	
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e Add lines 7s and 7b	as de la constanta de la const					
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sndar year (or flacal year beginning in)	(a) 2019	(b) 2020	(6) 2021	(d) 2022	(e) 2023	iff Total
Amounts from line 6						27 1000
a Gress income from interest, dividends, payments received on sesurities loans, rents, royalties, and income from similar sources						,
b Unrelated business taxable income	The state of the s			The second secon		
(less section 511 taxes) from businesses		j	1			
acquired after June 30, 1975	100 mg 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
s Add lines 10a and 10b	~~~					
Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part VI.)						
Total support. (Add lings 4, 10c. 11, and 12.)	<u>L</u>				<u></u>	and the second of
First 5 years. If the Form 990 is for the	organization's first,	second, third, fou	nth, or fifth tax yea	r as a section 50	î (c)(3) organization,	- :
tion C. Computation of Public		ntage		<u></u>		instructur <u>.</u>
Public support percentage for 2023 (line			ma (f))		18	
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### 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.1

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing dosuments? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (Z)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (Z).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- 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)? If "Yes," describe in Part VI when and how the organization made the determination.
- e Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(b) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- 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)? 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)(8) purposes.
- On Did the organization add, substitute, or remove any supported organizations during the tax year? 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) now the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class aiready designated in the organization's organizing document?
- 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 grante 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? If "Yes," provide detail in Part VI.
- 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? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?
  If "Yes," complete Part I of Schedule L (Form 990).
- 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))? If "Yes," provide detail in Part VI.
- 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? If "Yes," provide detail in Part VI.
- 6 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? If "Yes," provide detail in Part VI.
- 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)? If "Yes," answer line 10b below.
  - b Old 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.)

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Senedule A Form 9901 2023 TRI-COUNTY COMMUNITY		, INC.	59-1099586 Page
Part V Type III Non-Functionally Integrated 509(a)(3) Support	The second second second second second second second	izations	
1 Check here if the organization satisfied the Integral Part Test as a quality	fying trust on I	Nov. 20, 1970 ( explain in	Part VI). See instructions.
All other Type III non-functionally integrated supporting organizations in			
Section A - Adjusted Net Insome	C. C. C. C. C. C. C. C. C. C. C. C. C. C	(A) Frior Year	(B) Current Year (optional)
i Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2	Notice of Approximately and the Property of th	
Other gross income (see instructions)			
4 Add lines 1 through 3.	A		
5 Depreciation and depletion	5		
6 Fortion of operating expenses paid or incurred for production or	TARREST .		
collection of gross income or for management, conservation, or	Derth for		
maintenance of property held for production of income (see instructions)			
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	1 9 [	and the second s	
Section B - Minimum Asset Amount	THE RESERVE THE PERSON	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			هلك المشرة المرتبسية فللمصل المنافض في المنافض في المنافظ المن عرب والما المنافظ المنا
instructions for short tax year or assets held for part of year);			1
a. Average menthly value of securities	1a		
b Average monthly cash balances	15		
e Fair market value of other non-exemptuse assets	16		
d Tetal (add lines 1a, 1b, and 1e)	10		
e Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
2 Acculsition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 16.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,	1		
ses instructional.	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)			
8 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	171		
8 Minimum Asset Amount (add line 7 to line 6)	8		
estion C - Distributable Amount			Current Year
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.	a		
§ Income tax imposed in prior year	5	~-w-	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			Var
emergency temporary reduction (see instructions).	LeL		
Check here if the current year is the organization's first as a non-functional	lly integrated 1	'ype III supporting organis	ration (see
inchantiand			

Schedule A (Form 990) 2023

Part V Type III Non-Functionally Integrated 50	9(a)(3) Supporting Org	anizations (contin	ued)	Andrew 111 Anna 111 Anna 111 Anna 111 Anna 111 Anna 111 Anna 111 Anna 111 Anna 111 Anna 111 Anna 111 Anna 111
Sestion D - Distributions				Current Year
1 Amounts paid to supported organizations to accomplish at	remigt purposes		11	
2 Amounts paid to perform activity that directly furthers exert	not purposes of supported			
organizations, in excess of income from activity			2	
<ol> <li>Administrative expenses paid to accomplish exempt purpor</li> </ol>	ses of supported organization	\$	3	
A Amounts paid to acquire exemptives assets			4	
5 Qualified set-aside amounts (prior IRS approval required - o	stovide details in Part VII)	Charles of the second of the s	5	The Part of the Pa
6 Other distributions (asscribe in Part VI). See instructions.	The state of the s		5	A STATE OF THE PARTY OF THE PAR
7   Total annual distributions, Add lines 1 through 6.	A principle of the Control of the Control of Control of the Contro	A STATE OF THE PROPERTY OF THE	7	
8 Distributions to attentive supported organizations to which	the organization is responsive			
lorquide details in Part VI). See instructions.	r. gamman is toops not s		8	
9 Distributable amount for 2023 from Section C, line 6	the contract of the state of the second of t	The second secon	\$	
10 Line & amount divided by line 9 amount		And the second second second second second second second second second second second second second second seco	16	Contraction of the second contraction of the
	(0)	(ii)		(iii)
estion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2023	15	Distributable Amount for 2022
1 Distributable amount for 2023 from Section C, line 6	A Comment of the Comm		-	
2 Underdistributions, if any, for years prior to 2023 (reason-				
sible cause required - explain in Part VI). See instructions.			-	
3 Excess distributions carryover, if any, to 2023				1.2% (2
# From 2018		Andrew Land Control		
. р. From 2019				
s From 2020				
d From 2021				
8 From 2022			-	Park has come in
f Total of lines 3a through Se				
a Applied to underdistributions of prior years		A STATE OF THE PARTY OF THE PAR		
n Applied to 2023 distributable amount				
i Carryover from 2018 not applied (see instructions)				Will Control of the Party of th
i Remainder, Subtract lines 3g, 3h, and 3i from line 3f.	Control of the Control of the second of the	And the second second		The second of th
Distributions for 2023 from Section D.	CONTRACTOR OF THE PROPERTY OF			
line 7:				
a Applied to underdistributions of prior years				
b Applied to 2023 distributable amount				And the same of th
s Remainder, Subtract lines 4a and 4b from line 4.				***************************************
Remaining underdistributions for years prior to 2023, If	The second secon			
any. Subtract lines 3g and 4a from line 2. For result greater				
than zero, explain in Part VI. See instructions.				
Remaining underdistributions for 2023, Subtract lines 3h			-	The second secon
and 4b from line 1. For result greater than zero, explain in	and the state of t	v.		
Part VI, See Instructions.			-	
Excess distributions carryover to 2024. Add lines 3				The state of the s
and 4c.	ĺ			
Breakdown of line 7:				
Excess from 2019		· · · · · · · · · · · · · · · · · · ·		
Excess from 2020				
Excess from 2021			_	The state of the s
Excess from 2022			-	Company of the compan
Excess from 2023			_	

Schedule A	(Form 990) 2023			COMMUNITY			59-1099586	Page 8
Part VI	Part IV, Section A, III	nes 1, 2, 35, 3c, In D, lines 2 and	4b, 4c, 5a, 6 3; Part IV, 5	6, 9a, 9b, 9c, 11a, 1 Section E, lines 1c,	115, and 11s; Part 2a, 2b, 3a, and 3b	IV, Section B, fi ; Part V, line 1; F	7a or 17b; Part III, line 12; nes 1 and 2; Part IV, Section Part V, Section B, line 1e; Pai	C.
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### SCHEDULE D

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Intercet Herenue Service

(Form 950)

Supplemental Financial Statements
Complete if the organization answered "Yee" on Form 990,
Part IV, fine 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11d, 11t, 12a, or 12b,

Attach to Ferm 990, Go to www.ira.gov/Form990 for instructions and the latest information. 2023
Open to Public Hopestion

Name of the organization

TRI-COUNTY COMMUNITY COUNCIL, INC.

Employer identification number 59–1099586

Schedule D (Form 990) 2023

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete it the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) 2 Adgregate value of grants from (during year) Aggregate value at end of year Did the organization inform all denors and denor advisors in writing that the assets held in denor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and denor 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 contening mgermissible grivate benefit? The control of the co Part If | Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Furpose(s) of conservation essements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 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 tex year. Held at the End of the Tax Year Total number of conservation easements 24 Total screage restricted by conservation easements 29 s Number of conservation easements on a certified historic structure included on line 2a 25 d Number of conservation easements included on line 2s acquired after July 25, 2005, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation essements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation essements during the year Amount of expenses incurred in menitoring, inspecting, handling of violations, and enforcing conservation easements during the year 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)? 1 No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance shert, 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. ia If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance cheet 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 FASE 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 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 FASS ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the instructions for Form 890.

Part II	r D Germ 9501 2023 TRT - CC	DUNTY COMMU	NITY CO	DUNCIL	INC.	59	-10995	86	P
5	Organizations Maintaining ing the organization's acquisition, acce							clique	861.
	ing the organization a acquisition, acce festion items (check all that apply).	Beign, after owier fere	tor, check at	TY OF THE TOT	wwing that mak	te significant use	01 113		
1-122	Public exhibition		4 (************************************						
2ª È	ATOM,				ings program				
<b>b</b>	Seholarly research		e O#	ner	And the same of th		a) The second se	AND TO SERVICE AND ADDRESS OF THE PERSON AND	-
نسنا ق	Freservation for future generations								
	vide a description of the arganization's						r Pan XIII.		
\$ Duri	ing the year, did the organization solici	f of receive donations	s of art. histor	rical treasur	es, or other sim	ilar assets	received.	ŕ	lan itra
Dart IV	s sold to raise funds rather than to be	प्रशासित्वास्य तड् छश्चरा छा	the organiza	र्गिक्त, व दक्षी इत	3105?	****	Yes	-	
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8 If "Y	orm 990, Part X7 es," explain the arrangement in Part XI	li and complete the f	ellemien table				. L. Yes	L	alumi m
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art V	s ' explain the arrangement in Pan XIII   Endowment Funds Complete	. These here it make	tolenation na	s Deen Brov	<u> 11989 in Pan Ali</u>	18	<del>ninamentat</del>	4	-
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f Admin	istrative expenses			-				contract to Charles	
g Endoi	year balance			ates we want to be to					
Provide	e the estimated percentage of the curr	ent year end balance	e (line 1g. colu	umn (s)) hei	ජ යුද:				
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e Permai	nent sadowment	%							
Term e	ndowmeni	%							
The pe	rcentages on lines 2a, 2b, and 2c shee	ıld equal 100%.							
Are the	re endowment funds not in the posses	sion of the organizat	tion that are I	ield and ad	ministered for ti	he			
organiz	ation by:					•		Yes	Ī
(ii) Uni	elated organizations?						30(1)		Ī
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lf "Yes"	on line 3a(ii), are the related organizat						ãb	Date: Delication of the Control	T
	e in Part XIII the intended uses of the			THE PERSON NAMED IN			43 1		A.c.
rt VI	and, Buildings, and Equipme	nt		The Control of the Co	And the second s		The second secon	Mark And Colonial Street	nto.
(	Complete if the organization answered	"Yes" on Form 990,	Part IV, line 1	11a. See Fo	ırm 990, Part X,	line 10.			
197	Description of property	(a) Cost or oti	The state of the s	Cost or otl	No. of the last of	ccumulated	(d) Bool	r ushi.	O
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(a) Description of security or category accessing come of expensy	(b) Book value	11b. See Form 990, Part X, (c) Method of valuatio		of year market ve
(1) Financial derivatives	STATE OF THE PROPERTY OF THE PA	Commence of the Commence of th		THE PARTY OF THE P
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Part VIII Investments - Program Related.			,	
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1:	lc. See Form 990, Part X, I	ine 13.	
(a) Description of Investment	(b) Book value	(s) Method of valuation		f-year market vali
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#### SCHEDULE O (Form 990)

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.

Department of the Tremeury Internal Revenue Service

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	
EXFENSES \$ 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 AN	ID PRESENTED TO
THE BOARD. THE WEBSITE ADDRESS IS ANNOUNCED FOR PUBLIC VIE	wing.
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 KNOWLED	GE. 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 DIRECT	TORS IS APPROVED
BY THE BOARD. IT IS BASED ON EXPERIENCE, EDUCATION AND LONG	jevity.
MANAGERS AND DIRECTORS CAN RECOMMEND TO THE EXECUTIVE DIRECT	
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.	

## IRS E-file Signature Authorization for a Tax Exempt Entity

For cereminar year 2023, or flower transforming  $OCT \ 1$  , 2023, and ending  $SEP \ 30$ 

GN61%. 1545-0647

Department of the Treasury

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

Form 8879-TE (2023)

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

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

#### FEDERAL FINANCIAL REPORT

(Follow form instructions) 1. Federal Agency and Organizational Element to Which Report is Submitted 2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) HHS-ADMINISTRATION FOR CHILDREN & FAMILIES 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 5. Recipient Account Number or Identifying Number 6. Report Type 4a, UEI 4b. EIN 7. Basis of Accounting (To report multiple grants, use FFR Attachment) ☑ Cash Quarterly ☐ Accural Semi-Annual Ø Annual KSHUE4AZMR39 1591099586A1 Final 8D43P 8. Project/Grant Period (Month, Day, Year) 9. Reporting Period End Date (Month, Day, Year) From: December 1, 2023 To: November 30, 2024 November 30, 2024 10. Transactions Cumulative (Use lines a-c for single or combined multiple grant reporting) 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 (Use lines d-o for single grant reporting) ederal 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: I. 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 I minus line m and line n) \$0.00 11. Indirect |a. Type b. Rate c. Period From Period To d. Base e. Amount Charged f. Federal Share Expense 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 recelpts 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 c. Telephone (Area code, number, and extension) Paul, Jr., Joel d. Email Address **Executive Director** joel@tricountycommunitycouncil.com b. Signature of Authorized Certifying Official e. Date Report Submitted (Month, Day, Year) Paul, Jr., Joel February 26, 2025 Slandard Form 425 OMB Approval Number: 4040-0014 Expiration Date: 02/28/2025

Paperwork Burden Statement

#### FEDERAL FINANCIAL REPORT

(Additional Page)

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

: November 30, 2024

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

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

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.

- 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.
- <u>4.</u> 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.

- 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.
- <u>5.</u> 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
- 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.

- 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, sniffling, 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.

- 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.

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.

- 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.

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).

- 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.

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.

- 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.

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.

- 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.

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.

- 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.

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.

- 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.

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.

- 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 preformed 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

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.

Reviewed dated: 2.5.252/24rk Policy Council Approved: Board Approved:

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.

Reviewed dated: 2.5.25/24rk Policy Council Approved: 3/4/24 Board Approved: 3/14/24

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 <u>completed or obtained</u>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.

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.

- 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.

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).

- 1. Parents will be provided with information regarding all screenings prior to the screening occurring.
- 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

- 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

Part:

1302 Program Operations

Subpart:

D- Health Program Services

Section:

1302.44 Child Nutrition

Subject:

Infant/Toddler Gram

#### **POLICY:**

Information regarding children <u>under one year</u> 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.

Reviewed dated: 2/24kfj Policy Council Approved: 3/4/24 Board Approved:3/14/24

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 fFood 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.

- 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.

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, 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.

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 <u>T</u>the grocery order will be placed online, and store pickup will be utilized. <u>Orders will be placed by staff knowledgeable in CACFP guidelines, for cost efficiency and CACFP Compliance.</u>
- 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.

- 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.

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.

- 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

- k. Chips
- 1. 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 ½ inch or smaller, food for toddlers must be cut into pieces ½ inch or smaller to prevent choking.

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.

- 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.

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.

- 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°F 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.

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.

- 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.

- 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

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 <u>Comprehensive</u> Community Assessment (<u>CCA</u>) every five years <u>and will with updates</u> annually <u>review and update if any significant changes are needed</u>. 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 <u>program must collect and utilize</u> data <u>that collected will</u> 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.

- <u>6.</u> 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 <u>Comprehensive</u> Community Assessment will be used in the program planning process.

Reviewed dated: 2/19/25/24kag Policy Council Approved: 3/6/23 Board Approved: 3/9/23

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

Reviewed dated: 2.19.256/24kg Policy Council Approved: 8/7/23 Board Approved: 8/10/23

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.

Reviewed dated: 2.19.256/24kg Policy Council Approved: 8/7/23 Board Approved: 8/10/23

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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.

Reviewed dated: 2/19/25kg Policy Council Approved: Board Approved:

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.

- 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.

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.

- 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.

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.

- 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.

Part: 1302 Program Operations

Subpart: J-Program Management and Quality Improvement

Section: 1302.102 Achieving Program Goals

Subject: Classroom Observations

#### Policy:

Beginning February 2025, dDesignated members of the administrative staff will conduct classroom observations, ensuring that each classroom is observed at least quarterlyat 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 prerecorded 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.

Reviewed dated: 2.21.252.3.25kg Policy Council Approved: 2.13.25 Board Approved:

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.

Reviewed dated: 2.21.252.3.25kg Policy Council Approved: 2.13.25 Board Approved:

TRACS

Fresh Produce

Order Guide

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VAL - 52766 Tri-County Comm Council Westville, FL

### To Order 59.07 53.66 42.38 36.83 34.89 33.75 Apple Delicious Golden Extra Fancy Fresh Apple Delicious Red Extra Fancy Premium Fresh \* Inactive \* Apple Delicious Golden Washington Fancy Fresh Orange Fancy 88 Size Fresh Orange Choice Fresh Blueberry Fresh Description Peak Fresh Produce Growers Choice Packer Packer Packer Packer Brand 125/Cnt 1/113Cnt 12/1Cnt 1/88Cnt 125/Cnt 1/40Lb Size 482976P 483057S Prod ld Manu餠 12821 82324 M9622 99625 HB846 Meat F1536 75012 72148

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Seafood

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Denotes Special Order Items

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Dairy/Non-Dairy ... continued

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Order Guide

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Frozen Foods ... continued

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cood	Prod ld Manuff Size	48/2.15	08409 216/2.2	106252000 216/2.2		63020 1/180Cnt	4816270500 120/1.5	399939 DOT 128/1.4	10511190 1/120Cnt	10021 118/Cnt	1293 1/12Cnt	40010122 10/24Oz	1605 120/Cnt	12653 10/32Oz	713 16/210z	1638 240/Cnt	10081 168/1.2	143409 117338	3/2/2	TRACS Direct® VAL - 52766, Tri-County Comm Council
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		To Order		1		7	1																				
	Description	*		* Inactive * Waffle Belgian Whole Grain 2.4 35.60	Requirements Frozen	Waffle Dutch 5" 51% Whole Grain Meets 30.45 School Grain Requirements Frozen	Waffle Homestyle 4" Frozen 30.80			1536 Outre Frozen	Blueberry Individually Quick Frozen 58,68	oneperry Individually Quick Frozen - Has 38.46 Been Replaced With 61306	Blueberry Whole Grade A Individually 38.05	Strawberry Slice 4+1 Frozen	Sugar Added		Quick Frozen	* Inactive * Bean Lima Baby Frozen 36.03	* Inactive * Bean Lima Baby Grade A 33.62 Individually Quick Frozen	Broccoli Floret Premium Grade A 56.73	Broccoli Florets Frozen 70.12	* Inactive * Carrot Baby Whole Individually 35.23 Quick Frozen	Cauliflower Floret Grade B Individually 48.54	Corn Cob 3" Grade A Individually Quick 37.06			Order Guide
as collunded	Brand	Bake Crafters	. Eggo	z Krusteaz	J&J Snack Foods					Simplot Company	Bountiful Harvest	acc		Packer	Bountiful Harvest	Bountiful Harvest	A price of the second	Chill Ripe		bountiful Harvest	Harvest Delight		Bountiful Harvest	Bountiful Harvest	Bountiful Harvest	00	lipolito
Prod ld Marrier	ividinur#	442 2/5Lb	~	80483 72/2,40z	4521 48/2.92	3800014690 144/1.23	639152 144/1.23	3295 72/2.40z	0822486148 12/32Oz	1007117919 1/20Lb	22486- 2/5Lb	11711 2/5Lb		22486- 6/6.5Lb	מים מרים ביים	1003801200 1/20Lb	51009 1/201 b		044-016131 1201 5	70007	93070 12/2Lb	13124 42/01	10042ED	1004350960 1/96Cnt	1004451200 1/20Lb	TRACS Direct®	ob. 10-County Comm c
Prod 14	2007	AW108	AN430	000	T3108	AR818	AN434	29754	E0256	61306	CP290	71694	13080	CP358		CF266	GJ500	HG502	61174	P0000		T2584			CF284	TRACS Direct®	170-100

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Page: 7 of 20 Thursday, January 9, 2025 \*Prices subject to change

69 Denotes Special Order Items

Frozen Foods ... continued

	1	To Order															1 1 1 1													
	*Price	18.64	42.78	41.94	25.64	45.06		30.42	38.16		46.01	22.91		34.83		23.76		45.16		45.66		20.22	37.64	16.40	10.10	40.53		62.83	58.87	
	Description	Onion Diced 3/8" Frozen	Pea Green Garden Grade A Frozen	Peas Field With Snap Frozen	Inactive * Peas Purple Hull Frozen	Inactive * Potato Sweet Diced Flame	Turnin Green With news	Vondakia Pilana Willi Kools Frozen	vegetable blend 5 Way Carrot Pea Com Green Bean Lima Bean Individually Onick	Frozen	Vegetable Blend Pea And Carrot Frozen	Rean Corn Frazon U.S. F. S.	With GJ486	Inactive * Yam Patty Candled 1.5 Ounce	Fries Crinklo Cut Amm	Flow Frozen - Has Been Replaced With	CP990	Long Fancy Fry Or Convection Occ.	Grams Trans Fat Deep Groove Frozen	Frozen Frozen	* Inactive * Fries Shoestring 1/4" F	Long Evercrisp Frozen	nashbrown Patty 2.25 Ounce Oval Zero Grams Trans Fat Frozen	Fries Sweet Potato Battered Mini Puff	Ovenable Frozen	Potato Tater Barrels Formed Fry Or Convection Oven Or Oven Frazen	Been Replaced With FM488	l ater 1 of Barrel Frozen	Pizza Cheese 12" Rolled Edge Scratch	ובמחל נוסלפון
Brand	Dolor	Bountiful Honore	Pictsweet	Picfsweet	Roastworks		Pictsweet	Bountiful Harvest	i de la companya de l	Simplof Classic	Chill Ripe	_	Bright Hanget	1604 151 1115	Bountiful Harvest		Harvest Snlendor		Harvest Splendor		Oreida	Oreida		Sweet Thing	Bountiful Harvest		Bountiful Hancet	Villa Prima	•	
Size	6/21 h	12/2.5Lb	4 1/20Lb	7 20/Lb	6/2.5Lb		6/3Lb	12/2.5Lb		12/2.5Lb	1/20Lb		224/Cnt		6/5Lb		6/2.5Lb		6/2.5Lb		6/5Lb	6/20Cnt		0/2.5LD	6/5Lb		6/5Lb	12/220z		
Manu#	401334	1006012250 12/2.5Lb	519-013-004 1/20Lb	519-013-007 20/Lb	1007117902 6/2.5Lb		519411028	1060387250 12/2.5Lb		1007117918 12/2.5Lb	550901		07403		BH01/BH40 6/5Lb		MCF04566 6/2.5Lb		MCF04712		OIF01027A	OIF00589A	10001	1	BH50		6082248622 6/5Lb	74797		
Prod ld Manuf#	H5886	CK556	P9350	P9352	W0054			CF294		G2538	HG682		R1046 (		16796		31836		G1902 N		K6184	93130 (	V7270		16624 E		FM488 6	B7662 7		

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TRACS Direct® VAL - 52766, Tri-County Comm Council & Denotes Items with an Early Cutoff

Order Guide

Denotes Special Order Items

Page: 8 of 20 Thursday, January 9, 2025 \*Prices subject to change

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		To Order																												
	*Price	Cornbread Mix Deluxe Trans Fat Free 42.72	Flour All Purpose Hotel & Restaurant	nosiner 15.27	Baking Powder Tub - Has Been Replaced 0.00	*	18.98	Juice Grape 100% Ready To Use Aseptic 77.06			Serve Aseptic	Juice Tomato 100% From Concentrate 33,71	30.32		X					Control Cup Foil 15.89	16.20	Inactive * Jelly Variety #4 Cup 80 Grape 21.34	G Gram	23.03	ontrol Foil Packet 54.25					IIS
	Description	Cornbread Mix De Complete	,								Serve Aseptic			Grits Quick	Oatmeal Quick Roll	* Inactive * Jelly Assorted #2 Portion				Jelly Miyed En it Dinital Control Cup Foil			* Inactive * Ketchup	Packet		50			Cookie Animal Cracker Meets School	
Brand					Culinary secrets			C Lyons wagnus	I Culinary Secrets	Oz Lyons Magnus	) . Camphalla		1	4		oz weich's		Oz Four In One Company		Oz Smuckers	Oz West Creek		int Red Gold	Gm Heinz Hea	5G West Creek	)			ı	
nuff Size	213513 6/51 h	-	i	7/5Lb	!	77	17/460~	? !	402CY	0 12/46Oz	66 12/4607		1330012408 8/51 h	23- 12/420-	43			700/.50z	5150000764 200/.50z	300765	4 200/.50z	200	1 Sec 1000/Cnt	1001300098 1000/9Gm Heinz Usa	36 500/5.5G					AACS Direct®
Prod Id Manu俳	J4772 213	JJ688 517			05769	10.00				M5554 1150	54758 00366	33252 03050	R5316 133(	26332 71923-	P6038 WEL		FT092 10404				DK700 8424	12930		18072 1001	CV530 06536	31766 14283	31767 14283	GR356 07293	HO & O.O.	LACS Direct®

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Order Guide printed in order of Performance View

Denotes Special Order Items

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Page: 9 of 20 Thursday, January 9, 2025 \*Prices subject to change

	ភ	iple	λΉ	leac	Chipley Head Start C	art	Cer	ter	<u></u>	ass	roo	E	enter - Classroom 1 (HS)	S)									Fe	Ę	Jar	>	February 2025	10			
17 Participants	ΩI ←I	SIN	<b>≥</b> ∞	H 41	≥  vol	H 91	ШM	<b>⊘</b>   ∞	<b>က</b> ု တု	四四	H컨	32	上に	<b>m</b> 4	SI 2	S 9	2 ₹	H @	316	H 2	17 2 12	22 IS	3 10	2 ⊠	T 22	8 ≤	I 1	Fresent (Open 19 days)	Monthly 1	1, Parall	Ernl End
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mpbell, da Layall	- -		L	L	L	L	L	١	ر	T	ı	<b>T</b>	ı.	ı			I	<u>a</u>	۵.	V	V			۵	Д.	Д.	Д.	P 17/19	%68	8/12/24	
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Gammons, Jackson	I		ட	ட	ட	Д	4	O	ပ	Ф	Δ	血	<u>а</u>	۵			I	Д	۵	۵	Д			Д.	а.	۵.	а.	P 18 / 19	95%	8/12/24	
Gammons, Jayden	I		凸	ட	م	Ф	V	ပ	ပ	۵	Д.	۵	<u>а</u>	۵			I	۵	۵	۵	Д		Ī	۵.	۵	۵.	۵	P 18/19	95%	8/12/24	
Godwin, Brysen	I		Ф	۵	Д	V	ם	ပ	ပ	ட	۵	Д	Д	Ф			I	Д	Д.	Д.	Щ		r	۵	۵	ட	Ь	A 17/19	%68	8/19/24	
Johnson Mayo, Jonah	I		Д	Ф	۵	Д	Δ	ပ	ပ	۵	₾	۵	Д	Д			I	V	۵	Д	V	T	1	۵.	۵	۵.	۵	-	89%	8/20/24	
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Patton, Tyla	I		<u>а</u>	Δ.	۵	<u>а</u>	Ф	ပ	ပ	Д	а	۵	۵	Д	T	T	I	۵	۵	V	4	T	T	. п	. α	. 0	-	-	0000	0/12/24	
Rhynes, Aubri	Ξ		۵	V	K	4	V	ပ	ပ	K	۵	۵	V	_	T	t	I	. a	. 0.	. a	. a	T	T	. 0	. 0	. 4	-	-	0/ 60	47/7/10	
Ross, Ellis	I		K	K	K	4	4	ပ	ပ	K	V	Д	Д.	_	T	T	I		. a	. 🗅	. a	T	T	. a	. a	( Δ	-	-	630/	9712170	
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Williams, Peace	Ξ		Д	Д	V	۵	۵	O	O	۵	۵	۵	۵	۵	Г	T	I	ட	а.	Д	V		T	а	<u>a</u>	. a	-	+	89%	8/12/24	
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Ţ	Present		16	15	4	12	7			15	15	11	4	16				15	16	13	Ξ			16	16	16	16 15				
Pct. Present	sent		94	88	82	7	65			88	88	100	82	94				88	94	9/	65			94	94	94	94 88		Classroom: 86%	7 %	
Not Present	sent		-	7	က	2	9			2	2		۳.	_				c		_	u			-	,	-				0	

<sup>1.</sup> Individual Monthly ADA is calculated by taking the number of days an individual participant was present and dividing it by the numberof days the classroom was "Open".

<sup>2.</sup> 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 Late Pickup(TLP)
(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

	ш	Early	Early Head Start Center - Room 1 Lamb/Watson (EA)	ad	Sta	S T	ent	- 10	Roc	Ē	La	/qm	Wa	tsoi	ח (E	8						_	Fel	bru	an	12	February 2025				
9 Participants		S  ←	S 8	F  4	≥  vol	H 9	HIN.	<b>⊘</b>   ∞	<b>(V)</b>	四四	エガ	31≥	<b>⊢</b> 12	<b>m</b> 7	N 5	SI 2	<b>1</b>   <b>2</b>	H	<b>≥</b> 100	H 20	17 17	S 22	23 IS	2 №	1 2 Z	26 W	T E 27 28	Present (Open 18 days)	t Monthly ADA	hly <sup>1</sup> Enroll	Ernl End Date
Barker, Sy'Air	ш		<u>С</u>	Ф	Д.	о.				A	۵	Ф	۵	۵			I	۵	۵	۵	۵			Р	A	A	<u>а</u>	_	-	_	-
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Dawsey, Mekhi	ш		Ф	Α .	4	О.				Д.	۵	Ф	۵	Д			I	۵	۵	۵	۵	T	F	Д.	4	Т	Д	-	+-	-	
Milton, Denell	ш		<u>С</u>	О.	Д.	О.				Ф	Ф	ட	ட	K			I	ட	ட	ட	۵	T		П	<u>a</u>	а.	Д	-	+-	-	
Renteria, Zion	ш		<u>Ф</u>	Ф	Ф	σ.				Ф	۵	Ф	Д	۵			I	۵.	ட	۵	۵			<u>а</u>	Д	П	а	-	1	_	
Thompson, Liam	ш		4	Δ.	Д.	۵				<u>α</u>	Ф	۵	Д	Ъ			I					T				100	200 300	8/8	89%		2/14/25
Varney, Ezra	Ш		<u>а</u>	Ф	Д	Ф	_			۵	Д	۵	Д	۵			I	۵.	а.	۵	ட		r	а.	۵	П	4	Ļ	100	1,	+
Williamson, Priest	ш																I	۵	Δ.	Д	Д.	T		а.	۵	4	4	-	100	2/18/25	
Wright, Kimayah	ш		Δ	Ф	Д	Д.											I					T	150		100	135		4	100	8/12/24	2/7/25
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	Pct. Present		88	88 88		100 100	0			7	100	100	100	86				1001	100	100	100		-	100	86 8	86 10	100 100		Classroom: 95%	95% <sup>2</sup>	
	Not Present		-	_	-					0				τ.								ľ				-					

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Statuses counted as Absent: Absent(A), Excused(E), Unexcused(U)

Statuses counted as Neither: No Class (-), Not Scheduled (N), ()

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

		Earl	Η	eac	St	art	Cer	nter	2	00	n 2	Ma	nni	//gu	Albr	Early Head Start Center - Room 2 Manning/Albritton (EA)	n (E	8						Fe	bri	Jar	7	February 2025	2				
11 Participants		<b>⊘</b>   <del>←</del>	SIN	<b>∑</b>   ∞	H 41	NO	H 91	HIN.	(V) (C)	<b>က</b> တ	四四	エガ	31≥	H연	<b>四</b>	N 5	S 2	<b>1</b>   <b>2</b>   <b>2</b>	느옏	3 €	H 2	<b>17</b>	SI 22	23 18	<b>≥</b>   <b>≥</b>	T 25	3 8	T 27	E (Open 18 days)		Monthly 1 ADA Fr	1 Fnroll	Ernl End Date
Carter, Zayden	ш			Д	V	۵	۵				۵	۵	۵.	K	۵			I														8/12/24	2014105
Ferguson , A'Nylah	ш								П							Ī	T	I	I	Ħ		h	T	T		۵	а	۵	. С	+		2124125	7/11/7
Irby, Larry III	ш			Д	Д	۵	۵				Д	۵	Д	Д	Д	İ	T	I	а	۵	Д	۵	T		۵	. a	۵.	-	-		-	8/12/24	
Jackson, Caleb Jr.	ш			Д.	Д	Д	۵				Д	۵	Ф	а	۵			I	1											T	-	8/12/24	2/14/25
Lopez, Grayson	ш																	I	Д	۵	a.	۵			а.	а	۵	0	6	T	_	2/18/25	
Mendoza-Flores, Jayden	ш			Д	Д	۵	ட				۵	۵.	۵.	۵	۵		Г	I	<u>а</u>	۵	۵	۵	T		Д	۵	۵	-	-		-	8/13/24	
Smith, Amir	ш			K	K	V	4				K	V	×	<	⋖			I	۵	а	Д	Д	Г		П	۵.	۵	۵	ω	-	-	8/13/24	
Smith, Avalynn	ш			Д	Д	۵	Д				۵.	۵	۵	Д	Д	Г		I	۵	۵	а	Д	Г	Г	Д	۵	Δ	۵	+	1		8/12/24	
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Pre	Present			7	9	7	7				2	9	9	2	9			Г	7	7	7	9		T	7	œ	80	80	7		-		
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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

		Еа	Early Head Start Cer	Hea	Sp	tart	Se	ntei	5	100	n 3	Ĭ	on/	O N	nter - Room 3 Milton/Oliva (EA)	EA)								Fek	oru	an	February 2025	025				
10 Participants		ΩI ←I	SIN	<b>≥</b>   ∞	H 41	N  S	H 91	шN	<b>⊘</b>   ∞	<b>ഗ</b>   တ	<b>2</b>  2	HΨ	3 2	<b>⊢</b> 1	T E S 14 15	SI	S M T 16 17 18	<b>Z</b>   <b>Z</b>	⊢ıœ	30	T 20	12 21 21 21	22 2	S 23 24	≥ 4 ×	T 25	26 N	T E 27 28	Present (Open 18 days)	Monthly ADA	thy 1	Ernl End Date
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Campbell, Kendra	Ш	ပ	ပ	4														I				78	-	SEC			190		0/1	%0	1	2/3/25
Carter, Zayden	Ш	O	ပ															I	۵	۵	<u>п</u>	Д		1	Д	4	В	О.		100	-	+
Garner, Skylar	Ш	ပ	ပ	<u>а</u>	凸	Ф	Ф				Д	V	<u>а</u>	۵	Д			I	۵.	а.	Д.	Д.	-	F	Д.	П	<u>а</u>	<u>a</u>	17 / 18	0,	1	
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Howard, Messiah	Ш	ပ	ပ	۵	Ф	<u>α</u>	<u>а</u>				۵	۵	Д					I				103	-	10.8					7	-	_	2/12/25
Jackson, Caleb Jr.	Ш	ပ	ပ															I	۵	Д	<u>а</u>	Д.	-	F	Д	٩	A	V	7/9	-		+
Permenter, Leo	Ш	ပ	ပ	Д	×	۵	凸				Д	Д	۵	Д	Д			I	۵.	Д	۵.	F	-	Ec.	13				-	1	-	2/23/25
Way, Kieran	Ш	ပ	ပ	Д	Д	Д	Д				A	Д.	Д	۵	Д	-	-	ェ	۵.	۵	а.	Δ.	-	F	Д.	Р	Р	A	_	-	_	-
Wengert, Zionna	Ш	ပ	ပ	V	V	4	4				Д	₽.	Д	<u>а</u>	Д			I	V	О.	V	A	-	F	<u>а</u>	4	<u>а</u>	۵	11/18	-	-	
	Present			9	4	9	9				9	9	7	ro.	9			-	9	œ		7		-	7	7	6 4	Ω.			(	
	Pct. Present			75	22	98	98				98	86 1	100	83	100				75 1	100	88	88		-	100	100	86 57	7 71		Classroom: 84%	84%	
	Not Present			7	e	-	-				-	,		,					0			-				-	,	c				

© ChildPlus

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3/4/2025 8:29 AM

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

S   S   M   1   M   1   E   S   S   M   1   M   1   E   S   S   M   1   M   1   E   S   S   M   1   M   1   E   S   S   M   1   M   1   E   S   S   M   1   M   1   E   S   S   M   1   M   1   E   S   S   M   1   M   1   E   S   S   M   1   M   1   E   S   S   M   1   M   1   E   S   S   M   1   M   1   E   S   S   M   1   M   1   E   S   S   M   1   M   1   E   S   S   M   1   M   1   E   S   M   1   M   1   E   S   M   1   M   1   E   S   M   1   M   1   E   S   M   1   M   1   E   S   M   1   M   1   E   S   M   1   M   1   E   S   M   1   M   1   E   S   M   1   M   1   E   S   M   1   M   1   M   1   M   1   M   1   M   1   M   1   M   1   M   1   M   1   M   1   M   1   M   M			Wa	Walton Head Start	He.	ad	Star	ente	- Jć	Roo	Center - Room 1 Russell/Reynoso (HS	R.	sse	E.	eyn	080	Ë	s)					ш	ep	2	J.	February 2025	25				
H P P P P P P P P P P P P P P P P P P P	19 Participants				<b>∑</b> ო	H 41							-												1			28	Present (Open 19		<sup>1</sup> y 1	Ernl End Date
H H P P P P P P P P P P P P P P P P P P	rmstrong, Kalani	I						Д		9/6								Δ.		-			-			-		۵	18/19	95%	8/12/24	
H H P P P P P P P P P P P P P P P P P P	raddy, Conner	I			Д			Д		-				-	_	-	-	Δ	-		-	-	-	-	-			. <	16/19	84%	8/12/24	
H H P P A P P P P P P P P P P P P P P P	lemons, Sedrick	I			Д			Д		-			-	-		-		Ф	-	-	-	-	-	-	-	-		4	16/19	84%	8/12/24	
H P A P P P P P P P P P P P P P P P P P	obbs, Antravian Jr.	I			Д			ட		-				-		-	-	Ф	-	-	-	-	-	-	-	1	<u> </u>	<u> </u>	19	100	8/12/24	
H P P P P A P P P P P P P P P P P P P P P	ohen, Jocelyn	I						ட		-								<u>Ф</u>	1	100	-		-	-	-	-	-	۵	13/19	%89	8/20/24	
H  H  P  P  P  P  P  P  P  P  P  P  P  P	ortes, Madilynn	I						م										<u>Ф</u>		-		S					<u>Ф</u>	۵	16/19	84%	8/12/24	
H H P P P P P P P P P P P P P P P P P P	rinkwater, Charlie	I						K							_			Δ.			-	O				-	۵.	۵	17 / 19	89%	8/27/24	
H H H H H H H H H H H H H H H H H H H	arner, Liam	I						Д				-						Ф				O	-	-			۵	۵	19	100	9/10/24	
H H H H H H H H H H H H H H H H H H H	aydosh, Jonathan	I						Д							Į,			Δ.				O	-		-	-	۵	۵	17 / 19	89%	8/12/24	V-
H H H H H H H H H H H H H H H H H H H	oward, Nathaniel	I						A							-	_		Δ.				O				-	Δ.	4	15/19	79%	8/12/24	
H H H H H H H H H H H H H H H H H H H	ubatka, Carter	I			ட			Д										Δ.	-			O	-	-	-		Δ.	۵.	19	100	8/12/24	
H A P P P P P P P P P P P P P P P P P P	by, Larry Jr.	I			Д			۵		_								<u>а</u>					-	10000	-	-	Δ.	۵	19	100	8/12/24	
H H H H H H H H H H H H H H H H H H H	elly, Braelynn	I						<u>а</u>										<u>Ф</u>				ပ	-	-			Δ.	۵.	17/19	89%	8/12/24	
H H H H H H H H H H H H H H H H H H H	organ, Mallory	I						а				-						<u>а</u>		-	-	O	-	-	-	-	۵	۵	19	100	8/13/24	
H H H H H H H H H H H H H H H H H H H	ichols, Oliver	I	ľ					۵		-								Δ		-		ပ		-		-	Ф	۵	19	100	8/12/24	
H P P A A A P P P P P P P P P P P P P P	enberthy, Amelia	I						Д		_		-						Δ.		-		ပ			-	-	Ф	Δ.	19	100	8/12/24	
H  H  H  H  H  H  H  H  H  H  H  H  H	nyder , Isaiah	I						4		_	40000	-				-		Δ.				ပ					۵	<u>а</u>	16/19	84%	8/12/24	
H A P P P P P P P P P P P P P P P P P P	tubbs, Arianna	I				Д	Д	Д										ட	-			ပ					<u>Ф</u>	۵	19	100	8/12/24	
17         18         18         16         18         16         17         18         17         19         17         19         19         16         17         14         16<	omas, Jesus	Ξ						Д		-				-				Δ.				ပ					۵	۵	16/19	84%	8/21/24	
89 95 95 86 94 95 100 89 95 89 100 89 100 100 87 84 89 74 84 84 Classroom: 91% 2 1 1 1 3 1 2 1 2 1 2 2 3 3		Present						16		-	- magazine							19						16			-	16			A	
2 1 1 1 3 1 1 2 1 2 2 3 3 3 3 3 3 3 3 3	Pct	. Present						84		o			-					10						84			-	84	Classr	00m: 9		
	Ñ	t Present						က				2						-	2	-		1		ო	2	2	c	c			2	

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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

		Walton Head Start Center - Room 2 Wilkerson/ (HS)	ton	He	Spe	tart	ပ္ပ	nte	-	00	n 2		kers	loo!	Ë	6						ш.	ep	ĭ	ar.	February 2025	25				
18 Participants		ol ←l	SICI	<b>∑</b>   က	H 41	N 2   N	E I	<b>⊘</b>   ∞	<b>က</b> တ၊	<b>≥</b>	HT	32	H 전	<b>m</b> 4	SI	SI 2	<b>M</b>	니쯴	<b>≥</b>	1 20 2	12 2	22 22	S M	1 T T Z	8 ≤	I Z	四8	Present (Open 19 days)	Monthly 1 ADA E	ly 1 Enroll	Ernl End Date
Carson, Iaomi	I		-	Д	٦	Д.	Д			₾.	۵	出	⋖	K				Δ.	۵	Д.	۵.	-	-	РР	<u>Ф</u>	α.	۵	17 / 19	89%	8/12/24	
DeArmond, Lane	I			Ь	A	Ч	Д	0		<u>Ф</u>	۵	Д	۵	Ф				а.	۵	Д.	Д	-	ш.	В	Д	Δ.	4	17 / 19	89%	8/12/24	
Goldin, Legend	Ι			Д.	Т	Д	Ф			<u>Ф</u>	Ф	Ф	V	۵				۵	۵	Д.	_	-	Δ.	Д.	Δ.	Δ.	۵	18 / 19	95%	12/21/24	
Goodman, Amira	I		-	Д	Т	Т	Д	•		A	Ф	<u>а</u>	<u>α</u>	Ф				Ω.	۵	A	Д	-	4	A	A	<	V	12 / 19	63%	8/12/24	
Hammond, Holden	I		-	Д	Ь	A	Д	•		A	Ф	<u>п</u>	<u>а</u>	Ф				۵.	4	п.	а.	-	<u>Ф</u>	О.	<u>а</u>	Δ.	۵	16 / 19	84%	8/12/24	
Hunter, Kyzir	I			Д	Ч	Т	д			Ф	<u>Ф</u>	<u>α</u>	<u>α</u>	Ф				۵	۵	а.	Д.		A	۵	<u>Ф</u>	۵.	۵	18 / 19	95%	8/12/24	
Johnson, De'mir	I			A	A	A	A			Ф	Ф	۵.	Ф	<u>о</u>				۵	Δ.	Д.	Д.		Д	Д.	<u>Г</u>	۵.	۵	14 / 19	74%	11/4/24	
Jordan, Mayzlee	I			Д	д	Т	Д	•		Ф	Ф	۵	<u>п</u>	Ф				۵.	Δ.	Д.	۵	-	Д	О.	Ф	۵	۵.	19	100	8/12/24	
Kennedy, Gianna	I			Д.	Д	Д	В	•		Д	₾	<u>α</u>	Ф	Ф				۵	Д	Д.	O.	-	Ф	О.	Ф	<u>σ</u>	۵	19	100	8/12/24	
Laird, Marleigh	I			Д.	д	Ч	Д	•		Ф	Ф	₾	۵	Ф				۵	Д	Д.	Д	-	<u>о</u>	О.	<u>Ф</u>	۵	а.	19	100	8/12/24	
ockwood, Raia	I			Д	A	Т	Д	•		Ф	Ф	Ф	4	4				۵	Д.	а	<u>a</u>		Ф	О.	K	Δ.	<u>а</u>	15/19	%62	8/12/24	
McGee, King	I			а.	Д	Т	Д			Ф.	₾	Δ.	Δ.	Ф				۵	Δ.	Д.	Д.	-	Δ.	Δ.	<u>Ф</u>	Δ.	Ъ	19	100	10/28/24	
McLendon, Sharon	I			<u>a</u>	Д	Ч	Д			Δ.	Ф	ட	Δ.	<u>п</u>				۵	۵	Д.	Д.	-	<u>а</u>	0	<u>Ф</u>	Δ.	۵	19	100	8/12/24	
Nichols, Ayden	I			Д.	Ь	A	П			Д	Ф	Ф	<u>С</u>	<u>п</u>				۵	۵	Д.	Д.	-	Ф	Д.	Δ.	K	Д	17 / 19	%68	8/12/24	
Roberts, Brysyn	I			Д	Д.	Д	Д	•		Д.	V	۵	Ф	Ф				ட	۵	Д.	Д		Ф	Δ.	Δ	4	Δ	17 / 19	89%	8/12/24	
Smith, Kartier	I			Д.	Д	Т	Д			Д.	Δ	<u>α</u>	<u>α</u>	۵.				о.	۵.	A	V		4	<b>a</b>	О	Ф	K	15/19	%62	10/17/24	
Virgin, Natalya	I			V	Α	Т	Д	•		Ф	Ф	۵.	Ф	۵				۵	۵	V	A	-	Δ.	0	K	<b>a</b>	۵.	14 / 19	74%	8/12/24	
Washington, Za'Mari	I		П	Д.	Д	Ь	A			Ф	Ф	Δ.	Ф	۵				4	V	<u>а</u>	V	-	۵	Δ.	ሲ	Δ.	۵.	15/19	%62	8/13/24	
	Present		-	16 1	14	15 1	16 17	_		16	17	18	15	16				17	16	15 1	15		=	15 17	15	15	15				-
	Pct. Present		w	89 7	78 8	83 89	9 94	<b>T</b>		89	94	100	83	89				94	68	83 8	83		83	3 94	83	83	83	Classr	Classroom: 88%	2 %8 8 %	
	Alot Decord																														

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		Wa	Iton	He	ad	Sta	ı	Walton Head Start Center - Room 3 Wainwright/Goodlin (HS)	e.	8	om	8	/air	Ž	ght	9	lbo	ii.	<u>Ş</u>				_	Fe	25	a	y 2	February 2025				
17 Participants		SI ←I	SIN	<b>∑</b>   ო	H 41	≥ w	H 9	шМ	<b>⊘</b>   ∞	<u>(၇)</u> တ	四四	エガ	32 ≤	H <sub>C</sub>	TI 7	SIS	S 9	1⊠	H ₩	3 €	102 20 10	H 2	22 18	310	2 №	T 25	26 №	I E 27 28	Present (Open 19	Monthly 1	1y 1	Ernl End
Alford, Mason	I			Д	۵	K	<	4			K	۵	K	о.	۵				V	K									-		۵	2/20/25
Brown, Kylan	I			Д.	V	Д	K	K			Д	V	Д	۵	۵		T		а	۵.	۵	A	1	t	d	۵	۵	٥	+	-	0/42/24	ZIZOIZ.
Cox, Nevaeh	I								T		li i	F			121		T	T				1	t	+	2	-	-	-	+	-	47/7/10	
Feline Lonez Shervin			t	٥	٥	٥	<	<	T		<	<	<				T	T				¥	7	Ť	L	L	r	T T	+	100	2/24/25	
The Lopez, Onerylli		1				L	<	<			<	<	<																3/8	38%	8/12/24	2/12/25
Floyd, Nolan	T.			_	<b>a</b>	۵.	۵.	۵.			<b>a</b>	م	۵.	о.	۵.				ட	<u> </u>	О.	а.			A	Д	Д.	Д.	18/19	%56	8/12/24	
Garner, Kehlani	I			а.	<u>a</u>	а.	ட	ட			<u>α</u>	ட	ட	۵	о.				ட	۵	۵	Д		-	Д	Δ.	а	Д	19	100	10/9/24	
Goldin, Dreamiah	I			Д	Д	۵	۵.	۵			Д	Ф	Д	4	۵.				۵	Д.	۵	۵.			Д	а.	а.	Ф	18 / 19	95%	8/12/24	
Henry, Gemini	I			а.	۵	а.	Д	۵			Δ.	Д	Д	Д	Д				△	Д.	Д	۵			Д	Δ.	<u>а</u>	П	19	100	8/12/24	
Holmes, Greatin	I			Д	V	Д	۵	Д			Д	凸	۵	V	Ф				۵	۵	Д	Д			Д.	۵	V	A	14/19	-	8/19/24	
Kelly, Carter	I			Д	ட	Δ.	۵	ட			Д	4	Д	Ф	ட				۵	۵	Д	Д			Д	Д	4	<u>а</u>	17/19	+	8/12/24	
McGee, Kobe	Ξ			Д	۵	ட	۵	Ф			Д	۵	۵	۵	ட				۵	Д	۵.	Д.	H		Д.	Д	Д	П	-	-	1/8/25	
McKnight, Bentley	I			Д	Д.	Д	Ф	۵.			Д	۵	Д	۵	۵				Д	Д	Д	۵			<u>a</u>	Д	а	а	19	100	8/12/24	
Nelson, Carter	I			Д	Д	Д	Ф	۵			Д	۵	Д.	Д	Ф				Δ.	Д	۵	X	-		Д	۵	Ь	A	17/19	86%	8/12/24	
Sharit, Hayleigh	I			Д	Д	Д	۵	ட			Д	Ф	Д	۵	۵				۵.	۵	Д	Д			A	Д	Д	4	18 / 19	95%	8/12/24	
Solis, Mateo	I			Д.	Д	۵	Д	Ф			Д	Д	Д	Д	۵				۵	Д	Д	α.	H	H	۵	Д	4	В	19	100	8/12/24	
Stuckey, Kapri	I			V	ட	Д	4	ட			Д	Ф	۵	۵	۵				Д	Д.	Д	а		H	۵	Д	а.	<u>а</u>	17 / 19	86%	8/21/24	
Washington, Ace	I			ட	ட	Д	4	Д			ட	ட	Д	Д	Д				4	V	V	A			<u>a</u>	Д	۵.	<u>а</u>	14 / 19	74%	10/7/24	
	Present			15	4	15	7	13			4	13	4	13	15				13	13	13	11		Ė	12	15 1	13 1	12 14				
	Pct. Present			94	88	94	69	81			88	18	88	87	100			-	87	87	. 18	62		_	80 1	100	87 8	80 93	T	Classroom: 87%	2% <sub>2</sub>	
	Not Present			_	2	_	2	က			7	က	2	2					7	2	2	6			m	F	0					

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3/4/2025 8:29 AM

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

	Wa	Itor	He.	Walton Head Start	Sta	ひせ	ent	er.	8	Eo	Α	ပ္ပိ	enter - Room 4 McCall/Romaldo (HS)	NO.	ald	0	(S)					_	February 2025	ž	an	7	25				
18 Participants	ΩI ←I	S 2	<b>∑</b>   ∞	H 41	<b>≥</b>   ω	H (0)	<b>∐</b> N	<b>⊘</b>   ∞	<b>က</b> တ	<b>2</b>  2	⊢≒	32 €	H.€	TI 4	N 5	S 9	<b>≥</b>	H ₩	≥1¢	H2	ш <u>г</u>	22 18	23 2	M 24 2	T 25	W 7	T E 27 28	Present (Open 19 davs)		Monthly 1 ADA Fnroll	Ernl End Date
Benitez, Anani	I			۵	۵	Д.	Δ.			۵	۵	Д	V	Д				۵	Д	Д	V	-			Д			_	the strength		
Braddy, Killian	I		۵	۵	۵	۵	۵			۵	۵	Д	Д.	۵	-	T	T	Δ.	۵.	۵	۵	+	F	-	-	-		-	-		
Castillo-Estrada, Alitzel	I		۵	۵	۵	V	۵	Ī		۵.	Д	۵	۵	а	T		1	۵	۵	-	A	╁	+					-	-		
Cortes, Alan	I		۵	۵	۵	۵	۵			۵	Д	Д	۵	۵	1			۵	а	-	_	H	F	-		1		-			
Cuc, Emanuel	I		4	V	۵	۵	Ф		П	۵	Д	<u>а</u>	۵	а.	-			۵	۵	Д	а	-	-			-	-	-	+		
Dominguz Castillo, Jack	I		V	ட	4	۵	<u>а</u>			Д.	Д	۵	ட	۵.			-	Д	4	Δ.	4	-		A	<u>_</u>	A	۵	13 / 19	-		_
Gonzalez, Fernanda	I		ட	Д.	Д	۵	۵			Д	<u>а</u>	Д	Д	۵				Д	Д	Δ.	Д		-	Д	Д	<u>а</u>	<u>-</u>	19	100		
Graham, Future	I		V	V	X	۵	4			Д	V	V	K	۵				Д	V	Д	V		-	Д.	Д	Д	4	9/19	-	_	
Howard, Messiah	I												Д	Д	-		-	Д	۵	Д	Д			V	A	Д	4	8/11		-	10
Hunter, Prince	I		۵	Д.	ட	ட	Ф			Ф	Ф	Д	Д	Д				۵.	Д	Д	Д			A	0.	<u>а</u>	<u>a</u>	18 / 19	+		
Jones, Icelynn	I		۵	Д	Д	۵	Ф			Ф	۵	Д	Д	Д	П			۵	Д	Д.	Д			A	۵	а	а.	18 / 19	95%	% 8/12/24	_
Latimer, Kamari	I		V	Д	۵	۵.	V			Д	Д	Д	Д	Ф				σ.	D.	Д.	۵.			Д	A	A	а.	15/19	%62 6	% 8/12/24	_
McHenry, Raelynn	I		۵	4	۵	℩	Д			ட	V	۵	Д	о.				V	V	<u>а</u>	A		-	Ь	A	A	A	10 / 19	9 53%	% 8/20/24	
McKinnon, Royalty	I		۵	۵	Ф	Δ.	凸			Д	۵	Д	Д	Д				V	V	<u>а</u>	A		-	<u>a</u>	а.	Р	Д.	16 / 19	1-	% 8/12/24	
Mendoza-Flores, Gabriella	I		V	Д	Ф	Д	Д			Д	۵.	Д	Д	Д				Д.	Д.	Д	Д.		-	4	Д.	Д	П.	18/19	%56 6	% 8/13/24	-
Moon, Damarius	I		۵																									٦	100	0 1/16/25	5 2/3/25
Washington, Taliah	I		۵	۵	Д.	血	۵			Д	۵	Д	Д	Д.				Д	۵.	Д	а.	-	F	О.	<u>а</u>	Д	П	19	100	0 8/12/24	+
White, Ricky	ェ		Д	Д	Д	Ф	凸			۵	Д	Д	Д	Д.				V	Д.	Д.	۵		-	а.	Д	А	A	16/19	84%	% 8/12/24	
Present	ent		7	13	4	15	4			16	4	15	15	17				14	13	17 1	7		-	12 1	1-	12 12	7			c	
Pct. Present	ent		69	8	88	94	88			100	88	94	88	100				82	76 1	100	65		7	71 6	65 7	71 71	9		Classroom: 82%	: 82%	
Not Present	ent		2	n	7	,	2				0	_	0					c	,				-	L	0	L	(				

<sup>1.</sup> Individual Monthly ADA is calculated by taking the number of days an individual participant was present and dividing it by the numberof days the classroom was "Open".

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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

9 Participants  1 2 3 4 5 6 7 7 8 9 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 27 28 6 77 28 6 6ays   ADA   Fincil  Andrews, Kennedi  8 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			We	Westville Head Start Center - Room 1 Head/Wilkerson (EA)	ille	Hea	S DE	itar	Ç	nte		300	E	He	ad/	N N	ers	on (	EA	_				Fe	br	lar	y 2	February 2025	10				
E C C P P P P C C P P P C C P P P P C C P P P P C C P P P P C C P P P P P C C P	9 Participants		SI -I	SIN	<b>≥</b> ∞	H 41	N   S	H 91	шN	<b>က</b>   ထ	<u>(၇)</u> တ	四四	HΣ	32	니인	<b>□</b> 4	SI	S 9	ZI D			HS				H29						_	rnl En Date
E C C P P P P P C C A A P P P C C H P P P P C C P P P P P P P P	Andrews, Kennedi	Ш					Д	۵	Д	O	O	۵	Δ.			-				-				-		-					w		
E C C P P P P P C C P P P C C P P P C C P P P C C P P P P C C P	Boatwright, Evelyn	Ш	ပ	ပ	Д	۵	۵	Д	Д.	ပ	ပ	×	V	Д				-	-		-					-	-		-	-	- W	4:	
E C C A P P P C C P P P C C P P P C C P P P C C P P P P C C P P P P C C P P P P C C P	Crutchfield, Axl	Ш	ပ	ပ	ட	Д	۵	Д	۵	ပ	O	Δ.	۵	Д	-				-								-	-	_		- w	4	
E C C A P P P A C C P P P A C C P P P P A C C H P P P P C C H P P P P C C P P P P	Dunn, Wyatt	ш	ပ	ပ						ပ	O	₾	۵					_	-										-		.,	55	
E C C P P P A P C C P P P P C C P P P P C C P P P P	Grant , Sylas	Ш	ပ			ட	۵	۵	V	ပ	O						-		I					O		100			3/	-	~	+	2/7/25
E C C P P P A P C C P P P P C C P P P P C C H P P P P	Lassiter, Maggie	Ш	ပ		<u>α</u>		۵	×	<u>а</u>	ပ	O				-	-				-						}	-	3	Ë	1	-	╁	
E C C A A P P C C P A P P C C H P P C C P P P C P P P C P P P P	Lassiter, Sarah	Ш	O	ပ	۵		۵	V	Ф	ပ	ပ				-				-	-					-	-	-	-	-	1-		4	
E C C P P P P P C C A P P P C C H P P B A P C C P P P A P D B A P C C P P P A P D B A P	Sasser, Karson	Ш		ပ		4	۵	ட	Δ.	ပ	O	Δ.	V			-			-			-				-	-	-	-	-	-	4:	
6         7         8         6         8         7         8         8         7         8         7         8         7         8         7	Shepardson, Ace	Ш		ပ	Ф	۵	۵	Д	۵	ပ	ပ	V	Д	Д			-											-		-	-	4:	
75         88         100         75         75         100         88         100         100         100         88         100         88         88           2         1         2         1         2         2         1		Present			9	7	80	9	7			9	9	80	7	æ							80		-		-						
2 1 2 1 2		Pct. Present							88						-	00	-		-				00	_						SSFOOT	ا: 90% 2		
		Not Present			7	-		7	-			7	7		-							-				-		_					

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		We	stvi	<u>e</u>	Hea	Westville Head Start	tar		inte	Center - Room 3 Bowden/Peacock (HS)	300	П 3	Bo	Μď	√n′	eac	ock	Ξ	ŝ				_	February 2025	2	2	S V	52				
20 Participants		ΩI ←I	SIN	<b>∑</b>   ო	H 41	<b>≥</b>   ω	H 91	шN	<b>⊘</b>   ∞	<u>လ</u>   တ	<b>5</b>   <b>2</b>	エガ	3 ≤	무연	T14	SI CO	16 1	<b>≥</b>	18 V	W 19	T E 20 21	2 IS	2 IS	≥ 2 ≥	1 25	26 ₹	I Z	28日	Present (Open 19	Monthly 1	ly 1 Force	Ernl End Date
Anderson, Alaska	Ι			۵	Д	Д	Д	×			4	۵	۵	Д	Д			-	<u>а</u>	-	Ф							۵	16/19	84%	8/12/24	
Boatwright, Alice	I			۵	Д	ட	۵	Ф			۵	۵	۵	۵	V	-		F	П	4	Р			Ф	-	-		۵	18 / 19	95%	8/12/24	
Bowers, Roseanne	I			Д	Д	Δ.	۵	Ф			Д	Д	۵	۵	Д	-	H	F	П	В	В		-	Ф	а.	<u>о</u>	4	۵.	18 / 19	95%	10/30/24	
Braxton, Braylon	I			Д	Д	凸	凸	ட			Д	۵	۵	۵	۵	-	-	-	4	٩	П		-	A	A	×	<u>а</u>	۵	16 / 19	84%	8/12/24	
Butts, Julien	I			Д	ட	ᡅ	۵	Ф			Д	۵	۵	۵	Д	-	-	_	Т	4	Р		-	<u>Ф</u>	V	۵	௳	۵.	18 / 19	95%	8/12/24	
Carnley, Anslee	I			ட	α.	ட	ட	۵.			Ф	۵.	Д	۵	Д.	-			Т	Т	П		-	Ф	<u>o</u>	٥	<u>а</u>	۵.	19	100	8/12/24	
Carroll, Taislynn	I			Д.	۵.	ட	۵	۵			₾	H	۵	۵	V		-	_	Т	٦	Д.		-	Ф	K	4	۵	۵	16 / 19	84%	8/12/24	
Daum, Vailyn	エ			V	V	Д	۵	۵			⊢	H	Д	V	Д				A	РА	4		-	A	K	4	۵	۵	11/19	28%	8/12/24	
Forehand, Sawyer	I			Д	۵	Д	۵	A			4	۵	۵	V	V			-	Д		Б	_	-	A	۵	Ф	Δ.	V	13 / 19	%89	8/12/24	
Gainey, Oliver	I			۵	Д	Д	Ф	Ф			Д	Δ.	о.	Д	Д			_	О.	Д.	П		-	Д	Ф	<u>С</u>	۵.	۵	19	100	8/12/24	
Graham, Stella	I			Д	Д	۵	۵	۵			Д	Ф	۵	Д	а			_	а	Ф	О.		-	Ф	<u>Ф</u>	Ф	۵	а	19	100	8/12/24	
Head, Kamden	I			۵	Д	Д	V	4			۵	ட	۵	Д.	Д	-		_	Т	Д	Ф			Δ.	<u>о</u>	V	۵	Д	16 / 19	84%	10/26/24	2/28/25
Jones, MacKenzie	Ι			۵.	Δ.	۵	۵	۵			۵.	Д.	Д	۵	A			_	<u>а</u>	Д	Р	_		Δ.	<u>а</u>	Δ.	۵	۵.	18 / 19	95%	10/15/24	
Kneller, Aayla	I			Д	Д.	۵	Ф	Ф			۵	Д	<	۵	Д			-	а	Ф	Д.		-	Д.	Ф	۵	۵	Д	18 / 19	95%	8/12/24	
Lynch, Eliza	I			Д	۵	Д	۵	ட			Ф	ட	Д	V	Д			-	В	Б	О.	_		Ф	Ф	Ф	۵	V	17 / 19	%68	8/17/24	
Marks, Jamiyah	I			۵	۵	Д	Д	ட			ட	Ф	Д	۵	Д				<u>а</u>	Д.	О.			Ф	о.	Δ.	ட	۵	19	100	8/12/24	
Merrill, Althea	I			Д	۵	Д	Д	Д			H	Д	Д	а.	Д.			_	Ф	۵	A			Δ.	ட	Δ.	Д.	۵	18/19	%56	8/12/24	
Stewart, A'Brianna	I			Д	V	Д	Ф	V			H	ட	Д	Δ.	Д				<u>а</u>	۵	О.			о.	<u>п</u>	۵	<u>а</u>	V	16 / 19	84%	11/6/24	
Vickers, Mason	I			Д	Д	ட	K	۵			×	ட	Д	V	Д.			_	А	4	Ф	_		Δ.	Δ.	۵	۵	۵	15/19	%62	8/12/24	
Washington, Kingston	I			ட	ட	۵	۵	ட			Δ.	۵	Ф	Δ.	Д			_	Д	а.	Δ.			Ф	۵	<u>а</u>	۵	۵	19	100	10/23/24	
	Present			19	18	20	18	16			17	20	19	16	16			_	19 19	9 19	9 19	•		17	16	15	19	17				
	Pct. Present			92	8	100	06	80			85	100	95	80	80			0	95 95	5 95	5 95	10		82	80	75	92	85	Classroom: 89%	ют: 8(	3%5	
	Not Present			,	c		c	•			c		•	,	,													-				

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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

kjohn

2305 - Monthly Attendance

3/4/2025 8:29 AM

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

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		×	Westville Head Sta	ille	운	ad	Sta	ひせ	eni	er.	8	rt Center - Room 4 Paires/Mancill (HS)	4 P	aire	N/S	Jan	III	(HS	_					Ĭ	February 2025	'n	2	707	22				
19 Participants		SI ←I	S 2	<b>≥</b> ∞	H 41	<b>≥</b>   vol	H (0)	HI M	<b>⊘</b>   ∞	<b>(</b> )	<b>5</b>   <b>2</b>	HT	<b>₹</b>	H 5	<b>П</b> 4	N 5	S 9	<b>≥</b>	H원	≥ 6	H2	щ <u>г</u>	22 22	23 IS	2⊠	1 25	\$18	17Z	四28	Present (Open 19	Monthly 1	hly Faroll	Ernl End
Brown, Kinsly	I			۵	Ф	凸	Δ.	О.			Ф.	Δ.	<u>а</u>	X	Ф				A	۵	۵	4							Δ.	13 / 19	68%	7	-
Dunaway, Timberland	H pui			×	Ф	Ф	4	X			Д.	Ф	۵	Д	×		L		X	4	<u>а</u>	+			Δ.	Δ.	_ n_	۵.	. a	14 / 19	74%	-	+
Dunnigan, Phoenix	I			۵	۵	<	ம	Δ.			Ф	<u>Ф</u>	Δ.	4	A	L			а.	Δ.	П	+			. 4	. 4	. 4	. 4	. 4	11/19	58%	-	-
Fogg, Joseph Jr	I			Ф	4	Δ.				-									1		1	- 27								2/2	670%		21210
Graham, Axle	I			Ф	۵	۵	Ф	Δ.	_		Ф	Ф	<u>Ф</u>	Ф	Д				<u>а</u>	Д.	0.	Δ.			A	4	4	۵	۵	16/19	84%	-	67/6/7
Grant , Sylas	I										Ф	Ф	Δ.	Δ.	<u>о</u>				<u>С</u>	<u>Ф</u>	۵	Ω.			Ф	Δ.	0	_	. a	14	100		
Hudson, Arlon	I			ட	Δ.	V	4	×			Ф	K	V	A	K			1	۵	<u>Ф</u>	<u>а</u>	Ф			4	4	۵	K	۵	9 / 19	47%	-	
Johns, Elliott	I			Ф	Д	Δ.	Ф	Ф			K	×	Ф	۵	Д				۵	Д.	Δ	۵	ļ		A	K	4	V	V	12 / 19	63%	-	
Jordan, Evelyn	I			Ф	۵	Ф	Ф	Ф			Ф	Δ.	۵	Д	ட				Δ.	<u>а</u>	Ф	Ф	1	L	Ф	4	V	Д	۵	17 / 19	+	-	
Kennedy, King	I			ட	4	α	۵	V			₾								1						198					4/6	+	-	2/10/25
Lepley, John	I			Ф	Ф	凸	Ф	Ф			Ф	Δ.	ם	<u>α</u>	ட				α.	Ф	Ф	<u>а</u>			Ф	۵.	۵	ட	۵	19	100	-	i
Morrow, Charles	I			ட	۵	<u>Ф</u>	α.	۵			Δ	<u>С</u>	<u>Ф</u>	σ.	<u>а</u>				Ф	<u>п</u>	×	О.			ட	Д.	Δ.	4	4	16 / 19	84%	-	
Morse, Cloe	I			Δ.	V	4	K	×			Ф	о.	Ф	<u>α</u>	<u>α</u>				<u>α</u>	4	Ф	ட			۵	۵	ட	۵	۵	14 / 19	74%	-	
Peacock, Rosalie				Д	۵	K	۵	Δ			Δ	۵	Д	Δ.	₾				A	<u>Ф</u>	<u>Ф</u>	Ф			K	<u>а</u>	۵	۵	۵	16 / 19	1	-	
Ramcharitar, Millie				ட	Ф	ட	۵	Δ.			4	Ф	Δ.	Ф	Ф				Δ	Ф	Ф	Ф			Ъ	K	۵	Ф	۵	17/19	+	+-	
Smith, Jimmy	I			X	V	×	V	A			×	Ω.	۵	Ф	V				<	4	O.	₾			Ф	Δ.	Δ.	Ω.	۵	10 / 19	1	_	
Tetreault , Elijah				×	۵	Д.	X	۵			Ф	Δ.	ட	Ф	V				۵.	₾	H	Ф			<u>α</u>	Ф	₾	۵	ட	16/19	84%	8/12/24	
Washington, Alayah				۵	ட	۵.	K	Ф			Д.	4	Ф	Ф	Δ.				Φ.	ᅀ	۵	ጔ			<u>α</u>	<u>a</u>	4	Ф	۵	16/19	84%	10/29/24	
White, Rozellalyn	I																		<u>α</u>	ם	×	Ф			Δ.	Ф	Ф	Ф	۵.	8/8	86%	2/18/25	
	Present			14	13	12	10	7			14	13	15	13	Ξ				13	15	15	16			=	7	7	12	4			ne .	
	Pct. Present			82	9/	7	63	69			82	8	94	8	69				9/	88	88	94			65	65	65	71	82	Classi	Classroom: 77%	2 77%	
	Not Present			က	4	2	9	ß			က	က	-	ო	2				A	c	c	7			u	u	(	ı					

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S S M I M I M I S S M I M I M I M I M I			We	Westville Head Start Center - Room 5 Bradshaw/Hyde (EA)	le F	lead	d St	tart	Cer	ıter	Ä.	DOM	15 E	3rac	Jsh	aw/	Hyd	e (E	¥.					ш	ebi	February 2025	5	20	25				
E A A P P C C A A P C C H P C C H A LE A C C P P P P C C A A P C C H P P P P P P P P P P P P P P P P	8 Participants			SICI		H41													三卷	<b>≥</b>										Present (Open 19 days)	Month		Ernl End Date
The continue of the continue	Becker, Kaden	Ш				Д.			-			-	-	-	-		-		-	-					-	-	-			16/19	84%		
E A A P P P C C A A P P C C H A LE A C C A A P C C H P P C C C H P P C C C H P P C C C H P P C C C H P P C C C H P P C C C H P P C C C H P P C C C H P P C C C H P P C C C H P P C C C H P P C C C H P P C C C H P P C C C H P P C C C H P P C C C H P P C C C P P P P	Butler, Brandon	Ш		nterior	A									1000	-	-	-	-	-				-	+					-	8 / 19	42%		
E P P P P C C P P P C C H P P C C H P P P C C P P P P	Butler, Rambo	Ш														-							-	-	-		-	-	K	7/19	37%	(47)	
E P P P P C C P P P C C H P P C C H P P P P	Jordan, Eden	Ш							-			-				-			ļ		-		-	-		1	-		ட	17 / 19	89%	10/7/24	
E P P P P C C P P P C C H P P P P C C H P P P P	Lindsey, Piper	Ш														-			-					-	-	-	1-	-	о.	19	100	8/12/24	
E P P P C C P P P C C H P C C H P P C C P P P C C H P P P C C P P P P	Redmon, Jewell	Ш																	-				-	-	-	-	-	-	<u>а</u>	18 / 19	95%	8/12/24	
E P P P P C C P P P C C H P P C C H P P P C C P P P P	White, Rozellalyn	Ш			-																		O	-						10	100	8/12/24	2/17/25
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<sup>1.</sup> Individual Monthly ADA is calculated by taking the number of days an individual participant was present and dividing it by the numberof days the classroom

<sup>2.</sup> 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), ()