

Original



Domestic Abuse Shelter, Inc.

P.O. Box 522696 • Marathon Shores, FL 33052
Phone: (305) 743-5452 • Fax: (305) 289-1589
www.domesticabuse shelter.org

24 Hour Hotline

Key Largo Outreach
(305) 451-5666
Fax: (305) 451-0809



Middle Keys Shelter
(305) 743-4440
Fax: (305) 289-9897



Lower Keys/KeyWest Outreach
(305) 294-0824
Fax: (305) 294-0889



Lower Keys Shelter
(305) 292-6647
Fax: (305) 292-3993

April 19, 2011

Ms. Lisa Tennyson, Monroe County Grants
Administrative Office
1100 Simonton Street, Second Floor Room 2-213
Key West, FL 33040

Re: HSAB Grant Application 2011-2012

Dear Ms. Tennyson,

Enclosed is the grant application from the Domestic Abuse Shelter, Inc. for 2011-2012. DAS is requesting funding consideration in the amount of \$30,000.

Thank you and the Human Services Advisory Board for your time and consideration given to this request for funding.

Sincerely,

Venita Garvin Valdez
Chief Executive Officer



United Way



**MONROE COUNTY
HUMAN SERVICES ADVISORY BOARD
Application for Funding
Fiscal Year 2012
October 1, 2011 – September 30, 2012**

Agency Name	Domestic Abuse Shelter, Inc.
Physical Address	707 Florida Avenue, Suite 210 (Confidential Location)
Mailing Address	P. O. Box 522696
City, State, Zip	Marathon Shores, FL 33050
Phone	305-743-5437
Fax	305-289-1589
Email	vrgarvin@aol.com
Who should we contact with questions about this application?	Venita Garvin Valdez, CEO

Amount received for prior fiscal year ending 09/30/10	\$30,000
Amount received for current fiscal year ending 09/30/11	\$20,000
Amount requested for upcoming fiscal year ending 09/30/12	\$30,000

**MONROE COUNTY
HUMAN SERVICES ADVISORY BOARD
Application for Funding
Fiscal Year 2012
October 1, 2011 – September 30, 2012**

Agency Name	Domestic Abuse Shelter, Inc.	
Physical Address	78 Coco Plum Drive (CONFIDENTIAL)	
Mailing Address	P.O. Box 522696	
City, State, Zip	Marathon Shores, FL 33052	
Phone	305-743-5452	
Fax	305-289-1589	
Email	Vrgarvin@aol.com	
Who should we contact with questions about this application?	Venita Garvin Valdez 305-743-5452	

Amount received for prior fiscal year ending 09/30/10	\$30,000
Amount received for current fiscal year ending 09/30/11	\$20,000
Amount requested for upcoming fiscal year ending 09/30/12	\$30,000.00

CERTIFICATION

To the best of our knowledge and belief, the information contained in this application and attachments is true and correct. Monroe County is hereby authorized to verify all information contained herein, and we understand that any inaccuracies, omissions, or any other information found to be false may result in rejection of this application. This certifies that this request for funding is consistent with our organization's Articles of Incorporation and Bylaws and has been approved by a majority of the Board of Directors.

We affirm that the Agency will use Monroe County funds for the purposes as submitted in this Application for Funding. Any change will require written approval from the Monroe County Board of County Commissioners.

We understand that the agency must substantially meet the eligibility criteria to be considered for Monroe County funding and that any applicable attachments not included disqualify the agency's application.

We understand that all funding received through this opportunity must be spent for the benefit of Monroe County.

We further understand that meeting the Eligibility Criteria in no way ensures that the agency will be recommended for funding by the Human Services Advisory Board. These recommendations are determined by service needs of the community, availability of funds, etc. HSAB funding recommendations must be approved by the Monroe County Board of County Commissioners.

Typed Name of Executive Director:

Signature Kenita L. Hinkley

Date: 4-15-2011

Typed Name of Board President/Chairman:

Signature [Signature]

Date: 4/15/2011

Detailed instructions for each question appear in the separate instruction document.

1. Insert your agency's board-approved mission statement below.

The mission of DAS is to provide comprehensive services for individuals and families experiencing domestic and sexual abuse. The purpose is to reduce the incidence and minimize the impact of domestic and sexual abuse in Monroe County by directing, appropriate, effective programs and services to victims.

2. List the services your agency provides.

- a. *Emergency shelter: including food, transportation, clothing and other personal items*
- b. *Safety planning*
- c. *Support groups*
- d. *Crisis and individual counseling*
- e. *Criminal justice advocacy (Includes assistance with obtaining Injunctions for Protection and court accompaniment)*
- f. *Victim advocacy (All advocacy including Crimes Compensation Assistance, Criminal Justice Advocacy and local community services advocacy)*
- g. *Case management/service coordination*
- h. *24-hour crisis hotline*
- i. *Information and referral*
- j. *Community education and professional training*
- k. *Primary Prevention*

3. What services will be funded by this request?

Same

4. Funding category: If you have been previously funded by HSAB, do you request to have the HSAB consider changing your funding category? Please circle yes or no: Yes No

If yes, please circle the new category for which you would like to be considered:

Medical Core Services Quality of Life

If you have not been previously funded, please circle the funding category that you believe best matches your services: Medical Core Services Quality of Life

5. Will County HSAB funds be used as match for a grant?

Yes

6. If you answered "yes" to number four, please specify the:

- a. grant award title, granting agency, and purpose:
*Florida Coalition Against Domestic Violence Grant
Florida Coalition Against Domestic Violence
Provide funding for operation and functioning of certified domestic violence centers in the state of Florida.*
- b. grant amount:
691,191
- c. match percentage requirement and amount:
~ 25%= 183,562

7. If your organization was funded with HSAB funds last year, please briefly and specifically explain:
- a. how the funds were spent See response below
 - b. how they were used to leverage additional funding.

The Domestic Abuse Shelter utilized the HSAB grant funding as a match toward the Florida Coalition Against Domestic Violence services grant. Utilizing HSAB grant funding as match for the FCADV match requirements helps positions DAS to assure that \$691,191.00 dollars from that one funding source alone continues to come to the Domestic Abuse Shelter and Monroe County for domestic violence services. Match dollars helps to maximize various operational expenses related to but not limited to utilities, communications, food, transportation, and match required for salaries.

As for leverage for additional funding, able to list in various funding applications the level of financial support received from the County.

8. Do you plan to allocate any part of this HSAB grant, if awarded, as a sub-grant to another organization? *If yes, please list the recipient(s), the purpose(s), and amount(s). Please make sure these are included on Attachment D, under "Grants to Other Organizations."*

No

9. Does your organization allocate sub-grants to other organizations using other sources (non County) of funding? *If yes, please list the recipient(s), the purpose(s), and amount(s). Please make sure these are included on Attachment E, under "Grants to Other Organizations."*

No

10. Will you or have you applied for other sources of County funding? If yes, please list source(s) and amount(s). *Also be sure to reflect this information on Attachment F.*

Yes, Sheriff's Asset Forfeiture Fund - \$10,000 requested \$8750.00 awarded for 2011.

11. What needs or problems in this community does your agency address?

The problems DAS addresses are lack of physical safety, homelessness, loss of income, and individualized oppression of victims of domestic violence and sexual assault and their dependent children.

12. What statistical data support the needs listed in number nine?

Statistical data related to the problem of domestic and sexual violence is obtained from the Florida Department of Law Enforcement. The most recent complete year of information at the time of writing this report is 2009. In 2009 the Florida Department of Law Enforcement reported 116,574 domestic violence offenses and 10,227 sexual violence crimes. In Monroe County in 2009 there were 30 rapes reported to police. In Monroe County in 2009, there were 509 domestic violence offences, including one murder. This number represents a 41% increase in domestic violence incidents over the previous year. The majority of domestic violence and sexual assault crimes are not reported to the police. The Bureau of Justice estimates that only 31% of all rapes are reported. Thus if in Monroe County 30 rapes were reported, accordingly 67 unreported rapes occurred. Additionally, the National Resource Center on Domestic Violence states that 22% of women and 7% of men self report as having been victims of domestic violence and the National Resource Center on Sexual Violence reports 33% of females and 13% of males will be sexually

assaulted in their lifetime. Based on the 2000 Census for Monroe County population, it is estimated that 12,279 women and 5,509 men in this county will be, have been, or are presently victims of domestic violence and/or sexual violence.

13. What are the causes (not the symptoms) of these problems?

Perpetrators of the crimes of Domestic Violence and Sexual Assault are the causes of a lack of physical safety, homelessness, loss of income and individualized oppression. These problems are exacerbated by insufficient criminal justice sanctions for Domestic Violence and Sexual Assault offenders. Holding the perpetrator accountable would increase the safety of the victim.

14. Describe your target population as specifically as possible.

The target population includes all domestic violence and sexual assault victims (male or female and their dependent children) who reside in or are visiting Monroe County. Shelter services are provided to individuals, or families who are victims of domestic violence or sexual assault who have no other safe housing options and are fleeing their abuser. Although the majority of adults served by DAS are female, DAS also serves male victims, including the provision of shelter services to males. DAS also accepts victims of domestic violence and/or sexual assault, who seek our services, fleeing domestic violence from other parts of the country. Shelter services are also available for self identified victims of domestic violence or sexual assault who are homeless as a result of the violence.

14. How are clients referred to your agency?

Clients of DAS are generally referred by Monroe County Sheriff's Office, the Key West Police Department, Monroe County Clerk of Courts, the Florida Coalition Against Domestic Violence Hotline, the NAVY, DCF, Wesley House and community professionals who come into contact with victims through therapy, legal assistance and/or medical treatment. As part of a working relationship with the State Attorney's office formal written requests for services are accepted from the State Attorney's Office for domestic violence survivors. Additionally, DAS accepts all requests for services, including self referred victims and concerned citizens who have viewed advertising/informational material or have knowledge of services as a result of word of mouth or the media.

15. What steps are taken to be sure that prospective clients are eligible and that the neediest clients are given priority?

Self-disclosure of victimization is accepted as verification of eligibility. Services are also offered by phone and/or mail to all victims of domestic violence listed on police reports. Services remain in place until the victim's needs are met. Emergency shelter is provided space permitting, until safety is secured and the victim is able to return home or obtain an alternative safe environment.

16. Describe any networking arrangements that are in place with other agencies.

DAS is an active member of the Southernmost Homeless Assistance League, The Florida Coalition of Domestic Violence, The Florida Council Against Sexual Assault and the Healthy Start Coalition. DAS is also the lead agency on the Monroe County Community Safety Task Force (CHANCE) and actively participates in the Monroe County Community Alliance and the Alliance's Dependency subcommittee. Additionally, DAS also works closely with the NAVY and Monroe County Sheriff's Office, Department of Children and Families, Wesley House, the Clerk of Court's Office, Legal Services of Monroe County and the State Attorney's Office. Examples of networking include co-authorship of grants, combining and integrating staff and services, participating in case

conferences, working with other agencies on joint projects and participating with other agencies in co-trainings and services provisions.

17. List all sites and hours of operation.

Key Largo Outreach office ---- Monday thru Friday, 9am-5pm

Marathon Shelter ----- 24 hours/day, 7 days/week year round

Marathon Outreach (offered through St. Columba) Tuesday 9am -12pm and Wednesday 9am-5pm

Key West Outreach Office ----- Monday thru Friday, 9am -5pm

Key West Shelter ----- 24 hours/day, 7 days/week year round

18. What financial challenges do you expect in the next two years, and how do you plan to respond to them?

Currently, DAS brings in a million plus dollars in state and federal funds to provide services to victims of domestic violence and sexual assault and their dependent children in Monroe County. Meeting the cash match requirements for these funds has become increasingly difficult, positioning DAS to possibly not pursue additional grant revenue based on what DAS can realistically raise to meet match requirements. This would dramatically impact future funding from FCADV and other funders requiring a match, and necessitate reductions in personnel and services provided. While DAS has realized success in its ability to secure significant grant dollars, DAS is not experiencing any significant funding increases in grant revenue received. In fact at the time of the submission of this application, DAS has been notified of a fifty percent reduction from United Way of Monroe County. Securing local match for state and federal dollars is now even more crucial to sustaining current funding and service levels. DAS continues to vigorously pursue new funding opportunities; to sponsor annual fundraising events that have proven successful and to explore new initiatives with the potential for future revenues. Also a possible trend that will need to be explored further since it appears that local support is declining is the need to be aggressive with fundraising efforts beyond the borders of Monroe County, Florida.

19. What organizational challenges do you expect in the next two years, and how do you plan to respond to them?

Due to the losses of funding over the past several years, DAS remains faced with the challenge of continuing to provide services with fewer staff. Staff members are being reassigned to meet the needs of clients and may have to change their current work sites and hours. Full time positions may not be filled as they become open. DAS may use more part-time and relief staff to help provide 24 hour coverage to the shelter locations. DAS is actively working to recruit community volunteers to help answer the hotline and provide additional support services. DAS also solicits temporary employment throughout the state, and offers incentives to advocates from other state agencies to come and work temporarily.

20. How are clients represented in the operation of your agency?

There are survivors of domestic violence and/or sexual assault on the Board of Directors as well as employed by DAS. Additionally individuals applying for employment with DAS who disclose past victimizations, and/or previous clients, are given preferences similar to equitable work experience, in the hiring experience.

21. Is your agency monitored by an outside entity? If so, by whom and how often?
Annually, DAS is monitored by the Florida Coalition Against Domestic Violence, The Department of Children and Families, The Attorney General's Office District Representative, as well as local Fire & Health inspections to ensure compliance with health and safety standards. An annual fiscal audit is also performed by Orepeza and Parks.

22. 105.5 hours of program service were contributed by 8 volunteers in the last year.

23. Will any services funded by the County be performed under subcontract by another agency? If so, what services, and who will perform them? No

24. What measurable outcomes do you plan to accomplish in the next funding year?
DAS will meet the needs of victims of domestic violence and/or sexual assault by assisting in securing improved safety for 95% of all clients. Additionally, DAS will meet the needs of victims of domestic violence and/or sexual assault by assisting in creating increased self-sufficiency/quality of life for 90% of all clients with a service plan. Service plans are completed on all clients receiving services for more than 2 face to face visits for outreach services or more than 3 days of service in shelter.

25. How will you measure these outcomes?
Outcomes will be measured by comparing initial self-reported needs assessments with client reported exit interview when available as well as progress on goals as reported in the service plan. Service plans are developed with all clients based on initial needs and then continually updated and expanded with the client as the life circumstances change.

26. Provide information about units of service below.
DAS has not completed a cost per unit of service analysis. However, DAS's largest funder, the Florida Coalition of Domestic Violence, based on the formula for domestic violence centers in the state provides \$691,191.00 in grant revenue that breaks down to \$57,599.00 monthly and \$1919.00 per day for services to include emergency shelter, hotline counseling, individual Counseling, information and referral, victim advocacy, court advocacy, safety planning, Case management, community education and professional training.

Service	Unit (hour, session, day, etc.)	Cost per unit (current year)
Emergency Shelter	Per person per day	See response above (SRA)
Hotline Counseling	Per call	SRA
Individual Counseling	Per session	SRA
Group Counseling	Per session per person	SRA
Information & Referral	Per referral (written or verbal)	SRA
Criminal Justice Advocacy	Per event	SRA
Victim Advocacy	Per event	SRA
Safety Planning	Per session(phone or in person)	SRA
Case Management	Per session	SRA
Community Education &	Per event and per person	SRA

Professional Training		
Primary Prevention	Per event and per person	SRA

27. In 300 words or less, address any topics not covered above (optional). While The Domestic Abuse Shelter, Inc. is a victim service provider agency, DAS is proud to have positioned significantly in responding to needs beyond shelter services for victims and their children. Such programs have included, the DAS Life Skills for Women Series conducted November 2010 through February 2011. These seminar sessions were Sessions well beyond group session topics typically covered within shelter services and appealed as well to women at large within the community. See attached seminar listing and evaluations. Also, DAS along with partners invested in Monroe County, Florida high male youth by hosting the A Call To Men program in April 2011. The A Call To Men program is considered primary prevention work that begins to address violence against women, men, and children issues hopefully before violence is deemed an option. Seven hundred plus high school males experienced the educational seminar presented by Co-Founder and Co-Director Anthony Porters where the primary focus was to challenge many of the social norms that define manhood and discuss the concept of being a well-meaning man. See attached newspaper articles.

Required Attachments

Required attachments were distributed to you as a separate document. Be sure to include these with your application. Please note: the required attachments A through F are only available in Microsoft Excel format. We require that you use this format, since it will automatically expand rows, generate totals and percentages, and align figures for easier reading.

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IN OUR SCHOOLS

Shelter puts out A Call to Men

Role models asked to help at sessions

The Monroe County Domestic Abuse Shelter is reaching out to young men at the Keys' three public schools to challenge them to find a role in helping stop domestic violence — whether it be against women, men or children.

The program, A Call to Men, is directed by Tony Porter, co-founder and co-director of A Call To Men, a New York City-based national association of men and women committed to ending violence against women. Porter will conduct the following educational workshops, which will include Keys men from all walks of life to help facilitate



PORTER

April 27, Key West High School.

The primary focus will be to challenge many of the social norms that define manhood and discuss the concept of being a "well-meaning man." Such a man believes that women, men and children should be respected; would not assault a woman or man; and is not afraid to have his belief system challenged.

Precepts of A Call to Men include believing that "pre-wrestling, sort of pie boxing, sort of pie mixed martial arts — pits Gonzo Mays against US1 Radio personality Leigha Fox.

There will be festivities all day, live music beginning at 3 p.m. and the main event at 6. The day will include 50/50 raffles and key lime pies and bars for sale.

Ringside seats are \$25; general admission is \$10.

Family Fun Day Sunday on Big Pine

The First Baptist Church of Big Pine Key has what it calls Family Fun Day from 4 to 7 p.m. Sunday at the church, 300 Key Deer Blvd. The free day will include a bounce room, sno-cones, cotton candy, hot dogs, games and a movie.

wrestling, sort of pie boxing, sort of pie mixed martial arts — pits Gonzo Mays against US1 Radio personality Leigha Fox.

There will be festivities all day, live music beginning at 3 p.m. and the main event at 6. The day will include 50/50 raffles and key lime pies and bars for sale.

Ringside seats are \$25; general admission is \$10.

Living

venting domestic and sexual violence is primarily the responsibility of men. Although historically it has been almost entirely women who have been at the forefront addressing this issue, we think it is essential that men play a primary role in the solution. To do that, well-meaning men — men who, for the most part, don't see themselves as part of the problem — need to get involved."

That's done by shifting "social norms that define manhood in our culture."

The Keys' "circle of well-meaning men" who have signed on to A Call for Men so far includes such diverse people as State Attorney Dennis Ward, Rev. Stephen Braddock, the Tropic Cinema's Matthew Helmerich, attorney Frank

Greenman, newspaperman Larry Kahn and utilityman Chris Pankow. There are many more.

Porter is an educator and activist working in the social justice arena for more than 20 years. He wrote the book "Well Meaning Men: Breaking Out of the Man Box — Ending Violence Against Women" and was behind the book "NFL Dads Dedicated to Daughters." He's worked with pro sports leagues, colleges and universities, and U.S. military academies, among other things.

Men interested in volunteering for one of the programs at the Keys high schools can call Venita Garvin Valdez at 743-5452.

of the Key Largo Florist.

Brooklin will present a talk on floral design. For specifics, call 852-0884.

Mariners Relay team barbecues

Mariners Hospital Relay for Life team members have scheduled a barbecue for noon to 1-20 p.m. Wednesday at

KEY WEST



Jillian Lorenz, administrative assistant at the Monroe County Health Department, receives door hangers promoting the Keys ABCD Clean-Up Weekend.

Anti-dengue campaign starts this weekend

Helpers needed to post hangers with information

eggs. But today and Sunday volunteers are needed to help hang more than 10,000 hangers on door



A Call to Men

The call goes out to 'well-meaning men' to help end the scourge of domestic violence.
Story, 2B



Free park admission

Celebrate National Parks Week by heading to the Tortugas or the Everglades — for free.
Story, 3B



CLASSIFIEDS INSIDE 4B

Keys Life

Florida Keys Keynote

Sports & Outdoors
Community • Lifestyle
Arts & Entertainment

WWW.KEYSNET.COM

SATURDAY, APRIL 16, 2011

MARATHON 14, ISLAND CHRISTIAN 9

KEY WEST TENNIS

Pine Crest ends Conchs' season

It was first regional action in 3 decades

By **DICK WAGNER**
Keynote Contributor

bedecked campus.
"We couldn't walk to the courts by ourselves," Moeller said. "We were escorted by a security guard who looked like he was with a SWAT team. I asked him how much it cost to go to school there and he said

Dolphins pull away from feisty Eagles

Nov 8th Importance of Assertive Behavior in the Role of Positive Mental Health.

Summary – Information about defining and recognizing assertiveness, assertiveness and aggressive behavior differences, and how to achieve assertiveness.

Attendance – 10 individuals

Feedback Score Average – 3.94 –Excellent

Some of the Feedback Comments –

- Topic hits home, very specific
- I will be back, I wish it was longer
- I feel like the presenter connected with us on a level that helped us relate to the issues and put them to life skills
- I would change nothing, it was everything I expected
- Needed more time, Great seminar.
- This event was a wonderful surprise and came at a good appropriate time for me
- These seminars are very important and there could be more of them. It made me feel better.
- The examples were excellent. The facilitator was highly skilled.

Nov. 15th Unleashing the Leader in You!

Summary - Covered defining and preparing for leadership, developing the skills, assesses leadership in regards to attitude, problem solving, identification and overcoming obstacles and prejudices.

Attendance – 11 individuals

Feedback Score Average – 3.91 –Excellent

Some of the Feedback Comments –

- Keep up the great work.
- Keep Venita as a presenter.
- Very fun learning, includes just enough laughs with the seriousness
- Venita rocks
- Beautiful speaker. Makes 1 ½ hours seem like 15 minutes.
- I will definitely be here again, please change nothing.
- Awesome. Many Thanks.
- Venita is a excellent speaker. Very compassionate.
- Great job
- The presentation was thoughtful and concise.
- I was able to relate the information talked about in this seminar to my life and career.

Dec. 6th Got Self-Esteem?

Summary – Covered increasing self-awareness, change behavior which leads to negative self-esteem, and solutions to overcome self-defeating thought processes.

Speaker – Venita Garvin Valdez

Attendance – 10 individuals

Feedback Score Average – 3.96 –Excellent

Some of the Feedback Comments –

- It was very informative and entertaining

- (I) would change absolutely nothing
- Venita rocks
- I really enjoyed it. Thank you.
- I have hope. Thank you.
- What I liked best was the interaction with the speaker.
- What I liked best was the openness of the training and being comfortable to speak.

Dec. 13th *Getting off the Treadmill, Just say no to the Superwoman Syndrome.* –

Summary – Provided information to enhance women’s self-awareness and to understand the reasons for the Superwoman Syndrome by self-reflection, stress and behavior inventory, and guidelines for re-creating a new, healthier life without the constraints and compulsivity of being all things to all people.

Speaker – Venita Garvin Valdez

Attendance – 10 individuals

Feedback Score Average – 3.96 –Excellent

Some of the Feedback Comments –

- Great seminar, Fabulous speaker
- It was very well presented with valuable information interspersed with comedy
- Thanks for the interesting seminar
- Everything was very good
- Very informative, & fun examples given

Jan. 3rd

Series Overview Presentation

Summary - Provided overview information and expansion of topics already covered. This topic was adjusted from “Parenting Like a Star” to meet the needs/request of the audience.

Speaker – Venita Garvin Valdez

Attendance – 5 individuals

Feedback Score Average – 3.92 – Excellent

Some of the Feedback Comments –

- Great seminar again
- Everything was presented in a very easy to follow format, so you never felt you were being put down.
- I would change nothing

Jan 10th

Financial Literacy Series.

Summary - Covered the importance of creating a budget, understanding your credit score and how it impacts your financial position, and Individual Develop Accounts.

Speaker – Patricia Mull

Attendance – 7 individuals

Feedback Score Average – 4.0 – Excellent (perfect score)

Some of the Feedback Comments –

- (I) Enjoyed the various helpful hints regarding being as independent as you can.
- Thank you very much for providing such interesting and informative seminars.
- I not only learned a lot but enjoyed it immensely.
- I can't think of anything I would change.
- The speaker is fully knowledgeable, educated and intelligent

Jan 25th

Yoga Break

Summary – A relaxing yoga instruction for reducing stress, which can be duplicated at home.

Speaker – Shevaun Young

Attendance – 11 individuals

Feedback Score Average – 3.9 -Excellent

Some of the Feedback Comments –

- (I) Enjoyed the teacher & my first experience with attempting yoga.
- Really great time.
- Fabulous instructor.
- Shevaun was excellent. Thank You.
- Keep on doing this please.
- It helped me to relax my stress and relax my muscles
- I appreciate this class. It helped me. I like that you give seminars to help the mind and body.
- The instructor gave great detail.
- Your motivation, your energies toward our community is remarkable. I thank you from the bottom of my heart.
- I have never done yoga and was pleasantly pleased.

Jan 31st

Self Defense

Summary – Interactive instruction in martial arts moves, strategies and attitudes of self-defense.

Speaker – James Johnson

Attendance – individuals

Feedback Score Average –

Some of the Feedback Comments –

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ATTACHMENT CHECKLIST

LABEL AND ATTACH THE FOLLOWING IN THE ORDER SHOWN, AFTER THIS PAGE IF NOT APPLICABLE, PLEASE SO INDICATE AND EXPLAIN	ATTACHED?		COMMENTS
	YES	NO	You must explain any "NO" answers
A. Board Information Form	X		
B. Agency Compensation Detail	X		
C. Profile of Clients and Services	X		
D – F. Financial Information	X		
G. Copy of Audited Financial Statement from most recent fiscal year if organization's expenses are \$150,000 or greater.	X		
H. Copy of IRS Form 990 from most recent fiscal year	X		
I. Copy of current fee schedule		N/A	No Fees Charged
J. Copy of IRS Letter of Determination indicating 501 C 3 status	X		
K. Copy of Current Monroe County and City Occupational Licenses	X		
L. Copy of Florida Dept. of Children And Families License or Certification	X		
M. Copy of any other Federal or State Licenses		N/A	
N. Copy of Florida Dept. of Health Licenses/Permits		N/A	
O. Copy of front page of Agency's EEO Policy/Plan	X		
P. Copy of Summary Report of most current Evaluation/Monitoring *	X		
Q. Data showing need for your program (optional, see question 7)	X		
R. Other (specify) TWO PAGE LIMIT			

* must include summary of deficiencies and suggested corrective action; may include your responses and actions taken.

**Domestic Abuse Shelter, Inc. Board of Directors Meeting
March 10, 2010 via teleconference call, 2:00 pm.**

President Larry Kahn called the meeting to order at 2:07 pm.

Board members present: Catherine Dunn, Lupe Marzoa, Angela Gruetzmann, Larry Kahn, Sheila Cantler, Kate Koler, and Harry Boyden

Not present: Jo Ann Wagner.

Staff present: Venita Garvin Valdez. CEO

Approval of Minutes, February 9, 2010

Angela Gruetzmann moved to approve the February 9, 2010 minutes. Catherine Dunn seconded the motion. Motion carried.

Financial Summary for February 28, 2010 provided in board packet. At the end of eight months in the budget year, DAS is at 61.3 % for expenses and at 66.7% for revenue. For the eight month budget period, DAS should be at 66.4% of budget. The financial report will be filed for audit.

Bylaws:

Revisions made in November 2009.

Revision made 3/8 by Angela and Larry

- a. Alcohol being served at events
- b. background checks
- c. amount of board member – min of 5 members
- d. sub-committee
- e. supports the creation or ongoing of Board of Trustees – delete this portion – portion stricken (policy #13)
- f. need to add the language about the president's position

Motion for approval of By-laws with latest revised on March 10, 2010: Catherine Dunn moved to approve the DAS bylaws with revision offered on March 10, 2010. Kate Koler seconded the motion. Motion carried.

Motion for approval of DAS Board Policy with revision of March 10, 2010:

Harry Boyden moved to approve the newly revised DAS Board Policies with revision made on March 10. Catherine Dunn seconded motion. Motion carried.

DAS Board of Directors Meeting
March 10, 2010, Via Teleconference
Page 2

* Election of DAS officer's for March 2010 – March 2011.

For the office of President: Harry Boyden nominated Larry Kahn
For the Office of Vice President: Larry has nominated Lupe Marzoa
For the office Secretary: Kate Koler – self nomination
For the office of Treasurer: Sheila Cantler – self nomination

Nominations were called from the floor for each office. Angela Gruetzmann was nominated for President but declined to run for office.

Lupe Marzoa's term will end Sept 30th, 2010.
It has been agreed that the other officers will be serve a one year term.
It is a single slate no ballots needed.

Call for a vote of DAS officers as a single slate election: Done by voice vote. All were in favor. Unanimous vote of elected officers.

CEO Report:

Favorable visit of Ocean Reef Foundation. Asking for 16K from organization
CEO has conducted the following direct mail fundraising campaigns:
NRR participants were sent a follow up letter asking for donations. To date , no financial donations have been received.

Letters have been sent to former DAS Board Members to asking for financial support of the 201 DAS capital campaign two weeks ago. To date , two contributions have been sent in thus far.
One page report has been sent on Washington, DC meeting.

Old Business:

Golf on the Water:

Looking for Direct Service organization to partner with on the Golf on the Water fundraiser. It was discussed to have the Dolphin Research Center as the second beneficiary. There is a program the that serve women and children directly.

Larry will need to speak with Mike Forster to suggest the DRC program as 2nd program to be the beneficiary of the proceeds raised.

Larry is asking for full board participation on this fundraising event.

**Domestic Abuse Shelter, Inc. Board of Directors Meeting
March 10, 2010, Via Teleconference Call
Page 3**

Poolside Prowl Fundraiser scheduled for October 13, 2010.

The monitoring visit from Jill Wing with the Florida Coalition Against Domestic was positive.

The Bottle Cap Lounge event: moved to table

Angela Chair:

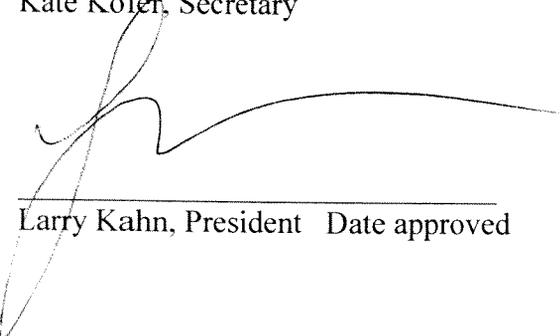
Need letters for tax purposes sent to donors.

Auction type: Silent Auction

Follow up calls needed to secure food donations.

Meeting Adjourned at 3:15 pm.

Kate Koler, Secretary



Larry Kahn, President Date approved

Domestic Abuse Shelter Board of Directors Meeting
Monday, November 15, 2010, 5:30 pm
Centennial Bank Marathon, Florida

Meeting called to order at 4:42 pm. Larry Kahn, Board President presiding.

The minutes for October 26, 2010 were tabled for next scheduled meeting.

Present: Larry Kahn, Sheila Cantler, Angela Gruetzmann, Catherine Dunn,
Kate Koler and CEO, Venita Garvin Valdez,

No financials were provided for this board meeting.

Poolside Prowl Fundriaser Feedback

Unofficial report of tentative net dollars raised in the amount of \$7000.00 sent out via email to DAS Board Members. All invoices for the poolside prow have not been received. An invoice for \$1275.00 has been received for printing cost.

The Poolside Prowl Fundraiser is deemed a favorable event beyond the money raised. Not an easy event to pull off. Event could be easier and more efficient.

Need to reorganize and allow DAS have more control over the event.

Four fashion shows deemed too many.

Overall great event.

More people this year. Close to 400 in attendance.

Better organized to the outsider but needs to internally restructure.

No contingency plan in the event of rain during the event.

Thank you letters went out has the donated items came in.

Silent auctions and raffle items need to be handled by DAS not Lion's Lair.

Too many items for the raffle. Need control of the microphone.

Any silent auction items not bid on – DAS will keep for future events.

Restructure live auction – needs to run faster.

Left over Prowl Packs will be given back to Lion's Lair.

Took as many names as we could to add to our data base.

Board Elections:

Lupe Marzoa termed limit out.

* Kate Koler nominated Angela Gruetzmann for Vice President. Sheila Cantler seconded, the nominationfor Angela Grueztmann for Vice President.

Larry Kahn restated the motion and noted it was properly seconded. Hearing no questions the motion passed unanimously.

Domestic Abuse Shelter Board of Directors Meeting
Monday, November 15, 2010
Page 2

Angela is congratulated on position of Vice President.

There will be a wrap-up meeting on Dec 3rd, 2010 for the Poolside Prowl Fundraiser. Jo Ann Wagner and Kate Koler will accompany Venita Garvin Valdez to the meeting.

Discussion of DAS annual meeting. The location and date to be determined. It should take place before the end of the year.

The DAS Board Meeting was recessed at 5:24 pm for meet and greet with board member candidates.

DAS Board of Meeting reconvened at 6:32 pm.

Election of board member candidates. All members can vote with the exception of Jo Ann Wagner due to non payment of DAS membership dues. Voting members for this election, Kate Koler, Catherine Dunn, Shiela Cantler, and Angela Gruetzmann. Larry Kahn as President does not vote unless a tie is involved.

The following board member candidates were voted on.

Catherine Dunn moved to approve Jennifer Powell for membership to DAS Board. Kate Koler seconded the motion. All four voting members in favor. Motion carried.

Angela Gruetzmann moved to approve Sue Curry for membership to DAS Board. Shiela Cantler seconded the motion. All four voting members in favor. Motion carried.

Catherine Dunn moved to approve Sue Corbin for membership to DAS Board. Angela Gruetzmann seconded the motion. All four voting member in favor. Motion carried.

Venita Garvin Valdez emailed board candidate Carrie Noda twice with no response back from Ms. Noda. Detective Sgt Linda Mixon could not be here this evening. Mixon will make arrangements to speak with Venita at a later date.

No Name Race January 15, 2011

Larry Kahn, DAS President will chair the No Name Race 2011. Pre-registration for the race will take place at Centennial Bank located at 200 Wilder Road, Big Pine Key, Florida.

Domestic Abuse Shelter Board of Directors Meeting
Monday, November 15, 2010
Page 3

Next No Name Race Committee Meeting, December 6, 2010.

Meeting adjourned at 7:15 pm.

Kate Koler, Secretary

Larry Kahn, President _____ date

ATTACHMENT C - PROFILE OF CLIENTS AND SERVICES (Performance Report) FY12

*This attachment has changed; please note asterisked information at the bottom of page.
Delete or type over sample information shown.*

Domestic Abuse Shelter, Inc

List Services Here	Target Population	# of Persons in Target Population	Area	Days/Hours	Total Number of Clients Served during most recent completed fiscal year	Current # of Clients ("snapshot") as of 03/31/11
Emergency Shelter	All victims of current/recent domestic violence and or sexual assault who are homeless because of their victimization and/or are in need of a safe and confidential living space.	12,288 victims of domestic and/or sexual violence.	Country-wide	7 days/24 hours	206	29
Hotline Counseling	All victims of domestic violence and or sexual assault + concerned citizens	12,288 victims of domestic and/or sexual violence + concerned citizens.	Country-wide	7 days/24 hours	839	6
Individual Counseling	All victims of domestic violence and or sexual assault	12,288 victims of domestic and/or sexual violence.	county-wide	7 days/24 hours	648	16
Group Counseling	All victims of domestic violence and or sexual assault	12,288 victims of domestic and/or sexual violence.	county-wide	7 days/12 hours	113	1

Information and Referral	All victims of domestic violence and or sexual assault and all persons seeking information about domestic violence and/or sexual assault	12,288 victims of domestic and/or sexual violence.	Country-wide	7 days/24 hours	608	48
Criminal Justice Advocacy	All victims of current/recent domestic violence and or sexual assault	12,288 victims of domestic and/or sexual violence.	county-wide	Mon-Fri 9am-5pm	217	3
Victim Advocacy	All victims of domestic violence and or sexual assault	12,288 victims of domestic and/or sexual violence.	county-wide	7 days/12 hours	312	5
Safety Planning	All victims of current/recent domestic violence and or sexual assault	12,288 victims of domestic and/or sexual violence.	Country-wide	7 days/24 hours	636	9
Case Management	All victims of domestic violence and or sexual assault	12,288 victims of domestic and/or sexual violence.	county-wide	7 days/12 hours	234	2
Community Education & Professional Training	All individual residing in Monroe County.	77,925	county-wide	Mon-Fri 9am-5pm	1108 individuals attended 58 training/education sessions	0
Primary Prevention	Monroe County Youth		county-wide	Mon-Fri 9am-5pm, or as needed	28 events/ sessions with 92 individuals attending	0

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ATTACHMENT E - AGENCY EXPENSES

FY12

Complete this worksheet for the entire agency.
Please round all amounts to the nearest dollar.

Domestic Abuse Shelter, Inc.

	Proposed Expense Budget for Upcoming Year Ending:		Projected Expenses for Current Year Ending:	
	6/30/2012		6/30/2011	
	Total	%	Total	%
Expenditures				
Salaries	785,200	62%	716,431	59%
Payroll Taxes	69,182	5%	73,129	6%
Employee Benefits	142,400	11%	128,065	11%
Subtotal Personnel	996,782	79%	917,625	76%
Postage	3,800	0%	3,800	0%
Office Supplies	11,668	1%	10,500	1%
Telephone	39,032	3%	41,845	3%
Professional Fees	22,300	2%	32,894	3%
Rent	28,500	2%	39,680	3%
Utilities	33,044	3%	31,782	3%
Repair and Maint.	14,670	1%	24,825	2%
Travel	25,000	2%	33,000	3%
Miscellaneous (Bank Fees, etc)	3,270	0%		0
Grants to Other Organizations		0		0
<i>List others below</i>		0		0
Copier Repairs/Leasing	8,620	1%	7,375	1%
Shelter Food	13,522	1%	9,425	1%
Shelter Supplies	4,555	0%	6,850	1%
Insurance	27,000	2%	28,520	2%
Advertising	1,950	0%	5,000	0%
Professional Dues/ Subs	11,269	1%	7,081	1%
Van Expense	5,020	0%	7,869	1%
Assessments-Prop. Tax	3,791	0%	3,782	0%
Storage Unit	1,779	0%	1,560	0%
Fund Raising Expenses	9,346	1%		0
		0		0
		0		0
		0		0
		0		0
		0		0
Total Expenses	1,264,918	100%	1,213,413	100%
Revenue Over/(Under) Expenses	-64,788		33,818	

**DOMESTIC ABUSE SHELTER, INC.
FINANCIAL STATEMENTS
FOR THE YEARS ENDED JUNE 30, 2009 AND 2008**

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Denise Y. Rohrer, C.P.A., P.A.
James H. Hill, Jr.

INDEPENDENT AUDITOR'S REPORT

Board of Directors
Domestic Abuse Shelter, Inc.
Marathon, Florida

We have audited the accompanying statements of financial position of Domestic Abuse Shelter, Inc. ("DAS") (a nonprofit organization) as of June 30, 2009 and 2008, and the related statements of activities, functional expenses, and cash flows for the years then ended. These financial statements are the responsibility of DAS's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and the significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of DAS as of June 30, 2009 and 2008, and the changes in its net assets and its cash flows for the years then ended, in conformity with accounting principles generally accepted in the United States of America.

In accordance with *Government Auditing Standards*, we have also issued our report dated June 28, 2010 on our consideration of DAS's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* and should be considered in assessing the results of our audit.

Our audit was conducted for the purpose of forming an opinion on the basic financial statements of DAS taken as a whole. The accompanying schedule of expenditures of federal awards and State of Florida financial assistance projects is presented for purposes of additional analysis as required by U.S. Office of Management and Budget Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations* and Chapter 10.650, Rules of the Auditor General and is not a required part of the basic financial statements. Such information has been subjected to the auditing procedures applied in the audit of the basic financial statements and, in our opinion, is fairly stated, in all material respects, in relation to the basic financial statements as a whole.

OROPEZA & PARKS
Certified Public Accountants

May 13, 2010
June 28, 2010

DOMESTIC ABUSE SHELTER, INC.
STATEMENTS OF FINANCIAL POSITION
JUNE 30, 2009 AND 2008

ASSETS

	2009	2008
Current assets		
Cash and cash equivalents	\$ 119,877	\$ 61,492
Grant Recievable	100,728	171,367
Accounts receivable	2,945	3,514
Contribution Receivable	2,296	2,199
	225,846	238,572
Total current assets		
Non current assets:		
Property and equipment, net	627,841	562,658
Contribution receivable	228,341	230,638
Other assets	1,147	1,413
	857,329	794,709
Total non current assets		
	857,329	794,709
Total assets	\$ 1,083,175	\$ 1,033,281

LIABILITIES AND NET ASSETS

Current liabilities:

Accounts payable and accrued expenses	31,480	38,768
Line of credit	100,000	113,783
	131,480	152,551
Total current liabilities		
	131,480	152,551
Total liabilities		
	131,480	152,551
Net assets		
Unrestricted	721,058	647,893
Temporarily Restricted	230,637	232,837
	951,695	880,730
Total net assets		
	951,695	880,730
Total liabilities and net assets	\$ 1,083,175	\$ 1,033,281

The accompanying notes are an integral part of these financial statements.

DOMESTIC ABUSE SHELTER, INC.
STATEMENTS OF ACTIVITIES
FOR THE YEARS ENDED JUNE 30, 2009 AND 2008

Changes in Unrestricted Net Assets

	<u>2009</u>	<u>2008</u>
Revenues		
Grant revenue	1,304,472	1,207,526
Contributions and memberships	72,980	23,897
In-kind donations	115,090	117,401
United Way	19,020	16,409
Funraisers, net of \$2,436 and \$4964 in expenses, respectively	10,356	7,650
Interest	94	288
Miscellaneous	787	4,045
	<u>1,522,799</u>	<u>1,377,216</u>
Expenses		
Domestic abuse shelter	1,310,735	1,307,085
Management and general	138,899	137,534
	<u>1,449,634</u>	<u>1,444,619</u>
Increase (decrease) in unrestricted net assets	<u>73,165</u>	<u>(67,403)</u>
Changes in temporarily restricted net assets		
Below market lease agreement	(2,200)	182
Increase (decrease) in temporarily restricted net assets	<u>(2,200)</u>	<u>182</u>
Increase (decrease) in net assets	70,965	(67,221)
Net assets, beginning of year	<u>880,730</u>	<u>947,951</u>
Net assets, end of year	<u><u>\$ 951,695</u></u>	<u><u>\$ 880,730</u></u>

The accompanying notes are an integral part of these financial statements.

DOMESTIC ABUSE SHELTER, INC.
STATEMENTS OF CASH FLOWS
FOR THE YEARS ENDED JUNE 30, 2009 AND 2008

Increase (Decrease) in Cash and Cash Equivalents

	2009	2008
Cash flows from (used) by operating activities:		
Cash received from revenues	\$ 1,593,913	\$ 1,402,851
Cash paid to suppliers and employees	(1,422,270)	(1,410,784)
Interest received	94	288
Interest paid	(2,986)	(3,100)
Net cash provided by (used for) operating activities	168,751	(10,745)
Cash flows from (used) by investing activities:		
Purchase of property and equipment	(96,849)	(43,650)
Retirement of property and equipment	266	(266)
Net cash used for investing activities	(96,583)	(43,916)
Cash flows from (used) by financing activities:		
Proceeds from Line of Credit	-	3,783
Loan payments	(13,783)	-
Net cash provided by (used) for financing activities	(13,783)	3,783
Net increase (decrease) in cash and cash equivalents	58,385	(50,878)
Cash at beginning of year	61,492	112,370
Cash at end of year	\$ 119,877	\$ 61,492

The accompanying notes are an integral part of these financial statements.

DOMESTIC ABUSE SHELTER, INC.
STATEMENTS OF CASH FLOWS (Continued)
FOR THE YEARS ENDED JUNE 30, 2009 AND 2008

Reconciliation of Increase (Decrease) in Net Assets
To Net Cash From Operating Activities

	<u>2009</u>	<u>2008</u>
Increase (decrease) in unrestricted net assets	<u>\$ 73,165</u>	<u>\$ (67,403)</u>
Adjustments to reconcile increase in net assets to net cash provided by (used for) operating activities:		
Depreciation expense	31,666	28,212
Changes in assets and liabilities:		
Decrease in accounts receivable	71,208	25,923
Increase in accounts payable and accrued expenses	<u>(7,288)</u>	<u>2,523</u>
Total adjustments	<u>95,586</u>	<u>56,658</u>
Net cash provided by (used for) operating activities	<u><u>\$ 168,751</u></u>	<u><u>\$ (10,745)</u></u>

The accompanying notes are an integral part of these financial statements.

DOMESTIC ABUSE SHELTER, INC.
STATEMENT OF FUNCTIONAL EXPENSES
FOR THE YEAR ENDED JUNE 30, 2009 AND 2008

	Program Services	Support Services	Total
	Outpatient	Administrative	
Personnel expenses	\$ 699,655	\$ 86,474	\$ 786,129
Employee benefits and taxes	186,573	23,060	209,633
 Total salaries and related expenses	 886,228	 109,534	 995,762
Annual luncheon	522	65	587
Bank charges	287	35	322
Depreciation	28,183	3,483	31,666
Food	11,359	-	11,359
Insurance	24,498	3,028	27,526
Interest	2,658	328	2,986
Membership and dues	7,942	-	7,942
Non-capital asset purchases	1,238	-	1,238
Printing and postage	21,647	2,676	24,323
Professional services	36,523	4,514	41,037
Program Supplies	98,296	-	98,296
Rent	61,308	-	61,308
Repairs and maintenance	28,395	3,510	31,905
Scholarships	6,776	-	6,776
Telephone	36,428	4,502	40,930
Travel	30,932	3,823	34,755
Utilities	27,515	3,401	30,916
 Total expenses	 <u>\$ 1,310,735</u>	 <u>\$ 138,899</u>	 <u>\$ 1,449,634</u>

The accompanying notes are an integral part of these financial statements.

DOMESTIC ABUSE SHELTER, INC.
STATEMENT OF FUNCTIONAL EXPENSES
FOR THE YEAR ENDED JUNE 30, 2008

	<u>Program Services</u>	<u>Support Services</u>	
	<u>Outpatient</u>	<u>Administrative</u>	<u>Total</u>
Personnel expenses	\$ 703,370	\$ 86,933	790,303
Employee benefits and taxes	169,233	20,916	190,149
 Total salaries and related expenses	 872,603	 107,849	 980,452
Annual luncheon	407	50	457
Bank charges	62	8	70
Depreciation	25,109	3,103	28,212
Food	9,918	-	9,918
Insurance	24,493	3,027	27,520
Interest	2,759	341	3,100
Memberships and dues	5,817	-	5,817
Miscellaneous	1,541	190	1,731
Printing and postage	23,967	2,962	26,929
Professional services	31,743	3,923	35,666
Program supplies	106,864	-	106,864
Rent	65,337	-	65,337
Repairs and maintenance	28,115	3,475	31,590
Scholarships	6,360	-	6,360
Telephone	33,499	4,140	37,639
Travel	38,373	4,743	43,116
Utilities	30,118	3,723	33,841
 Total expenses	 <u>\$ 1,307,085</u>	 <u>\$ 137,534</u>	 <u>\$ 1,444,619</u>

The accompanying notes are an integral part of these financial statements.

DOMESTIC ABUSE SHELTER, INC.
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2009 AND 2008

NOTE 1 - Summary of Significant Accounting Policies

Organization

The Domestic Abuse Shelter, Inc. ("DAS") is a non-profit corporation organized under the laws of the State of Florida on November 18, 1983. DAS has been recognized by the Internal Revenue Service as tax exempt under Section 501(c)(3) of the Internal Revenue Code and files information returns accordingly. DAS provides domestic violence services for women and children as well as shelter, hotline, outreach and counseling information. DAS services are confined to Monroe County.

Support and Expenses

Contributions received and unconditional promises to give are measured at their fair values and are reported as an increase in net assets. DAS reports gifts of cash and other assets as restricted support if they are received with donor stipulations that limit the use of the donated assets, or if they are designated as support for future periods. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statement of activity as net assets released from restrictions. Donor-restricted contributions whose restrictions are met in the same reporting period are reported as unrestricted support.

DAS reports gifts of goods and equipment as unrestricted support unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as restricted support. Absent explicit donor stipulations about how long those long-lived assets must be maintained, DAS reports expirations of donor restrictions when the donated or acquired long-lived assets are placed in service. Expenses are recorded when incurred in accordance with the accrual basis of accounting.

Donated Services, Goods, and Facilities

A substantial number of volunteers have donated time to DAS's program services and fund-raising campaigns during the year; however, these donated services are not reflected in the financial statements since the services do not require specialized skills. Donated professional services (which include accounting, legal and physician services) are reflected in the statement of activities at their fair market value.

Materials and other assets received as donations are recorded and reflected in the accompanying financial statements at their fair values at the date of receipt.

In-Kind Donations

	<u>2009</u>	<u>2008</u>
Contributed Services	\$ 380	760
Food	4,825	1,626
Rent	12,868	14,325
Shelter Support	<u>97,017</u>	<u>100,690</u>
Total	<u>\$ 115,090</u>	<u>\$ 117,401</u>

DOMESTIC ABUSE SHELTER, INC.
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2009 AND 2008

NOTE 1 - Summary of Significant Accounting Policies (Continued)

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Cash and Cash Equivalents

For the purpose of the Statement of Cash Flows, DAS considers all investments with a maturity of three months or less to be cash equivalents.

Concentrations of Credit and Market Risk

Financial instruments that potentially expose DAS to concentrations of credit and market risk consist primarily of cash equivalents and long-term debt. Cash equivalents are maintained at high-quality financial institutions. DAS has not experienced any losses on its cash equivalents.

Property and Equipment

Purchased property and equipment are recorded at cost. Donated assets are recorded at fair market value at the time of donation. Major renewals and betterments are capitalized while minor renewals and betterments are expensed as incurred. When assets are purchased with certain grant funds, they are subject to certain use restrictions and disposition procedures. Depreciation expenses are provided using the straight-line method over the estimated useful lives of the various classes of assets. The estimated useful lives of the principal classes of assets are as follows:

<u>Classification</u>	<u>Years</u>
Buildings and improvements	10-40
Equipment, furniture and fixtures	5-20
Auto	5

Functional Allocation of Expenses

The costs of providing the programs and other activities have been summarized on a functional basis in the statement of functional expenses. Accordingly, certain costs have been allocated among the activities benefited.

Fair Values of Financial Instruments

The following methods and assumptions were used by DAS in estimating the fair value disclosures for financial instruments:

Cash and cash equivalents, certificates of deposit, accounts receivable, contributions receivables, interest receivable and payables – The carrying amounts reported in the statement of financial position approximate fair values due to relatively short maturities of these instruments.

Investments - The fair values of investments are based on quoted market prices for those instruments.

DOMESTIC ABUSE SHELTER, INC.
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2009 AND 2008

Pledged contribution receivable – The fair value of these unconditional promises to give is estimated by discounting the future cash flows using a current risk-free rate of return, at the date of donation, based on the yield of a U.S. Treasury security with a maturity date similar to expected collection period. Typically, this is the five year treasury date.

Inventory – Inventories are stated at the lower of cost, determined by the fair value at the date of donation, or market.

NOTE 2 – Property and Equipment

Property and equipment consisted of the following for the years ended June 30,

	<u>2009</u>	<u>2008</u>
Land	\$ 108,500	\$ 108,500
Building and land improvements	665,147	605,099
Furniture and equipment	133,712	126,739
Auto	<u>56,229</u>	<u>26,401</u>
	963,588	866,739
Less Accumulated depreciation	<u>335,747</u>	<u>304,081</u>
	<u>\$ 627,841</u>	<u>\$ 562,658</u>

Depreciation expense for the years ended June 30, 2009 and 2008 was \$31,666 and \$28,212, respectively.

NOTE 3 – Receivables

Accounts receivable

Outstanding balances with service providers and other clients are as follows:

	<u>2009</u>	<u>2008</u>
Miscellaneous	\$ 2,945	\$ 3,514
	<u>\$ 2,945</u>	<u>\$ 3,514</u>

DOMESTIC ABUSE SHELTER, INC.
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2009 AND 2008

NOTE 3 – Receivables (continued)

Grants receivable

Outstanding balances for grant providers are as follows:

	<u>2009</u>	<u>2008</u>
Monroe County Sheriff	\$ -	\$ 3,697
Monroe County Board of County Commissioners	2,833	7,095
DCF - Emergency Shelter Grant	960	5,464
DCF - Capital Improvement Grant	1,816	-
DOH - SAAM/Hotline Grant	3,083	3,083
Southernmost Homeless Assistance League	520	1,334
FCADV	58,933	55,933
VOCA	32,583	94,761
	<u>\$ 100,728</u>	<u>\$ 171,367</u>

NOTE 4 – Unconditional Promises to Give

Unconditional promises to give as of June 30, 2009 and 2008:

	<u>2009</u>	<u>2008</u>
Poinciana bargain lease	\$ 230,637	\$ 232,837
	<u>\$ 230,637</u>	<u>\$ 232,837</u>

Amounts due in:

Current portion, receivable in less than one year	\$ 2,296	\$ 2,199
Receivable in one to five years	62,220	62,220
Receivable in more than five years	166,121	168,418
	<u>\$ 230,637</u>	<u>\$ 232,837</u>

Unconditional promises to give in more than one year are reflected at the present value of estimated future cash flows using a discount rate of 4.40%.

NOTE 5 – Leases

DAS leases office space in Key West, Big Pine Key, Marathon and Key Largo under cancelable operating leases. Rent expense was \$61,308 and \$65,337 for 2009 and 2008, respectively. In addition, office space and a residential unit are donated to DAS by Monroe County, Florida and the City of Key West respectively. DAS recognizes in-kind expense at the estimated fair market rental value. Total in-kind rent expense was \$12,868 and \$14,325 in 2009 and 2008 respectively which is included in rent expense.

DOMESTIC ABUSE SHELTER, INC.
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2009 AND 2008

NOTE 6 – Line of Credit

At June 30, 2009, DAS had a \$200,000 revolving line of credit agreement with a bank. The amount outstanding under the line of credit bears an interest rate of 6.00% and is payable on demand. At June 30, 2009, DAS had an outstanding balance of \$100,000 under this line of credit agreement.

NOTE – 7 Reissue of Financial Statements

The 2008 Fundraising, net and Grant Revenue were originally stated at \$134,957 and \$1,080,219 respectively. The correct classification of income is Fundraising, net of \$7,650 and Grant Revenue of \$1,207,526. There was no change to net assets.

OTHER AUDITOR REPORTS



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Key West, Florida 33040
305.294.1049 / 305.294.1040
Fax: 305.294.3951

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John G. Parks, Jr., C.P.A., P.A.
Denise Y. Rohrer, C.P.A., P.A.
James H. Hill, Jr.

REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH GOVERNMENT AUDITING STANDARDS

Board of Directors
Domestic Abuse Shelter, Inc.
Marathon, Florida

We have audited the accompanying financial statements of the Domestic Abuse Shelter, Inc. ("DAS") as of and for the year ended June 30, 2009, and have issued our report thereon dated June 28, 2010. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States.

Internal Control Over Financial Reporting

In planning and performing our audit, we considered DAS's internal control over financial reporting as a basis for designing our auditing procedures for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of DAS's internal control over financial reporting. Accordingly, we do not express an opinion on the effectiveness of DAS's internal control over financial reporting.

A control deficiency exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent or detect misstatements on timely basis. A significant deficiency is a control deficiency, or combination of control deficiencies, that adversely affects DAS's ability to initiate, authorize, record, process, or report financial data reliably in accordance with generally accepted accounting principles such that there is more than a remote likelihood that a misstatement of DAS's financial statements that is more than inconsequential will not be prevented or detected by DAS's internal control.

A material weakness is a significant deficiency, or combination of significant deficiencies, that results in more than a remote likelihood that a material misstatement of the financial statements will not be prevented or detected by DAS's internal control.

Our consideration of internal control over financial reporting was for the limited purpose described in the first paragraph of this section and would not necessarily identify all deficiencies in internal control that might be significant deficiencies or material weaknesses. We did not identify any deficiencies in internal control over financial reporting that we consider to be material weaknesses, as defined above.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether DAS's financial statements are free of material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

This report is intended solely for the information and use of the Board of Directors, management, Florida Auditor General, federal awarding agencies and pass-through entities and is not intended to be and should not be used by anyone other than these specified parties.



OROPEZA & PARKS
Certified Public Accountants

May 13, 2010
June 28, 2010

SINGLE AUDIT SECTION

DOMESTIC ABUSE SHELTER, INC.
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS AND STATE FINANCIAL ASSISTANCE
PROJECTS
FOR THE FISCAL YEAR ENDED JUNE 30, 2009 AND 2008

<u>Federal Grantor/State Grantor/ Program Title</u>	<u>CFDA/ CFSA Number</u>	<u>Grant Identification Number</u>	<u>Expenditures</u>
FEDERAL AWARDS			
<u>Department of Justice</u>			
Indirect Programs			
Passed through the State of Florida, Office of the Attorney General			
Crime Victims Assistance	16.575*	V8094	255,093
Crime Victims Assistance	16.575*	V7067	131,494
 <u>U S Department of Health and Human Services</u>			
Indirect Programs			
Passed through the Florida Coalition Against Domestic Violence			
Temporary Assistance for Needy Families	93.558	09-2217	127,307
Family Violence Prevention and Services Act	93.671	09-2217	49,688
 Passed through the Florida Department of Children and Families			
Emergency Shelter Grant	14.231	KF126	85,143
 Passed through the State of Florida, Department of Health			
Injury Prevention and Control Research	93.136	COHVD-R1	22,000
Total Expenditures of Federal Awards			\$ 670,725
 STATE AWARDS			
Florida Coalition against Domestic Violence			
Domestic Violence Trust Fund	-	09-2217	494,196
Prevention	-	09-2217	20,000
 Passed through the Florida Department of Children and Families			
Emergency Shelter & Housing Capital Grant	60.098	KF126	58,048
			\$ 572,244
Total Federal and State Awards			\$ 1,242,969
* denotes major program/project			

The accompanying notes are an integral part of this schedule.

DOMESTIC ABUSE SHELTER, INC.
NOTES TO SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS AND STATE FINANCIAL ASSISTANCE PROJECTS
FOR THE YEAR ENDED JUNE 30, 2009

NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The accounting policies and presentation of the Single Audit report of the DAS have been designed to conform to U.S. generally accepted accounting principles as applicable to Not-For-Profit organizations, including the reporting and compliance requirements of the Single Audit Act of 1984, as amended and Office of Management and Budget (OMB) Circular A-133, *Audits of States, Local Governments and Non-Profit Organization* and Chapter 10.650, Rules of the Florida Auditor General.

Basis of Accounting

Basis of accounting refers to when revenues and expenditures or expenses are recognized in the accounts and reported in the financial statements, and to the timing of the measurements made, regardless of the measurement focus applied. Revenue from cost reimbursement contracts are recognized as program expenses are incurred. Revenue from unit cost contracts are recognized based on the units of services delivered.

NOTE 2 - CONTINGENCIES

Grant monies received and disbursed by DAS are for specific purposes and are subject to review by the grantor agencies. Such audits may result in requests for reimbursement due to disallowed expenditures. Based on prior experience, DAS does not believe that such disallowance, if any, would have a material effect on the financial position of DAS. As of May 13, 2010, there were no material questioned or disallowed costs as a result of grant audits in process or completed.



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REPORT ON COMPLIANCE WITH REQUIREMENTS APPLICABLE TO EACH MAJOR PROGRAM AND STATE FINANCIAL ASSISTANCE PROJECT AND ON INTERNAL CONTROL OVER COMPLIANCE IN ACCORDANCE WITH OMB CIRCULAR A-133 AND CHAPTER 10.650, RULES OF THE FLORIDA AUDITOR GENERAL

Board of Directors
Domestic Abuse Shelter, Inc.
Marathon, Florida

Compliance

We have audited the compliance of Domestic Abuse Shelter, Inc. ("DAS") (a nonprofit organization) with the types of compliance requirements described in the U.S. Office of Management and Budget (OMB) *Circular A-133 Compliance Supplement* that are applicable to each of its major federal programs and state financial assistance projects for the year ended June 30, 2009. DAS's major federal programs and state financial assistance projects are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs. Compliance with the requirements of laws, regulations, contracts, and grants applicable to each of its major federal programs and state financial assistance projects is the responsibility of DAS's management. Our responsibility is to express an opinion on DAS's compliance based on our audit.

We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and OMB Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*; Chapter 10.650, Rules of the Florida Auditor General. Those standards and OMB Circular A-133, and Chapter 10.650, Rules of the Florida Auditor General require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about DAS's compliance with those requirements and performing such other procedures as we considered necessary in the circumstances. We believe that our audit provides a reasonable basis for our opinion. Our audit does not provide a legal determination of DAS's compliance with those requirements.

In our opinion, DAS complied, in all material respects, with the requirements referred to above that are applicable to each of its major federal programs and state financial assistance projects for the year ended June 30, 2009.

Internal Control Over Compliance

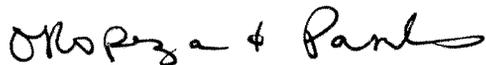
The management of DAS is responsible for establishing and maintaining effective internal control over compliance with the requirements of laws, regulations, contracts and grants applicable to federal programs. In planning and performing our audit, we considered DAS's internal control over compliance with the requirements that could have a direct and material effect on a major federal program or state financial assistance project in order to determine our auditing procedures for the purpose of expressing our opinion on compliance, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of DAS's internal control over compliance.

A *control deficiency* in an entity's internal control over compliance exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent or detect noncompliance with a type of compliance requirement of a federal program or state financial assistance project on a timely basis. A *significant deficiency* is a control deficiency, or combination of control deficiencies, that adversely affects the entity's ability to administer a federal program or state financial assistance project such that there is more than a remote likelihood that noncompliance with a type of compliance requirement of a federal program and state financial assistance project that is more than inconsequential will not be prevented or detected by the entity's internal control.

A *material weakness* is a significant deficiency, or combination of significant deficiencies, that results in more than a remote likelihood that a material noncompliance with a type of compliance requirement of a federal program or state assistance project will not be prevented or detected by the entity's internal control.

Our consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section and would not necessarily identify all deficiencies in internal control that might be significant deficiencies or material weaknesses. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses, as defined above.

This report is intended solely for the information and use of the Board of Directors, management, Florida Auditor General, federal and state awarding agencies and pass-through entities and is not intended to be and should not be used by anyone other than these specified parties.



OROPEZA & PARKS
Certified Public Accountants

May 13, 2010
June 28, 2010

**DOMESTIC ABUSE SHELTER, INC.
SCHEDULE OF FINDINGS AND QUESTIONED COSTS
FOR THE YEAR ENDED JUNE 30, 2009**

A. Summary of Auditor's Results

1. The auditor's report expresses an unqualified opinion on the financial statements of the Domestic Abuse Shelter, Inc.
2. There were no reportable conditions disclosed during the audit of the financial statements.
3. No instances of noncompliance material to the financial statements of the Domestic Abuse Shelter, Inc., which would be required to be reported in accordance with *Government Auditing Standards*, were disclosed during the audit.
4. There were no reportable conditions disclosed during the audit of the major federal award programs and state financial assistance projects.
5. The auditor's report on compliance for the major federal award programs and state financial assistance projects for the Domestic Abuse Shelter expresses an unqualified opinion on the major federal programs and state financial assistance projects.
6. There were no audit findings relative to the major federal award programs and state financial assistance projects for the Domestic Abuse Shelter, Inc.
7. The programs tested as major include:

Department of Justice

Indirect Programs

Passed through the State of Florida, Office of the Attorney General

Crime Victims Assistance	16.575*	V8094	255,093
Crime Victims Assistance	16.575*	V7067	131,494

8. The threshold used for distinguishing between Type A and Type B programs was \$300,000.
9. The Domestic Abuse Shelter qualifies as a low-risk auditee for Federal award programs.

B. Findings – Financial Statement Audit

None

C. Findings and Questioned Costs – Major Federal Award Programs & State Financial Assistance Projects Audit

None

**DOMESTIC ABUSE SHELTER, INC.
CORRECTIVE ACTION PLAN
FOR THE YEAR ENDED JUNE 30, 2009**

State of Florida Office of the Attorney General
PL-01, The Capitol
Tallahassee, FL 32399-1050

RE: Auditor's Report
Contracts V7067 and V8094

The Domestic Abuse Shelter, Inc. submits the following Corrective Action Plan for the year ended June 30, 2009.

Name and address of independent accounting firm:

Oropeza & Parks, Certified Public Accountants
815 Peacock Plaza
Key West, FL 33040

Audit period: Year Ended June 30, 2009

The findings from the June 30, 2009 Schedule of Findings and Questioned Costs are discussed below. The findings are numbered consistently with the numbers in the schedule. Section A of the schedule, Summary of Audit Results, does not include any findings and is not addressed.

B. Findings – Financial Statement Audit

None noted

C Findings – Major Federal Award Programs and State Financial Assistance Projects Audit

None noted

DOMESTIC ABUSE SHELTER, INC.
SCHEDULE OF PRIOR AUDIT FINDINGS FEDERAL AWARDS PROGRAMS AND STATE
FINANCIAL ASSISTANCE PROJECTS
FOR THE YEAR ENDED JUNE 30, 2009

Prior Year Findings and Questioned Costs – Major Federal Award Programs

<u>Finding Number</u>	<u>Prior Audit Finding</u>
Finding 1	None

Prior Year Findings and Questioned Costs – State Financial Assistance Projects

<u>Finding Number</u>	<u>Prior Audit Finding</u>
Finding 1	None

Return of Organization Exempt From Income Tax

2008

Department of the Treasury
Internal Revenue Service

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

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

Open to Public Inspection

For the 2008 calendar year, or tax year beginning 7/01, 2008, and ending 6/30, 2009

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See specific instructions.	DOMESTIC ABUSE SHELTER, INC. P O BOX 2696 MARATHON SHORES, FL 33052	D Employer Identification Number 59-2153608 E Telephone number (305) 743-5452 G Gross receipts \$ 1,511,987.
F Name and address of principal officer: SAME AS C ABOVE		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No,' attach a list. (see instructions)	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (<u>3</u>) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶	
J Website: ▶ WWW.DOMESTICABUSESHELTER.ORG		L Year of Formation: M State of legal domicile:	
K Type of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: <u>DOMESTIC VIOLENCE SERVICES FOR WOMEN AND CHILDREN SHELTER, HOTLINE, OUTREACH, COUNSELING AND INFORMATION. ALSO COUNSELING OF BATTERERS.</u>		
Activities & Governance	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3 Number of voting members of the governing body (Part VI, line 1a).....	3	9
	4 Number of independent voting members of the governing body (Part VI, line 1b).....	4	8
	5 Total number of employees (Part V, line 2a).....	5	38
	6 Total number of volunteers (estimate if necessary).....	6	0
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C).....	7a	0.
	7b Net unrelated business taxable income from Form 990-T, line 34.....	7b	0.
Revenue	8 Contributions and grants (Part VIII, line 1h).....	Prior Year 1,120,525.	Current Year 1,498,314.
	9 Program service revenue (Part VIII, line 2g).....		
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d).....	288.	94.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).....	139,002.	11,143.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12).....	1,259,815.	1,509,551.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3).....		
	14 Benefits paid to or for members (Part IX, column (A), line 4).....		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10).....	921,411.	995,762.
	16a Professional fundraising fees (Part IX, column (A), line 11e).....		
	16b Total fundraising expenses (Part IX, column (D), line 25) ▶		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f).....	405,625.	440,624.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).....	1,327,036.	1,436,386.	
19 Revenue less expenses. Subtract line 18 from line 12.....	-67,221.	73,165.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16).....	Beginning of Year 1,033,281.	End of Year 1,083,175.
	21 Total liabilities (Part X, line 26).....	152,551.	131,480.
	22 Net assets or fund balances. Subtract line 21 from line 20.....	880,730.	951,695.

Part II Signature Block

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

Sign Here

▶ Venita Garvin Valdez Date _____
 Signature of officer

▶ **VENITA GARVIN VALDEZ** **EXECUTIVE DIRECTOR**
 Type or print name and title.

Paid Preparer's Use Only

Preparer's signature ▶ **JOHN G. PARKS, JR., CPA, P.A.** Date **5/17/10**

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ **OROPEZA & PARKS, CPAS**
815 PEACOCK PLZ.
KEY WEST, FL 33040

Check if self-employed Preparer's identifying number (see instructions) **P00030067**

EIN ▶ **65-0881671**
 Phone no. ▶ **(305) 294-1049**

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

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

DOMESTIC VIOLENCE SERVICES FOR WOMEN AND CHILDREN. SHELTER, HOTLINE, OUTREACH, COUNSELING AND INFORMATION. ALSO COUNSELING OF BATTERERS.

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

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

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

4a (Code:) (Expenses \$ 1,297,487. including grants of \$) (Revenue \$) DOMESTIC VIOLENCE SERVICES. WOMEN AND CHILDREN SHELTERED: 175, HOTLINE: 1,365, OUTREACH: 953. COUNSELING HOURS: 4,783, INFORMATIONAL UNITS: 5,424.

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

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

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

4e Total program service expenses \$ 1,297,487. (Must equal Part IX, Line 25, column (B).)

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	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II		X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III		
6 Did the organization maintain any donor advised funds or any accounts where 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		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V		X
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If 'Yes,' complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the U.S.?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If 'Yes,' complete Schedule F, Part I		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If 'Yes,' complete Schedule G, Part I		X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III		X
20 Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II		X
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III		X
23 Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? If 'Yes,' complete Schedule J		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer questions 24b-24d and complete Schedule K. If 'No,' go to question 25		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
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? If 'Yes,' complete Schedule L, Part I		X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If 'Yes,' complete Schedule L, Part I		X
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? If 'Yes,' complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
b	Have a family member who had a direct or indirect business relationship with the organization? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i>		X
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>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i>		X
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>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I.</i>		X
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>		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		X
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>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI.</i>		X

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Form 990 (2008)

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1 a	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
1 b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1 a	0		
1 b	0		
1 c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2 a	38		
2 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 this return. (see instructions)	X	
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3 b	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O		
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4 b	If 'Yes,' enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and Financial Accounts.		
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5 b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5 c	If 'Yes,' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6 a	Did the organization solicit any contributions that were not tax deductible?		X
6 b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7 a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		X
7 b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		
7 c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7 d	If 'Yes,' indicate the number of Forms 8282 filed during the year		
7 d			
7 e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7 f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7 g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
7 h	For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
8			
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
9 a	Did the organization make any taxable distributions under section 4966?		
9 b	Did the organization make any distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10 a	Initiation fees and capital contributions included on Part VIII, line 12		
10 b	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11 a	Gross income from other members or shareholders		
11 b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12 b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year		

Part VI Governance, Management and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

For each 'Yes' response to lines 2-7b below, and for a 'No' response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

		Yes	No
1 a	Enter the number of voting members of the governing body		9
1 b	Enter the number of voting members that are independent		8
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7 a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7 b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8 a	The governing body?	X	
8 b	Each committee with authority to act on behalf of the governing body?	X	
9 a	Does the organization have local chapters, branches, or affiliates?		X
9 b	If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990. SEE SCHEDULE O		X
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O		X

Section B. Policies

		Yes	No
12 a	Does the organization have a written conflict of interest policy? If 'No,' go to line 13	X	
12 b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12 c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?		X
14	Does the organization have a written document retention and destruction policy?		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
15 a	The organization's CEO, Executive Director, or top management official?		X
15 b	Other officers of key employees of the organization? Describe the process in Schedule O. (see instructions)		X
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16 b	If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosures

- 17 List the states with which a copy of this Form 990 is required to be filed ► NONE
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. **SEE SCHEDULE O**
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:
 ► THE ORGANIZATION P.O. BOX 2696 MARATHON SHORES FL 33052 305-743-5452

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

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

1 a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- 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 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) or more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
HAROLD BOYDEN DIRECTOR	0							0.	0.	0.
ROBERTA CASTILLO DIRECTOR	0							0.	0.	0.
VENITA GARVIN VALDEZ CHIEF EXEC OFF	0							0.	0.	0.
GUADALUPE MARZOA VICE PRESIDENT	0							0.	0.	0.
SHERRY PHILLIPS DIRECTOR	0							0.	0.	0.
ANGELA GRUETZMANN DIRECTOR	0							0.	0.	0.
LARRY KAHN PRESIDENT & CEO	0							0.	0.	0.
KATALIN KOLER DIRECTOR	0							0.	0.	0.
CAPT. DONNIE LEE DIRECTOR	0							0.	0.	0.
VENITA GARVIN-VALDEZ EXECUTIVE DIRECTOR	40				X			112,976.	0.	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	1 a Federated campaigns	1 a 19,020.				
	b Membership dues	1 b				
	c Fundraising events	1 c				
	d Related organizations	1 d				
	e Government grants (contributions)	1 e 1,304,472.				
	f All other contributions, gifts, grants, and similar amounts not included above	1 f 174,822.				
	g Noncash contribns included in lns 1a-1f: \$	101,842.				
	h Total. Add lines 1a-1f	▶	1,498,314.			
PROGRAM SERVICE REVENUE	Business Code					
	2 a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
g Total. Add lines 2a-2f	▶					
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)	▶	94.	94.		
	4 Income from investment of tax-exempt bond proceeds	▶				
	5 Royalties	▶				
	6 a Gross Rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)	▶				
	7 a 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)				
	d Net gain or (loss)	▶				
	8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a	12,792.			
	b Less: direct expenses	b	2,436.			
c Net income or (loss) from fundraising events	▶	10,356.			10,356.	
9 a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses	b					
c Net income or (loss) from gaming activities	▶					
10 a Gross sales of inventory, less returns and allowances	a					
b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory	▶					
Miscellaneous Revenue		Business Code				
11 a MISC. INCOME		787.	787.			
b						
c						
d All other revenue						
e Total. Add lines 11a-11d	▶	787.				
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e	▶	1,509,551.	881.	0.	10,356.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	112,976.	100,549.	12,427.	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	673,153.	599,106.	74,047.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	149,298.	132,875.	16,423.	
10 Payroll taxes	60,335.	53,698.	6,637.	
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Prof fundraising svcs. See Part IV, ln 17				
f Investment management fees				
g Other	40,657.	36,143.	4,514.	
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	79,356.	75,955.	3,401.	
17 Travel	34,755.	30,932.	3,823.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	2,986.	2,658.	328.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	31,666.	28,183.	3,483.	
23 Insurance	27,526.	24,498.	3,028.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a PROGRAM SUPPLIES	98,296.	98,296.		
b TELEPHONE	40,930.	36,428.	4,502.	
c REPAIRS & MAINTENANCE	31,905.	28,395.	3,510.	
d PRINTING AND PUBLICATIONS	24,323.	21,647.	2,676.	
e FOOD	11,359.	11,359.		
f All other expenses	16,865.	16,765.	100.	
25 Total functional expenses. Add lines 1 through 24f	1,436,386.	1,297,487.	138,899.	0.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. 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	13,608.	1	59,928.
	2 Savings and temporary cash investments	47,884.	2	59,949.
	3 Pledges and grants receivable, net	404,204.	3	331,365.
	4 Accounts receivable, net	3,514.	4	2,945.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	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		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost basis	10a 963,589.		
	b Less: accumulated depreciation. Complete Part VI of Schedule D	10b 335,747.	562,658.	10c 627,842.
	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	1,413.	15	1,146.
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,033,281.	16	1,083,175.	
LIABILITIES	17 Accounts payable and accrued expenses	38,768.	17	31,480.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	113,783.	23	100,000.
	24 Unsecured notes and loans payable		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	152,551.	26	131,480.
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	647,893.	27	721,058.
	28 Temporarily restricted net assets	232,837.	28	230,637.
	29 Permanently restricted net assets		29	
	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, and equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances.	880,730.	33	951,695.
	34 Total liabilities and net assets/fund balances.	1,033,281.	34	1,083,175.

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?		X
2c	If 'Yes' to 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?		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If 'Yes,' did the organization undergo the required audit or audits?		

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.') ..	1,110,919.	1,393,321.	1,300,488.	1,146,266.	1,571,722.	6,522,716.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.						0.
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						0.
4 Total. Add lines 1-3.	1,110,919.	1,393,321.	1,300,488.	1,146,266.	1,571,722.	6,522,716.
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) ..						0.
6 Public support. Subtract line 5 from line 4.						6,522,716.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4.	1,110,919.	1,393,321.	1,300,488.	1,146,266.	1,571,722.	6,522,716.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	1,411.	2,186.	1,594.	288.	94.	5,573.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) SEE PART IV.	921.	13,058.	6,777.	4,045.	787.	25,588.
11 Total support. Add lines 7 through 10.						6,553,877.
12 Gross receipts from related activities, etc. (see instructions).					12	0.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)).	14	99.5 %
15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f.	15	99.5 %

16a **33-1/3 support test – 2008.** If the organization did not check the box on line 13, and the 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 – 2007.** If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization. ▶

17a **10%-facts-and-circumstances test – 2008.** 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 – 2007.** 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 Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.') ..						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose ..						
3 Gross receipts from activities that are not an unrelated trade or business under section 513 ..						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf ..						
5 The value of services or facilities furnished by a governmental unit to the organization without charge ..						
6 Total. Add lines 1-5 ..						
7a Amounts included on lines 1, 2, 3 received from disqualified persons ..						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 ..						
c Add lines 7a and 7b ..						
8 Public support (Subtract line 7c from line 6.) ..						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6 ..						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ..						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 ..						
c Add lines 10a and 10b ..						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on ..						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) ..						
13 Total support. (add lns 9, 10c, 11, and 12.) ..						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here .. <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) ..	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g ..	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) ..	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h ..	18	%

19a **33-1/3 support tests – 2008.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ..

b **33-1/3 support tests – 2007.** If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ..

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

PART II, LINE 10 - OTHER INCOME

NATURE AND SOURCE	2008	2007	2006	2005	2004
OTHER INCOME	787.	4,045.	6,777.	13,058.	921.
TOTAL	<u>\$ 787.</u>	<u>\$ 4,045.</u>	<u>\$ 6,777.</u>	<u>\$ 13,058.</u>	<u>\$ 921.</u>

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

Attach to Form 990. To be completed by organizations that answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

Employer identification number

DOMESTIC ABUSE SHELTER, INC.

59-2153608

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? Yes 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 other impermissible private benefit? Yes 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 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, violations, and enforcement of the conservation easement it holds? Yes No
- 6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing 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.

- 1 a 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, 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 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 Trust, Escrow and Custodial Arrangements Complete if 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
1 c Beginning balance	
1 d Additions during the year	
1 e Distributions during the year	
1 f Ending balance	

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 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
1 a 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:

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book Value
1 a Land		108,500.		108,500.
b Buildings		243,332.	6,083.	237,249.
c Leasehold improvements		421,816.	13,618.	408,198.
d Equipment		189,941.	11,965.	177,976.
e Other			304,081.	-304,081.
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				627,842.

BAA

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)		1,509,551.
2	Total expenses (Form 990, Part IX, column (A), line 25)		1,436,386.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		73,165.
4	Net unrealized gains (losses) on investments		
5	Donated services and use of facilities		
6	Investment expenses		
7	Prior period adjustments		
8	Other (Describe in Part XIV)		
9	Total adjustments (net). Add lines 4-8		
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9		73,165.

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	1,522,799.
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	13,248.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	13,248.
3	Subtract line 2e from line 1	3	1,509,551.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investments 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	1,509,551.

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

1	Total expenses and losses per audited financial statements	1	1,449,634.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	13,248.
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	13,248.
3	Subtract line 2e from line 1	3	1,436,386.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investments 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	1,436,386.

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.

SCHEDULE O
(Form 990)

Supplemental Information to Form 990

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.**

Name of the organization

DOMESTIC ABUSE SHELTER, INC.

Employer identification number

59-2153608

FORM 990, PART VI, LINE 10 - FORM 990 REVIEW PROCESS

EXECUTIVE DIRECTOR REVIEWS THE FORM 990 BEFORE FILING. BOARD MEMBERS ARE GIVEN A COPY AFTER THE FILING.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

GOVERNING DOCS, POLICIES AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

**DOMESTIC ABUSE SHELTER, INC.
FINANCIAL STATEMENTS
FOR THE YEARS ENDED JUNE 30, 2009 AND 2008**

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Denise Y. Rohrer, C.P.A., P.A.
James H. Hill, Jr.

INDEPENDENT AUDITOR'S REPORT

Board of Directors
Domestic Abuse Shelter, Inc.
Marathon, Florida

We have audited the accompanying statements of financial position of Domestic Abuse Shelter, Inc. ("DAS") (a nonprofit organization) as of June 30, 2009 and 2008, and the related statements of activities, functional expenses, and cash flows for the years then ended. These financial statements are the responsibility of DAS's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and the significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of DAS as of June 30, 2009 and 2008, and the changes in its net assets and its cash flows for the years then ended, in conformity with accounting principles generally accepted in the United States of America.

In accordance with *Government Auditing Standards*, we have also issued our report dated June 28, 2010 on our consideration of DAS's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* and should be considered in assessing the results of our audit.

Our audit was conducted for the purpose of forming an opinion on the basic financial statements of DAS taken as a whole. The accompanying schedule of expenditures of federal awards and State of Florida financial assistance projects is presented for purposes of additional analysis as required by U.S. Office of Management and Budget Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations* and Chapter 10.650, Rules of the Auditor General and is not a required part of the basic financial statements. Such information has been subjected to the auditing procedures applied in the audit of the basic financial statements and, in our opinion, is fairly stated, in all material respects, in relation to the basic financial statements as a whole.

OROPEZA & PARKS
Certified Public Accountants

May 13, 2010
June 28, 2010

DOMESTIC ABUSE SHELTER, INC.
STATEMENTS OF FINANCIAL POSITION
JUNE 30, 2009 AND 2008

ASSETS

	2009	2008
Current assets		
Cash and cash equivalents	\$ 119,877	\$ 61,492
Grant Receivable	100,728	171,367
Accounts receivable	2,945	3,514
Contribution Receivable	2,296	2,199
Total current assets	225,846	238,572
Non current assets:		
Property and equipment, net	627,841	562,658
Contribution receivable	228,341	230,638
Other assets	1,147	1,413
Total non current assets	857,329	794,709
Total assets	\$ 1,083,175	\$ 1,033,281

LIABILITIES AND NET ASSETS

Current liabilities:

Accounts payable and accrued expenses	31,480	38,768
Line of credit	100,000	113,783
Total current liabilities	131,480	152,551
Total liabilities	131,480	152,551
Net assets		
Unrestricted	721,058	647,893
Temporarily Restricted	230,637	232,837
Total net assets	951,695	880,730
Total liabilities and net assets	\$ 1,083,175	\$ 1,033,281

The accompanying notes are an integral part of these financial statements.

DOMESTIC ABUSE SHELTER, INC.
STATEMENTS OF ACTIVITIES
FOR THE YEARS ENDED JUNE 30, 2009 AND 2008

Changes in Unrestricted Net Assets

	<u>2009</u>	<u>2008</u>
Revenues		
Grant revenue	1,304,472	1,207,526
Contributions and memberships	72,980	23,897
In-kind donations	115,090	117,401
United Way	19,020	16,409
Funraisers, net of \$2,436 and \$4964 in expenses, respectively	10,356	7,650
Interest	94	288
Miscellaneous	787	4,045
	<u>1,522,799</u>	<u>1,377,216</u>
Expenses		
Domestic abuse shelter	1,310,735	1,307,085
Management and general	138,899	137,534
	<u>1,449,634</u>	<u>1,444,619</u>
Increase (decrease) in unrestricted net assets	<u>73,165</u>	<u>(67,403)</u>
Changes in temporarily restricted net assets		
Below market lease agreement	(2,200)	182
Increase (decrease) in temporarily restricted net assets	<u>(2,200)</u>	<u>182</u>
Increase (decrease) in net assets	70,965	(67,221)
Net assets, beginning of year	<u>880,730</u>	<u>947,951</u>
Net assets, end of year	<u>\$ 951,695</u>	<u>\$ 880,730</u>

The accompanying notes are an integral part of these financial statements.

DOMESTIC ABUSE SHELTER, INC.
STATEMENTS OF CASH FLOWS
FOR THE YEARS ENDED JUNE 30, 2009 AND 2008

Increase (Decrease) in Cash and Cash Equivalents

	2009	2008
Cash flows from (used) by operating activities:		
Cash received from revenues	\$ 1,593,913	\$ 1,402,851
Cash paid to suppliers and employees	(1,422,270)	(1,410,784)
Interest received	94	288
Interest paid	(2,986)	(3,100)
Net cash provided by (used for) operating activities	168,751	(10,745)
Cash flows from (used) by investing activities:		
Purchase of property and equipment	(96,849)	(43,650)
Retirement of property and equipment	266	(266)
Net cash used for investing activities	(96,583)	(43,916)
Cash flows from (used) by financing activities:		
Proceeds from Line of Credit	-	3,783
Loan payments	(13,783)	-
Net cash provided by (used) for financing activities	(13,783)	3,783
Net increase (decrease) in cash and cash equivalents	58,385	(50,878)
Cash at beginning of year	61,492	112,370
Cash at end of year	\$ 119,877	\$ 61,492

The accompanying notes are an integral part of these financial statements.

DOMESTIC ABUSE SHELTER, INC.
STATEMENTS OF CASH FLOWS (Continued)
FOR THE YEARS ENDED JUNE 30, 2009 AND 2008

Reconciliation of Increase (Decrease) in Net Assets
To Net Cash From Operating Activities

	<u>2009</u>	<u>2008</u>
Increase (decrease) in unrestricted net assets	<u>\$ 73,165</u>	<u>\$ (67,403)</u>
Adjustments to reconcile increase in net assets to net cash provided by (used for) operating activities:		
Depreciation expense	31,666	28,212
Changes in assets and liabilities:		
Decrease in accounts receivable	71,208	25,923
Increase in accounts payable and accrued expenses	<u>(7,288)</u>	<u>2,523</u>
Total adjustments	<u>95,586</u>	<u>56,658</u>
Net cash provided by (used for) operating activities	<u><u>\$ 168,751</u></u>	<u><u>\$ (10,745)</u></u>

The accompanying notes are an integral part of these financial statements.

DOMESTIC ABUSE SHELTER, INC.
STATEMENT OF FUNCTIONAL EXPENSES
FOR THE YEAR ENDED JUNE 30, 2009 AND 2008

	<u>Program Services</u>	<u>Support Services</u>	
	<u>Outpatient</u>	<u>Administrative</u>	<u>Total</u>
Personnel expenses	\$ 699,655	\$ 86,474	\$ 786,129
Employee benefits and taxes	186,573	23,060	209,633
 Total salaries and related expenses	 886,228	 109,534	 995,762
 Annual luncheon	 522	 65	 587
Bank charges	287	35	322
Depreciation	28,183	3,483	31,666
Food	11,359	-	11,359
Insurance	24,498	3,028	27,526
Interest	2,658	328	2,986
Membership and dues	7,942	-	7,942
Non-capital asset purchases	1,238	-	1,238
Printing and postage	21,647	2,676	24,323
Professional services	36,523	4,514	41,037
Program Supplies	98,296	-	98,296
Rent	61,308	-	61,308
Repairs and maintenance	28,395	3,510	31,905
Scholarships	6,776	-	6,776
Telephone	36,428	4,502	40,930
Travel	30,932	3,823	34,755
Utilities	27,515	3,401	30,916
 Total expenses	 <u>\$ 1,310,735</u>	 <u>\$ 138,899</u>	 <u>\$ 1,449,634</u>

The accompanying notes are an integral part of these financial statements.

DOMESTIC ABUSE SHELTER, INC.
STATEMENT OF FUNCTIONAL EXPENSES
FOR THE YEAR ENDED JUNE 30, 2008

	<u>Program Services</u>	<u>Support Services</u>	<u>Total</u>
	<u>Outpatient</u>	<u>Administrative</u>	
Personnel expenses	\$ 703,370	\$ 86,933	790,303
Employee benefits and taxes	169,233	20,916	190,149
Total salaries and related expenses	872,603	107,849	980,452
Annual luncheon	407	50	457
Bank charges	62	8	70
Depreciation	25,109	3,103	28,212
Food	9,918	-	9,918
Insurance	24,493	3,027	27,520
Interest	2,759	341	3,100
Memberships and dues	5,817	-	5,817
Miscellaneous	1,541	190	1,731
Printing and postage	23,967	2,962	26,929
Professional services	31,743	3,923	35,666
Program supplies	106,864	-	106,864
Rent	65,337	-	65,337
Repairs and maintenance	28,115	3,475	31,590
Scholarships	6,360	-	6,360
Telephone	33,499	4,140	37,639
Travel	38,373	4,743	43,116
Utilities	30,118	3,723	33,841
Total expenses	<u>\$ 1,307,085</u>	<u>\$ 137,534</u>	<u>\$ 1,444,619</u>

The accompanying notes are an integral part of these financial statements.

DOMESTIC ABUSE SHELTER, INC.
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2009 AND 2008

NOTE 1 - Summary of Significant Accounting Policies

Organization

The Domestic Abuse Shelter, Inc. ("DAS") is a non-profit corporation organized under the laws of the State of Florida on November 18, 1983. DAS has been recognized by the Internal Revenue Service as tax exempt under Section 501(c)(3) of the Internal Revenue Code and files information returns accordingly. DAS provides domestic violence services for women and children as well as shelter, hotline, outreach and counseling information. DAS services are confined to Monroe County.

Support and Expenses

Contributions received and unconditional promises to give are measured at their fair values and are reported as an increase in net assets. DAS reports gifts of cash and other assets as restricted support if they are received with donor stipulations that limit the use of the donated assets, or if they are designated as support for future periods. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statement of activity as net assets released from restrictions. Donor-restricted contributions whose restrictions are met in the same reporting period are reported as unrestricted support.

DAS reports gifts of goods and equipment as unrestricted support unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as restricted support. Absent explicit donor stipulations about how long those long-lived assets must be maintained, DAS reports expirations of donor restrictions when the donated or acquired long-lived assets are placed in service. Expenses are recorded when incurred in accordance with the accrual basis of accounting.

Donated Services, Goods, and Facilities

A substantial number of volunteers have donated time to DAS's program services and fund-raising campaigns during the year; however, these donated services are not reflected in the financial statements since the services do not require specialized skills. Donated professional services (which include accounting, legal and physician services) are reflected in the statement of activities at their fair market value.

Materials and other assets received as donations are recorded and reflected in the accompanying financial statements at their fair values at the date of receipt.

In-Kind Donations

	<u>2009</u>	<u>2008</u>
Contributed Services	\$ 380	760
Food	4,825	1,626
Rent	12,868	14,325
Shelter Support	<u>97,017</u>	<u>100,690</u>
Total	<u>\$ 115,090</u>	<u>\$ 117,401</u>

DOMESTIC ABUSE SHELTER, INC.
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2009 AND 2008

NOTE 1 - Summary of Significant Accounting Policies (Continued)

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Cash and Cash Equivalents

For the purpose of the Statement of Cash Flows, DAS considers all investments with a maturity of three months or less to be cash equivalents.

Concentrations of Credit and Market Risk

Financial instruments that potentially expose DAS to concentrations of credit and market risk consist primarily of cash equivalents and long-term debt. Cash equivalents are maintained at high-quality financial institutions. DAS has not experienced any losses on its cash equivalents.

Property and Equipment

Purchased property and equipment are recorded at cost. Donated assets are recorded at fair market value at the time of donation. Major renewals and betterments are capitalized while minor renewals and betterments are expensed as incurred. When assets are purchased with certain grant funds, they are subject to certain use restrictions and disposition procedures. Depreciation expenses are provided using the straight-line method over the estimated useful lives of the various classes of assets. The estimated useful lives of the principal classes of assets are as follows:

<u>Classification</u>	<u>Years</u>
Buildings and improvements	10-40
Equipment, furniture and fixtures	5-20
Auto	5

Functional Allocation of Expenses

The costs of providing the programs and other activities have been summarized on a functional basis in the statement of functional expenses. Accordingly, certain costs have been allocated among the activities benefited.

Fair Values of Financial Instruments

The following methods and assumptions were used by DAS in estimating the fair value disclosures for financial instruments:

Cash and cash equivalents, certificates of deposit, accounts receivable, contributions receivables, interest receivable and payables – The carrying amounts reported in the statement of financial position approximate fair values due to relatively short maturities of these instruments.

Investments - The fair values of investments are based on quoted market prices for those instruments.

DOMESTIC ABUSE SHELTER, INC.
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2009 AND 2008

Pledged contribution receivable – The fair value of these unconditional promises to give is estimated by discounting the future cash flows using a current risk-free rate of return, at the date of donation, based on the yield of a U.S. Treasury security with a maturity date similar to expected collection period. Typically, this is the five year treasury date.

Inventory – Inventories are stated at the lower of cost, determined by the fair value at the date of donation, or market.

NOTE 2 – Property and Equipment

Property and equipment consisted of the following for the years ended June 30,

	<u>2009</u>	<u>2008</u>
Land	\$ 108,500	\$ 108,500
Building and land improvements	665,147	605,099
Furniture and equipment	133,712	126,739
Auto	<u>56,229</u>	<u>26,401</u>
	963,588	866,739
Less Accumulated depreciation	<u>335,747</u>	<u>304,081</u>
	<u>\$ 627,841</u>	<u>\$ 562,658</u>

Depreciation expense for the years ended June 30, 2009 and 2008 was \$31,666 and \$28,212, respectively.

NOTE 3 – Receivables

Accounts receivable

Outstanding balances with service providers and other clients are as follows:

	<u>2009</u>	<u>2008</u>
Miscellaneous	\$ 2,945	\$ 3,514
	<u>\$ 2,945</u>	<u>\$ 3,514</u>

DOMESTIC ABUSE SHELTER, INC.
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2009 AND 2008

NOTE 3 – Receivables (continued)

Grants receivable

Outstanding balances for grant providers are as follows:

	<u>2009</u>	<u>2008</u>
Monroe County Sheriff	\$ -	\$ 3,697
Monroe County Board of County Commissioners	2,833	7,095
DCF - Emergency Shelter Grant	960	5,464
DCF - Capital Improvement Grant	1,816	-
DOH - SAAM/Hotline Grant	3,083	3,083
Southernmost Homeless Assistance League	520	1,334
FCADV	58,933	55,933
VOCA	32,583	94,761
	<u>\$ 100,728</u>	<u>\$ 171,367</u>

NOTE 4 – Unconditional Promises to Give

Unconditional promises to give as of June 30, 2009 and 2008:

	<u>2009</u>	<u>2008</u>
Poinciana bargain lease	\$ 230,637	\$ 232,837
	<u>\$ 230,637</u>	<u>\$ 232,837</u>

Amounts due in:

Current portion, receivable in less than one year	\$ 2,296	\$ 2,199
Receivable in one to five years	62,220	62,220
Receivable in more than five years	166,121	168,418
	<u>\$ 230,637</u>	<u>\$ 232,837</u>

Unconditional promises to give in more than one year are reflected at the present value of estimated future cash flows using a discount rate of 4.40%.

NOTE 5 – Leases

DAS leases office space in Key West, Big Pine Key, Marathon and Key Largo under cancelable operating leases. Rent expense was \$61,308 and \$65,337 for 2009 and 2008, respectively. In addition, office space and a residential unit are donated to DAS by Monroe County, Florida and the City of Key West respectively. DAS recognizes in-kind expense at the estimated fair market rental value. Total in-kind rent expense was \$12,868 and \$14,325 in 2009 and 2008 respectively which is included in rent expense.

DOMESTIC ABUSE SHELTER, INC.
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2009 AND 2008

NOTE 6 – Line of Credit

At June 30, 2009, DAS had a \$200,000 revolving line of credit agreement with a bank. The amount outstanding under the line of credit bears an interest rate of 6.00% and is payable on demand. At June 30, 2009, DAS had an outstanding balance of \$100,000 under this line of credit agreement.

NOTE – 7 Reissue of Financial Statements

The 2008 Fundraising, net and Grant Revenue were originally stated at \$134,957 and \$1,080,219 respectively. The correct classification of income is Fundraising, net of \$7,650 and Grant Revenue of \$1,207,526. There was no change to net assets.

OTHER AUDITOR REPORTS



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Fax: 305.294.3951

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John G. Parks, Jr., C.P.A., P.A.
Denise Y. Rohrer, C.P.A., P.A.
James H. Hill, Jr.

REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH GOVERNMENT AUDITING STANDARDS

Board of Directors
Domestic Abuse Shelter, Inc.
Marathon, Florida

We have audited the accompanying financial statements of the Domestic Abuse Shelter, Inc. ("DAS") as of and for the year ended June 30, 2009, and have issued our report thereon dated June 28, 2010. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States.

Internal Control Over Financial Reporting

In planning and performing our audit, we considered DAS's internal control over financial reporting as a basis for designing our auditing procedures for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of DAS's internal control over financial reporting. Accordingly, we do not express an opinion on the effectiveness of DAS's internal control over financial reporting.

A control deficiency exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent or detect misstatements on timely basis. A significant deficiency is a control deficiency, or combination of control deficiencies, that adversely affects DAS's ability to initiate, authorize, record, process, or report financial data reliably in accordance with generally accepted accounting principles such that there is more than a remote likelihood that a misstatement of DAS's financial statements that is more than inconsequential will not be prevented or detected by DAS's internal control.

A material weakness is a significant deficiency, or combination of significant deficiencies, that results in more than a remote likelihood that a material misstatement of the financial statements will not be prevented or detected by DAS's internal control.

Our consideration of internal control over financial reporting was for the limited purpose described in the first paragraph of this section and would not necessarily identify all deficiencies in internal control that might be significant deficiencies or material weaknesses. We did not identify any deficiencies in internal control over financial reporting that we consider to be material weaknesses, as defined above.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether DAS's financial statements are free of material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

This report is intended solely for the information and use of the Board of Directors, management, Florida Auditor General, federal awarding agencies and pass-through entities and is not intended to be and should not be used by anyone other than these specified parties.

A handwritten signature in black ink, appearing to read "Oropeza & Parks". The signature is fluid and cursive, with the ampersand being particularly stylized.

OROPEZA & PARKS
Certified Public Accountants

May 13, 2010
June 28, 2010

SINGLE AUDIT SECTION

DOMESTIC ABUSE SHELTER, INC.
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS AND STATE FINANCIAL ASSISTANCE
PROJECTS
FOR THE FISCAL YEAR ENDED JUNE 30, 2009 AND 2008

<u>Federal Grantor/State Grantor/ Program Title</u>	<u>CFDA/ CFSA Number</u>	<u>Grant Identification Number</u>	<u>Expenditures</u>
FEDERAL AWARDS			
<u>Department of Justice</u>			
Indirect Programs			
Passed through the State of Florida, Office of the Attorney General			
Crime Victims Assistance	16.575*	V8094	255,093
Crime Victims Assistance	16.575*	V7067	131,494
<u>U.S. Department of Health and Human Services</u>			
Indirect Programs			
Passed through the Florida Coalition Against Domestic Violence			
Temporary Assistance for Needy Families	93.558	09-2217	127,307
Family Violence Prevention and Services Act	93.671	09-2217	49,688
Passed through the Florida Department of Children and Families			
Emergency Shelter Grant	14.231	KF126	85,143
Passed through the State of Florida, Department of Health			
Injury Prevention and Control Research	93.136	COHVD-R1	22,000
Total Expenditures of Federal Awards			\$ 670,725
STATE AWARDS			
Florida Coalition against Domestic Violence			
Domestic Violence Trust Fund	-	09-2217	494,196
Prevention	-	09-2217	20,000
Passed through the Florida Department of Children and Families			
Emergency Shelter & Housing Capital Grant	60.098	KF126	58,048
			\$ 572,244
Total Federal and State Awards			\$ 1,242,969

* denotes major program/project

The accompanying notes are an integral part of this schedule.

DOMESTIC ABUSE SHELTER, INC.
NOTES TO SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS AND STATE FINANCIAL
ASSISTANCE PROJECTS
FOR THE YEAR ENDED JUNE 30, 2009

NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The accounting policies and presentation of the Single Audit report of the DAS have been designed to conform to U.S. generally accepted accounting principles as applicable to Not-For-Profit organizations, including the reporting and compliance requirements of the Single Audit Act of 1984, as amended and Office of Management and Budget (OMB) Circular A-133, *Audits of States, Local Governments and Non-Profit Organization* and Chapter 10.650, Rules of the Florida Auditor General.

Basis of Accounting

Basis of accounting refers to when revenues and expenditures or expenses are recognized in the accounts and reported in the financial statements, and to the timing of the measurements made, regardless of the measurement focus applied. Revenue from cost reimbursement contracts are recognized as program expenses are incurred. Revenue from unit cost contracts are recognized based on the units of services delivered.

NOTE 2 - CONTINGENCIES

Grant monies received and disbursed by DAS are for specific purposes and are subject to review by the grantor agencies. Such audits may result in requests for reimbursement due to disallowed expenditures. Based on prior experience, DAS does not believe that such disallowance, if any, would have a material effect on the financial position of DAS. As of May 13, 2010, there were no material questioned or disallowed costs as a result of grant audits in process or completed.



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REPORT ON COMPLIANCE WITH REQUIREMENTS APPLICABLE TO EACH MAJOR PROGRAM AND STATE FINANCIAL ASSISTANCE PROJECT AND ON INTERNAL CONTROL OVER COMPLIANCE IN ACCORDANCE WITH OMB CIRCULAR A-133 AND CHAPTER 10.650, RULES OF THE FLORIDA AUDITOR GENERAL

Board of Directors
Domestic Abuse Shelter, Inc.
Marathon, Florida

Compliance

We have audited the compliance of Domestic Abuse Shelter, Inc. ("DAS") (a nonprofit organization) with the types of compliance requirements described in the U.S. Office of Management and Budget (OMB) *Circular A-133 Compliance Supplement* that are applicable to each of its major federal programs and state financial assistance projects for the year ended June 30, 2009. DAS's major federal programs and state financial assistance projects are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs. Compliance with the requirements of laws, regulations, contracts, and grants applicable to each of its major federal programs and state financial assistance projects is the responsibility of DAS's management. Our responsibility is to express an opinion on DAS's compliance based on our audit.

We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and OMB Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*; Chapter 10.650, Rules of the Florida Auditor General. Those standards and OMB Circular A-133, and Chapter 10.650, Rules of the Florida Auditor General require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about DAS's compliance with those requirements and performing such other procedures as we considered necessary in the circumstances. We believe that our audit provides a reasonable basis for our opinion. Our audit does not provide a legal determination of DAS's compliance with those requirements.

In our opinion, DAS complied, in all material respects, with the requirements referred to above that are applicable to each of its major federal programs and state financial assistance projects for the year ended June 30, 2009.

Internal Control Over Compliance

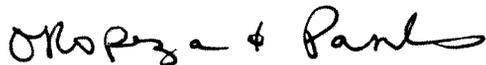
The management of DAS is responsible for establishing and maintaining effective internal control over compliance with the requirements of laws, regulations, contracts and grants applicable to federal programs. In planning and performing our audit, we considered DAS's internal control over compliance with the requirements that could have a direct and material effect on a major federal program or state financial assistance project in order to determine our auditing procedures for the purpose of expressing our opinion on compliance, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of DAS's internal control over compliance.

A *control deficiency* in an entity's internal control over compliance exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent or detect noncompliance with a type of compliance requirement of a federal program or state financial assistance project on a timely basis. A *significant deficiency* is a control deficiency, or combination of control deficiencies, that adversely affects the entity's ability to administer a federal program or state financial assistance project such that there is more than a remote likelihood that noncompliance with a type of compliance requirement of a federal program and state financial assistance project that is more than inconsequential will not be prevented or detected by the entity's internal control.

A *material weakness* is a significant deficiency, or combination of significant deficiencies, that results in more than a remote likelihood that a material noncompliance with a type of compliance requirement of a federal program or state assistance project will not be prevented or detected by the entity's internal control.

Our consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section and would not necessarily identify all deficiencies in internal control that might be significant deficiencies or material weaknesses. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses, as defined above.

This report is intended solely for the information and use of the Board of Directors, management, Florida Auditor General, federal and state awarding agencies and pass-through entities and is not intended to be and should not be used by anyone other than these specified parties.



OROPEZA & PARKS
Certified Public Accountants

May 13, 2010
June 28, 2010

**DOMESTIC ABUSE SHELTER, INC.
SCHEDULE OF FINDINGS AND QUESTIONED COSTS
FOR THE YEAR ENDED JUNE 30, 2009**

A. Summary of Auditor's Results

1. The auditor's report expresses an unqualified opinion on the financial statements of the Domestic Abuse Shelter, Inc.
2. There were no reportable conditions disclosed during the audit of the financial statements.
3. No instances of noncompliance material to the financial statements of the Domestic Abuse Shelter, Inc., which would be required to be reported in accordance with *Government Auditing Standards*, were disclosed during the audit.
4. There were no reportable conditions disclosed during the audit of the major federal award programs and state financial assistance projects.
5. The auditor's report on compliance for the major federal award programs and state financial assistance projects for the Domestic Abuse Shelter expresses an unqualified opinion on the major federal programs and state financial assistance projects.
6. There were no audit findings relative to the major federal award programs and state financial assistance projects for the Domestic Abuse Shelter, Inc.
7. The programs tested as major include:

Department of Justice

Indirect Programs

Passed through the State of Florida, Office of the Attorney General

Crime Victims Assistance	16,575*	V8094	255,093
Crime Victims Assistance	16,575*	V7067	131,494

8. The threshold used for distinguishing between Type A and Type B programs was \$300,000.
9. The Domestic Abuse Shelter qualifies as a low-risk auditee for Federal award programs.

B. Findings – Financial Statement Audit

None

C. Findings and Questioned Costs – Major Federal Award Programs & State Financial Assistance Projects Audit

None

**DOMESTIC ABUSE SHELTER, INC.
CORRECTIVE ACTION PLAN
FOR THE YEAR ENDED JUNE 30, 2009**

State of Florida Office of the Attorney General
PL-01, The Capitol
Tallahassee, FL 32399-1050

RE: Auditor's Report
Contracts V7067 and V8094

The Domestic Abuse Shelter, Inc. submits the following Corrective Action Plan for the year ended June 30, 2009.

Name and address of independent accounting firm:

Oropeza & Parks, Certified Public Accountants
815 Peacock Plaza
Key West, FL 33040

Audit period: Year Ended June 30, 2009

The findings from the June 30, 2009 Schedule of Findings and Questioned Costs are discussed below. The findings are numbered consistently with the numbers in the schedule. Section A of the schedule, Summary of Audit Results, does not include any findings and is not addressed.

B. Findings – Financial Statement Audit

None noted

C Findings – Major Federal Award Programs and State Financial Assistance Projects Audit

None noted

DOMESTIC ABUSE SHELTER, INC.
SCHEDULE OF PRIOR AUDIT FINDINGS FEDERAL AWARDS PROGRAMS AND STATE
FINANCIAL ASSISTANCE PROJECTS
FOR THE YEAR ENDED JUNE 30, 2009

Prior Year Findings and Questioned Costs – Major Federal Award Programs

<u>Finding Number</u>	<u>Prior Audit Finding</u>
Finding 1	None

Prior Year Findings and Questioned Costs – State Financial Assistance Projects

<u>Finding Number</u>	<u>Prior Audit Finding</u>
Finding 1	None

Return of Organization Exempt From Income Tax

2008

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

For the **2008** calendar year, or tax year beginning **7/01**, **2008**, and ending **6/30**, **2009**

B	Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See specific instructions.	DOMESTIC ABUSE SHELTER, INC. P O BOX 2696 MARATHON SHORES, FL 33052	D	Employer identification number 59-2153608
				E	Telephone number (305) 743-5452
				G	Gross receipts \$ 1,511,987.
		F	Name and address of principal officer: SAME AS C ABOVE	H(a)	Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
				H(b)	Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If 'No,' attach a list. (see instructions)</small>
I	Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
J	Website: ▶ WWW.DOMESTICABUSEHELTER.ORG				
K	Type of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	L	Year of formation:	M	State of legal domicile:

Part I Summary

	1	Briefly describe the organization's mission or most significant activities: <u>DOMESTIC VIOLENCE SERVICES FOR WOMEN AND CHILDREN SHELTER, HOTLINE, OUTREACH, COUNSELING AND INFORMATION. ALSO COUNSELING OF BATTERERS.</u>			
Activities & Governance	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)	3	9	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	8	
	5	Total number of employees (Part V, line 2a)	5	38	
	6	Total number of volunteers (estimate if necessary)	6	0	
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0.	
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 1,120,525.	Current Year 1,498,314.	
	9	Program service revenue (Part VIII, line 2g)			
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	288.	94.	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	139,002.	11,143.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,259,815.	1,509,551.	
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			
	14	Benefits paid to or for members (Part IX, column (A), line 4)			
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	921,411.	995,762.	
	16a	Professional fundraising fees (Part IX, column (A), line 11e)			
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶			
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	405,625.	440,624.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,327,036.	1,436,386.	
	19	Revenue less expenses. Subtract line 18 from line 12	-67,221.	73,165.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Year 1,033,281.	End of Year 1,083,175.	
	21	Total liabilities (Part X, line 26)	152,551.	131,480.	
	22	Net assets or fund balances. Subtract line 21 from line 20	880,730.	951,695.	

Part II Signature Block

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	VENITA GARVIN VALDEZ		Date	
	Signature of officer		Date	
	VENITA GARVIN VALDEZ		EXECUTIVE DIRECTOR	
	Type or print name and title.			
Paid Preparer's Use Only	Preparer's signature	▶ JOHN G. PARKS, JR., CPA, P.A.	Date	5/17/10
	Firm's name (or yours if self-employed), address, and ZIP + 4	▶ OROPEZA & PARKS, CPAS 815 PEACOCK PLZ. KEY WEST, FL 33040		
	Check if self-employed	<input type="checkbox"/>		Preparer's identifying number (see instructions)
	EIN ▶ 65-0881671		Phone no. ▶ (305) 294-1049	

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:
DOMESTIC VIOLENCE SERVICES FOR WOMEN AND CHILDREN. SHELTER, HOTLINE, OUTREACH,
COUNSELING AND INFORMATION. ALSO COUNSELING OF BATTERERS.

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

4a (Code:) (Expenses \$ 1,297,487. including grants of \$) (Revenue \$)
DOMESTIC VIOLENCE SERVICES. WOMEN AND CHILDREN SHELTERED: 175,
HOTLINE: 1,365, OUTREACH: 953. COUNSELING HOURS: 4,783, INFORMATIONAL UNITS: 5,424.

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

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

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

4e Total program service expenses ► \$ 1,297,487. (Must equal Part IX, Line 25, column (B).)

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	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II		X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III		
6 Did the organization maintain any donor advised funds or any accounts where 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		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V		X
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If 'Yes,' complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the U.S.?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If 'Yes,' complete Schedule F, Part I		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If 'Yes,' complete Schedule G, Part I		X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III		X
20 Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II		X
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III		X
23 Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? If 'Yes,' complete Schedule J		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer questions 24b-24d and complete Schedule K. If 'No,' go to question 25		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
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? If 'Yes,' complete Schedule L, Part I		X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If 'Yes,' complete Schedule L, Part I		X
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? If 'Yes,' complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III		X

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Part IV Checklist of Required Schedules (continued)

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
b	Have a family member who had a direct or indirect business relationship with the organization? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i>		X
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>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i>		X
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>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I.</i>		X
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>		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		X
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>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI.</i>		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1 a	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
1 b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1 c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2 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 this return. (see instructions)	X	
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3 b	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O		
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4 b	If 'Yes,' enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5 b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5 c	If 'Yes,' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6 a	Did the organization solicit any contributions that were not tax deductible?		X
6 b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7 a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		X
7 b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		
7 c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7 d	If 'Yes,' indicate the number of Forms 8282 filed during the year		
7 e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7 f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7 g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
7 h	For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
9 a	Did the organization make any taxable distributions under section 4966?		
9 b	Did the organization make any distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10 a	Initiation fees and capital contributions included on Part VIII, line 12		
10 b	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11 a	Gross income from other members or shareholders		
11 b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12 b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year		

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Part VI Governance, Management and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

		Yes	No
<i>For each 'Yes' response to lines 2-7b below, and for a 'No' response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.</i>			
1 a	Enter the number of voting members of the governing body		
1 b	Enter the number of voting members that 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?		X
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?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7 a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7 b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8 a	The governing body?	X	
8 b	Each committee with authority to act on behalf of the governing body?	X	
9 a	Does the organization have local chapters, branches, or affiliates?		X
9 b	If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990. SEE SCHEDULE O		X
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O		X

Section B. Policies

		Yes	No
12 a	Does the organization have a written conflict of interest policy? If 'No,' go to line 13	X	
12 b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12 c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?		X
14	Does the organization have a written document retention and destruction policy?		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
15 a	The organization's CEO, Executive Director, or top management official?		X
15 b	Other officers of key employees of the organization?		X
Describe the process in Schedule O. (see instructions)			
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16 b	If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosures

- 17 List the states with which a copy of this Form 990 is required to be filed **▶ NONE**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. **SEE SCHEDULE O**
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:
▶ THE ORGANIZATION P.O. BOX 2696 MARATHON SHORES FL 33052 305-743-5452

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

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

1 a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- 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 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) or more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
HAROLD BOYDEN DIRECTOR	0						0.	0.	0.	
ROBERTA CASTILLO DIRECTOR	0						0.	0.	0.	
VENITA GARVIN VALDEZ CHIEF EXEC OFF	0						0.	0.	0.	
GUADALUPE MARZOA VICE PRESIDENT	0						0.	0.	0.	
SHERRY PHILLIPS DIRECTOR	0						0.	0.	0.	
ANGELA GRUETZMANN DIRECTOR	0						0.	0.	0.	
LARRY KAHN PRESIDENT & CEO	0						0.	0.	0.	
KATALIN KOLER DIRECTOR	0						0.	0.	0.	
CAPT. DONNIE LEE DIRECTOR	0						0.	0.	0.	
VENITA GARVIN-VALDEZ EXECUTIVE DIRECTOR	40				X		112,976.	0.	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	1 a Federated campaigns	1 a 19,020.				
	b Membership dues	1 b				
	c Fundraising events	1 c				
	d Related organizations	1 d				
	e Government grants (contributions)	1 e 1,304,472.				
	f All other contributions, gifts, grants, and similar amounts not included above	1 f 174,822.				
	g Noncash contribns included in lns 1a-1f	\$ 101,842.				
	h Total. Add lines 1a-1f		1,498,314.			
PROGRAM SERVICE REVENUE	Business Code					
	2 a -----					
	b -----					
	c -----					
	d -----					
	e -----					
	f All other program service revenue					
g Total. Add lines 2a-2f						
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)		94.	94.		
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross Rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a 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)				
	d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a 12,792.				
	b Less: direct expenses	b 2,436.				
c Net income or (loss) from fundraising events		10,356.		10,356.		
9 a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses	b					
c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a MISC. INCOME		787.	787.			
b -----						
c -----						
d All other revenue						
e Total. Add lines 11a-11d		787.				
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		1,509,551.	881.	0.	10,356.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	112,976.	100,549.	12,427.	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	673,153.	599,106.	74,047.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	149,298.	132,875.	16,423.	
10 Payroll taxes	60,335.	53,698.	6,637.	
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Prof fundraising svcs. See Part IV, ln 17				
f Investment management fees				
g Other	40,657.	36,143.	4,514.	
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	79,356.	75,955.	3,401.	
17 Travel	34,755.	30,932.	3,823.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	2,986.	2,658.	328.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	31,666.	28,183.	3,483.	
23 Insurance	27,526.	24,498.	3,028.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a PROGRAM SUPPLIES	98,296.	98,296.		
b TELEPHONE	40,930.	36,428.	4,502.	
c REPAIRS & MAINTENANCE	31,905.	28,395.	3,510.	
d PRINTING AND PUBLICATIONS	24,323.	21,647.	2,676.	
e FOOD	11,359.	11,359.		
f All other expenses	16,865.	16,765.	100.	
25 Total functional expenses. Add lines 1 through 24f	1,436,386.	1,297,487.	138,899.	0.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. 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)		(B)	
		Beginning of year		End of year	
ASSETS	1	Cash – non-interest-bearing	13,608.	1	59,928.
	2	Savings and temporary cash investments	47,884.	2	59,949.
	3	Pledges and grants receivable, net	404,204.	3	331,365.
	4	Accounts receivable, net	3,514.	4	2,945.
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	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		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost basis	963,589.		
	b	Less: accumulated depreciation. Complete Part VI of Schedule D	335,747.	10c	627,842.
	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	1,413.	15	1,146.
16	Total assets. Add lines 1 through 15 (must equal line 34)	1,033,281.	16	1,083,175.	
LIABILITIES	17	Accounts payable and accrued expenses	38,768.	17	31,480.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	113,783.	23	100,000.
	24	Unsecured notes and loans payable		24	
	25	Other liabilities. Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	152,551.	26	131,480.
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	647,893.	27	721,058.
	28	Temporarily restricted net assets	232,837.	28	230,637.
	29	Permanently restricted net assets		29	
	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, and equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances.	880,730.	33	951,695.	
34	Total liabilities and net assets/fund balances.	1,033,281.	34	1,083,175.	

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?		X
2c	If 'Yes' to 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?		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If 'Yes,' did the organization undergo the required audit or audits?		

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)	1,110,919.	1,393,321.	1,300,488.	1,146,266.	1,571,722.	6,522,716.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.						0.
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						0.
4 Total. Add lines 1-3.	1,110,919.	1,393,321.	1,300,488.	1,146,266.	1,571,722.	6,522,716.
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).						0.
6 Public support. Subtract line 5 from line 4.						6,522,716.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4.	1,110,919.	1,393,321.	1,300,488.	1,146,266.	1,571,722.	6,522,716.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	1,411.	2,186.	1,594.	288.	94.	5,573.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) SEE PART IV.	921.	13,058.	6,777.	4,045.	787.	25,588.
11 Total support. Add lines 7 through 10.						6,553,877.
12 Gross receipts from related activities, etc. (see instructions).					12	0.

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)).	14	99.5 %
15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f.	15	99.5 %

16a **33-1/3 support test – 2008.** If the organization did not check the box on line 13, and the 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 – 2007.** If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.

17a **10%-facts-and-circumstances test – 2008.** 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 – 2007.** 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.

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose.						
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5 The value of services or facilities furnished by a governmental unit to the organization without charge.						
6 Total. Add lines 1-5.						
7a Amounts included on lines 1, 2, 3 received from disqualified persons.						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000.						
c Add lines 7a and 7b.						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (add lns 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)).	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h.	18	%

19a 33-1/3 support tests – 2008. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33-1/3 support tests – 2007. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

2008

SCHEDULE A, PART IV - SUPPLEMENTAL INFORMATION PAGE 5

CLIENT 10297

DOMESTIC ABUSE SHELTER, INC.

59-2153608

5/17/10

02:17PM

PART II, LINE 10 - OTHER INCOME

<u>NATURE AND SOURCE</u>	<u>2008</u>	<u>2007</u>	<u>2006</u>	<u>2005</u>	<u>2004</u>
OTHER INCOME	787.	4,045.	6,777.	13,058.	921.
TOTAL	<u>\$ 787.</u>	<u>\$ 4,045.</u>	<u>\$ 6,777.</u>	<u>\$ 13,058.</u>	<u>\$ 921.</u>

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Attach to Form 990. To be completed by organizations that answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

Employer identification number

DOMESTIC ABUSE SHELTER, INC.

59-2153608

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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?
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 other impermissible private benefit??

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).
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.

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

- 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, violations, and enforcement of the conservation easement it holds?
6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year
7 Amount of expenses incurred in monitoring, inspecting, and enforcing 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)?
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.

- 1 a 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, 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 the following amounts relating to these items:
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:

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 Trust, Escrow and Custodial Arrangements Complete if 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 Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

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 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:

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book Value
1a Land		108,500.		108,500.
b Buildings		243,332.	6,083.	237,249.
c Leasehold improvements		421,816.	13,618.	408,198.
d Equipment		189,941.	11,965.	177,976.
e Other			304,081.	-304,081.
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				627,842.

BAA

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)	1,509,551.
2	Total expenses (Form 990, Part IX, column (A), line 25)	1,436,386.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	73,165.
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	
9	Total adjustments (net). Add lines 4-8	
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	73,165.

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	1,522,799.
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	13,248.
	c Recoveries of prior year grants	2c	
	d Other (Describe in Part XIV)	2d	
	e Add lines 2a through 2d	2e	13,248.
3	Subtract line 2e from line 1	3	1,509,551.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
	a Investments 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	1,509,551.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements	1	1,449,634.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	a Donated services and use of facilities	2a	13,248.
	b Prior year adjustments	2b	
	c Losses reported on Form 990, Part IX, line 25	2c	
	d Other (Describe in Part XIV)	2d	
	e Add lines 2a through 2d	2e	13,248.
3	Subtract line 2e from line 1	3	1,436,386.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	a Investments 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	1,436,386.

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.

SCHEDULE O
(Form 990)

Supplemental Information to Form 990

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Name of the organization

Employer identification number

DOMESTIC ABUSE SHELTER, INC.

59-2153608

FORM 990, PART VI, LINE 10 - FORM 990 REVIEW PROCESS

EXECUTIVE DIRECTOR REVIEWS THE FORM 990 BEFORE FILING. BOARD MEMBERS ARE GIVEN A COPY AFTER THE FILING.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

GOVERNING DOCS, POLICIES AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

Internal Revenue Service
District Director

Department of the Treasury

Date: NOV 18 1983

Employer Identification Number:
59-2153608
Accounting Period Ending:
December 31
Form 990 Required: Yes No

Domestic Abuse Shelter, Inc.
P. O. Box 1145
Key West, Florida 33040

Person to Contact:
M. Moore /ck
Contact Telephone Number:
(404) 221-4516
File Folder Number:
580044403

Dear Applicant:

Based on information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code.

We have further determined that you are not a private foundation within the meaning of section 509(a) of the Code, because you are an organization described in section 509(a)(1) & 170(b)(1)(A)(vi).

If your sources of support, or your purposes, character, or method of operation change, please let us know so we can consider the effect of the change on your exempt status and foundation status. Also, you should inform us of all changes in your name or address.

Generally, you are not liable for social security (FICA) taxes unless you file a waiver of exemption certificate as provided in the Federal Insurance Contributions Act. If you have paid FICA taxes without filing the waiver, you should contact us. You are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Since you are not a private foundation, you are not subject to the excise taxes under Chapter 42 of the Code. However, you are not automatically exempt from other Federal excise taxes. If you have any questions about excise, employment, or other Federal taxes, please let us know.

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

The box checked in the heading of this letter shows whether you must file Form 990, Return of Organization Exempt from Income tax. If Yes is checked, you are required to file Form 990 only if your gross receipts each year are normally more than \$10,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of your annual accounting period. The law imposes a penalty of \$10 a day, up to a maximum of \$5,000, when a return is filed late, unless there is reasonable cause for the delay.

**2010 / 2011
MONROE COUNTY BUSINESS TAX RECEIPT
EXPIRES SEPTEMBER 30, 2011**

RECEIPT# 47161-10243

Business Name: MARIAN GLASS CTR /DOMESTIC ABUSE
SHELTER INC

Owner Name: MARIAN GLASS CENTER
Mailing Address: PO BOX 522696
MARATHON SHORES, FL 33052

Business Location: KEY VACA
MARATHON SHORES, FL 33052
Business Phone: 305-743-5452
Business Type: MISCELLANEOUS SERVICE (WOMENS SHELTER
CONFIDENTIAL IN)

Rooms Seats Employees Machines Stalls
5

Tax Amount	For Vending Business Only				Prior Years	Collection Cost	Total Paid
	Number of Machines:		Vending Type:				
	Transfer Fee	Sub-Total	Penalty				
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Paid 203-09-00000654 09/21/2010 0.00

THIS RECEIPT MUST BE POSTED CONSPICUOUSLY IN YOUR PLACE OF BUSINESS

THIS BECOMES A TAX RECEIPT
WHEN VALIDATED

Danise D. Henriquez, CFC, Tax Collector
PO Box 1129, Key West, FL 33041

THIS IS ONLY A TAX.
YOU MUST MEET ALL
COUNTY AND/OR
MUNICIPALITY PLANNING
AND ZONING REQUIREMENTS.

L

**State of Florida
Department of Children and Families**

Certification

This is to certify that

**DOMESTIC ABUSE SHELTER, INC.
Monroe County**

has complied with the minimum standards in
Section 39.905, Florida Statutes, and Chapter 65H-1, Florida Administrative Code,
and is hereby certified as a Domestic Violence Center by the State of Florida, Department of Children and Families.

Expiration Date: September 30, 2011



Trula E. Motta, Director
Office of Domestic Violence Program

September 29, 2010
Date



EMPLOYEE HANDBOOK



DOMESTIC ABUSE SHELTER, INC.

Revised: September 2003

Revised: June 2005

Revised: November 2005

Revised: October 2006

Revised: December 2007

Revised December 2008

Revised February, 2010

- Food expenses will be reimbursed up to a total of \$36.00/day. All meals included in the conference program will be subtracted from this reimbursement.
- Tolls will be paid upon presentation of dated receipts
- Mileage to in-state conferences will be paid at the rate of 44.5 cents per mile upon presentation of a mileage voucher.
- DAS Tax number will be furnished to hotels when registering and reconfirmed at check-in.
- Approved reimbursements will be paid twice monthly.

E. **Equal Employment Opportunity**

The Domestic Abuse Shelter, Inc., does not discriminate against a person because of race, color, religion, sex, national origin, citizenship, marital status, sexual orientation, disability, gender, age, or status as a veteran in any aspect of employment. DAS' policy of equal employment opportunity and nondiscrimination extends to recruitment, employment, advancement, promotion, corrective and disciplinary action, compensation and benefits administration, training and development and other personnel actions. Furthermore, this organization is committed to striving for a staff that reflects the cultural diversity of our community and the clients DAS serves.

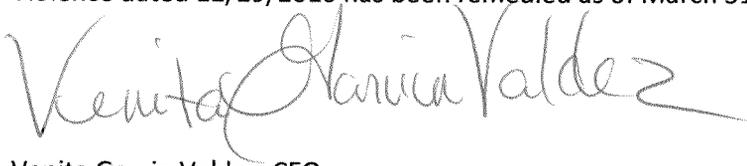
F. **Harassment Policy**

DAS' policy against discrimination on the basis of sex also prohibits any and all harassment on the basis of sex, race, age, or any other protected status. The policy prohibits sexual harassment including unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature when submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment, or when submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individual or such conduct has the purpose or effect of interfering with an individual's work performance or creating in intimidating, hostile, or offensive working environment.

Any person who feels that he or she is being harassed or discriminated against must immediately report the offensive conduct to his or her direct supervisor. However, if the employee's direct supervisor is in any way involved in the alleged inappropriate behavior or is unavailable, the employee should report the conduct directly to the Chief Executive Officer of the agency. Finally, if the employee's direct supervisor and the Chief Executive Officer are involved in the alleged inappropriate conduct or are unavailable, immediately contact the President of the Board of Directors. Any

April 19, 2011

All findings 1 - 13 noted within the corrective action report for the Florida Coalition Against Domestic Violence dated 12/29/2010 has been remedied as of March 31, 2011.

A handwritten signature in black ink that reads "Venita Garvin Valdez". The signature is written in a cursive style with a long, sweeping tail at the end.

Venita Garvin Valdez, CEO
Domestic Abuse Shelter, Inc.

DOMESTIC ABUSE SHELTER, INC.
ANNUAL REPORT
October 1, 2009 – September 30, 2010

The mission of the Domestic Abuse Shelter, Inc. (DAS) is to provide comprehensive services for individuals and families experiencing domestic and sexual violence.

Goal

The goal is to reduce the incidence and minimize the impact of domestic and sexual abuse in Monroe County by directing the appropriate, effective programs and services to victims.

DAS Statistics

Unduplicated Individuals Served

Total Individuals Served	1080
Total Number of Adult and Children Victims Served	812

Unduplicated Use of Service Location

Shelter	235
Outreach	248
Hotline	859

Public Awareness

Primary Prevention	27
# in attendance	348
Booth Representation	5
# in attendance	1040
Community Presentations	9
# in attendance	536
Professional Training	11
# in attendance	113
Media	14

Services Received

Shelter Days	5954
Hours of Counseling	3778
Hotline Calls	1606
Service Management	303
Child Assessments	84
Safety Plans	1350
Information & Referral	6451
Group Counseling	539

DAS Demographics

Seeking Assistance Because of

Domestic Violence	758
Sexual Violence	25
Other Crime Victims	28
Non Victims	269

Ethnicity

Asian	3
African American	121
Caucasian	527
Hispanic	200
Native American	4
Other	21
Unknown	204

Age

0 – 14	78
15 – 17	13
18 – 29	157
0 – 39	182
45 – 49	168
50 – 59	88
60+	17
Unknown	377

Gender

Female	909
Male	169
Transgender	2

**ATTACHMENT N
STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY HEALTH DEPARTMENT
RESIDENTIAL GROUP CARE
INSPECTION REPORT**



PURPOSE:

- ROUTINE REINSPECTION
- CONSTRUCT. CHANGE OF OWNER
- COMPLAINT CONSULTATION
- QA SURVEY EPIDEMIOLOGY
- PREOPENING OTHER

- ALF
- AFCH
- Hosp.
- ICFDD
- OtRes
- FH
- RTF
- ResGp
- CSU
- TRAN.
- DAMHF
- CCA
- OTHER

NAME OF FACILITY: Domestic Abuse Shelter
 ADDRESS: P.O. Box 52696 CITY: Marathon
 OWNER: Domestic Abuse Shelter Inc PHONE: 330-500-3300
 PERSON IN CHARGE: Ellen PHONE: 743-5852

RESULTS

Satisfactory
 Incomplete
 Unsatisfactory

Correct Violations by
 Next Inspection
 8:00 AM on:

OUT OF BUSINESS

BEGIN	END
12:00	12:05
12:05	12:10
12:10	12:15
12:15	12:20
12:20	12:25
12:25	12:30
12:30	12:35
12:35	12:40
12:40	12:45
12:45	12:50
12:50	12:55

DATE
04-29-09
05
06
07
08
09
10
11
12
13
14

POSITION
5899
00
01
02
03
04
05
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07
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09
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12
13
14

PERM NUMBER
4-51-00107
00
01
02
03
04
05
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07
08
09
10
11
12
13
14

CAPACITY
100
200
300
400
500
600
700
800
900

DATE
05
06
07
08
09
10
11
12
13
14

WATER SUPPLY	<input type="checkbox"/> 13. Hand Sink/Hot Water	VERMIN CONTROL	MEDICATIONS OR TOXIC SUBSTANCES
<input type="checkbox"/> 1. Approved System	<input type="checkbox"/> 14. Warewashing/Cleaning	<input type="checkbox"/> 26. DO NOT USE	<input type="checkbox"/> 44. DO NOT USE
<input type="checkbox"/> 2. Operation	<input type="checkbox"/> 15. DO NOT USE	<input type="checkbox"/> 27. Infestation/Presence	<input type="checkbox"/> 35. DO NOT USE
<input type="checkbox"/> 3. Bacteriological/Chemical	<input type="checkbox"/> 16. Food Other _____	<input type="checkbox"/> 28. Screening	<input type="checkbox"/> 36. Storage/Locked
<input type="checkbox"/> 4. DO NOT USE	HOUSING	BEDDING, TOWELS, & PERSONAL ITEMS	<input type="checkbox"/> 45. Other _____
<input type="checkbox"/> 5. Water Accessible	<input checked="" type="checkbox"/> 17. Maintenance	<input type="checkbox"/> 29. Beds	<input type="checkbox"/> 46. Other _____
<input type="checkbox"/> 6. Temperature/Supply	<input type="checkbox"/> 18. Construction	<input type="checkbox"/> 30. Linens	<input type="checkbox"/> 47. Other _____
FOOD SERVICE	<input type="checkbox"/> 19. DO NOT USE	<input type="checkbox"/> 31. Storage	<input type="checkbox"/> 48. Other _____
<input type="checkbox"/> 7. Source/Wholesome	<input type="checkbox"/> 20. Cleaning/Odors	<input type="checkbox"/> 32. Personal Space	<input type="checkbox"/> 49. Other _____
<input type="checkbox"/> 8. Preparation/Protection	<input type="checkbox"/> 21. Lighting/Ft. Candles	LAUNDRY	<input type="checkbox"/> 50. Other _____
<input type="checkbox"/> 9. Equipment	<input type="checkbox"/> 22. Plumbing	<input type="checkbox"/> 33. Separations/Transport.	<input type="checkbox"/> 51. Other _____
<input type="checkbox"/> 10. Holding & Cooking Temps.	<input type="checkbox"/> 23. Inside Temperature	<input type="checkbox"/> 34. Vented	<input type="checkbox"/> 52. Other _____
<input type="checkbox"/> 11. DO NOT USE	<input type="checkbox"/> 24. Sanitary Facilities	<input type="checkbox"/> 41. Drained/Litter/Trash	<input type="checkbox"/> 53. Other _____
<input type="checkbox"/> 12. Storage	<input type="checkbox"/> 25. Sewage	<input type="checkbox"/> 42. DO NOT USE	
		<input type="checkbox"/> 43. Water Safety	

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
17	Repair missing tiles on step leading to dining area.
17	Repaint ceiling where mold is present in bathroom. Clean w/bleach at 50 ppm.
17	Seal wood on play equipment to prevent injury.

HEALTH DEPARTMENT INSPECTOR: Heidi Spitzer PHONE: 289-2721
 COPY OF REPORT RECEIVED BY: Ellen DATE: 4/29/09

DH 4029, 09/05 (Obsoletes Previous Edition, HRS-H Form 4027, and HRS-H Form 4033)

ATTACHMENT N
 DEPARTMENT OF HEALTH
 COUNTY HEALTH DEPARTMENT
 RESIDENTIAL GROUP CARE
 INSPECTION REPORT



PURPOSE:

- ROUTINE
- CONSTRUCT.
- COMPLAINT
- QA SURVEY
- PREOPENING
- REINSPECTION
- CHANGE OF OWNER
- CONSULTATION
- EPIDEMIOLOGY
- OTHER

- AFCH
- Hosp.
- ICFDD
- OtRes
- FH
- RTF
- ResGp
- CSU
- TRAN.
- DAMHF
- CCA
- OTHER

NAME OF FACILITY: Domestic Abuse Shelter
 ADDRESS: 1623 Scoulling Ct #1 CITY: Key West
 OWNER: Domestic Abuse Shelter ZIP: 33080
 PERSON IN CHARGE: Tina Harper PHONE: 293 6647

RESULTS

Satisfactory
 Incomplete
 Unsatisfactory

Correct Violations by
 Next Inspection
 8:00 AM on:

OUT OF BUSINESS

BEGIN	END
1000	1020
01	01
02	02
03	03
04	04
05	05
06	06
07	07
08	08
09	09
10	10
11	11
12	12
13	13
14	14

DATE
060509
05
06
07
08
09
10
11
12
13
14

POSITION #
80903
01
02
03
04
05
06
07
08
09

PERMIT NUMBER
44-51-00284
00
01
02
03
04
05
06
07
08
09

CAPACITY
10
20
30
40
50
60
70
80
90

NUMBER PRESENT: 2

DATE
05
06
07
08
09
10
11
12
13
14

WATER SUPPLY

- 1. Approved System
- 2. Operation
- 3. Bacteriological/Chemical
- 4. DO NOT USE
- 5. Water Accessible
- 6. Temperature/Supply

FOOD SERVICE

- 7. Source/Wholesome
- 8. Preparation/Protection
- 9. Equipment
- 10. Holding & Cooking Temps.
- 11. DO NOT USE
- 12. Storage

HOUSING

- 17. Maintenance
- 18. Construction
- 19. DO NOT USE
- 20. Cleaning/Odors
- 21. Lighting/Ft. Candles
- 22. Plumbing
- 23. Inside Temperature
- 24. Sanitary Facilities
- 25. Sewage

VERMIN CONTROL

- 13. Hand Sink/Hot Water
- 14. Warewashing/Cleaning
- 15. DO NOT USE
- 16. Food Other

BEDDING, TOWELS, & PERSONAL ITEMS

- 29. Beds
- 30. Linens
- 31. Storage
- 32. Personal Space

LAUNDRY

- 33. Separations/Transport.
- 34. Vented

MEDICATIONS OR TOXIC SUBSTANCES

- 26. DO NOT USE
- 27. Infestation/Presence
- 28. Screening
- 35. DO NOT USE
- 36. Storage/Locked

GARBAGE/RUBBISH

- 37. Collection
- 38. Storage/Container
- 39. Disposal

RECREATIONAL AREA

- 40. Safe
- 41. Drained/Litter/Trash
- 42. DO NOT USE
- 43. Water Safety

44. DO NOT USE

- 45. Other _____
- 46. Other _____
- 47. Other _____
- 48. Other _____
- 49. Other _____
- 50. Other _____
- 51. Other _____
- 52. Other _____
- 53. Other _____

ITEM NUMBERS: 17 COMMENTS AND INSTRUCTIONS: Air temp Hot water temp 113°F

(continue on attached sheet)

Please fix the following items:

- 1) Tile broken on windowsill of FRONT BR side #2
- 2) Rear BR side #1 needs a light that can be controlled by the switch at the doorway.
- 3) Kitchen #1 - Broken piece of vinyl flooring

HEALTH DEPARTMENT INSPECTOR: Jane Pankromore PHONE: 293 9513

COPY OF REPORT RECEIVED BY: Tina Harper DATE: 6/5/09

DH 4029, 09/05 (Obsoletes Previous Edition, HRS-H Form 4027, and HRS-H Form 4033)

EMPLOYEE HANDBOOK



DOMESTIC ABUSE SHELTER, INC.

Revised: September 2003

Revised: June 2005

Revised: November 2005

Revised: October 2006

Revised: December 2007

Revised December 2008

Revised February, 2010

- Food expenses will be reimbursed up to a total of \$36.00/day. All meals included in the conference program will be subtracted from this reimbursement.
- Tolls will be paid upon presentation of dated receipts
- Mileage to in-state conferences will be paid at the rate of 44.5 cents per mile upon presentation of a mileage voucher.
- DAS Tax number will be furnished to hotels when registering and reconfirmed at check-in.
- Approved reimbursements will be paid twice monthly.

E. **Equal Employment Opportunity**

The Domestic Abuse Shelter, Inc., does not discriminate against a person because of race, color, religion, sex, national origin, citizenship, marital status, sexual orientation, disability, gender, age, or status as a veteran in any aspect of employment. DAS' policy of equal employment opportunity and nondiscrimination extends to recruitment, employment, advancement, promotion, corrective and disciplinary action, compensation and benefits administration, training and development and other personnel actions. Furthermore, this organization is committed to striving for a staff that reflects the cultural diversity of our community and the clients DAS serves.

F. **Harassment Policy**

DAS' policy against discrimination on the basis of sex also prohibits any and all harassment on the basis of sex, race, age, or any other protected status. The policy prohibits sexual harassment including unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature when submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment, or when submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individual or such conduct has the purpose or effect of interfering with an individual's work performance or creating in intimidating, hostile, or offensive working environment.

Any person who feels that he or she is being harassed or discriminated against must immediately report the offensive conduct to his or her direct supervisor. However, if the employee's direct supervisor is in any way involved in the alleged inappropriate behavior or is unavailable, the employee should report the conduct directly to the Chief Executive Officer of the agency. Finally, if the employee's direct supervisor and the Chief Executive Officer are involved in the alleged inappropriate conduct or are unavailable, immediately contact the President of the Board of Directors. Any



**Florida
Department of Children and Families
Office of Domestic Violence Program**

**Domestic Violence Center
Annual Center Certification**

Center ID: **Report Date:**

Center Name:

Judicial Circuit(s) Served:

Counties Served:

Date of Monitoring: **Type:**

Date of Last Monitoring: **Type of Last Monitoring:**

Outcome:

- PASS = No Corrective Action**
- PASS = With Corrective Action**
- FAIL = Certification Is Not Renewed**

Other:

If corrective action(s) are indicated, required actions will be outlined in Section 10 of this report.

Type of Facility	# of Facilities
Shelter	2
Outreach	2
Administrative	1
Transitional	0
Day Care/School	0

Certification Expiration Date:

Full Time Executive Director:
(Include e-mail address)

Venita Garvin-Valdez, Chief Executive Officer
vrgarvin@aol.com

Center Staff Participants:
(Names and positions)

Venita Garvin-Valdez, Chief Executive Officer
Ellen Gronwoldt, Operations Manager
Shauna Gionfriddo, Program Manager
Cynthia Rubenstein, Program Manager

Department Participants:
(Names and positions)

Debra Westerman, Government Operations Consultant III

Reviewed By:
(Names and positions)

Renee Starrett, Senior Management Analyst Supervisor

Annual Program Certification

The center is required to maintain documentation proving that standards as described in s. 39.905, F.S. and in Administrative Rule 65C-6 are being met. Each "NO" requires an explanation in the findings section.

ADMINISTRATIVE REQUIREMENTS

I. GENERAL REQUIREMENTS

	YES	NO	N/A
1. Is there a copy of the mission statement? (primary purpose must be to assist victims of domestic violence)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is there a current board of directors list with names, occupations, telephone numbers, emails, and addresses of all members?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Board President, Mailing Address & E-mail:			
Larry Kahn 4800 Overseas Highway #13 Marathon, FL 33050 LKahn@keynoter.com			
3. Does the documentation show the board held a meeting at least quarterly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is local law enforcement agency represented on the board?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Officer, Rank & Agency:			
Harold E. Boyden, Deputy Monroe County Sheriff's Office			
5. Is there a current written endorsement from one or more local law enforcement agencies?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Agency(s) & Dates:			
Last written endorsement was on April 29, 2008 from the Key West Police Department.			
6. Are there interagency agreements for integrating existing services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wesley House Family Services Department of Navy, Naval Air Station, Key West Florida Keys Children's Shelter, Inc.			
7. Is there documentation included of community support, both programmatic and financial?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Annual Program Certification

II. MANUALS / WRITTEN PROCEDURES REQUIREMENTS	YES	NO	N/A
1. Are there clearly written and defined intake policies and procedures that contain a non-discriminatory clause? This clause must include that services shall not be denied to any person because of national origin or spoken language, religion, age or disability.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the operating procedures/manual identify any clients that it cannot serve and if so, is there a referral or contingency plan (ex. male victims)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is there a clearly written confidentiality policy that complies with s. 39.908, F.S.?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are there written safety procedures including a plan for natural disasters such as hurricanes or fires that may require relocation of the participants?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Is there a comprehensive, up-to-date database of information and referral resources that is made available to staff and volunteers and for review by monitor(s)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Are there written procedures for regularly scheduled case staff meetings for the purpose of evaluating progress in assisting clients with meeting their objectives?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

III. STAFFING REQUIREMENTS	YES	NO	N/A
1. Is there a full time counselor?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name & Title:			
<div style="border: 1px solid black; padding: 2px;"> Marcia Ream, Victim Advocate </div>			
2. Is there a full or part-time bookkeeper?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name & Title:			
<div style="border: 1px solid black; padding: 2px; display: inline-block;"> Full-Time </div>			
<div style="border: 1px solid black; padding: 2px;"> Ellen Gronwoldt, Operations Manager </div>			
3. Is there a person who provides regularly scheduled in-service training to subcontractors, professional and non-professional staff and volunteers who are providing counseling services to victims and dependents?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name & Title:			
<div style="border: 1px solid black; padding: 2px;"> Shauna Gionfriddo, Program Manager Cynthia Rubenstein, Program Manager </div>			

Annual Program Certification

III. STAFFING REQUIREMENTS (continued)	YES	NO	N/A
3(a.) Is the above trainer a social worker who has an undergraduate degree in a human services area and training in the power and control dynamics of domestic violence, or a person with four years of direct service experience in the field of domestic violence?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3(b.) Is there a description in the policy and procedures of how, when and where staff and volunteers, including newly hired are trained on privilege and confidentiality?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3(c.) Are presentations and training to law enforcement and other professionals who provide services to victims and dependents being conducted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is there a community education person who facilitates presentations to the public, in person and through the media? These presentations should provide information on the incidence and dynamics of domestic violence.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name & Title:			
Shauna Gionfriddo, Program Manager Cynthia Rubenstein, Program Manager All Staff			
5. Does staff participate in community task forces, interagency councils or other organizations whose efforts improve services for victims of domestic violence.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monroe County CBC Alliance Southernmost Homeless Assistance League (SHAL) CHANCE Florida Keys Healthv Start			
6. Is there a current and accurate list of staff, paid and unpaid, that meets the requirements for advocate privilege according to s. 90.5036, F.S.?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IV. PROGRAM REQUIREMENTS	YES	NO	N/A
1. Is there a schedule showing coverage of the shelter being staffed 24 hours a day, 7 days a week by staff or trained volunteers?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. If there is not a service exemption for the following services, are descriptions included for each service including where, when and how services are provided?			
a. 24-Hour 7 Days a Week Hotline	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.) Do policies and procedures show that center staff or volunteers, covering the hotline, are trained in crisis counseling, safety planning and providing referral services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Professional Training Services including Law Enforcement Personnel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Community Education for Awareness of Domestic Violence	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Annual Program Certification

IV. PROGRAM REQUIREMENTS (continued)	YES	NO	N/A
3. Is there a description of each of the following services including where, when and how services are provided?			
a. Information and Referral Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Counseling Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Case Management Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Temporary Emergency Shelter for More Than 24 Hours	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Assessment and Appropriate Referrals for Resident Children	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are statistical reports that detail the number of domestic violence victims receiving required services kept and maintained?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Is each shelter participant provided with an individual counselor?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number of Counselors: <input style="width: 80px; border: 1px solid black;" type="text" value="13"/>			
6. Is in-house counseling at the shelter facility available between the hours of 8am and 10pm?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Is counseling staff available for participants at the shelter between the hours of 10pm and 8am?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

V. STAFF FILES	YES	NO	N/A
Total # of Files Reviewed <input style="width: 80px; border: 1px solid black;" type="text" value="13"/>			
1. Is the required 30 hours of Core Competency training documented in the personnel files for those who are in advocate privilege positions, paid or unpaid?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
# of Files with Core Competency <input style="width: 80px; border: 1px solid black;" type="text" value="13"/>			
2. Does paid and unpaid privilege staff (part-time or full-time) have the annually required 24 hours of training documented in their personnel files?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
# of Files with Required Training <input style="width: 80px; border: 1px solid black;" type="text" value="13"/>			
3. Have all paid and unpaid staff received yearly in-service training on the implementation of safety procedures including nature disasters, such as hurricane, and fire plans?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
# of Files with Required Safety Procedures Training <input style="width: 80px; border: 1px solid black;" type="text" value="13"/>			

Annual Program Certification

VI. FACILITY REQUIREMENTS	YES	NO	N/A
Shelter Facility: <input style="width: 90%;" type="text" value="Marathon Key"/>			
1. Is there a current fire inspection? Agency & Date:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input style="width: 90%;" type="text" value="City of Marathon Fire Rescue, 8/10/09"/>			
2. Is there a current health inspection? Agency & Date:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input style="width: 90%;" type="text" value="Monroe County Department of Health, 4/23/09"/>			
3. Is the shelter equipped with telephones for resident and staff usage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Have accommodations been made for the hearing impaired, both on the hotline and on telephones for resident use within the shelter?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Is the facility accessible to residents in wheel chairs (ADA Accessible)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Does the physical structure of the facility allow flexibility in sleeping accommodations for adults, children and infants?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Is the Individual privacy respected with single-family and/or single participant accommodations?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Have precautionary measures been taken to secure the safety of residents, such as:			
a. Are outside doors locked from outside at all times?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Are all windows secured against entry?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Is outside and entranceway lighting in place?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Are sprinklers or smoke alarms in each bedroom and in all hallways?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Is playground equipment routinely checked for safety? If yes by who:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input style="width: 90%;" type="text" value="Broward County Department of Health
Domestic Abuse Shelter Maintenance Staff"/>			
f. Is there a fence surrounding the children's play area?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Is the children's play area in view of the public?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. If previous question is yes, is there a privacy fence surrounding the play area?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Annual Program Certification

VII. SHELTER CASE MANAGEMENT	YES	NO	N/A
------------------------------	-----	----	-----

1. Do case records of shelter residents include the following:

- | | | | |
|--|-------------------------------------|--------------------------|--------------------------|
| a. Identifying information and other demographic data such as name, age, race, ethnicity, gender, disability and number of dependents? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Pertinent case history? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Case Management Plan? | | | |
| 1) Is there an individual needs assessment? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) Is there a service plan developed for residents housed for 72 hours or more? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| a) Does the service plan address goals and objectives? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Does the service plan provide the coordination and arrangement of appropriate service provisions? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) Is a signed safety plan included indicating participation in the development of the plan for those in shelter for 72 hours or more? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) Is there documentation of referrals? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5) Is there documentation of all services received? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Signed liability forms? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Signed release of information with termination date? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Signed TANF forms? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. If the participant has left, is there an exit interview or documentation with explanation why an exit interview was not completed? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Did the participant receive a revised safety plan during their stay after 72 hours or more? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

of Active Files reviewed:

7

in Compliance:

7

with Case Plans:

7

of Inactive files reviewed:

12

in Compliance:

12

with Case Plans:

12

Annual Program Certification

VII. SHELTER CASE MANAGEMENT (continued)	YES	NO	N/A
2. Is a risk assessment of resident children made at least 72 hours after intake? Do they include the following?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Evaluation of medical needs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Screening for child abuse?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Screening for behavioral issues?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Appropriate referrals?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Safety plan for child who is capable of carrying one out?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
# of files reviewed: <input style="width: 50px;" type="text" value="12"/>	# in compliance: <input style="width: 50px;" type="text" value="12"/>		
3. Are resident case records well maintained?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VIII. OUTREACH CASE MANAGEMENT	YES	NO	N/A
1. Are case management plans developed for non-resident clients seen face-to-face for at least three counseling sessions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, do they include the following:			
a. Identification data?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Dates of contact?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Individual needs assessment?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Detailed Service Plan?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1) Does the service plan address goals and objectives?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Does the service plan provide the coordination and arrangement of appropriate service provisions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Signed safety plan?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

of active files reviewed: # in compliance:

of inactive files reviewed: # in compliance:

2. Are outreach case records well maintained?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Annual Program Certification

IX. EXIT INTERVIEW

An exit interview with discussion of findings was conducted with Shauna Gionfriddo, Program Manager, and Cynthia Rubenstein, Program Manager, on August 20, 2008.

X. FINDINGS / CORRECTIVE ACTIONS

Finding:

An annual written endorsement from a local law enforcement agency, as required by section 39.905, Florida Statutes, was not available at time of monitoring.

Corrective Action:

The endorsement must be sent to the Department by September 30, 2009 by fax to (850) 922-6720 or e-mailed to debra_westerman@dcf.state.fl.us.

XI. CERTIFICATION STATUS

Certification is renewed through September 30, 2010 for all programs and facilities in operation as of August 19, 2009. However, the omission cited above must be brought into compliance by September 30, 2009.

		<h2 style="text-align: center;">Monitoring Corrective Action Plan</h2>	
Provider:	Domestic Abuse Shelter, Inc.	CAP Due Date: 12/29/2010	
Contract Manager:	Henry Betsey	CAP Approved By:	
Contract #:	2207	CAP Approval Date:	
Finding 1:	Weakness in internal controls related to cash disbursements		
	Task	Person(s) Responsible	Estimated Completion Date
	The Domestic Abuse Shelter will ensure that all cash disbursements are conducted in accordance with the guidelines as outlined in CFOP 75-8.	E Gronwoldt V. Garvin Valdez	Ongoing
			Status Update / Comments
			DAS has secured the receipts for the one check that had no receipt and will ensure on an ongoing basis that all invoices and receipts are attached to all cash disbursements.
Finding 2:	Personnel files not maintained pursuant to FCADV Standard Contract		
	Task	Person(s) Responsible	Estimated Completion Date
	The Domestic Abuse Shelter will ensure that all employees files are adequately and timely completed as required by Contract # 11-2207	E Gronwoldt V. Garvin Valdez	February 28, 2011 and Ongoing
			Status Update / Comments
			All DAS staff have completed the security training. The one employee that needs the HIV/AIDS training and the one employee that needs an annual evaluation will have the training completed and evaluation performed by February 28, 2011. Personnel files will be timely completed and maintained on an ongoing basis.
Finding 3:	Insufficient Board of Director's governance policies (repeat finding)		
	Task	Person(s) Responsible	Estimated Completion Date
	The Domestic Abuse Shelter will update its board policy to include language related to board composition representing the demographics of the population they serve.	L. Kahn, DAS Board President	March 31, 2011
			Status Update / Comments
			Policy was addressed but failure to include in the most recent revised DAS Board policies was an oversight. Will update DAS Board policies and submit to FCADV by March 31, 2011.

Finding 4: Participant files missing lethality assessments (repeat finding)		Person(s) Responsible	Estimated Completion Date	Status Update / Comments
Task				
The Domestic Abuse Shelter will ensure that all outreach and adult resident files contain all documents required by FCADV standards.	S. Gionfriddo Program Management /Supervisors & Victim Advocates	November 2010 and Ongoing	The best practices standard regarding completion of the lethality assessments was reviewed with staff during the November Agency meeting. Advocate supervisors will review paper and electronic files to assure that lethality assessments are completed in a timely manner.	
Finding 5: Child resident file missing permission for assessment/screening		Person(s) Responsible	Estimated Completion Date	Status Update / Comments
Task				
The Domestic Abuse Shelter will ensure that the completed child assessment/screening document in a child's file also has permission to assess/screen the child signed by the parent/guardian.	S. Gionfriddo Program Management /Supervisors & Victim Advocates	November 2010 and Ongoing	The best practices standard regarding completion of the child assessments/screening after written permission is given by the parent was reviewed with the advocate who made the mistake as well as all staff during the November Agency meeting. Advocate supervisors will review paper files to assure that child assessments/screenings are completed only after written permission is given by the parent.	
Finding 6: Inappropriate service notes (repeat finding)		Person(s) Responsible	Estimated Completion Date	Status Update / Comments
Task				
The Domestic Abuse Shelter will ensure that documentation for service notes shall include only services provided and that only necessary facts shall be recorded regarding services delivered.	S. Gionfriddo Program Management /Supervisors & Victim Advocates	November 2010 and Ongoing	The best practices standard regarding the documentation of service notes was reviewed with staff, with examples given of acceptable and unacceptable notes during the November Agency meeting. Advocate supervisors will review all electronic files on a regular basis to assure that only necessary information is recorded in participant service notes regarding services delivered. Supervisors will also discuss this standard periodically throughout the year during team meetings to remind staff of the standard in question.	
Finding 7: Participant file missing signed release of liability form		Person(s) Responsible	Estimated Completion Date	Status Update / Comments
Task				
The Domestic Abuse Shelter will ensure that all	S. Gionfriddo	November	The need for completed signed release of liability forms	

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<p>adult resident files contain all documentation required by FCADV Standards.</p>	<p>Program Management /Supervisors & Victim Advocates</p>	<p>2010 and Ongoing</p>	<p>was reviewed with staff during the November Agency meeting. Advocate supervisors will review all paper files on a regular basis to assure that all necessary paperwork is completed within the timeframes required. File and electronic paperwork requirements will be discussed with advocates by their supervisors periodically throughout the year during team meetings to remind advocates of the requirements.</p>
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<p>Finding 8: Participant file missing signed safety plan</p>			
<p>Task</p>	<p>Person(s) Responsible</p>	<p>Estimated Completion Date</p>	<p>Status Update / Comments</p>
<p>The Domestic Abuse Shelter will ensure that all adult resident files contain all documentation required by FCADV Standards</p>	<p>S. Gionfriddo Program Management /Supervisors & Victim Advocates</p>	<p>November 2010 and Ongoing</p>	<p>The need for completed signed safety plan forms for all shelter and outreach participants was reviewed with staff during the November Agency meeting. Advocate supervisors will review all paper and electronic files on a regular basis to assure that all necessary paperwork is completed within the timeframes required. File and electronic paperwork requirements will be discussed with advocates by their supervisors periodically throughout the year during team meetings to remind advocates of the requirements.</p>
<p>Finding 9: Release of Confidential Information form with no signature</p>			
<p>Task</p>	<p>Person(s) Responsible</p>	<p>Estimated Completion Date</p>	<p>Status Update / Comments</p>
<p>The Domestic Abuse Shelter will ensure that all release of confidential information forms are acted upon only after the form has been signed by the participant.</p>	<p>S. Gionfriddo Program Management /Supervisors & Victim Advocates</p>	<p>November 2010 and Ongoing</p>	<p>The need for completely signed release of confidential information forms (as well as all other forms requiring signatures) was reviewed with staff during the November Agency meeting. Advocate supervisors will review all paper and electronic files on a regular basis to assure that all necessary paperwork is completed accurately. File and</p>

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<p>electronic paperwork requirements will be discussed with advocates by their supervisors periodically throughout the year during team meetings to remind advocates of the requirements.</p>			
<p>Finding 10: : Incident report with participant and child's first name</p>			
<p>Task</p>	<p>Person(s) Responsible</p>	<p>Estimated Completion Date</p>	<p>Status Update / Comments</p>
<p>The Domestic Abuse Shelter will ensure that incident reports include only the file number of participants and not their names.</p>	<p>S. Gionfriddo Program Management /Supervisors & Victim Advocates</p>	<p>November 2010 and Ongoing</p>	<p>The procedure for completion of incident reports using only participant file numbers was reviewed with staff during the November Agency meeting. Advocate supervisors will review incident reports as soon as is possible after the completion of the report to assure the form is completed correctly. Incident report completion will be reviewed with advocates by supervisors periodically at team meetings to assure continue compliance with this standard.</p>
<p>Finding 11: Missing policies and protocols</p>			
<p>Task</p>	<p>Person(s) Responsible</p>	<p>Estimated Completion Date</p>	<p>Status Update / Comments</p>
<p>The Domestic Abuse Shelter will ensure that all required FCADV policies/protocols are developed, added to the DAS Policy and Procedure Manual and implemented</p>	<p>V. Garvin Valdez S. Gionfriddo</p>	<p>1/11/11</p>	<p>The Domestic Abuse Shelter Policy and Procedure Manual policies regarding</p> <ul style="list-style-type: none"> noticing participants of contracted shelter services providers (page 21 and attached list) assuring equal provision of services to all survivors of domestic violence (page 5) and the Domestic Abuse Shelter Employee Handbook policy regarding the perpetration of domestic violence by employees (page 8) <p>has been reviewed and updated, and is attached. Changes to policies will be review with supervisors during the January management meeting and noticed to all employees in an email.</p>
<p>Finding 12: Insufficient information on Exit Interview Form</p>			
<p>Task</p>	<p>Person(s) Responsible</p>	<p>Estimated Completion Date</p>	<p>Status Update / Comments</p>
<p>The Domestic Abuse Shelter will ensure that the</p>	<p>S. Gionfriddo</p>	<p>1/31/2011</p>	<p>The need for an updated participant exit interview form</p>

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<p>exit interview form contains all of the information required by FCADV standards.</p>	<p>Program Management /Supervisors & Victim Advocates</p>	<p>to include feedback on the assessment of children's services and linkage from shelter to outreach services was reviewed with supervisors upon completion of the FCADV audit and with all staff at the November Agency meeting. An updated form will be completed during the January management team meeting and be implemented immediately after in all areas. The updated form will be submitted to FCADV with the January Exhibit E.</p>
<p>Finding 13: Access to basic food and supplies is restricted and limited</p>		
<p>Task</p>	<p>Person(s) Responsible</p>	<p>Status Update / Comments</p>
<p>The Domestic Abuse Shelter will ensure that all basic supplies such as food, hygiene items and laundry soap are available and accessible to the shelter residents without requiring her to go to the office to request these basic supplies each time they are needed. The Domestic Abuse Shelter, Inc. shall further ensure that all basic food groups are available for shelter residents.</p>	<p>S. Gionfriddo Program Management /Supervisors & Victim Advocates</p>	<p>Estimated Completion Date 1/31/2011</p> <p>Laundry soap is available at all times in the laundry room/area. Hygiene items (including toilet paper) in the Marathon shelter are now stored in an open linen closet in the shelter which is freely accessible to all participants. Items from all food groups are available in a communal refrigerator at the Marathon Shelter which is freely accessible by all participants. Both DAS shelters have applied and been accepted by Feeding South Florida as recipients of low cost bulk food ordering delivery. All trainings have been completed by shelter management and the process of ordering and receiving food should be underway within the next few weeks.</p>

Signature below certifies that all information documented in the above corrective action plan is correct and details our agency's plan to address and resolve all findings noted.

Kevin Valdez

Executive Director or Designee Signature (CAP 11-2207)

1-11-2011

Date