

Historic Architectural Review Commission

Staff Report Item 12

Meeting Date:	November 26, 2013
Applicant:	Key West Literary Seminar
Application Number:	H13-01-1738
Address:	#716 Love Lane
Description of Work:	Application of economic hardship to replace metal shingles with v-crimp panels for roofing material.
Building Facts:	The building is listed as a contributing resource. The one and a half story frame vernacular structure was built in 1933. The house has a side gable roof and has old metal shingles on it. The house is located at the end of Love Lane, which is a pedestrian lane. A circa 1965 photo depicts the house with metal shingles.
Guidelines and Ordinance Cited in Review:	<p>Guidelines for roofing (page 26), specifically first paragraph and guideline 1.</p> <p>Sections 102-186 through 102-190 of the Land Development Regulations.</p>

Staff Analysis

This staff report is for the request of replacing metal shingles with metal v-crimp panels. The owner of the property is a non-profit organization. The owners are in the need of replacing the existing metal shingle roof and have expressed that installing new metal shingles would impose an economic hardship.

The applicant has submitted a complete application and documentation for review. Two quotes from a roofing contractor were submitted as part of the application, one for the installation of up to 100 sq. ft. of rotted roof sheathing and installation of metal shingles, among other things, for \$11,000.00. The second quote is for the installation of plywood and installation of metal v-crimp,

among other things, for \$6,500.00. The difference between the two quotes is \$4,500.00.

Consistency with the Ordinance for economic hardship

1. The ordinance for economic hardship recognizes corporations with current tax-exempt status as a non-profit corporation under section 501(c)(3) of the Internal Revenue Code to qualify as an applicant for undue economic hardship for substitution of alternative building materials.
2. The Commission may allow the substitution of alternative material where the substitute materials are sufficient similar in character so as not to detract from the original character of the historic district.

It is staff's opinion that since the house is located at the end of a pedestrian Lane it is not exposed as many other structures that are located on streets. Nevertheless the configuration of the roof, which is a side gable roof, makes the roofing material the primary character defining element of the façade.

Application



**CITY OF KEY WEST
BUILDING DEPARTMENT
CERTIFICATE OF APPROPRIATENESS**

APPLICATION # 11-01-13-011738

OWNER'S NAME: Key West Literary Seminar, Inc. DATE: 10/25/2013

OWNER'S ADDRESS: 718 Love Lane PHONE #: 305-293-9291

APPLICANT'S NAME: Lynn Kaufelt, President, KWLS PHONE #: 305-923-4276

APPLICANT'S ADDRESS: 900 Flagler Ave.

ADDRESS OF CONSTRUCTION: 716 Love Lane # OF UNITS: 1

THERE WILL BE A FINAL INSPECTION REQUIRED UNDER THIS PERMIT

DETAILED DESCRIPTION OF WORK:

Remove deteriorated metal-shingle roofing and replace with Galvalume metal v-crimp roofing system as more completely described on the attached Bid Proposal from Dan-Ace Roofing, Inc.

Chapter 837.06 F.S.-False Official Statements - Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor of the second degree punishable as provided for in s. 775.082 or 775.083

This application for Certificate of Appropriateness must precede applications for building permits, right of way permits, variances, and development review approvals. Applications must meet or exceed the requirements outlined by the Secretary of the Interior's Standards for Rehabilitation and Key West's Historic Architectural Guidelines.

Once completed, the application shall be reviewed by staff for completeness and either approved or scheduled for presentation to the Historic Architectural Review Commission at the next available meeting. The applicant must be present at this meeting. The filing of this application does not ensure approval as submitted.

Applications that do not possess the required Submittals will be considered incomplete and will not be reviewed for approval.

Date: 10/30/13

Applicant's Signature: _____

Lynn Kaufelt

Required Submittals

<input type="checkbox"/>	TWO SETS OF SCALED DRAWINGS OF FLOOR PLAN, SITE PLAN AND EXTERIOR ELEVATIONS (for new buildings and additions)
<input type="checkbox"/>	TREE REMOVAL PERMIT (if applicable)
<input checked="" type="checkbox"/>	PHOTOGRAPHS OF EXISTING BUILDING (repairs, rehabs, or expansions)
<input type="checkbox"/>	PHOTOGRAPHS OF ADJACENT BUILDINGS (new buildings and additions)
<input type="checkbox"/>	ILLUSTRATIONS OF MANUFACTURED PRODUCTS TO BE USED SUCH AS SHUTTERS, DOORS, WINDOWS, PAINT COLOR CHIPS, AND AWNING FABRIC

Operator: CHALKER Type: BP Drawer: 1
Date: 11/12/13 30 Receipts: none 0004
2013 1001738
PT * BUSINESS USE ONLY
1.00 \$100.00
Trans number Date: 2983832
CHECK 6344 \$100.00
Staff Approval:
Trans date: 11/08/13 Time: 17:08:13

Fee Due: \$ _____

HISTORIC ARCHITECTURAL REVIEW COMMISSION USE ONLY

Approved _____

Denied _____

Deferred _____

Reason for Deferral or Denial:

HARC Comments:

Home is listed as contributing. Built c. 1933.
• Guidelines for roofing.
• Ordinance for economic hardship.

Limit of Work Approved, Conditions of Approval and/or Suggested
Changes:

Date: _____

Signature: _____

Historic Architectural
Review Commission

Economic Hardship Affidavit

**HISTORIC ARCHITECTURAL REVIEW COMMISSION
CITY OF KEY WEST**

**AFFIDAVIT
QUALIFICATION FOR ECONOMIC HARDSHIP CONSIDERATION
FOR**

**APPLICANTS SEEKING APPROVAL OF SUBSTITUTION OF ALTERNATIVE
BUILDING MATERIALS FOR HISTORIC OR TRADITIONAL MATERIALS
UNDER SECTION 102-190**

Page 1 of 2

Pursuant to the intent of Chapter 102- Historic Preservation- Division 2 Economic Hardship of the City of Key West Code of Ordinances, this affidavit is required from owners of buildings located in any of the following areas:

- (1) In the historic preservation districts of the city;
- (2) In tidal waters contiguous to and within 600 feet of the historic preservation districts;
- (3) In a location so as to directly affect any building, structure or property listed in the city historic sites survey as may be amended from time to time and the National Register of Historic Places; or
- (4) Within a building, structure, archaeological site or district classified as contributing on the city historic preservation survey.

Owners within the preceding areas who seek relief from potential economic hardship resulting from application of the Architectural Design Guidelines of the City of Key West shall use this affidavit affirmed by a notary public and return it at least fifteen days prior to the historic architectural review commission public hearing where the request will be reviewed. The Historic Architectural Review Commission may allow the substitution material.

**Part I
Applicant's information**

Applicant's name (s): Key West Literary Seminar, Inc., a 501(c)(3) nonprofit organization
Lynn Kaufelt, President

Applicant's address: 716 Love Lane

Phone number: 305-293-9291

Proposed project address

716 Love Lane

**Part II
Proposed project information**

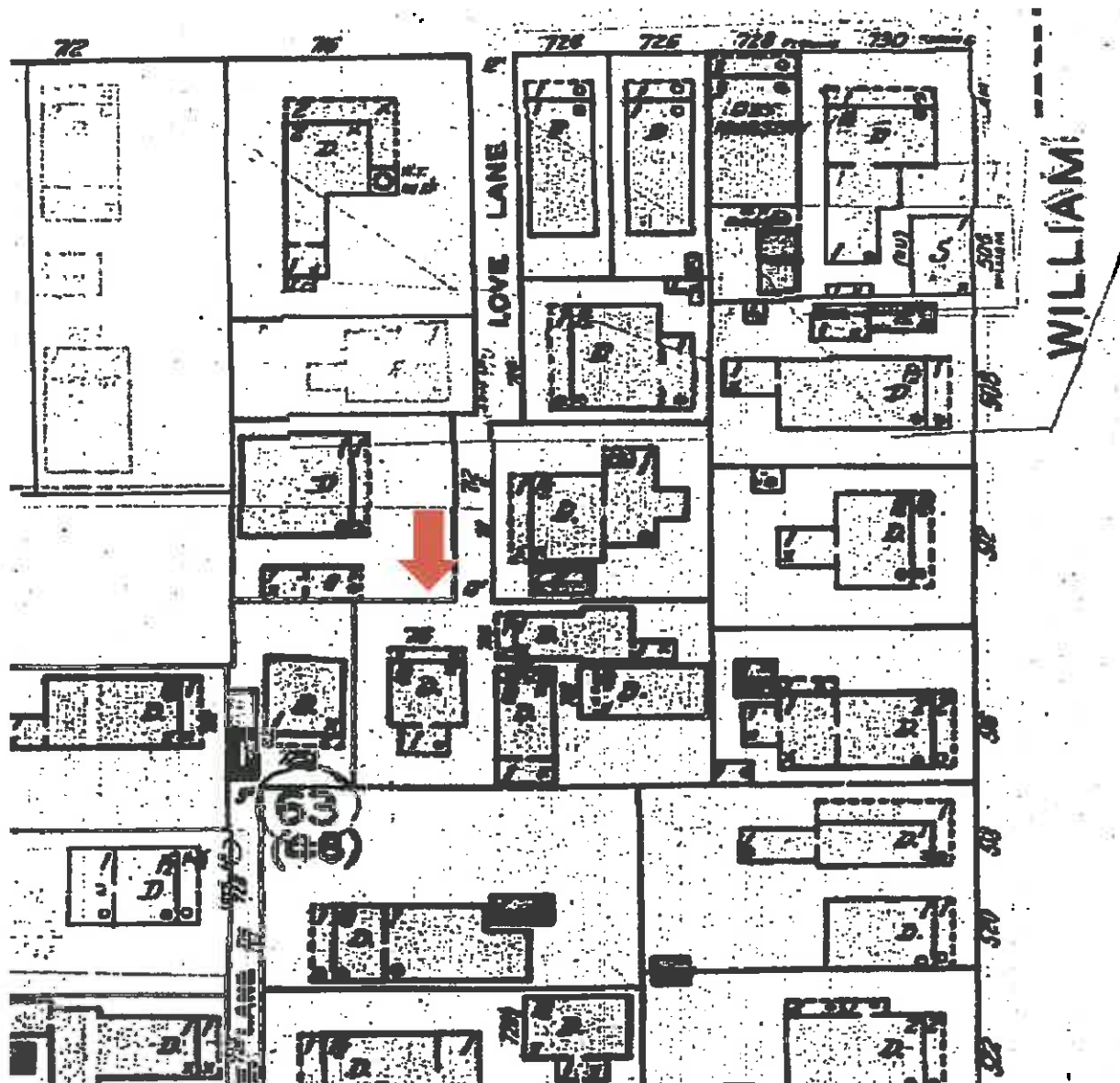
Certificate of Appropriateness number

Material or product substitution proposed: Galvalume metal V-crimp roofing system

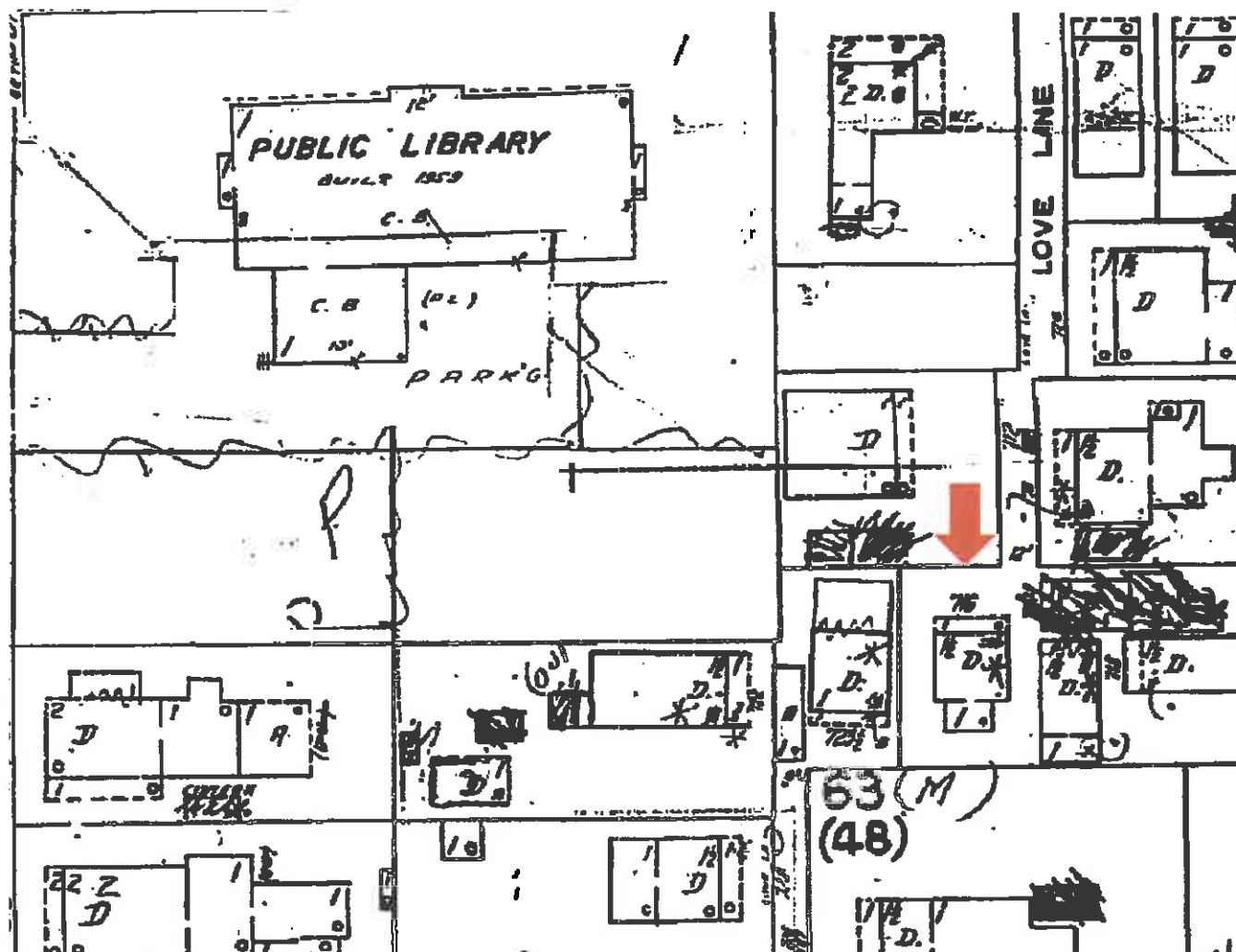
Material or product required by the Architectural Design Guidelines of the City of Key West: Metal roof shingles, per HARC Ch. VI, Sec. d.:
"Roof replacements should be done on an in-kind basis, with the new roof matching the materials used previously, unless HARC believes the replacement material to be more suitable than the existing roofing material."

Approximate cost difference or amount of savings: \$4,500.00

Sanborn maps



#716 Love Lane Sanborn map 1948



#716 Love Lane Sanborn map 1962

Project Photos



#716 Love Lane Property Appraiser's photo circa 1965. Monroe County Library





Front of house showing roof to be replaced, as seen
from S end of Love Lane



Metal shingle roof
to be replaced

Existing V-crimp roof
on 1-story kitchen addition.
No change proposed.

Economic Hardship Ordinance

**Key West, Florida, Code of Ordinances >> Subpart B - LAND DEVELOPMENT REGULATIONS >>
Chapter 102 - HISTORIC PRESERVATION >> ARTICLE IV. - CERTIFICATE OF APPROPRIATENESS >>
DIVISION 2. ECONOMIC HARDSHIP >>**

DIVISION 2. ECONOMIC HARDSHIP

Sec. 102-186. Definitions.

Sec. 102-187. Avoidance.

Sec. 102-188. Filing affidavit.

Sec. 102-189. Additional information.

Sec. 102-190. Use of substitute material.

Secs. 102-191—102-215. Reserved.

Sec. 102-186. Definitions.

The following words, terms and phrases, when used in this division, shall have the meanings ascribed to them in this section, except where the context clearly indicates a different meaning:

Undue economic hardship means:

- (1) For applicants seeking approval of demolitions under division 3 of this article, an exceptional financial burden that would amount to the taking of property without just compensation or, for properties producing income at the time of application for a certificate of appropriateness, failure to achieve a reasonable economic return as measured against commercial properties of similar nature and location and as expected by market conditions. The evidence and testimony needed to establish an undue economic hardship is specified in sections 102-187 through 102-189
- (2) For applicants seeking approval of substitution of alternative building materials for historic or traditional materials under section 102-190
 - a. For an individual, either the current receipt of assistance through the mayor's revolving loan fund, rental rehabilitation program, or other program which is income-indexed and which provides for physical improvements to the subject property; or the current receipt of fixed income benefits such as social security, AFDC, or private pension benefits, and the applicant's total income is below 80 percent of the median income for the city, all as evidenced by income tax return or affidavit; or
 - b. For a corporation, current tax-exempt status as a nonprofit corporation under section 501(c)(3) of the Internal Revenue Code.

(Ord. No. 97-10, § 1(3-10.3(A)(s)), 7-3-1997)

Cross reference— Definitions generally, § 1-2.

Sec. 102-187. Avoidance.

If a decision of the historic architectural review commission shall result in undue economic hardship for the property owner, as provided in this article, the historic architectural review

commission shall have authority to determine the existence of such hardship in accordance with the definition of undue economic hardship found in section 102-186.

(Ord. No. 97-10, § 1(3-10.3(E)(2)(d)(i)), 7-3-1997)

Sec. 102-188. Filing affidavit.

When there is a claim of undue economic hardship under this article, the owner shall submit an affidavit affirmed by a notary public to the historic architectural review commission at least 15 days prior to the public hearing, which certifies that the applicant meets one of the following criteria for undue economic hardship:

- (1) Currently receives fixed income benefits such as social security, aid to families with dependent children, or private pension benefits and that the total household income is below 80 percent of the median income for the city;
- (2) Currently receives assistance through the mayor's revolving loan fund, rental rehabilitation program, or other program which is income-indexed and which provides for physical improvements to the subject property; or
- (3) The applicant corporation currently has tax-exempt status as a nonprofit corporation under section 501(c)(3) of the Internal Revenue Code.

(Ord. No. 97-10, § 1(3-10.3(E)(2)(d)(ii)), 7-3-1997)

Sec. 102-189. Additional information.

The historic architectural review commission may require that an applicant furnish such additional information as the historic architectural review commission believes is relevant to its determination of undue economic hardship and may provide, in appropriate instances, that such additional information be furnished under seal. If any of the required information is not reasonably available to the applicant and cannot be obtained by the applicant, the applicant shall file with his affidavit a statement of the information which cannot be obtained and shall describe the reasons why such information cannot be obtained.

(Ord. No. 97-10, § 1(3-10.3(E)(2)(d)(ii)), 7-3-1997)

Sec. 102-190. Use of substitute material.

In cases of undue economic hardship of the applicant, as defined in section 102-186, the historic architectural review commission may allow the substitution of alternative construction materials for historic or traditional materials where the substitute materials are sufficiently similar in character to such historic or traditional materials so as not to detract from the original character of the historic district.

(Ord. No. 97-10, § 1(3-10.3(E)(1)(g)), 7-3-1997)

Secs. 102-191—102-215. Reserved.

Supportive Documents



City of Key West

Building Department

Attn: Enid Torregrosa-Silva, Historic Preservation Planner

PRESIDENT

Lynn Kaufelt

BOARD OF DIRECTORS

Michael Blades

Judy Blume

Cynthia Crossen

Peyton Evans

Judith Gaddis

James Gleick

Mary Grusin

Lynn Kaufelt

Nancy Klingener

Liz Lear

Diane Shelby

EXECUTIVE DIRECTOR

Miles Frieden

ASSOCIATE DIRECTOR

Arlo Haskell

ADMINISTRATIVE ASSISTANT

Alan Kelly-Hamm

HONORARY DIRECTORS

Jimmy Buffett

Ross Clauborne

Annie Dillard

David Ethridge

Dan Gerber

Lynn Harding

Rosemary Jones

David Kaufelt (Founder)

Mariane Lancaster

Alison Lurie

Thomas McGuane

Bob Muens

Peg Murphree

Jane O'Reilly

Robert Richardson

Phyllis Rose

Frederick Ruffner

Robert Stone

Jean Trebbi

Richard Wilbur

Joy Williams

David Wolkowsky

Historic Architectural Review Application and Economic Hardship Affidavit (40 pages)

TABLE OF CONTENTS

1	Background details on applicant and property; authorizing Arlo Haskell to act as KWLS agent
2-3	HARC application
4-5	Economic hardship affidavit
6	Federal 501(c)(3) tax-exemption notification
7-8	State tax-exempt certificate & annual report
9-10	Roofing estimates
11-13	Photos of existing roof and property
14-40	IRS form 990, fiscal year 2011-2012

718 LOVE LANE, KEY WEST, FLORIDA, 33040

WEB: www.kwls.org • PHONE: 888-293-9291

EMAIL: mail@kwls.org

KWLS

KEY WEST LITERARY SEMINAR

City of Key West
Building Department

Attn: Enid Torregrosa-Silva, Historic Preservation Planner

Re: Authorizing Arlo Haskell to act on behalf of Key West Literary Seminar, Inc. for HARC application and economic hardship application; providing relevant details on applicant and property.

The Key West Literary Seminar was established in Key West in 1983 and incorporated as a 501(c)(3) nonprofit organization in 1992. I, Lynn Kaufelt, am President. Miles Frieden is Executive Director. Arlo Haskell is Associate Director and is authorized by the Board of Directors to act on behalf of KWLS in matters pertaining to the Historic Architectural Review Application currently under consideration.

The mission of KWLS is to promote the understanding and discussion of important literary works and their authors; to recognize and support new voices in American literature; and to preserve and promote Key West's literary heritage while providing resources that strengthen literary culture.

KWLS programming includes the annual Seminar, combining lectures, readings, and panel discussions by preeminent writers; the Writers' Workshop Program, led by acclaimed faculty and open to writers of all levels; the Scholarship Program, which provides subsidies to teachers and librarians; the Writer in Residence Program; and online programs including the literary journal *Littoral* and the Audio Archives Project, which makes recordings of the Seminar available worldwide.

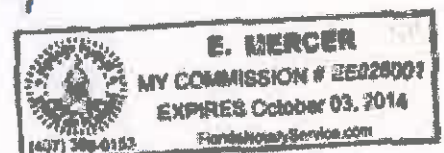
KWLS is seeking HARC approval to replace the metal-shingle roof at the property it owns at 716 Love Lane with a V-crimp roofing system. This one-and-one-half story single-family home of approximately 1,000 square feet is used as housing for KWLS Associate Director Arlo Haskell and as monthly meeting space for the KWLS Board of Directors. Due to its location at the end of a pedestrian-only lane, the property is not visible from the public right-of-way. The property receives a partial exemption from Monroe County property taxes due to its organizational use. Adherence to HARC roofing guidelines would impose an economic hardship on KWLS and impact the organization's ability to pursue its mission.

In addition to the property described above, KWLS is owner of the adjacent property located at 717 Love Lane. HARC approval is not being requested for this property. For reference purposes, 717 is a two-story multi-family building containing an upstairs and a downstairs unit totaling approximately 1,200 square feet. The downstairs unit is currently rented to a tenant. The upstairs unit is used as housing for KWLS Executive Director Miles Frieden from October-April and as living space for KWLS writers-in-residence from May-September. This property also receives a partial exemption from Monroe County property taxes due to its organizational use.

Signed October 23, 2013 by Lynn Kaufelt, President.

Lynn Kaufelt

718 LOVE LANE, KEY WEST, FLORIDA, 33040
WEB: www.kwls.org • PHONE: 888-293-9291
EMAIL: mail@kwls.org



E. Mercer

PRESIDENT

Lynn Kaufelt

BOARD OF DIRECTORS

Michael Blader

Judy Blum

Cynthia Crossen

Perian Evans

Julith Gaddis

James Gieck

Mary Grusin

Lynn Kaufelt

Nancy Klugener

Li Lear

Diane Shelby

EXECUTIVE DIRECTOR

Miles Frieden

ASSOCIATE DIRECTOR

Arlo Haskell

ADMINISTRATIVE ASSISTANT

Alan Kelly-Hamm

HONORARY DIRECTORS

Jimmy Buffen

Ross Claiborne

Annie Dillani

David Edridge

Dan Gerber

Lynn Harding

Rosemary Jones

David Kaufelt (Founder)

Marianne Lancaster

Alison Lurie

Thomas McCune

Bob Muzni

Peg Murphy

Jane O'Reilly

Robert Richardson

Phyllis Rose

Frederick Ruffner

Robert Stone

Jean Tishin

Richard Wilbur

Jay Williams

David Wollensky

INTERNAL REVENUE SERVICE
DISTRICT DIRECTOR
C - 1130
ATLANTA, GA 30301

DEPARTMENT OF THE TREASURY

Date: JAN 29 1992

KEY WEST LITERARY SEMINAR INC
PO BOX 391
SUGARLOAF SHORES, FL 33044-0391

Employer Identification Number:
59-2807058

Contact Person:
ERIC C. HYLTON

Contact Telephone Number:
(404) 331-0193

Our Letter Dated:
September 8, 1987

Addendum Applies:
Yes

__Dear Applicant:

This modifies our letter of the above date in which we stated that you would be treated as an organization that is not a private foundation until the expiration of your advance ruling period.

Your exempt status under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3) is still in effect. Based on the information you submitted, we have determined that you are not a private foundation within the meaning of section 509(a) of the Code because you are an organization of the type described in section 509(a)(2).

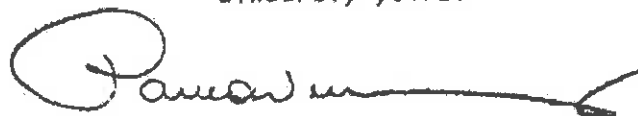
Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(2) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act, or the substantial or material change on the part of the organization that resulted in your loss of such status, or if he or she acquired knowledge that the Internal Revenue Service had given notice that you would no longer be classified as a section 509(a)(2) organization.

If we have indicated in the heading of this letter that an addendum applies, the addendum enclosed is an integral part of this letter.

Because this letter could help resolve any questions about your private foundation status, please keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown above.

Sincerely yours,



Paul Williams
District Director

Enclosures:
Addendum



Consumer's Certificate of Exemption

DR-14
R. 04/11

Issued Pursuant to Chapter 212, Florida Statutes

85-8012674764C-0	05/31/2011	05/31/2016	501(C)(3) ORGANIZATION
Certificate Number	Effective Date	Expiration Date	Exemption Category

This certifies that

KEY WEST LITERARY SEMINAR INC
718 LOVE LN
KEY WEST FL 33040-6830

is exempt from the payment of Florida sales and use tax on real property rented, transient rental property rented, tangible personal property purchased or rented, or services purchased.



Important Information for Exempt Organizations

DR-14
R. 04/11

1. You must provide all vendors and suppliers with an exemption certificate before making tax-exempt purchases. See Rule 12A-1.038, Florida Administrative Code (F.A.C.).
2. Your *Consumer's Certificate of Exemption* is to be used solely by your organization for your organization's customary nonprofit activities.
3. Purchases made by an individual on behalf of the organization are taxable, even if the individual will be reimbursed by the organization.
4. This exemption applies only to purchases your organization makes. The sale or lease to others of tangible personal property, sleeping accommodations, or other real property is taxable. Your organization must register, and collect and remit sales and use tax on such taxable transactions. Note: Churches are exempt from this requirement except when they are the lessor of real property (Rule 12A-1.070, F.A.C.).
5. It is a criminal offense to fraudulently present this certificate to evade the payment of sales tax. Under no circumstances should this certificate be used for the personal benefit of any individual. Violators will be liable for payment of the sales tax plus a penalty of 200% of the tax, and may be subject to conviction of a third-degree felony. Any violation will require the revocation of this certificate.
6. If you have questions regarding your exemption certificate, please contact the Exemption Unit of Account Management at 800-352-3671. From the available options, select "Registration of Taxes," then "Registration Information," and finally "Exemption Certificates and Nonprofit Entities." The mailing address is PO Box 6480, Tallahassee, FL 32314-6480.

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19222

FILED
Feb 16, 2011
Secretary of State

Entity Name: KEY WEST LITERARY SEMINAR, INC.

Current Principal Place of Business:

718 LOVE LANE
KEY WEST, FL 33040 US

New Principal Place of Business:

Current Mailing Address:

55 GLADE LANE
BLACK MOUNTAIN, NC 28711 US

New Mailing Address:

FEI Number: 59-2807058

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHELBY, DIANE
1611 VON PHISTER
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: KAUFELT, LYNN
Address: P.O. BOX 182
City-St-Zip: KEY WEST, FL 33041

Title: D
Name: FRIEDEN, MILES
Address: 55 GLADE LANE
City-St-Zip: BLACK MOUNTAIN, NC 28711

Title: D
Name: GRUSIN, MARY
Address: 2518 STAPLES
City-St-Zip: KEY WEST, FL 33040

Title: D
Name: GLEICK, JAMES
Address: 748 WINDSOR LANE
City-St-Zip: KEY WEST, FL 33040

Title: D
Name: KLINGENER, NANCY
Address: 411 GRINNELL ST.
City-St-Zip: KEY WEST, FL

Title: D
Name: MESKER, SUSAN
Address: 512 WILLIAM ST
City-St-Zip: KEY WEST, FL 33040

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MILES D. FRIEDEN

DIR

02/16/2011

Electronic Signature of Signing Officer or Director

Date

Dan-Ace Roofing, Inc.
571 Park Drive
Key West, Florida 33040

Phone: (305) 294-2380

Fax: (305) 294-8420

danacerofing@bellsouth.net

Certificate of Competency

State of Florida

RC 29027425

Licensed and Insured

October 21, 2013

Certificate of Competency

Monroe County

RC 612

This is a Bid Proposal for: Lynn Kaufault

Job Address: 716 Love Lane Key West, Florida 33040

Dan-Ace Roofing, Inc proposes to remove the existing roofing system and replace up to 100 sq ft of rotted roof sheathing found. We will install 1 ply of secondary water barrier down to code. Next we will install a galvalume metal eaves drip to the perimeters nailed down. We will install all flashing as necessary as specified by code. Then we will install a galvalume metal conch shingle roofing system nailed down. Last we will install a galvalume metal ridge cap screwed down using silver sentron screws as fasteners.

We will supply the necessary permit, and each stage of our work will be in compliance with code. We will clean the grounds of any fallen roof debris and when our work is completed we will haul it away and properly dispose of it. We will need access to an electrical outlet and a daytime phone number. Dan-Ace Roofing, Inc guarantees the craftsmanship of our new work for five years. Our warranty will become void should any alterations cause penetrations to our new work. Our warranty will also become void should any decking be installed or roofing painted. If spaced sheathing is found 1/2 inch cdx plywood must be installed at an additional cost to you. Please read, sign and return this bid proposal with the required deposit should you accept our bid. When this proposal is signed by both parties (or their agents), it shall become a legal contract. By signing, you agree with the terms outlined above and below. All work under contract with Dan-Ace Roofing, Inc is to be secured with a deposit and the signed contract must be returned before we can apply for the building permit or order any materials. The balance is to be paid in full upon completion of our work. Our payment policy states, the balance due is to be paid on completion of our work. If your client or you the homeowner is living outside the City of Key West, we ask that you have a check forwarded to someone in the area that can represent him/her or you the homeowner, so that when the job is completed, they can inspect the job and issue a check without delay. The size nails that we are required to use will come through. If you have exposed ceilings please notify at once 1/2 inch CDX Plywood can be installed at an additional cost to you. We will not be held responsible for damages if not notified. Due to the nature of our work homeowners, tenants or agents must assume responsibility of removing vehicles, screens or awnings. Cable, a/c, telephone lines, etc., cover pools, ponds, shrubs, walkways, decking or all other objects that may be damaged during the removal or replacement, patching or painting of the roofing system. If hot asphalt drips onto your walls or stucco, walkway, decking, shrubs, lawns, etc, we will remove the tar to the best of our ability. It will be your responsibility to touch up, repaint or replace at your own cost. We will not be held responsible for cracks to driveways, curbs or damage to trees. If you have rotted roof sheathing we will be as careful as possible not to fall through. Should this happen any damage that may occur beyond the exterior roof will not be the responsibility of Dan-Ace Roofing, Inc to repair or replace. Example: Damage to the rafters ceilings, light fixtures, fans, plaster, paint, dust or debris filtering through. DUE TO THE RAPID CHANGES IN THE COST OF MATERIALS, THIS PROPOSAL WILL BECOME VOID IF NOT SIGNED AND RETURNED WITHIN 30 DAYS IF IT'S DATE

I the undersigned, do solemnly swear that I am mentally and physically competent, at the time of signing this legal document

Total:\$11,000.00
Deposit:\$5,500.00
Balance:\$5,500.00

Date

Daniel Acevedo

Owners or Agent Signature

Phone

Owner/ President Dan-Ace Roofing, Inc.

Dan-Ace Roofing, Inc.
571 Park Drive
Key West, Florida 33040
Phone: (305) 294-2380
Fax: (305) 294-8420
danacerofing@bellsouth.net

Certificate of Competency
State of Florida
RC 29027425

Licensed and Insured
October 21, 2013

Certificate of Competency
Monroe County
RC 612

This is a Bid Proposal for: Lynn Kaufault

Job Address: 716 Love Lane Key West, Florida 33040

PLEASE NOTE THIS ESTIMATE IS ONLY VALID WITH HARC APPROVAL: Dan-Ace Roofing, Inc proposes to remove the existing roofing system and install plywood. We will install 1 ply of secondary water barrier down to code. Next we will install a galvalume metal eaves drip to the perimeters nailed down. We will install all flashing as necessary as specified by code. Then we will install a galvalume metal v-crimp roofing system screwed down using silver sentron screws as fasteners. Last we will install a galvalume metal ridge cap screwed down using silver sentron screws as fasteners.

We will supply the necessary permit, and each stage of our work will be in compliance with code. We will clean the grounds of any fallen roof debris and when our work is completed we will haul it away and properly dispose of it. We will need access to an electrical outlet and a daytime phone number. Dan-Ace Roofing, Inc guarantees the craftsmanship of our new work for five years. Our warranty will become void should any alterations cause penetrations to our new work. Our warranty will also become void should any decking be installed or roofing painted. If spaced sheathing is found 1/2 inch cdx plywood must be installed at an additional cost to you. Please read, sign and return this bid proposal with the required deposit should you accept our bid. When this proposal is signed by both parties (or their agents), it shall become a legal contract. By signing, you agree with the terms outlined above and below. All work under contract with Dan-Ace Roofing, Inc is to be secured with a deposit and the signed contract must be returned before we can apply for the building permit or order any materials. Our payment policy states, the balance due is to be paid on completion of our work. If your client or you the homeowner is living outside the City of Key West, we ask that you have a check forwarded to someone in the area that can represent him/her or you the homeowner, so that when the job is completed, they can inspect the job and issue a check without delay. The size nails that we are required to use will come through. If you have exposed ceilings please notify at once 1/2 inch CDX Plywood can be installed at an additional cost to you. We will not be held responsible for damages if not notified. Due to the nature of our work homeowners, tenants or agents must assume responsibility of removing vehicles, screens or awnings. Cable, a/c, telephone lines, etc., cover pools, ponds, shrubs, walkways, decking or all other objects that may be damaged during the removal or replacement, patching or painting of the roofing system. If hot asphalt drips onto your walls or stucco, walkway, decking, shrubs, lawns, etc, we will remove the tar to the best of our ability. It will be your responsibility to touch up, repaint or repalce at your own cost. We will not be held responsible for cracks to driveways, curbs or damage to trees. If you have rotted roof sheathing we will be as careful as possible not to fall through. Should this happen any damage that may occur beyond the exterior roof will not be the responsibility of Dan-Ace Roofing, Inc to repair or replace. Example: Damage to the rafters ceilings, light fixtures, fans, plaster,paint, dust or debris filtering through.DUE TO THE RAPID CHANGES IN THE COST OF MATERIALS, THIS PROPOSAL WILL BECOME VOID IF NOT SIGNED AND RETURNED WITHIN 30 DAYS IF IT'S DATE

I the undersigned, do solemnly swear that I am mentally and physically competent, at the time of signing this legal document

Total:\$6,500.00
Deposit:\$3,250.00
Balance:\$3,2500

_____	_____	_____
	Date	
_____	_____	Daniel Acevedo
Owners or Agent Signature	Phone	Owner/ President Dan-Ace Roofing, Inc.

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

OMB No 1545-0047

2011Open to Public
Inspection

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

A For the 2011 calendar year, or tax year beginning 04-01-2011 and ending 03-31-2012**B** Check if applicable:☐ Address change☐ Name change☐ Initial return☐ Terminated☐ Amended return☐ Application pending**C** Name of organization
KEY WEST LITERARY SEMINAR INC

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
718 Love LaneCity or town, state or country, and ZIP + 4
Key West, FL 33040**F** Name and address of principal officer
Miles Frieden
55 Glade Lane
Apt/Suite
Black Mountain, NC 28711**D** Employer identification number

59-2807058

E Telephone number

(888) 293-9291

G Gross receipts \$ 406,542**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)**H(c)** Group exemption number**I** Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () (insert no) ☐ 4947(a)(1) or ☐ 527**J** Website: www.KeyWestLiterarySeminar.org**K** Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Year of formation 1983**M** State of legal domicile FL**Part I Summary**

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

"The mission of the Key West Literary Seminar is to promote the understanding and discussion of important literary works and their authors, to recognize and support new voices in American literature, and to preserve and promote Key West's literary heritage while providing resources that strengthen literary culture."

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	3	13
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12
5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	3
6 Total number of volunteers (estimate if necessary)	6	75
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	198
b Net unrelated business taxable income from Form 990-T, line 34	7b	0

Revenue

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	91,554	103,317
9 Program service revenue (Part VIII, line 2g)	322,045	239,572
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,633	198
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	36,806	56,441
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	454,038	399,528

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,002	5,025
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)	167,271	164,337
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ⁰		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	296,685	236,616
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	466,958	405,978
19 Revenue less expenses Subtract line 18 from line 12	-12,920	-6,450

Net Assets or Fund Balances

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	1,584,446	1,577,996
21 Total liabilities (Part X, line 26)	0	0
22 Net assets or fund balances Subtract line 21 from line 20	1,584,446	1,577,996

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 information and documents furnished by the taxpayer. Declaration of preparer (other than officer) is based on information and documents furnished by the taxpayer.

Sign Here

Signature of officer

Miles Frieden Executive Director
Type or print name and title**Paid**

Preparer's signature

Date

Preparer's Use Only

Firm's name (or yours if self-employed), address, and ZIP + 4

May the IRS discuss this return with the preparer shown above? (see instructions)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III ☐ ☒**1** Briefly describe the organization's mission:

"The mission of the Key West Literary Seminar is to promote the understanding and discussion of important literary works and their authors, to recognize and support new voices in American literature, and to preserve and promote Key West's literary heritage while providing resources that strengthen literary culture."

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ 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? ☐ Yes ☒ 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 and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code) (Expenses \$ 227,508 including grants of \$ 103,317) (Revenue \$ 296,211)
The Key West Literary Seminar successfully organized and produced the 2012 Key West Literary Seminar, YET ANOTHER WORLD Literature of the Future, January 5 - 12, 2012

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O)
(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

4e Total program service expenses \$ 227,508

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2 Yes	
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	No
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	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
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	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	No
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	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	No
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, XII, and XIII is optional	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
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, Part I	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U.S.? If "Yes," complete Schedule F, Part II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U.S.? If "Yes," complete Schedule F, Part III and IV	16	No
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	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18 Yes	
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	No
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b	

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V ☐

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1a 6		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c Yes	
2a Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.	2a 3	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b	
4a 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 or securities account)?	4a	No
b If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d If "Yes," indicate the number of Forms 8282 filed during the year.	7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	No
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	No
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
9 Sponsoring organizations maintaining donor advised funds.		
a Did the organization make any taxable distributions under section 4966?	9a	
b Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
10 Section 501(c)(7) organizations. Enter		
a Initiation fees and capital contributions included on Part VIII, line 12.	10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11 Section 501(c)(12) organizations. Enter		
a Gross income from members or shareholders.	11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.	13a	
b Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b	
c Enter the aggregate amount of reserves on hand.	13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	

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

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

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year		
1b Enter the number of voting members included in line 1a, above, who are independent		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		No
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6 Did the organization have members or stockholders?		No
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?		No
7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	Yes	
b Each committee with authority to act on behalf of the governing body?	Yes	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed:

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶
 Miles Frieden
 55 Glade Lane
 Black Mountain, NC 28711
 (888) 293-9291

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response to any question in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.• List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.• List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Lynn Kaufelt President	5.00	X		X				0	0	0
(2) Judy Blume Board Member	2	X						0	0	0
(3) Peyton Evans Board Member	3	X						0	0	0
(4) Judith Gaddis Board Member	2	X						0	0	0
(5) James Gleick Board Member	2	X						0	0	0
(6) Mary Grusin Secretary	3	X		X				0	0	0
(7) Nancy Klingener Vice President	3	X						0	0	0
(8) Liz Lear Board Member	2	X						0	0	0
(9) Susan Mesker Board Member	1	X						0	0	0
(10) Diane Shelby Treasurer	4	X		X				0	0	0
(11) Michael Blades Board Member	3	X						0	0	0
(12) Cynthia Crossen Board Member	1	X						0	0	0
(13) Miles Freden Executive Director and Board Member	40	X			X	X		62,500	3,600	0

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								62,500	3,600	

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

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)	(B)	(C)
Name and business address	Description of services	Compensation
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization: 0		

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a 0				
	b	Membership dues	1b 0				
	c	Fundraising events	1c 0				
	d	Related organizations	1d 0				
	e	Government grants (contributions)	1e 2,738				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 100,579				
	g	Noncash contributions included in lines 1a-1f \$ 0					
	h	Total. Add lines 1a-1f		103,317			
Program Service Revenue	2a	2012 KWLS seminar	Business Code 711190	205,892	205,892	0	0
	b	2012 KWLS Writers' Workshop program	711190	33,680	33,680	0	0
	c						
	d						
	e						
	f	All other program service revenue		0	0	0	0
	g	Total. Add lines 2a-2f		239,572			
	Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		198	0	198
4		Income from investment of tax-exempt bond proceeds		0	0	0	0
5		Royalties		0	0	0	0
6a		Gross rents	(i) Real 32,300 (ii) Personal 0				
b		Less rental expenses	0				
c		Rental income or (loss)	32,300				
d		Net rental income or (loss)		32,300	32,300	0	0
7a		Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
b		Less cost or other basis and sales expenses					
c		Gain or (loss)	0	0			
d		Net gain or (loss)					
8a		Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c) See Part IV, line 18					
a			18,675				
b		Less direct expenses	0				
c		Net income or (loss) from fundraising events		18,675	0	18,675	
9a		Gross income from gaming activities See Part IV, line 19					
a							
b		Less direct expenses					
c		Net income or (loss) from gaming activities					
10a		Gross sales of inventory, less returns and allowances					
a		6,000					
b	Less cost of goods sold	7,014					
c	Net income or (loss) from sales of inventory		-1,014	-1,014	0	0	
Miscellaneous Revenue		Business Code					
11a	Advertising Sales	711190	6,480	6,480	0	0	
b							
c							
d	All other revenue		0	0	0	0	
e	Total. Add lines 11a-11d		6,480				
12	Total revenue. See Instructions		399,528	277,338	198	18,675	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	0	0		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	5,025	5,025		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	62,500	0	62,500	0
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7	Other salaries and wages	76,245	76,245	0	0
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0	0	0	0
9	Other employee benefits	16,646	16,646	0	0
10	Payroll taxes	8,946	8,946	0	0
11	Fees for services (non-employees)				
a	Management	0	0	0	0
b	Legal	0	0	0	0
c	Accounting	0	0	0	0
d	Lobbying	0	0	0	0
e	Professional fundraising See Part IV, line 17	0			0
f	Investment management fees	0	0	0	0
g	Other	27,006	0	27,006	0
12	Advertising and promotion	14,705	0	14,705	0
13	Office expenses	17,058	17,058	0	0
14	Information technology	0	0	0	0
15	Royalties	0	0	0	0
16	Occupancy	28,126	16,676	11,450	0
17	Travel	6,000	6,000	0	0
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings	62,809	0	62,809	0
20	Interest	0	0	0	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization	0	0	0	0
23	Insurance	1,361	1,361	0	0
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	Brochure	12,440	12,440	0	0
b	Panelist Expenses	52,904	52,904	0	0
c	Technical Staff	3,070	3,070	0	0
d	Set, Sound, Stage supplies	11,137	11,137	0	0
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	405,978	227,508	178,470	0
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	0	1	0
	2 Savings and temporary cash investments	172,430	2	165,980
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	0	4	0
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	0	9	0
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	1,412,018	10a	
	b Less: accumulated depreciation	0	10b	
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,584,446	16	1,577,996	
Liabilities	17 Accounts payable and accrued expenses	0	17	0
	18 Grants payable	0	18	0
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	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	0	25	0
	26 Total liabilities. Add lines 17 through 25	0	26	0
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,472,898	27	1,502,996
	28 Temporarily restricted net assets	111,548	28	75,000
	29 Permanently restricted net assets	0	29	0
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	1,584,446	33	1,577,996
34 Total liabilities and net assets/fund balances	1,584,446	34	1,577,996	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI ☐

1 Total revenue (must equal Part VIII, column (A), line 12)	1	399,528
2 Total expenses (must equal Part IX, column (A), line 25)	2	405,978
3 Revenue less expenses Subtract line 2 from line 1	3	-6,450
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,584,446
5 Other changes in net assets or fund balances (explain in Schedule O)	5	0
6 Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	1,577,996

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII ☐


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

Part II Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)






Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV.) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc. (See instructions)					12	
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here 						

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 		
b 33 1/3% support test—2010. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 		
17a 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization 		
b 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization 		
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions 		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	1,605,435	82,176	61,669	91,554	103,317	1,944,151
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	264,100	354,180	199,643	322,045	239,572	1,379,540
3 Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	0	0		0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0		0
5 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0		0
6 Total. Add lines 1 through 5	1,869,535	436,356	261,312	413,599	342,889	3,323,691
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	0	0	0	0	0	0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	0	0	0	0	0	0
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public Support. (Subtract line 7c from line 6.)						3,323,691

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	1,869,535	436,356	261,312	413,599	342,889	3,323,691
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	12,664	26,674	38,083	3,663	198	81,282
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	0	0
c Add lines 10a and 10b	12,664	26,674	38,083	3,663	198	81,282
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	0	0	0	0	0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11 and 12.)	1,882,199	463,030	299,395	417,262	343,087	3,404,973
14 First Five Years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	97.613 %
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	97.193 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	2.387 %
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	2.807 %
19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support tests—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
20 Private Foundation. If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions <input checked="" type="checkbox"/>		

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
KEY WEST LITERARY SEMINAR INC

Employer identification number

59-2807058

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No		

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

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

☐ Preservation of land for public use (e.g., recreation or pleasure) ☐ Preservation of an historically important land area

☐ Protection of natural habitat ☐ Preservation of a certified historic structure

☐ Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

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

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

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

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

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in Form 990, Part VIII, line 1 ▶ \$

(ii) Assets included in Form 990, Part X ▶ \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ \$

b Assets included in Form 990, Part X ▶ \$

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

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☒ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

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

		(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a	Beginning of year balance					
b	Contributions					
c	Investment earnings or losses					
d	Grants or scholarships					
e	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance					

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Term endowment ▶

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	0		0
b Buildings	0	1,412,016	0	1,412,016
c Leasehold improvements	0	0	0	0
d Equipment	0	0	0	0
e Other	0	0	0	0
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				1,412,016

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12) ▶		

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

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.[illegible]

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

1	(a) Description of Liability	(b) Amount
	Federal Income Taxes	
	Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	

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

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

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

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

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

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

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

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
------------	------------------	-------------

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding
Fundraising or Gaming Activities

OMB No 1545-0047

2011

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization
KEY WEST LITERARY SEMINAR INC

Employer identification number

59-2807058

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- | | |
|---|---|
| a <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and e-mail solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations | |

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total ▶						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1 <u>Cuba licensed humanitarian trip</u> (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	18,675			18,675
	2 Less Charitable contributions	18,675			18,675
	3 Gross income (line 1 minus line 2)	0			0
Direct Expenses	4 Cash prizes	0			0
	5 Non-cash prizes	0			0
	6 Rent/facility costs	0			0
	7 Food and beverages	0		0	0
	8 Entertainment	0		0	0
	9 Other direct expenses	0			0
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(0)
11 Net income summary Combine lines 3 and 10 in column (d) ▶				0	

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

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

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," Explain _____

11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

a The organization's facility	13a	
b An outside facility	13b	

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ _____

Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
------------	-----------------	-------------

**Schedule I
(Form 990)****Grants and Other Assistance to Organizations,
Governments and Individuals in the United States**

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990**

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

KEY WEST LITERARY SEMINAR INC

Employee identification number

59-2807058

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II **Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

[illegible]

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 3 Enter total number of other organizations listed in the line 1 table ▶

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) financial assistance in the form of fee waivers	20		5,025	reduction of fees	fee reductions

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
SchI_P01_S00_L02	Schedule I, Part I, Line 2	Requests for assistance require detailed forms which are reviewed by committee

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**

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

OMB No 1545-0047

2011**Open to Public
Inspection**Name of the organization
KEY WEST LITERARY SEMINAR INC

Employer identification number

59-2807058

Identifier	Return Reference	Explanation
F990_F06_S0B_L11b	Form 990, Part VI, Section B, Line 11b	Treasurer reviews 990 and compares with financial records
F990_F06_S0B_L12c	Form 990, Part VI, Section B, Line 12c	Conflict statements required from key employees on annual basis
F990_F06_S0B_L15	Form 990, Part VI, Section B, Line 15	Compensation committee of board establishes compensation level of executive director
F990_F06_S0C_L19	Form 990, Part VI, Section C, Line 19	Documents available to public for review upon request

Additional Data

Software ID: 11000129

Software Version: v1.00

EIN: 59-2807058

Name: KEY WEST LITERARY SEMINAR INC

Form 990, Special Condition Description:

Special Condition Description

Noticing

Public Meeting Notice

The Historic Architectural Review Commission will hold a public hearing at 5:30 p.m., November 26, 2013 at Old City Hall, 510 Greene Street, Key West, Florida. The purpose of the hearing will be to consider a request for:

APPLICATION OF ECONOMIC HARDSHIP TO REPLACE METAL SHINGLES WITH V-CRIMP PANELS FOR ROOFING MATERIAL.

FOR- #716 LOVE LANE

Applicant- Key West Literary Seminar, Owner

Application # H13-01-1738

If you wish to see the application or have any questions, you may visit the Planning Department during regular office hours at 3140 Flagler Avenue, call 809-3973 or visit our website at www.keywestcity.com.

THIS NOTICE CAN NOT BE REMOVED FROM THE SITE UNTIL HARC FINAL DETERMINATION

HARC POSTING AFFIDAVIT

STATE OF FLORIDA:
COUNTY OF MONROE:

BEFORE ME, the undersigned authority, personally appeared Enid Torregrosa, who, first being duly sworn, on oath, depose and says that the following statements are true and correct to the best of his/her knowledge and belief:

1. That a legal notice for Public Notice of Hearing of the Historic Architectural Review Commission (HARC) was placed on the following address:
Post on front of love lane on the
21 day of November, 2013.

This legal notice(s) contained an area of at least 8.5"x11".

The property was posted to notice a public hearing before the Key West Historic Architectural Review Commission to be held on November 26, 2013.

The legal notice(s) is/are clearly visible from the public street adjacent to the property.

The Certificate of Appropriateness number for this legal notice is H13-01-1738

2. A photograph of that legal notice posted in the property is attached hereto.

Signed Name of Affiant:

[Signature]
Date: November 22, 2013
Address: Flagler Avenue
City: Key West
State, Zip: Florida 33040

The foregoing instrument was acknowledged before me on this 22nd day of November, 2013.

By (Print name of Affiant) Enid Torregrosa who is personally known to me or has produced [Signature] as identification and who did take an oath.

NOTARY PUBLIC

Sign Name: [Signature]
Print Name: Jo Bennett

Notary Public - State of Florida (seal)

My Commission Expires: May 26, 2015



Public Meeting Notice

The Ministry of Natural Resources and Forestry will hold a public meeting at 220 King, Toronto, to discuss the proposed application for a license to harvest timber on the property of the Ministry of Natural Resources and Forestry.

APPLICATION OF ECONOMIC HARDSHIP TO REPLACE METAL SHINGLES WITH V-CHIMP PANELS FOR ROOFING MATERIAL FOR 57th FLOOR LANE

Applicant: King West Limited, 220 King, Toronto, Ontario Application # 01-0-01-0700

If you wish to see the application or have any questions, you may visit the Planning Department during regular office hours at 220 King, Toronto, or call 416-392-0772 to visit and obtain a copy of the application.

FOR MORE INFORMATION, VISIT OUR WEBSITE AT www.mnr.gov.on.ca OR CALL 416-392-0772.

Property Appraisers Information



Scott P. Russell, CFA
Property Appraiser
Monroe County, Florida

Key West (305) 292-3420
 Marathon (305) 289-2550
 Plantation Key (305) 852-7130

The offices of the Property Appraiser will be closed **November 28th & 29th** in observance of Thanksgiving.
 Website tested on IE8, IE9, & Firefox.
 Requires Adobe Flash 10.3 or higher

Property Record Card -
Maps are now launching the new map application version.

Alternate Key: 1009016 Parcel ID: 00008750-000000

Ownership Details

Mailing Address:

KEY WEST LITERARY SEMINAR INC
 718 LOVE LANE
 KEY WEST, FL 33040

Property Details

PC Code: 01 - SINGLE FAMILY
 Millage Group: 10KW
 Affordable Housing: No
 Section-
 Township- 06-68-25
 Range:
 Property Location: 716 LOVE LN KEY WEST
 Legal Description: KW PT LOT 2 SQR 48 OR582-784 OR772-724 OR804-2400/2401 OR954-1972/1973 OR956-2363/2364Q/C OR956-2365/2366Q/C OR959-93/94C OR1489-559/560Q/C OR1578-1709/10 OR1636-1349/51 OR1709-2308/09 OR1760-1406/07 OR1779-1609/10R/S OR2331-1623/25 OR2338-877/79



Exemption	Amount
05 - PARTIALLY EXEMPT	205,989.00

Land Use Code	Frontage	Depth	Land Area
01LN - SFR LANE	34	61	1,946.90 SF

Building Summary

Number of Buildings: 1
 Number of Commercial Buildings: 0
 Total Living Area: 686
 Year Built: 1933

Building 2 Details

Building Type R1
 Effective Age 23
 Year Built 1933
 Functional Obs 0

Condition A
 Perimeter 128
 Special Arch 0
 Economic Obs 0

Quality Grade 500
 Depreciation % 30
 Grnd Floor Area 686

Inclusions: R1 includes 1 3-fixture bath and 1 kitchen.

Roof Type IRR/CUSTOM
 Heat 1 FCD/AIR DUCTED
 Heat Src 1 ELECTRIC

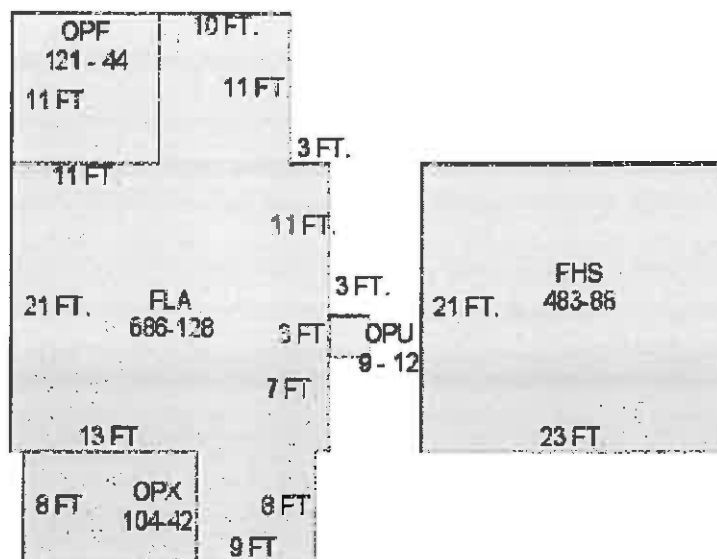
Roof Cover METAL
 Heat 2 NONE
 Heat Src 2 NONE

Foundation WD CONC PADS
 Bedrooms 2

Extra Features:

2 Fix Bath 0
 3 Fix Bath 0
 4 Fix Bath 0
 5 Fix Bath 0
 6 Fix Bath 0
 7 Fix Bath 0
 Extra Fix 1

Vacuum 0
 Garbage Disposal 0
 Compactor 0
 Security 0
 Intercom 0
 Fireplaces 0
 Dishwasher 0



Sections:

Nbr	Type	Ext Wall	# Stories	Year Built	Attic A/C	Basement %	Finished Basement %	Area
0	OPF		1	2008				121

1	FLA	12:ABOVE AVERAGE WOOD	1	1927	N	Y	0.00	0.00	686
2	OPX		1	1932	N	Y	0.00	0.00	104
3	FHS		1	1932	N	Y	0.00	0.00	483
4	OPU		1	2007					9

Misc Improvement Details

Nbr	Type	# Units	Length	Width	Year Built	Roll Year	Grade	Life
1	FN2:FENCES	126 SF	6	21	2003	2004	2	30

Appraiser Notes

2003-12-10 - CHANGED TO 2G PERMIT VALUE 45,820 TOTAL RENOVATION. WMC 2000-06-27 - PARCEL SIZE CHANGED FOR THE 2000 TAX ROLL PER OR1636-1349/51(INCLUDED IN THIS PARCEL IS PART OF RE 871, RE 873 & RE 877) LG 1997-12-01 - OR1489-559/560 SALE OF\$12,500 IS FOR A 6.4'X 33.5' STRIP OF LAND. LG

2007 SALE DOES NOT MEET CURRENT MARKET TRENDS

Building Permits

Bldg Number	Date Issued	Date Completed	Amount	Description	Notes
5	08-0187	01/24/2008	02/01/2008	4,600 Residential	RUN NEW UNDERGROUND CONDUIT & FEEDERS FOR NEW SERVICE & CONDUITS FOR PHONE & CABLE TV
1	E95-1165	04/01/1995	08/01/1995	1,000 Residential	100 AMP SERVICE
2	01-2678	07/27/2001	12/05/2001	3,500 Residential	RENOVATIONS
3	02-2323	01/22/2003	12/10/2003	45,820 Residential	RENOVATION
4	03-0702	03/11/2003	12/10/2003	1,000 Residential	ELE. UPGRADE

Parcel Value History

Certified Roll Values.

[View Taxes for this Parcel.](#)

Roll Year	Total Bldg Value	Total Misc Improvement Value	Total Land Value	Total Just (Market) Value	Total Assessed Value	School Exempt Value	School Taxable Value
2013	89,142	309	322,540	411,991	411,991	205,996	205,995
2012	91,689	322	290,166	382,177	380,966	191,089	191,088
2011	91,689	340	254,304	346,333	346,333	173,167	173,166
2010	92,962	353	270,714	364,029	364,029	182,015	182,014
2009	104,955	366	320,846	426,167	426,167	213,084	213,083
2008	97,922	384	379,646	477,952	477,952	238,976	238,976
2007	135,580	198	344,115	479,893	479,893	0	479,893
2006	265,374	198	184,956	450,528	450,528	0	450,528
2005	210,614	198	167,433	378,245	356,892	25,000	331,892
2004	179,549	198	146,018	325,765	325,765	25,000	300,765

2003	158,746	198	72,035	230,979	230,979	0	230,979
2002	148,068	198	66,195	214,461	214,461	0	214,461
2001	145,576	198	66,195	211,969	211,969	0	211,969
2000	207,509	167	78,353	286,029	286,029	0	286,029
1999	89,039	0	45,263	134,302	134,302	0	134,302
1998	78,564	0	45,263	123,827	123,827	0	123,827
1997	75,291	0	33,635	108,926	108,926	0	108,926
1996	44,192	0	33,635	77,827	77,827	0	77,827
1995	40,264	0	33,635	73,899	73,899	0	73,899
1994	36,008	0	33,635	69,644	69,644	0	69,644
1993	36,008	0	33,635	69,644	69,644	0	69,644
1992	28,394	0	33,635	62,029	62,029	0	62,029
1991	28,394	0	33,635	62,029	62,029	0	62,029
1990	30,522	0	35,478	66,000	66,000	0	66,000
1989	30,983	0	35,017	66,000	66,000	0	66,000
1988	15,447	0	27,645	43,092	43,092	0	43,092
1987	15,272	0	17,048	32,320	32,320	0	32,320
1986	15,355	0	16,587	31,942	31,942	0	31,942
1985	14,942	0	7,611	22,553	22,553	0	22,553
1984	13,995	0	7,611	21,606	21,606	0	21,606
1983	13,995	0	7,611	21,606	21,606	0	21,606
1982	14,256	0	6,695	20,951	20,951	0	20,951

Parcel Sales History

NOTE: Sales do not generally show up in our computer system until about two to three months after the date of sale. If a recent sale does not show up in this list, please allow more time for the sale record to be processed. Thank you for your patience and understanding.

Sale Date	Official Records Book/Page	Price	Instrument	Qualification
10/31/2007	2331 / 1623	725,000	WD	O
4/22/2002	1779 / 1609	265,000	WD	Q
2/7/2002	1760 / 1406	260,000	WD	Q
7/5/2001	1709 / 2308	249,000	WD	Q
5/30/2000	1636 / 1349	440,000	WD	Q
5/25/1999	1578 / 1709	1	WD	M
12/1/1997	1489 / 0559	12,500	QC	O
8/1/1978	772 / 724	23,000	00	Q

This page has been visited 123,328 times.

Monroe County Property Appraiser
 Scott P. Russell, CFA
 P.O. Box 1176 Key West, FL 33041-1176