



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

Agency Name	Helpline, Inc. of Monroe County
Physical Address	1623 Spalding Ct. #4
Mailing Address	PO Box 2186
City, State, Zip	Key West, FL 33045-2186
Phone	292-8445
Fax	292-8447
Email	Lou@KeysHelpline.org
Who should we contact with questions about this application?	Lou Hernandez

Amount received for prior fiscal year ending 09/30/10	\$4,500.00
Amount received for current fiscal year ending 09/30/11	\$4,000.00
Amount requested for upcoming fiscal year ending 09/30/12	\$5,000.00

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: Lou Hernandez

Signature *Lou Hernandez*

Date: 4/19/11

Typed Name of Board President/Chairman: Jedde Regante

Signature *Jedde Regante*

Date: 4/19/2011

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

1. Insert your agency's board-approved mission statement below.
Provide confidential and anonymous crisis intervention, education, and information and referral services to the residents and visitors of Monroe County and the homeless. Provide telephone reassurance to the elderly and disabled.
2. List the services your agency provides.
 - a. *Teaches Matter of Balance classes to seniors on how to prevent falling and the fear of falling.*
 - b. *Provides caregiver training and support groups to alleviate the stress of caring for loved ones on the home.*
 - c. *Provides daily telephone reassurance calls to registered elderly and homebound clients to ensure their well-being.*
 - d. *Provides telephone suicide and crisis intervention, information & referral services.*
 - e. *Provides free answering services for Alcoholics Anonymous, Al-Anon, the Interagency Council, the National Alliance for the Mentally Ill (NAMI), and Zonta.*
 - f. *Provide homeless information and referral services as a member of Southernmost Homeless Assistance League (SHAL).*

3. What services will be funded by this request?
Funding will support the information and referral components of the services above.

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? NO.

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

- a. grant award title, granting agency, and purpose:
- b. grant amount:
- c. match percentage requirement and amount:

7. If your organization was funded with HSAB funds last year, please briefly and specifically explain:

- a. how the funds were spent
The funds were spent on salary for the CEO.

- b. how they were used to leverage additional funding.
The funds are used to leverage funding from the Klaus-Murphy Foundation as well as private donations.

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.*

MC Sheriff's SAFF: \$3,600.00

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

Helpline addresses the needs for:

- a) an evidenced-based program designed for seniors to prevent falls and the subsequent health issues related to injuries suffered from falling,*
- b) supportive services for the growing number of family caregivers to reduce the stress associated with caring for a loved one in the home,*
- c) supportive services for our elderly and homebound residents who spend the majority of their last years of life alone,*
- d) supportive services for alcohol and substance abusers, their families and friends,*
- e) twenty-four hour access to suicide and crisis intervention services, as well as general information on social, health and government services in the county,*
- f) a toll-free number for the homeless who are in need of shelter, food, medical and social services..*

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

(If applying for \$5,000 or less, a response to question #12 is not required.)

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

(If applying for \$5,000 or less, a response to question #13 is not required.)

14. Describe your target population as specifically as possible.

HELPLINE's target population for our Matter of Balance program is county residents 60+. The Caregiver Training & Support program targets residents who are providing care to someone in the home 60+. The Telephone Reassurance targets elderly and/or homebound clients. Anyone in crisis (suicidal, abused, etc). The 800 number targets the homeless population. Community residents and visitors needing information on community services comprise the remaining target populations.

14. How are clients referred to your agency? Clients are referred by outreach efforts in the county, other social service organizations in the community, through our website and advertising.

Public service announcements, normal media advertising, and the Helpline website are the most common ways that callers are referred to our programs. State and County social service agencies also provide referrals. Reassurance clients are generally referred by their physicians, nursing care providers, family members, and the clergy. Callers also use our Helpline website, www.KeysHelpline.org as a reference tool.

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

*Participants in the Matter of Balance Program are open to all seniors age 60+. Caregivers must be caring for someone who is 60+. There are no eligibility requirements for telephone reassurance clients or callers to the Helpline. Calls dealing with **suicide and callers in crisis** are given special handling in that they are not cut shot for other calls, etc.*

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

HELPLINE has membership or contractual agreements with the following agencies and their respective program areas:

- i. Florida Keys Area Health Education Center: elder services*
- ii. Alliance for Aging of Miami-Dade & Monroe Counties, the Aging Resource Center, Monroe County Community Services and AARP: elder services*
- iii. Department of Children & Families, Alcoholics Anonymous and Al-Anon: substance abuse and mental health*
- iv. Florida Association of Information & Referral Systems, Interagency Council: information & referral*
- v. Southernmost Homeless Assistance League and its member agencies; homeless prevention*

17. List all sites and hours of operation.

Sites: Key West, and Islamorada, FL Hours of Operation: Office Hours M-F, 8 AM – 5 PM, Crisis Hotline 24/7 operation.

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

(If applying for \$5,000 or less, a response to question #19 is not required.)

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

(If applying for \$5,000 or less, a response to question #20 is not required.)

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

HELPLINE by-laws list a call center volunteer for membership on the Board of Directors. Additionally, all fund contributors, and call center volunteers are "members" of HELPLINE, and as members, annually elect the Board of Directors. The largest group of identifiable clients is in our Reassurance Program. This group regularly participates in surveys by outside agencies, such as the Health Council of South Florida. Normal callers to the HELPLINE are anonymous and calls are confidential so there is little opportunity for active representation.

21. Is your agency monitored by an outside entity? If so, by whom and how often?

(If applying for \$5,000 or less, a response to question #22 is not required.)

HELPLINE is licensed by the Department of Children and Families as a substance abuse prevention provider, and performs an annual review of our program. Our agency also provides services to the County's Elder population through a grant with the Alliance for Aging of Dade and Monroe, and they also monitor our program annually.

22. 8,760 hours of program service were contributed by 12 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?
 a. Complete Matter of Balance training for 90% of clients.
 b. Provide Family Caregiver & Training services to 95% of clients.
 c. Increase information and referral calls by 5% during FY 2012.
 b. We plan to increase our reassurance clients by 5%.

25. How will you measure these outcomes? N/A
(If applying for \$5,000 or less, a response to question #26 is not required.)

26. Provide information about units of service below. *(If applying for \$5,000 or less, a response to question #26 is not required.)* N/A

Service	Unit (hour, session, day, etc.)	Cost per unit (current year)

27. In 300 words or less, address any topics not covered above (optional).

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.

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		X	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		X	N/A FOR SERVICES
N. Copy of Florida Dept. of Health Licenses/Permits		X	N/A FOR SERVICES
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		X	

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

Attachment A-2

HELPLINE, Inc.
Annual Meeting
Grand Key Doubletree Resort
3990 S. Roosevelt Blvd.
Key West, Florida
April 8, 2010
5:30 PM

Agenda

1. Introduction: Lou Hernandez, CEO
2. Presentation of Slate of Officers and Directors
3. Voting on the Slate of Board of Directors and Officers
4. Recognition of the Volunteer of the Year: Jack Stephens
5. Annual Report
6. Staff recognition
7. Closing comments by the President of the Board

HELPLINE, INC

2010 Slate of Officers

President: Jedde Regante
(2009 – 2012)

Vice-President: Coleen Fitzsimmons
(2008 – 2011)

Secretary: Dr. Fred Covan
(2009 – 2012)

Treasurer: Paul Esquinaldo, Jr.
(2010)*

Members of the Board of Directors

Lourdes Torbisco (Term 2008 - 2011)
Dr. Fred Covan (2009 - 2012)
Richard Conkright (2008 - 2011)
Maggie Conkright (term expires March 31, 2010)*

Honorary Board Members

Jack Stephens
(\$2,500 Donation)

*Up for re-election to board for a three year term



P.O. Box 2186 KEY WEST, FLORIDA 33045-2186
305-292-8445 / FAX: 305-292-8447 / WWW.KEYSHELPLINE.ORG

Minutes of the Helpline Annual Meeting – April 8, 2010

1. Presentation of the Agenda: Lou Hernandez, Helpline, CEO, presented the Agenda for the meeting and explained the voting procedure and the different categories of qualified members eligible to vote for the new Board of Directors.
2. The Slate of Officers was presented by Mr. Esquinaldo to the membership, see attached. On a motion by Dr. Fred Covan and a second by Coleen Fitzsimmons, the motion to accept the slate as presented was approved unanimously
3. Mr. Hernandez then explained that since there were no new Board Members being selected, there was no need for a swearing in process. The Officers for the 2010 – 2011 term are as presented:
 - President, Jedde Regante
 - Vice-President, Coleen Fitzsimmons
 - Secretary, Dr. Fred Covan
 - Treasurer, Paul EsquinaldoBoard Member, Maggie Conkright was also appointed to a new term on a motion by Dr. Covan and a second by Coleen Fitzsimmons.
4. Mr. Hernandez then acknowledged the Volunteer of the Year, Mr. Jack Stephens.
5. The Annual Report was presented to the Board, and received for the record. The verbal report, highlighted the fact that Helpline will celebrate its 28 anniversary this year, and reported on the Call statistics for the year at over 12,000. Mr. Hernandez noted that on average over the 28 years of service to the Community we have received or made over 240,000 calls. We have averaged 12 volunteers per month for 2009 – 2010. As reported at the last meeting Mr. Hernandez reported that a tentative budget will keep the doors open and phones operating. Mr. Hernandez did specially thank the volunteers from the Volunteers of America agency for their continuing support. All of these volunteers are homeless veterans in the VOA program and he wanted to acknowledge their Director, Mr. Pat Lindsey.
6. Mr. Hernandez next acknowledged the staff and their contributions to the Helpline throughout the year. He recognized Ms. Lorna Allen, David Morgan, Keith Studdard, and Pam Martin for all of their dedication and support to him and the Mission.
7. Mr. Regante closed the meeting with praise for the CEO and staff for the continuing work for Helpline
8. The meeting was closed on a motion by Mr. Esquinaldo.



Unduplicated Clients for Entire Agency <i>(see instructions - this is not a total of the numbers above)</i>						2,287	112
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Please indicate the number of clients served who are Monroe County residents: 1,761

e homeless callers with

Please list or describe achieved outcomes for your target populations: 1. Provide callers with accurate information to social services. 2. Provide homeless callers with information on services in Monroe County. 3. Provide that the telephone reassurance clients are safe in their homes and have taken necessary medications. 4. Provide caregivers with the tools they need to insure the family members they care for are allowed to age in place in their own homes. 5. Provide seniors with the tools they need to recognize the causes of falls and how to overcome their fear of falling.

ATTACHMENT E - AGENCY EXPENSES

FY12

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

Helpline, Inc.

	Proposed Expense Budget for Upcoming Year Ending:		Projected Expenses for Current Year Ending:	
	03/31/2012		03/31/2011	
Expenditures	Total	%	Total	%
Salaries	79,720	67%	99,021	70%
Payroll Taxes	6,100	5%	7,575	5%
Employee Benefits	0	0	0	0
Subtotal Personnel	85,820	72%	106,596	75%
Postage	300	0%	300	0%
Office Supplies	2,000	2%	2,756	2%
Telephone	4,118	3%	4,116	3%
Professional Fees	6,900	6%	6,851	5%
Rent	1	0%	1	0%
Utilities	2,350	2%	2,824	2%
Repair and Maint.	1,000	1%	1,560	1%
Travel	100	0%	90	0%
Miscellaneous	650	1%	1,780	1%
Grants to Other Organizations	0	0	0	0
<i>List others below</i>		0	0	0
Insurance	6,205	5%	4,521	3%
Fundraising	7,000	6%	7,375	5%
Advertising	1,000	1%	1,300	1%
Licenses	1,200	1%	1,144	1%
		0		0
		0		0
		0		0
		0		0
		0		0
		0		0
		0		0
		0		0
		0		0
		0		0
		0		0
		0		0
		0		0
Total Expenses	118,644	100%	141,214	100%
Revenue Over/(Under) Expenses	(2,544)		11,846	

Attachment G

HELPLINE, INC.

***Financial Statements for
the Year Ended March 31, 2010
and Independent Auditor's Report***

**PAUL S. MILLS
CERTIFIED PUBLIC ACCOUNTANT**

KEY WEST, FLORIDA

HELPLINE, INC.
Financial Statements
March 31, 2010

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Paul S. Mills, C.P.A.

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Fax (305) 292-1192
pmillscpa@aol.com

1541 Fifth Street
Key West, Florida 33040

INDEPENDENT AUDITOR'S REPORT

Board of Directors
Helpline, Inc.
Key West, Florida

I have audited the accompanying statement of financial position of Helpline, Inc. (a nonprofit organization) as of March 31, 2010 and the related statements of activities, functional expenses and cash flows for the year then ended. These financial statements are the responsibility of the organization's management. My responsibility is to express an opinion on these financial statements based on my audit.

I conducted my audit in accordance with auditing standards generally accepted in the United States of America and standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that I 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 significant estimates made by the management, as well as evaluating the overall financial statement presentation. I believe that my audit provides a reasonable basis for my opinion.

In my opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the Helpline, Inc. as of March 31, 2010, and the changes in its net assets and its cash flows for the year then ended in conformity with accounting principles generally accepted in the United States of America.

In accordance with *Government Auditing Standards*, I have also issued a report dated August 25, 2010 on my consideration of the Helpline, Inc.'s internal control over financial reporting and on my 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 my 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 my audit.

My audit was conducted for the purpose of forming an opinion on the basic financial statements taken as a whole. The accompanying schedule of expenditures of federal awards is presented for purposes of additional analysis as required by the U.S. Office of Management and Budget Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*, 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 my opinion, is fairly stated, in all material respects, in relation to the basic financial statements taken as a whole.

Paul S. Mills, CPA

Paul S. Mills
Certified Public Accountant
August 25, 2010

HELPLINE, INC.
STATEMENT OF FINANCIAL POSITION
AS OF MARCH 31, 2010

ASSETS

CURRENT ASSETS

Cash and Cash Equivalents	\$ 16,957
Accounts Receivable:	
Grants and Other Support	
Services	22,712
Prepaid Expenses	3,032
	<hr/>
TOTAL CURRENT ASSETS	42,701

NONCURRENT ASSETS

Furniture and Equipment, Net of Accumulated Depreciation of \$ 24,090	12,597
TOTAL ASSETS	\$ 55,298

LIABILITIES AND NET ASSETS

CURRENT LIABILITIES

Accounts Payable	\$ 831
TOTAL LIABILITIES	831
	<hr/>
NET ASSETS - UNRESTRICTED	54,467
	<hr/>
TOTAL LIABILITIES AND NET ASSETS	\$ 55,298

THE ACCOMPANYING NOTES ARE AN INTEGRAL PART OF THESE FINANCIAL STATEMENTS

HELPLINE, INC.
STATEMENT OF ACTIVITIES
FOR THE YEAR ENDED MARCH 31, 2010

REVENUES

Grants	\$ 123,537
In - Kind Donations	105,600
United Way Contributions	12,000
Other Donations	5,689
Program Service	105
Special Events, Net of Direct Costs of \$ 6,240	15,031
Interest Income	14

TOTAL REVENUES	261,976
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EXPENSES

Direct Crisis Service Program	229,320
Public Education Program	1,703
Administrative Support	29,575
Fundraising	3,407

TOTAL EXPENSES	264,005
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(Decrease) in Unrestricted Net Assets	(2,029)
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NET ASSETS - Beginning of Year	56,496
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NET ASSETS - End of Year	\$ 54,467
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THE ACCOMPANYING NOTES ARE AN INTEGRAL PART OF THESE FINANCIAL STATEMENTS

HELPLINE, INC.
STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED MARCH 31, 2010

Operating Activities	
Increase (Decrease) in Net Assets	\$ (2,029)
 Adjustments to Reconcile Change in Net Assets to Net Cash Provided by Operating Activities	
Depreciation	1,625
(Increase) in Grants Receivable	(4,412)
(Increase) in Prepaid Expenses	(2,055)
(Decrease) in Accrued Expenses	<u>(1,105)</u>
Net Cash Provided by Operating Activities	<u>(7,976)</u>
Investing Activities	-
Financing Activities	<u>-</u>
Net Increase in Cash and Cash Equivalents	(7,976)
Cash and Cash Equivalents - Beginning of Year	<u>24,933</u>
Cash and Cash Equivalents - End of Year	<u><u>\$ 16,957</u></u>

THE ACCOMPANYING NOTES ARE AN INTEGRAL PART OF THESE FINANCIAL STATEMENTS

HELPLINE, INC.
STATEMENT OF FUNCTIONAL EXPENSES
FOR THE YEAR ENDED MARCH 31, 2010

	Direct Crisis Service	Public Education	Administrative Support	Fundraising	2010 Total Expenses
Payroll & Related Taxes	\$ 103,354	\$ 1,260	\$ 18,908	\$ 2,520	\$ 126,042
Employee Health Insurance	4,903	60	897	120	5,980
Total Personal Services and Related Expenses	108,257	1,320	19,805	2,640	132,022
Depreciation	1,333	16	244	32	1,625
Advertising	734	9	134	18	895
Dues	925	-	-	-	925
Insurance	3,200	39	586	78	3,903
Licenses	404	-	-	-	404
Occupancy	17,667	215	3,233	431	21,546
Office & Postage	3,753	46	686	92	4,577
Professional Expenses	-	-	3,200	-	3,200
Telephone	4,767	58	872	116	5,813
Travel	680	-	815	-	1,495
Volunteer Expenses	87,600	-	-	-	87,600
Total Direct Expenses	229,320	1,703	29,575	3,407	264,005
Allocation of Administrative Support Expenses	28,687	296	(29,575)	592	-
Total Expenses	\$ 258,007	\$ 1,999	\$ -	\$ 3,999	\$ 264,005

THE ACCOMPANYING NOTES ARE AN INTEGRAL PART OF THESE FINANCIAL STATEMENTS

HELPLINE, INC.
 NOTES TO FINANCIAL STATEMENTS
 MARCH 31, 2010

NOTE 1 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Organization - Helpline, Inc. was incorporated under the not-for-profit statutes of the State of Florida to provide a 24-hour crisis intervention, counseling and referral service in Key West and the Lower Keys. Helpline, Inc. has been recognized by the Internal Revenue Service as tax exempt under Section 501 (c) (3) of the Internal Revenue Service code and files Federal Form 990 – "Return of Organization Exempt from Income Tax" a Federal Informational Return on an annual basis.

Basis of Accounting - Helpline, Inc. follows standards of accounting and financial reporting prescribed for voluntary health and welfare agencies. It uses the accrual basis of accounting, which recognizes revenue when earned and expenses when incurred. Local government and public grants are recorded as support when performance occurs under the terms of the grant agreement.

The costs of providing program services and supporting services have been detailed in the Statement of Functional Expenses and summarized on a functional basis in the Statement of Support, Revenue and Expenses and Changes in Fund Balance. The allocation of expenses between program services and support services utilizes management's estimates for certain expenditures and specific identification for certain expenditures. Salaries and other expenses which are associated specifically with program services are charged directly to that program. Salaries and other administrative expenses which benefit more than one program are allocated to the various programs based on the relative benefit provided.

Contributions – All contributions are considered to be available for unrestricted use, unless specifically restricted by donor.

Furniture and Equipment – Purchased furniture and equipment are recorded at cost. Donated furniture and equipment are recorded at fair market value at the date of gift. Major renewals and betterments are capitalized while minor renewals and betterments are expended as incurred.

Depreciation is provided using the straight line method over the estimated useful lives of the respective assets, which range from 7 to 10 years. Depreciation expense for the fiscal year ended March 31, 2010 is in the amount of \$ 1,625. A summary schedule of fixed assets is provided below.

<u>Description</u>	<u>Costs</u>	<u>Accumulated Depreciation</u>
Furniture	\$ 20,891	\$ 9,092
Computer Equipment	11,187	10,389
Telephone System	4,609	4,609
	<u>\$ 36,687</u>	<u>\$ 24,090</u>

Cash and Cash Equivalents – Any investments with a maturity of twelve months or less are deemed to be cash equivalents for the purpose of reporting cash flows.

HELPLINE, INC.
NOTES TO FINANCIAL STATEMENTS
MARCH 31, 2010

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 statements.

NOTE 2 – LEASES

Helpline, Inc. subleases office space from the Key West Housing Authority. The office space is located at the Poinciana Housing site in Key West. The term of the sublease is fifty years unless the term is in conflict with the city charter. In that event, the term of the lease is twenty years. Annual rent expense is one dollar. Helpline, Inc. is responsible for payment of all utilities.

NOTE 3 – FUNCTIONAL ALLOCATION OF EXPENSES

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

NOTE 4 – FAIR VALUES OF FINANCIAL INSTRUMENTS

Disclosure of fair value information about certain financial instruments, whether or not recognized in the balance sheet for which it is practicable to estimate the value, is required by Statement of Financial Accounting Standards (SFAS) 107, Disclosure About Fair Value of Financial Instruments. The following methods and assumptions were used in estimating fair values:

Cash and Cash Equivalents - The carrying amounts reported in the balance sheet approximate fair value and are insured by FDIC and SIPC.

NOTE 5 - CONTINGENCIES

Grant monies received and disbursed by Helpline, Inc. are for specific purposes and are subject to review by the grantor agencies. Such audit may result in requests for reimbursement due to disallowed expenditures. Helpline, Inc. does not believe that such disallowance, if any, would have a material effect on the financial position of Helpline, Inc. As of March 31, 2010, there were no material questioned or disallowed costs as a result of grant audits in process or completed.

NOTE 6 – GRANTS AND AWARDS

Alliance for Aging, Inc. - For fiscal year ended March 31, 2010 Helpline, Inc. entered into a contract with Alliance for Aging, Inc., to provide services for elders in Monroe County. The funds provided are from the U.S Department of Health and Human Services under the provisions of the "Older Americans Act". The agreement period is for the calendar year 2009. The agreement is in the amount of \$ 81,536 which requires a local match of 10 percent.

HELPLINE, INC.
NOTES TO FINANCIAL STATEMENTS
MARCH 31, 2010

NOTE 6 – GRANTS AND AWARDS-Continued

Alliance for Aging, Inc. - For fiscal year ended March 31, 2010 Helpline, Inc. entered into a contract with Alliance for Aging, Inc., to provide services for elders in Monroe County. The funds provided are from the U.S Department of Health and Human Services under the provisions of the "Older Americans Act". The agreement period is for the calendar year 2010. The agreement is in the amount of \$ 81,536 which requires a local match of 10 percent.

Board of County Commissioners, Monroe County, Inc. – For fiscal year ended March 31, 2010 Helpline, Inc. entered into a contract with the Board of County Commissioners, Monroe County. The agreement provides for telephone hotline services for crisis intervention and referral for persons living in Monroe County, Florida. The agreement is in the amount of \$ 4,000 and is an expense reimbursement type grant. The agreement is for the fiscal period beginning October 1, 2008 and ends September 30, 2009.

Board of County Commissioners, Monroe County, Inc. – For fiscal year ended March 31, 2010 Helpline, Inc. entered into a contract with the Board of County Commissioners, Monroe County. The agreement provides for telephone hotline services for crisis intervention and referral for persons living in Monroe County, Florida. The agreement is in the amount of \$ 4,500 and is an expense reimbursement type grant. The agreement is for the fiscal period beginning October 1, 2009 and ends September 30, 2010.

Guidance Clinic of the Middle Keys, Inc. – For fiscal year ended March 31, 2010 Helpline, Inc. entered into a contract with the Guidance Clinic of the Middle Keys. The funds are passed through from the Florida Department of Children & Families. The Department has allocated \$ 10,000 for Children's Mental Health Information and referral services. The agreement is for the fiscal period beginning July 1, 2008 and ending June 30, 2009.

Guidance Clinic of the Middle Keys, Inc. – For fiscal year ended March 31, 2010 Helpline, Inc. entered into a contract with the Guidance Clinic of the Middle Keys. The funds are passed through from the Florida Department of Children & Families. The Department has allocated \$ 10,000 for Children's Mental Health Information and referral services. The agreement is for the fiscal period beginning July 1, 2009 and ending June 30, 2010.

United Way – Helpline, Inc., on an annual basis, requests an allocation of contributions raised by United Way. United Way allocates funds to various not-for-profit organizations based on amounts collected and allocation requests made. for the fiscal year ended March 31, 2010 Helpline, Inc. received an allocation in the amount of \$ 12,000.

Catholic Charities of Monroe County, FL – For fiscal year ended March 31, 2010 Helpline, Inc. entered into a sub-grant with Catholic Charities of Monroe County, FL through the Southernmost Homeless Assistance League. The grant provides funds for marketing services issued under the 2008-2009 "Challenge Grant". The agreement is for an amount not to exceed \$ 6,933. Under the agreement, Helpline, Inc. must submit monthly invoices for reimbursement. The agreement is for the fiscal period beginning November 20, 2008 and ends June 30, 2009.

HELPLINE, INC.
NOTES TO FINANCIAL STATEMENTS
MARCH 31, 2010

Florida Keys Area Health Education Center, Inc. – For fiscal year ended March 31, 2010 Helpline, Inc. entered into an agreement with Florida Keys Area Health Education Center, Inc. The purpose of the agreement is to provide an evidence-based program entitled Matter of Balance, which imparts seniors with the necessary tools to prevent falls, overcome the negative social implications associated with the fear of falling, and how to lead a healthier life. The agreement provides funds for master trainers to provide seniors with an eight week course. The agreement is in the amount of \$ 25,000. Under the agreement, Helpline, Inc. must submit monthly invoices for reimbursement. The agreement is for the fiscal period beginning October 14, 2008 and ending October 13, 2009.

Florida Keys Area Health Education Center, Inc. – For fiscal year ended March 31, 2010 Helpline, Inc. entered into an agreement with Florida Keys Area Health Education Center, Inc. The purpose of the agreement is to provide an evidence-based program entitled Matter of Balance, which imparts seniors with the necessary tools to prevent falls, overcome the negative social implications associated with the fear of falling, and how to lead a healthier life. The agreement provides funds for master trainers to provide seniors with an eight week course. The agreement is in the amount of \$ 14,000. Under the agreement, Helpline, Inc. must submit monthly invoices for reimbursement. The agreement is for the fiscal period beginning November 1, 2009 and ending September 30, 2010.

In-Kind Donations

As a member of the Southernmost Homeless Assistance League, Helpline, Inc receives an office rental subsidy from the city of Key West. fair market value is \$ 1,500.00 per month. These financial statements reflect an "In Kind" donation in the amount of \$ 18,000 for occupancy provided.

Donated Services – Numerous volunteers have made significant contributions of their time to Helpline, Inc. Volunteers answer telephone crisis calls 24 hours, seven days per week. Additionally, volunteers make 7,446 calls to 284 reassurance clients throughout Monroe County. Volunteers also help with fund raising campaigns, and certain other services. Volunteers receive an average of 32 hours of classroom instruction and training. Training includes social service, health and welfare, crisis intervention, suicide, substance abuse prevention, HIV education, and ethics training as required by the Dept. of Children and Families. Volunteers have contributed 7,884 hours to helpline for the year ended March 31, 2010. These financial statements reflect an "In Kind" donation in the amount \$ 78,840 which reflects volunteer hours provided multiplied by \$10.00 per hour. The hourly rate reflects prevailing employee hourly rate for the services provided.

Paul S. Mills, C.P.A.

1541 Fifth Street
Key West, Florida 33040

Telephone (305) 294-3699
Fax (305) 292-1192
pmillscpa@aol.com

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

To the Board of Directors
Helpline, Inc.

I have audited the financial statements of the Helpline, Inc. (a non-profit organization) as of and for the year ended March 31, 2010, and have issued my report thereon dated August 25, 2010. I conducted my 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 my audit, I considered Helpline, Inc.'s internal control over financial reporting in order to determine my auditing procedures for the purpose of expressing my opinion on the financial statements and not to provide an opinion on the internal control over financial reporting. My consideration of the internal control over financial reporting would not necessarily disclose all matters in the internal control over financial reporting that might be a material weakness. A material weakness is a condition in which the design or operation of one or more of the internal control components does not reduce to a relatively low level the risk that misstatements in amounts that would be material in relation to the financial statements being audited may occur and not be detected within a timely period by employees in the normal course of performing their assigned functions. I noted no matters involving the internal control over financial reporting and its operation that I consider to be material weaknesses.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether Helpline, Inc.'s financial statements are free of material misstatement, I 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 my audit and, accordingly, I do not express such an opinion. The results of my tests disclosed no instances of noncompliance 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, and officials of applicable Federal and State agencies and pass-thru entities and is not intended to be and should not be used by anyone other than these specified parties.


Paul S. Mills
Certified Public Accountant
August 25, 2010

Paul S. Mills, C.P.A.

1541 Fifth Street
Key West, Florida 33040

Telephone (305) 294-3699
Fax (305) 292-1192
pmillscpa@aol.com

REPORT ON COMPLIANCE WITH REQUIREMENTS APPLICABLE TO EACH MAJOR PROGRAM AND ON INTERNAL CONTROL OVER COMPLIANCE IN ACCORDANCE WITH OMB CIRCULAR A-133

To the Board of Directors
Helpline, Inc.

Compliance

I have audited the compliance of Helpline, Inc. 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 program projects for the year ended March 31, 2010. Helpline, Inc.'s major federal programs 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 grant agreements applicable to each of its major federal programs is the responsibility of Helpline, Inc.'s management. My responsibility is to express an opinion on Helpline, Inc.'s compliance based on my audit.

I conducted my audit 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*. Those standards, and OMB Circular A - 133 require that I 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 Helpline, Inc.'s compliance with those requirements and performing such other procedures as I considered necessary under the circumstances. I believe that my audit provides a reasonable basis for my opinion. My audit does not provide a legal determination of Helpline, Inc.'s compliance with those requirements.

In my opinion, Helpline, Inc. complied, in all material respects, with the requirements referred to above that are applicable to each of its major federal programs for the year ended March 31, 2010.

Internal Control over Compliance

The management of Helpline, Inc. is responsible for establishing and maintaining effective internal control over compliance with requirements of laws, regulations, contracts and grants applicable to federal programs.

In planning and performing my audit, I considered Helpline, Inc.'s internal control over compliance with requirements that could have a direct and material effect on a major federal program to determine my auditing procedures for the purpose of expressing my opinion on compliance and to test and report on internal control over compliance in accordance with OMB Circular A-133.

My consideration of the internal control over compliance would not necessarily disclose all matters in the internal control that might be material weaknesses. A material weakness is a condition in which the design or operation of one or more of the internal control components does not reduce to a relatively low level the risk that noncompliance with applicable requirements of laws, regulations, contracts and grants that would be material in relation to a major federal program being audited may occur and not be detected within a timely period by employees in the normal course of performing their assigned functions. I noted no matters involving internal control over compliance and its operation that I consider to be material weaknesses.

This report is intended for the information and use of the board of directors, management and specific legislative or regulatory bodies, and is not intended to be and should not be used by anyone other than these specific parties.

Handwritten signature of Paul S. Mills in black ink.

Paul S. Mills
Certified Public Accountant
August 25, 2010

HELPLINE, INC.

SCHEDULE OF EXPENDITURES OF FEDERAL FINANCIAL ASSISTANCE
FOR THE YEAR ENDED MARCH 31, 2010

<u>Grant / Program Title</u> <u>Federal Awards</u>	<u>CFDA #</u> <u>Number</u>	<u>Receivable</u> <u>2009</u>	<u>Receipts</u>	<u>Expenditures</u>	<u>Receivable</u> <u>2010</u>
Older Americans Act	93.052	\$ 7,066	\$ 85,523	\$ 91,503	\$ 6,523
Total Federal Awards:		<u>\$ 7,066</u>	<u>\$ 85,523</u>	<u>\$ 91,503</u>	<u>\$ 6,523</u>

THE ACCOMPANYING NOTES ARE AN INTEGRAL PART OF THESE FINANCIAL STATEMENTS

HELPLINE INC.
SCHEDULE OF FINDINGS AND QUESTIONED COSTS
FOR THE YEAR ENDED MARCH 31, 2010

A. Summary of Auditor's Results

1. The auditor's report expresses an unqualified opinion on the financial statements of Helpline, Inc.
2. No reportable conditions were disclosed during the audit of the financial statements of Helpline, Inc.
3. No instances of noncompliance material to the financial statements of Helpline, Inc.
4. No reportable conditions relating to the audit of the major federal programs are reported in the financial statements.
5. The auditor's report on compliance for the major federal programs for Helpline, Inc. expresses an unqualified opinion.
6. Audit findings relative to the major federal programs for Helpline, Inc. are reported in this schedule.
7. The programs tested as a major program included:

Federal Program	
Older Americans Act	CFDA # 93.052
8. The threshold for distinguishing Type A and B programs/projects was \$ 300,000 for major federal programs .
9. Helpline, Inc. did not qualify as a low risk auditee pursuant to OMB Circular A -133.

B. Findings - Financial Statement Audit

None

HELPLINE, INC.
SCHEDULE OF FINDINGS AND QUESTIONED COSTS
FOR THE YEAR ENDED MARCH 31, 2010

C. Findings And Questioned Costs – Major Federal Program

None

D. Other Findings

A management letter was issued to management. The detail provided reclassification entries needed to correct general ledger.

No Summary Schedule of Prior Audit Findings is required because there were no Prior audit findings related to Federal Programs.

No Corrective Action Plan is required because there were no findings required to be reported under OMB Circular A-133.

Attachment H

Form **990-EZ**

Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2009

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)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

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

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning Apr 1, 2009, and ending Mar 31, 2010

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.	C Name of organization <u>Key West Helpline, Inc.</u> Number and street (or P.O. box, if mail is not delivered to street address) Room/suite <u>P.O. Box 2186</u> City or town, state or country, and ZIP + 4 <u>Key West FL 33045-2186</u>	D Employer identification number <u>59-2176319</u> E Telephone number <u>(305) 292-8445</u> F Group Exemption Number
--	---	---	---

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: Cash Accrual
Other (specify) ▶

I Website: ▶ N/A

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

J Tax-exempt status (check only one) — 501(c) (3) (insert no.) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 268,216.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

	Description	Line	Amount
REVENUE	1 Contributions, gifts, grants, and similar amounts received	1	246,826.
	2 Program service revenue including government fees and contracts	2	105.
	3 Membership dues and assessments	3	
	4 Investment income	4	14.
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	21,271.
	b Less: direct expenses other than fundraising expenses	6b	6,240.
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	15,031.	
7a Gross sales of inventory, less returns and allowances	7a		
b Less: cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe ▶ _____)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	261,976.	
EXPENSES	10 Grants and similar amounts paid (attach schedule)	10	0.
	11 Benefits paid to or for members	11	0.
	12 Salaries, other compensation, and employee benefits	12	132,022.
	13 Professional fees and other payments to independent contractors	13	3,200.
	14 Occupancy, rent, utilities, and maintenance	14	27,359.
	15 Printing, publications, postage, and shipping	15	4,577.
	16 Other expenses (describe ▶ See Other Expenses Statement)	16	96,847.
	17 Total expenses. Add lines 10 through 16	17	264,005.
ASSETS	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-2,029.
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	56,496.
	20 Other changes in net assets or fund balances (attach explanation)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	54,467.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

	Description	(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	24,933.	16,957.
23	Land and buildings	14,222.	12,597.
24	Other assets (describe ▶ See L-24 Stmt)	19,864.	25,744.
25	Total assets	59,019.	55,298.
26	Total liabilities (describe ▶ See L-26 Stmt)	2,523.	831.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	56,496.	54,467.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2009)

Part III Statement of Program Service Accomplishments (See the instructions.)

What is the organization's primary exempt purpose? Crisis Intervention, Counseling, and related referral services
 Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

Expenses
 (Required for section 501(c)(3) and (4) organizations and section 4947(a)(1) trusts; optional for others.)

28	<u>Helpline Volunteers answer telephone crisis calls 24 hours, seven days per week. Volunteers also make 7,446 outgoing calls to 28 reassurance clients though-out Monroe County, FL.</u> (Grants \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/>	28 a	231,023.
29	----- (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29 a	
30	----- (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30 a	
31	Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31 a	
32	Total program service expenses (add lines 28a through 31a) <input type="checkbox"/>	32	231,023.

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instrs.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
<u>Jedde V. Regante</u> <u>1612 United Street</u> <u>Key West FL 33040</u>	President 2.00	0.	0.	
<u>Coleen Fitzsimmons</u> <u>1218 Pwtronia Street</u> <u>Key West FL 33040</u>	Vice President 2.00	0.	0.	
<u>Paul Esquinaldo</u> <u>1329 Second Street</u> <u>Key West FL 33040</u>	Treasurer 2.00	0.	0.	
<u>Dr. Fred Covan</u> <u>1901 Fogarty Avenue</u> <u>Key West FL 33040</u>	Secretary 2.00	0.	0.	
<u>Quadalupe Hernandez</u> <u>1505 Laird Street</u> <u>Key West FL 33040</u>	Executive Director 40.00	44,614.	0.	
<u>Lourdes Torbisco</u> <u>173 Golf Club Drive</u> <u>Key West FL 33040</u>	Director 1.00	0.	0.	
<u>Maggie Conkright</u> <u>31385 Avenue G</u> <u>Big Pine Key FL 33043</u>	Director 1.00	0.	0.	
<u>Richard Conkright</u> <u>31536 Avenue C</u> <u>Big Pine Key FL 33043</u>	Director 1.00	0.	0.	
<u>Fran Carlisle</u> <u>1513 5th Street</u> <u>Key West FL 33040</u>	Director 1.00	0.	0.	
<u>Kevin Young</u> <u>1019 Flagler Avenue</u> <u>Key West FL 33040</u>	Director 1.00	0.	0.	
<u>Anthony Antich</u> <u>704 Catherine Street</u> <u>Key West FL 33040</u>	Director 1.00	0.	0.	

Part V Other Information (Note the statement requirements in the instrs for Part V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
35a	a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
35b	b If 'Yes,' has it filed a tax return on Form 990-T for this year?		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.		
37b	b Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
38b	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b		
39	Section 501(c)(7) organizations. Enter:		
39a	a Initiation fees and capital contributions included on line 9 39a		
39b	b Gross receipts, included on line 9, for public use of club facilities 39b		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0.		
40b	b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I		X
40c	c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		
40d	d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0.		
40e	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T		X
41	List the states with which a copy of this return is filed ▶		

42a The organization's books are in care of ▶ Lou Hernandez Telephone no. ▶ (305) 292-8445
 Located at ▶ P.O. Box 2186 Key West FL ZIP + 4 ▶ 33045

		Yes	No
42b	b 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)? If 'Yes,' enter the name of the foreign country: ▶		X
42c	c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country: ▶		X

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year **43**

		Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	Yes	No
46 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
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II		X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
49a Did the organization make any transfers to an exempt non-charitable related organization?		X
49b If 'Yes,' was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
None				

f Total number of other employees paid over \$100,000 **0**

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over \$100,000

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

Sign Here

Signature of officer _____ Date _____
 Type or print name and title _____

Paid Preparer's Use Only

Preparer's signature: Paul S. Mills CPA Date: 9/10/2010 Check if self-employed: Preparer's Identifying Number (See instructions): 77-2975382
 Firm's name (or yours if self-employed), address, and ZIP + 4: Paul S. Mills, CPA
1541 Fifth Street EIN: 77-2975382
Key West FL 33040 Phone no.: (305) 294-3699

May the IRS discuss this return with the preparer shown above? See instructions Yes No

BAA

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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)	171,378.	237,735.	286,210.	219,601.	233,437.	1,148,361.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
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						
4 Total. Add lines 1 through 3	171,378.	237,735.	286,210.	219,601.	233,437.	1,148,361.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						1,148,361.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	171,378.	237,735.	286,210.	219,601.	233,437.	1,148,361.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,854.	1,257.	1,201.	201.	201.	4,714.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						1,153,075.
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 2009 (line 6, column (f) divided by line 11, column (f))	14	99.59%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	99.62%
16a 33-1/3 support test – 2009. 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.	<input checked="" type="checkbox"/>	
b 33-1/3 support test – 2008. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test – 2009. 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.	<input type="checkbox"/>	
b 10%-facts-and-circumstances test – 2008. 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.	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

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

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 through 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 amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a **33-1/3 support tests – 2009.** 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 – 2008.** If the organization did not check a box on line 14 or 19a, and line 16 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

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

Attachment J

Page I-8, a

Department of the Treasury

Internal Revenue Service
District Director

Date: JAN 10 1984

COPY

Key West Helpline, Inc.
▷ Box 44
Key West, FL 33040

Employer Identification Number:
59-2176319
Accounting Period Ending:
March 31
Foundation Status Classification:
170(b)(1)(A)(vi) & 509(A)(1)
Advance Ruling Period Ends:
March 31, 1986 ✓
Person to Contact:
151:3/Tom Bozeman/ym
Contact Telephone Number:
404-221-4516
File Folder Number:
580038984

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.

Because you are a newly created organization, we are not now making a final determination of your foundation status under section 509(a) of the Code. However, we have determined that you can reasonably be expected to be a publicly supported organization described in section 170(b)(1)(A)(vi) & 509(A)(1).

Accordingly, you will be treated as a publicly supported organization, and not as a private foundation, during an advance ruling period. This advance ruling period begins on the date of your inception and ends on the date shown above.

Within 90 days after the end of your advance ruling period, you must submit to us information needed to determine whether you have met the requirements of the applicable support test during the advance ruling period. If you establish that you have been a publicly supported organization, you will be classified as a section 509(a)(1) or 509(a)(2) organization as long as you continue to meet the requirements of the applicable support test. If you do not meet the public support requirements during the advance ruling period, you will be classified as a private foundation for future periods. Also, if you are classified as a private foundation, you will be treated as a private foundation from the date of your inception for purposes of sections 507(d) and 494C.

Grantors and donors may rely on the determination that you are not a private foundation until 90 days after the end of your advance ruling period. If you submit the required information within the 90 days, grantors and donors may continue to rely on the advance determination until the Service makes a final determination of your foundation status. However, if notice that you will no longer be treated as a section * organization is published in the Internal Revenue Bulletin, grantors and donors may not rely on this determination after the date of such publication. Also, a grantor or donor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act that resulted in your loss of section * status, or acquired knowledge that the Internal Revenue Service had given notice that you would be removed from classification as a section * organization.

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 call us. You are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations 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.

You are required to file Form 990, Return of Organization Exempt from Income Tax, 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.

You are not required to file Federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on Form 990-T. In this letter, we are not determining whether any of your present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

You need an employer identification number even if you have no employees. If an employer identification number was not entered on your application, a number will be assigned to you and you will be advised of it. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

Because this letter could help resolve any questions about your exempt status and foundation status, you should keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown in the heading of this letter.

Sincerely yours,


District Director

CITY OF KEY WEST, FLORIDA

Business Tax Receipt

This Document is a business tax receipt
Holder must meet all City zoning and use provisions.
P.O. Box 1409, Key West, Florida 33040 (305) 809-3955

Business Name HELPLINE INC. CtlNbr:0000041
Location Addr 1623 SPAULDING CT 1-4
Lic NBR/Class 11-00011104 SERVICE - GENERAL
Issue Date: November 02, 2010 Expiration Date:September 30, 2011
License Fee \$0.00
Add. Charges \$0.00
Penalty \$0.00
Total \$0.00

Comments: INFORMATION AND REFERREL SERVICE

This document must be prominently displayed.
HELPLINE INC

HELPLINE INC.
POB 2186

KEY WEST FL 33045

Attachment K

Attachment L

Florida Department of
Children & Families



State of Florida

Department of Children and Families

CERTIFIES

Help Line, Inc.
1623 Spalding Court, # 4
Key West, Florida 33040

is licensed in accordance with Chapter 397, Florida Statutes to provide substance abuse services
for (Adults and/or Adolescents) for the following component(s):

Level 1 Prevention

JOSEPH LAINO

Licensure Specialist

Circuit 16 Substance Abuse/Mental

Health

Supervisor

08/19/2010

Effective Date

Regular

1644AD631901

Type of License

License Number

08/17/2011

Expiration Date

Attachment 0

HELPLINE, INC.

AFFIRMATIVE ACTION/EQUAL OPPORTUNITY POLICY

4/90

Helpline, Inc. supports Section 503 (1) of the Federal Equal Opportunity Employment Act and all national, state, county, and city affirmative action/equal opportunity laws and policies in its recruitment, hiring, promotion, and retention of board members, staff, and volunteers regardless of gender, color, national origin, creed, religion, race, age, handicap/disability, political affiliation, or affectional preference.

Attachment P

SOUTHERN REGION SUBSTANCE ABUSE AND MENTAL HEALTH PROGRAM OFFICE

SUBSTANCE ABUSE LICENSURE SITE VISIT REPORT

SERVICE PROVIDER: Help Line, Inc.
P. O. Box 2186
Key West, Florida 33045
3052928445

E-MAIL: lou@keyshelpline.org

OWNER/PRESIDENT: NA

CHIEF EXECUTIVE OFFICER: Lou Hernandez

CHIEF FINANCIAL OFFICER: Paul Esquinaldo, Jr.

CLINICAL DIRECTOR: N/A

AUTHORIZED AGENTS: JOSEPH LAINO

DATES OF VISITS: 06-29-10 TO 07-01-10

PURPOSE OF VISITS:

REPORT PREPARED BY: JOSEPH LAINO

INTRODUCTION:

Help Line, Inc. is a privately funded, not-for-profit corporation with two full time staff and several volunteers offering telephonic help to the consumers in Monroe County. They are open 24 hours a day and are the only telephone help service in the County. They serve as an answering service for many of the providers in Monroe County.

The purpose of the site visit was annual site visit for renewal of license

Component	Program	Address	City	License #	Expiration
Level 1 Prevention	Abuse Prevention to Caller for Substance Abuse Programs	1623 Spalding Court, # 4	Key West 33040	1644AD631901	08-17-11

PROGRAM COMPONENTS REVIEWED:

65D-30.004 Common Licensure Standards
65D-30.013 Standards for Level 1 Prevention

Reviewed personnel charts
Reviewed client records
Reviewed background checks and
Quality Assurance policies and procedures

REVIEW PROCESS AND VALIDATION METHODS:

This site visit report is based on licensing audit of program administration and operational capability. The audit was conducted in order to ensure compliance with the statutory requirements of Chapter 397, F.S., and the regulatory standards outlined in Chapter 65D-30, F.A.C. The audit process included a review of client records and a review of program administration and standards.

A performance-based rating system is used to evaluate the provider's level of compliance with the statutory requirements of Chapter 397, F.S., and the regulatory standards outlined in Chapter 65D-30, F.A.C.

The system requires providers to attain at least 80% compliance in all areas reviewed during the inspection. Providers score one point for each required item contained in a particular area. Providers lose a point if the item or any part of the item has been omitted. However, there may be instances where a provider has attained an 80% level of compliance overall but it is in violation of a requirement related to health, safety, and welfare of clients and staff. In such cases, the region will issue an interim license to the provider or take other statutory action permitted in section 397.415, F.S.

SUMMARY OF FINDINGS: Helpline, Inc provides a continuous service for the consumers of Monroe County. Besides handling the random calls from needy individuals they serve as an answering service for many of our providers who do not have staff available 24 hours per day. They are a not-for profit corporation that was hurt badly by the many cuts in funding and had to reduce a full time position and make up for that person with additional volunteers.

....

COMMON LICENSING STANDARDS:

The authorized agent examined documentation submitted by Help Line, Inc. to determine the level of compliance with the minimum licensing standards outlined for Common Licensing Standards.

VALIDATION:

Help Line, Inc. Florida validated at 100.00% for common licensing standards. A passing score is 80%. Help Line, Inc. scored 38 points out of a possible 38.

QUALITY ASSURANCE:

The authorized agent examined documentation submitted by Help Line, Inc. to determine the level of compliance with the minimum licensing standards outlined for QA.

VALIDATION:

Help Line, Inc. Florida validated at 100.00% for QA. A passing score is 80%. Help Line, Inc. scored 12 points out of a possible 12.

Abuse Prevention to Caller Substance Abuse Prevention

LOCATION OF SERVICES: 1623 Spalding Court, # 4 , Key West, Fl 33040

TYPE OF LICENSE: Level 1 Prevention

LICENSE STATUS: Regular

CENSUS:

MEDICAL STAFF:

COUNSELING STAFF:

CLIENT CHARTS: The authorized agent examined 4 client chart(s)

- F/A
- F/A
- M/A

- M/A

VALIDATION:

Abuse Prevention to Callers Substance Abuse Prevention Program validated at 100.00%. A passing score is 80%. The AbusePrevention to CallerSubstance Abuse Prevention Program scored 27 points out of a possible 27.

STANDARDS FOR LEVEL 1 PREVENTION SERVICES REVIEW:

The authorized agent examined documentation submitted by the Abuse Prevention provider to Caller seekingSubstance Abuse Prevention program to determine the level of compliance with section 65D-30.013, F.A.C., for standards for Level 1 Prevention.

VALIDATION:

The Abuse Prevention to Caller Substance Abuse Prevention Program validated at 100.00%. A passing score is 80%. The Abuse Prevention to Caller sSubstance Abuse Prevention Program scored 10 points out of a possible 10.

LEVEL 1 PREVENTION PROGRAM PRACTICES REVIEW:

The authorized agent examined documentation submitted by the AbusePrevention to CallerSubstance Abuse Prevention program to determine the level of compliance with section 65D-30.013, F.A.C., for Level 1 Prevention practices. Program administration includes requirements, which are not documented in the client record.

VALIDATION:

The Abuse Prevention to Caller Substance Abuse Prevention Program Administrative Review validated at 100.00%. A passing score is 80%. The Abuse Prevention to Caller for Substance Abuse Prevention Programs scored 15 points out of a possible 15.

Abuse Prevention to Caller Substance Abuse Prevention Validation

	Points Scored	Maximum Points	Validation
Client Records	27	27	100.00%
Program Standards	10	10	100.00%
Program Practices	15	15	100.00%
Totals	52	52	100.00%

HUMAN RESOURCES

PERSONNEL RECORDS:

The authorized agent examined 2 personnel record(s) to determine the level of compliance with the licensing standards outlined in amended Section 65D-30.004(4)(a), F.A.C., for the contents of personnel records. The authorized agent examined the following records:

- Staff
LH
LA

VALIDATION:

Help Line, Inc. Florida validated at 100.00% for personnel records. A passing score is 80%. Help Line, Inc. scored 35 points out of a possible 35.

STAFF TRAINING:

The authorized agent examined documentation submitted by Help Line, Inc. to determine the level of compliance with the licensing standards outlined in amended Section 65D-30.004(32), F.A.C., for staff related training.

VALIDATION:

Help Line, Inc. Florida validated at NA/TBD% for personnel and staff training records. A passing score is 80%. Help Line, Inc. scored NA/TBD points out of a possible NA/TBD. The authorized agent detected the following compliance issues:

Background Screening Of Owners, Chief Executive Officers (CEO), And Chief Financial Officers (CFO):

The authorized agent examined documentation submitted by Help Line, Inc. to determine the level of compliance with the minimum licensing standards outlined in ss. 65D-30.004(4)(b), F.A.C., ss. 397.451(2), F.S., ss. 435.04(1), F.S., and ss. 435.04(2)(a), F.S., for the background screening of owners, chief executive officers, and chief financial officers. The authorized agent examined the personnel records of the following records:

LH, Exec. Dir.

VALIDATION:

Help Line, Inc. Florida validated at 100.00% for background screening. A passing score is 80%. Help Line, Inc. scored 6 points out of a possible 6.

LICENSURE DESIGNATION:

Based on the licensure inspection of this agency, licenses will be issued as follows:

Program	Licensure Decision
Abuse Prevention to Callers for Substance Abuse Prevention Programs	Regular

RECEIVED
JUL 07 2010
DEPT. OF C & F
DISTRICT 11
SUBSTANCE ABUSE &
MENTAL HEALTH PROGRAM OFFICE

HELPLINE, Inc.
Annual Meeting
Grand Key Doubletree Resort
3990 S. Roosevelt Blvd.
Key West, Florida
April 8, 2010
5:30 PM

Agenda

1. Introduction: Lou Hernandez, CEO
2. Presentation of Slate of Officers and Directors
3. Voting on the Slate of Board of Directors and Officers
4. Recognition of the Volunteer of the Year: Jack Stephens
5. Annual Report
6. Staff recognition
7. Closing comments by the President of the Board

HELPLINE, INC

2010 Slate of Officers

President: Jedde Regante
(2009 – 2012)

Vice-President: Coleen Fitzsimmons
(2008 – 2011)

Secretary: Dr. Fred Covan
(2009 – 2012)

Treasurer: Paul Esquinaldo, Jr.
(2010)*

Members of the Board of Directors

Lourdes Torbisco (Term 2008 - 2011)
Dr. Fred Covan (2009 - 2012)
Richard Conkright (2008 - 2011)
Maggie Conkright (term expires March 31, 2010)*

Honorary Board Members

Jack Stephens
(\$2,500 Donation)

*Up for re-election to board for a three year term



P.O. BOX 2186 KEY WEST, FLORIDA 33045-2186
305-292-8445 / FAX: 305-292-8447 / WWW.KEYSHELPLINE.ORG

Minutes of the Helpline Annual Meeting – April 8, 2010

1. Presentation of the Agenda: Lou Hernandez, Helpline, CEO, presented the Agenda for the meeting and explained the voting procedure and the different categories of qualified members eligible to vote for the new Board of Directors.

2. The Slate of Officers was presented by Mr. Esquinaldo to the membership, see attached. On a motion by Dr. Fred Covan and a second by Coleen Fitzsimmons, the motion to accept the slate as presented was approved unanimously

3. Mr. Hernandez then explained that since there were no new Board Members being selected, there was no need for a swearing in process. The Officers for the 2010 – 2011 term are as presented:

- President, Jedde Regante
- Vice-President, Coleen Fitzsimmons
- Secretary, Dr. Fred Covan
- Treasurer, Paul Esquinaldo

Board Member, Maggie Conkright was also appointed to a new term on a motion by Dr. Covan and a second by Coleen Fitzsimmons.

4. Mr. Hernandez then acknowledged the Volunteer of the Year, Mr. Jack Stephens.

5. The Annual Report was presented to the Board, and received for the record. The verbal report, highlighted the fact that Helpline will celebrate its 28 anniversary this year, and reported on the Call statistics for the year at over 12,000. Mr. Hernandez noted that on average over the 28 years of service to the Community we have received or made over 240,000 calls. We have averaged 12 volunteers per month for 2009 – 2010. As reported at the last meeting Mr. Hernandez reported that a tentative budget will keep the doors open and phones operating. Mr. Hernandez did specially thank the volunteers from the Volunteers of America agency for their continuing support. All of these volunteers are homeless veterans in the VOA program and he wanted to acknowledge their Director, Mr. Pat Lindsey.

6. Mr. Hernandez next acknowledged the staff and their contributions to the Helpline throughout the year. He recognized Ms. Lorna Allen, David Morgan, Keith Studdard, and Pam Martin for all of their dedication and support to him and the Mission.

7. Mr. Regante closed the meeting with praise for the CEO and staff for the continuing work for Helpline

8. The meeting was closed on a motion by Mr. Esquinaldo.



Attachment

P



OFFICERS

Ronald Thompkins, CPA
Chair

Jerry Santeiro
Vice Chair

Suzette S. Pope
Secretary

Wiston H. Lonsdale
Treasurer

Rosa M. Cozad
Immediate Past Chair

BOARD MEMBERS

- Maria Alonso, MBA
- Henry Bikofsky
- Rep. Ronald Brisé
- Paul S. Echevarria
- Deborah J. Lowe
- Nilce O. Moraes
- Maria A. Rams
- John D. Robitaille
- René F. Rodríguez, M.D.

HONORARY BOARD MEMBERS

- Mayor Carlos Alvarez
- Carolina Calderin
- Rosebud L. Foster, Ed.D.
- Benjamin León, Jr.
- L. George Yap

PRESIDENT & CEO

Max B. Rothman, JD, LL.M.

760 NW 107th Avenue
Suite 214
Miami, Florida 33172-3155
(305) 670-6500
Fax: (305) 222-4100
Elder Helpline: 1-800-963-5337
www.allianceforaging.org

October 27, 2010

Mr. Jedde Regante
Governing Board Chair
Helpline, Inc.
1612 United St.
Key West, FL 33040

Dear Mr. Regante,

Enclosed you will find a copy of the monitoring report for Helpline, Inc., completed by the Alliance for Aging. The report was prepared as a result of the monitoring visit on September 17, 2010, to review compliance with the contractual requirements for the Older American's Act (OAA) funding.

There are several items identified in the report that are noted under the section "Matters To Be Followed Up" that must be addressed within 45 days of the receipt of this letter.

Maria Scotto, your Contract Manager, is always available to assist you if you have any questions or concerns. She can be contacted at 305-670-6500, ext. 269.

An attestation form is enclosed which we request that you sign and return to Maria Scotto within 30 days of the receipt of this report.

On behalf of the Alliance for Aging and the elders we serve, I want to thank you and your staff for the courtesies extended to our monitor during the monitoring visits. We look forward to strengthening our shared commitment as we continue to explore ways to make a difference in the lives of older people, their families, and caregivers.

Sincerely,

Max B. Rothman, JD, LL.M.
President & CEO

Enc.

CC: Lou Hernandez, CEO & Executive Director, Helpline, Inc.

Partially funded by



Member of



**Alliance for Aging, Inc.
MONITORING REPORT**

I. PROVIDER NAME AND ADDRESS

Helpline, Inc.
1623 Spalding Court, Unit 4
Key West, FL 33040

II. FUNDING PERIOD, SOURCE and CONTRACT NUMBER

January 1, 2010 to December 31, 2010 OAA AE 1010

III. PURPOSE OF THE VISIT

30-60 Day Annual Special

IV. DATE(S) OF MONITORING VISIT

September 17, 2010

V. NAME & TITLE OF THOSE INVOLVED IN THE VISIT

Lou Hernandez, CEO & Executive Director, Helpline, Inc.
Pam Martin, Caregiver Program Coordinator, Helpline, Inc.
David Morgan, CIRTTS Data Entry Clerk, Helpline, Inc.
Barbara Suarez, Director of Program Integrity and Accountability, Alliance for Aging, Inc.
Carlos Lahitte, Senior Financial Analyst, Alliance for Aging, Inc.
Julissa Fernandez, Contract Manager, Alliance for Aging, Inc.
Sasha Munoz, Contract Manager, Alliance for Aging, Inc.
Maria Scotto, Contract Manager, Alliance for Aging, Inc.

VI. SITES VISITED

Helpline, Inc.
1623 Spalding Court, Unit 4
Key West, FL 33040

VII. EXECUTIVE SUMMARY:

Helpline, Inc. is a private, not for profit agency which was established in 1982 to provide the Monroe County community with supportive services such as a 24-hour crisis hotline, information and referral, telephone reassurance, and caregiver training and support. Helpline, Inc. receives Older Americans Act (OAA) Title III E funding to provide the service of Caregiver Training/Support. Due to the final outcome of the 2009 Request for Proposal, on October 1, 2010, the agency also began receiving OAA Title III B funding for the service of Telephone Reassurance. These services are offered to elderly individuals throughout Monroe County in the Upper, Middle, and Lower Keys.

Caregiver Training/Support services are provided to primary caregivers of eligible clients. These services are offered with the goals of reducing stress, increasing coping skills, and providing effective strategies to assist caregivers in providing quality care to elderly recipients within the home. Telephone Reassurance services are provided to homebound elderly individuals to determine their physical safety and to provide psychological support.

This visit encompassed monitoring of the Older Americans Act (OAA) Title III E program as well as fiscal monitoring. Staff was cooperative and amenable to the monitoring teams' technical assistance, and the Provider has agreed to rectify all compliance issues identified during this monitoring visit within the time set forth by the Alliance for Aging, Inc. Helpline, Inc. utilizes volunteers as a match to OAA funding, and also provides services through funding from the Monroe County Government, United Way of Monroe, Health Foundation of South Florida, and Klaus-Murphy Foundation.

VIII. SCOPE OF THE MONITORING VISIT

The monitoring conducted entailed a review of programmatic, fiscal, and operational activities of Helpline, Inc. The period of time reviewed during the visit was from January 1, 2010 through September 17, 2010. The monitoring also included a review of employee records, policies and procedures, staff interviews, and service delivery in order to determine programmatic compliance.

IX. RESULTS OF THE MONITORING

A. PROGRAM COMPLIANCE

1. Previous Compliance Issues

The Provider has submitted a comprehensive outreach plan to maximize its allocated funds by increasing the number of caregivers attending each training/support session, and has developed a compliant sign-in sheet which documents the name of the care recipient as well as the caregiver. Although

individual caregiver training sessions are conducted on an as-needed basis, the majority of sessions are now conducted in a group setting in order to maximize available funds. Helpline, Inc. is conducting all caregiver sessions at locations which comply with the Americans with Disabilities Act (ADA) requirements.

Helpline, Inc. has not assessed, enrolled, or entered service units for Older Americans Act (OAA) Title III E clients as per the Department of Elder Affairs (DOEA) Title III E reporting requirements. The Provider was again given a copy of the DOEA Notice of Clarification (Notice # 041309-1-I-SWCBS) regarding reporting requirements for Title III E Providers, and was also provided with technical assistance regarding CIRTS data entry. The Provider has agreed to assess and enroll clients to ensure programmatic compliance.

2. Provider Governance

Many of the required policies and procedures were submitted prior to this annual monitoring visit for desk review, and all were found to be in compliance with programmatic requirements. The remainder of the policies and procedures were submitted shortly after the monitoring visit and were found to be in compliance as well. The Provider is in the process of compiling an organized policy and procedure handbook.

Employee records reviewed contained all necessary documentation including copies of applicable certificates, educational background, job description, completed trainings (including all required orientation and in-service training), background check, and annual evaluations. The Provider was given technical assistance regarding the Department of Elder Affairs' new level 2 background screening requirements, and is in the process of implementing the steps necessary to be in compliance with this requirement.

The Provider has submitted all required documents including its 2010 Disaster Plan, Grievance Procedures and Civil Rights Compliance Checklist. Helpline, Inc., is governed by a Board of Directors whose member composition is representative of the community population, and includes a psychologist, a business owner, a teacher, and an accountant. Board of Directors meetings are held a minimum of nine times per year to approve and implement policies as well as to oversee financial and programmatic operations of the agency. Helpline, Inc. has numerous volunteers who generously devote their time and skills to the agency. The Provider submits the quarterly volunteer hour report in a timely fashion.

3. File Documentation

The Provider has not assessed or enrolled clients as per the Department of Elder Affairs OAA Title III E reporting requirements; therefore, there were no files to be

reviewed during this monitoring visit. Technical assistance was provided during this monitoring visit, and the Provider will assess and enroll Title III E clients receiving Caregiver Training/Support services to ensure programmatic compliance. Staff was given CIRTS training, and the Caregiver Program Coordinator will attend the next scheduled Uniform Client Assessment training at the AAA in December, 2010. For IIIB clients who will receive Telephone Reassurance, the Provider will collect eligibility information; however, this information does not have to be entered into CIRTS. The Provider will develop and implement the required Authorization for Release of Information form for all OAA clients, and all required documentation will be stored in clients' files.

4. Service compliance/Application review

Helpline, Inc. is contracted to provide Caregiver Training/Support services through its Older Americans Act Title III E contract. Caregiver Training/Support services are provided through group forums where caregivers receive vital training and education to support them in caring for their loved one in the home environment. The agency's Caregiver Program Coordinator, an active elder advocate, conducts outreach throughout Monroe County via flyers, announcements, and local newspaper advertisements. Training and support sessions are held at local community sites such as libraries and senior centers throughout the Upper, Middle, and Lower Keys, and offer a warm, friendly environment where caregivers can gather to learn pertinent information, gain new skills, and support one another. Recent topics include "Alzheimer's Disease", "Symptoms of Caregiver Stress", "Tips for Hiring Home Care Workers", and "Ten Commandments of Caregiving." As a result of technical assistance provided by the AAA, the Provider has developed and implemented a comprehensive outreach plan and strives to maximize its funding by providing most caregiver sessions in a group setting. Caregiver Training/Support services may also be provided individually when needed.

On October 1, 2010, Helpline, Inc. began providing Telephone Reassurance services through Older Americans Act Title III B funding. Telephone Reassurance services are targeted towards elderly homebound residents throughout the more rural areas of the Florida Keys as well as throughout the Upper, Middle, and Lower Keys of Monroe County. Telephone reassurance services are coordinated with the client to ensure the client's psychological well-being as well as their physical safety. During this monitoring visit, the Provider was given technical assistance regarding Department Of Elder Affairs programmatic and reporting requirements for this service.

5. Prioritization and ARC Outsourced Functions

The Provider was given technical assistance regarding assessing and prioritizing clients to determine eligibility and needs. The Executive Director, Caregiver

Program Coordinator, and CIRTTS data entry clerk received instruction to assess clients (care recipients) using the demographic section of the 701A or B , and to actively enroll clients in CIRTTS to comply with OAA Title III E reporting requirements.

Helpline, Inc., is not required to perform ARC outsourced functions as a provider of non-registered services. The Provider refers clients in need of services beyond the agency's scope to the ARC. The Executive Director is submitting the monthly Surplus Deficit Report along with the agency's Request for Payment each month. The Provider was instructed to also electronically submit a monthly Surplus Deficit Report for each program to the Contract Manager, and was encouraged to include the total number of personal contacts (i.e., calls, walk-ins, e-mails, or faxes) from individuals seeking information, referral, or assistance for themselves or others.

6. Quality Assurance

Staff development and training is an integral component of Helpline's quality assurance program. All new employees and volunteers undergo orientation to educate them on the agency's mission and goals, policies and procedures, and the aging network. The agency also provides comprehensive in-service training to further assure quality service provision. A staff interview conducted indicates that employees receive appropriate training and strive to provide the best quality of services to seniors.

Helpline, Inc determines customer satisfaction through surveys/questionnaires given to clients at the completion of caregiver training sessions as well as through interviews conducted by Helpline's Executive Director. Client satisfaction survey results are analyzed yearly, and the agency implements client suggestions as feasible. The agency also has a written complaint procedure to address client concerns.

7. Nutrition compliance (if applicable)

This section is not applicable to the Provider.

8. Outcome Measures

Due to the reporting requirements of the Older Americans Act (OAA) Title III E program, outcome measures are not applicable to the Provider.

9. APS

This section is not applicable to the Provider.

B. FISCAL COMPLIANCE

The fiscal monitoring conducted revealed no compliance issues.

X. CORRECTIVE ACTION REQUIRED: (A formal plan is required within 30 Days)

No corrective action required.

XI. MATTERS TO BE FOLLOWED UP PRIOR TO THE NEXT MONITORING VISIT:

The Provider will assess clients (care recipients) receiving Caregiver/Training Support services. As per the Department of Elder Affairs Notice of Clarification (Notice #: 041309-1-I-SWCBS), all individuals receiving services through Older Americans Act (OAA), Title III E must be screened or assessed and actively enrolled in CIRTS for the program in which the services are funded.

The Caregiver Program Coordinator will attend the AAA's Uniform Client Assessment Training in December, 2010, and become a certified assessor.

The Provider will develop and implement the required Authorization for Release of Information form for all clients.

Helpline's staff and volunteers will comply with the new Level 2 background screening requirements as referenced in the Department of Elder Affairs' Notice of Instruction #: 060910-1-I-SWCBS. The Provider will ensure that at least 20% of all staff, including volunteers, will complete a Level 2 screening within 120 calendar days of August 1, 2010, and that an additional 20% will be screened every 90 calendar days thereafter, until all staff and volunteers have satisfied the screening standards of Ch. 435, F.S.

The Provider will submit the results of the 2010 Client Satisfaction Survey by the end of the 2010 Older Americans Act funding period (December 31, 2010).

Helpline's staff and volunteer training schedule for 2010 will be submitted.

The Provider will submit the electronic version of the Surplus Deficit Report to the Contract Manager monthly.

*****Responses are due (45) days from the date on the cover letter*****

XII. SUGGESTIONS FOR IMPROVEMENTS

The Caregiver Program Coordinator was given technical assistance regarding targeting

outreach efforts for Caregiver Training/Support Services to include a larger population of individuals who are active caregivers for elderly individuals. Although the Provider's Caregiver Training/Support sessions are offered in public forums, services should be provided to caregivers who are actively caring for a care recipient. In addition, the care recipient must be assessed and enrolled in CIRTS in order for this program to be in compliance.

The Provider was given technical assistance regarding the provision of Older Americans Act Title III B Telephone Reassurance services. The Executive Director was given a copy of the 2010 DOEA Programs and Services Handbook service description standards and reporting requirements for this service. A Release of Information form as well as proof of program eligibility must be documented and maintained in client files for clients receiving Telephone Reassurance services. The Provider may use the DOEA 701A Assessment form to collect the required information; however, this information does not need to be entered into CIRTS.

XIII. PROVIDER HIGHLIGHTS/BEST PRACTICES

Helpline, Inc., had been providing supportive services to elderly individuals throughout Monroe County for over 25 years. The agency operates a 24-hour telephone crisis line seven days per week. The agency collaborates with many other agencies throughout Monroe County, linking seniors to vital services and resources in the community. Helpline, Inc., refers clients for essential long-term care services such as home-delivered meals, personal care, and respite when needed, and maintains a subcontract with the Department of Children and Families (DCF) to provide referrals to mental health agencies in Monroe County. The agency meets regularly with agencies such as The Southernmost Homeless Assistance League, Florida Keys Area Health Education Center, and the Substance Abuse/Mental Health committee of DCF to share information about programs in Monroe County. Staff members at Helpline, Inc., actively advocate for elders and are regularly involved with Monroe County's Older Americans Advisory Board, SHINE (Serving Insurance Needs of the Elderly) and AARP (American Association of Retired Persons).

XIV. EXIT INTERVIEW:

An exit interview was conducted on September 17, 2010 with the Executive Director, Caregiver Program Coordinator, and CIRTS Data Entry Clerk. A summary of findings and suggestions was discussed.

XV. STAFFED AND REVIEWED BY CONTRACT MANAGEMENT DEPARTMENT

Maria Scotto
Contract Manager

Maria Scotto
Signature

10/25/10
Date

Carlos Lahitte
Senior Financial Analyst

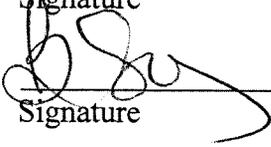


Signature

10/28/10

Date

Barbara Suarez
Director of Program Integrity
& Accountability



Signature

10/28/10

Date