

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

Agency Name	U.S. Fellowship of Florida, Inc. d/b/a Heron-Peacock Supported Living
Physical Address	1320 Coco Plum Drive
Mailing Address	1320 Coco Plum Drive
City, State, Zip	Marathon, Florida 33050
Phone	(305) 743-4129
Fax	(305) 743-5137
Email	administration@mkclt.org
Who should we contact with questions about this application?	Richard Casey, Executive Director

Amount received for prior fiscal year ending 09/30/10	\$48,500 -
Amount received for current fiscal year ending 09/30/11	\$45,000 -
Amount requested for upcoming fiscal year ending 09/30/12	\$50,000 -

ORIGINAL

*Monroe
GA*

CERTIFICATION

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

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

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

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

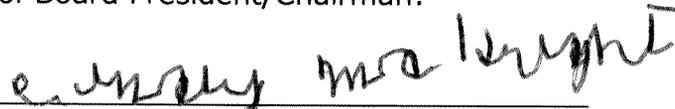
We further understand that meeting the Eligibility Criteria in no way ensures that the agency will be recommended for funding by the Human Services Advisory Board. These recommendations are determined by service needs of the community, availability of funds, etc. HSAB funding recommendations must be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

Typed Name of Executive Director:

Signature 
Richard Casey

Date: *April 20, 2011*

Typed Name of Board President/Chairman:

Signature 
Cindy McKnight, Vice President, for Linda Russin

Date: *April 20, 2011*

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

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

The mission of Heron-Peacock Supported Living is to provide housing, support, transportation, and supervision of medications for low-income people who have a current diagnosis of mental illness, in order to maximize individual self-dependence, health and well-being, and community integration.

2. List the services your agency provides.

Heron-Peacock provides housing, material and personal support, transportation, and supervision of medications. Examples of material and support services include help with life skills e.g. personal grooming, and using public transportation, shopping assistance, nutrition counseling, and referrals. Referrals for services are made to such agencies as De Poo Hospital, the Guidance/Care Centers and private mental health providers Heron-Peacock provides financial assistance to help clients secure Social Security benefits, Medicare and Medicaid, and rental assistance. In addition, a supported employment program provides clients personal development for dealing with the business world, outreach to potential employers and community organizations, assistance with personal employment planning and resumes, and transportation assistance.

3. What services will be funded by this request?

This request will fund general operating expenses that are critical to our delivery of services to our clients. These expenses include such things as insurance, payroll, utilities and maintenance.

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: N/A

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: N/A

b. grant amount: N/A

c. match percentage requirement and amount: N/A

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

a. how the funds were spent

HSAB funds were used to reimburse the organization for payroll expenses not covered by other grants or contracts. Like many service providers payroll represents xxx% of total expenses.

b. how they were used to leverage additional funding.

Given current economic conditions, we are presently not expanding our facilities or programs, therefore utilizing existing revenue streams to cover general operating expenses. None of our existing contracts or grants have a match/leverage component.

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.	<u>SOURCE</u>	<u>Status</u>	<u>Amount</u>
	MC Sheriff's Shared Asset Forfeiture Fund	Awarded	\$8,779
	Monroe County Byrne Grant	Will apply	Unknown

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

Heron-Peacock provides housing for person with mental illness. As is an industry best practice, we believe in order for homeless, mentally ill, those with a history of addiction, or dual diagnosis, to reach their full potential, providing safe, secure and affordable housing is the foundation to recovery and success. By providing housing, we can work with our clients and community partners to help structure and implement an individualized recovery plan suited to help each client reach their full potential.

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

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

According to the Southernmost Homeless Assistance League (SHAL) Website, every night in the United States approximately 750,000 people experience homelessness. Data provided by SHAL for the Department of Children and Families 2008 Survey of Local Homeless Coalitions (provided as Attachment Q), shows there are approximately 1,121 homeless people in Monroe County. The report indicates that of the 535 of these individuals that had a disabling condition, 206 had problems relating to mental health and 210 were identified with a history of drug and/or alcohol addiction. This represents almost half of the homeless population of the county. In the 2008 Department of Children and Families Survey SHAL indicates that of the subpopulations of the homeless those with the greatest need and the least resources to serve were the mentally ill and those with substance abuse problems.

In addition, a 2007 HUD Report on Homelessness concluded that 12.4% of homeless adults came from public systems and institutional settings, including psychiatric facilities, substance abuse treatment centers, hospitals, and jails. Extrapolating this for the Keys approximately 125 homeless people in the Keys came from public systems.

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

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

By the 1970's comprehensive efforts were underway to change the way people with mental illnesses were treated. There was increased potential for release of people who had languished in mental hospitals for years. Advances in medication used to treat mental illness and programs to

develop life skills for those who had lived in institutional settings contributed to helping people live independently. However, the most important element for the success of "de-institutionalization" was developing a supportive program in the community which included psychiatric services in community mental health centers and living facilities such as group homes, supervised care transitional programs, and independent living. This effort was succeeding with the use of federal monies and collaborative efforts among government, private, and non-profit agencies. Unfortunately, the passage of the Omnibus Budget Reconciliation Act of 1981 changed the course of federal support for community based efforts. With the federal funding and policy changes in the 1980's the previously controlled and careful release of psychiatric patients into the community lead to what has been referred to as "dumping" of people who were not capable of caring for themselves and did not have necessary supportive services. Unfortunate outcomes have been escalation of homelessness and increasing incarceration of people with mental illness. Since that time states, communities and local networks of providers have worked hard to fill the incredible need.

14. Describe your target population as specifically as possible.

Heron-Peacock serves adults, age 18 and higher, who have a current diagnosis of mental illness, including co-occurring disorders, who need supervision, including supervision of medications, and who do not have a place to live. Residents may, and typically do, also have a history of substance abuse, incarceration, and/or chronic homelessness.

15. How are clients referred to your agency?

Clients come from many sources. These include self-referrals, referrals from family members, and agencies including SHAL organizations e.g. Samuels House. Other referral agencies are law enforcement agencies, correctional facilities e.g. the Monroe County Detention Center, local mental health facilities e.g. the Guidance/Care Centers, Florida Keys Outreach Coalition, De Poo Hospital, and state psychiatric facilities.

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

Prospective clients are means tested and screened for documentation of mental illness. The Heron and Peacock Apartments typically have a client waiting list. People on the waiting list are admitted based on emergency need and otherwise in the order received.

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

Heron-Peacock Supported Living has formal networking arrangements with the Guidance/Care Centers throughout the Keys. Clients at both our residential facilities utilize services offered at the Guidance/Care Center. These services include mental health care, day treatment, transportation and group therapies. In addition, we have developed a wide network of service providers with counseling services, appointments with medical doctors, including psychiatrists, prescriptions and provision of medications, and other support and educational services e.g. the Growth Center in Marathon which provides educational programs, skills education, employment support and development, and other constructive programs. We are also involved in the development of a Consumer Network and Wellness Recovery Action Plan Program with the Department of Children and Families. The goal of these programs is to develop a client resource center in the Lower Keys and assist clients with developing personal plans to guide their therapeutic program. We are also working with Monroe County Corrections on a Jail Diversion project to place people that need support with problems of substance abuse and/or mental illness into our residential programs. We are involved with the Monroe County Criminal Justice Mental Health and Substance Abuse Planning Council Jail Diversion Project. In addition, Heron-Peacock is a member of SHAL, the Southernmost Homeless Assistance League that provides networking with approximately 30 agencies that deal with the needs of the homeless and also participate in the Homeless Management Information System (HMIS). We are also a member of the Poinciana Housing Committee a consortium of agencies that occupy facilities at Poinciana Housing.

18. List all sites and hours of operation.

The Heron is a 16 bed State Licensed Assisted Living Facility located at 1320 Coco Plum Drive, Marathon, FL 33050. Three staff people "live-in" at the Heron to provide 24-hour support. Office operating hours are 9:00 a.m. – 5:00 p.m. Monday through Friday.

The Peacock Apartments have units available for 28 residents and are located at 1622 and 1624 Spalding Court, Key West, Florida 33040. The Office is open for business and client support from 1:00 p.m. - 9:00 p.m. daily. Staff is available on call 24-hours a day when the office is closed or in cases of emergency.

19. What financial challenges do you expect in the next two years, and how do you plan to respond to them? (If applying for \$5,000 or less, a response to question #19 is not required.)

The greatest threat to our ability to provide needed services is uncertainty in federal and state funding over the next several years. Like most non-profit agencies that depend on grant funding Heron-Peacock expects a decrease in funds from these sources especially because of the reduction available public funds. Coupled with rising consumer prices, particularly food and fuel, we must work efficiently to continue to deliver services. To respond to this challenge, we will be aggressively seeking support from private foundations. We believe that private foundations are now in a position to increase support of social service organizations after several years of reduced support.

20. What organizational challenges do you expect in the next two years, and how do you plan to respond to them? (If applying for \$5,000 or less, a response to question #20 is not required.)

Aside from financial challenges, we continue to seek organizational efficiencies. Like any service provider, payroll expense represents the most significant expense, and one which we have significant ability to control. As a fully regulated Assisted Living Facility we are required to maintain For over twenty years Heron-Peacock has supplemented our paid staff with overseas volunteers utilizing the B1 Visa program. At any one time we have from 2-5 overseas volunteers assisting at both facilities. Volunteers receive room and board and a small stipend, typically serving for a period of six months or one year. In the past year we have been aggressive in our plan to attract and retain overseas volunteers and will continue this strategy as a means of reducing overall personnel costs. In addition, we continue to invest in technology to improve efficiency in administration, resulting in greater ability to serve our clients.

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

A mental health service consumer is a member of the Heron-Peacock Board. We also have regular "house meetings" where we solicit resident comments and address any problems occurring with residents. Also, a participant in the Heron-Peacock Program represents Monroe County on the State Mental Health Planning Council and is active in NAMI, including sponsoring the NAMI (National Alliance for Mental Illness) "Comeback Club" for people with mental illness.

22. 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.)

Yes. Since the Heron is a licensed Adult Living Facility it is monitored every two years by the Florida Agency for Health Care Administration (AHCA). The Marathon Fire Department inspects the facility annually. The Monroe County Health Department inspects the assisted living facility annually and provides food service inspection quarterly. The State Ombudsman for Elderly and Disabled monitors the Heron each year and interviews clients.

23. 7,700 hours of program service were contributed by 11 volunteers in the last year.

24. Will any services funded by the County be performed under subcontract by another agency? If so, what services, and who will perform them?

No.

25. What measurable outcomes do you plan to accomplish in the next funding year?

a. Over a 12 month period an overall occupancy rate of 95% will be maintained between both facilities.

b. 100% of residents needing special accommodations e.g. drug and alcohol recovery programs will be referred to such services and put on a special program requiring random drug testing and participation in a treatment program such as AA.

c. The Supported Employment Program includes the following measurable goals:

- a. 100% of all new residents of Peacock Apartments will be assessed for the supported employment program;
- b. Within the first six months of residency, each resident at Peacock Apartments will have developed individualized performance plans with performance targets
- c. 25% of program beneficiaries will have completed the employment plan and have found employment .

26. How will you measure these outcomes?

(If applying for \$5,000 or less, a response to question #26 is not required.)

- a. Occupancy rate figures will be determined by using the number of residents enrolled in the Program over a period of one year.
- b. Program clients are randomly tested or tested for cause for drug and alcohol use. If a resident tests positive he/she are placed on a program involving regular drug testing and referral to a treatment program.
- c. Supported employment activities are recorded on a log which provides documentation of program efforts. Staff has developed a spreadsheet displaying participants who are initially assessed. Written employment plans are prepared for residents interested in seeking jobs.

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

Service	Unit (hour, session, day, etc.)	Cost per unit (current year)
Permanent Housing (ALF)	8,760 hrs.	
Perm. & Transitional Housing	8,760 hrs.	
Financial Management	2,148 hrs.	\$36.02
Transportation	960 hrs.	\$36.02
Medication Supervision	1,496 hrs.	\$36.02
Drug Testing	126 hrs.	\$36.02
Supported Employment	240 hrs.	\$36.02
Food Service	550 hrs.	\$36.02

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.

Heron Peacock Supported Living

Conference call meeting

Tuesday, December 28, 2010

Directors Present: Maurene Freedman, Linda Russin, Cindy McKnight, and Laura Preston

Directors not present: Jennifer O'Lear, Nelson Read, and Rich Malafy

Staff Present: Rick Casey, Clare Condra

Meeting called to order at 5:36 p.m.

Election of Officers: Maurene Freedman moved that Linda Russin be elected as President. Cindy McKnight seconded the Motion. Linda Russin was elected President unanimously. Maurene moved that Cindy McKnight be elected as Vice President. Linda Russin Seconded the motion. Cindy McKnight was elected as Vice President unanimously. Linda moved that Nelson Read be elected as Treasurer. Cindy McKnight seconded the motion. Nelson Read Was elected as Treasurer unanimously. Cindy moved that Maurene Freedman be elected as Secretary. Linda Russin seconded the motion. Maurene Freedman was elected as secretary unanimously.

Approval of minutes from November 23, 2010. Cindy McKnight moved that we accept the minutes as written. Linda Russin seconded the motion. Minutes approved unanimously.

Executive Director's Report: See prepared report. Rick said he wanted to thank our volunteers who earned \$622 for the client's Christmas by the bicycle fundraiser. Rick has put this in the paper and took the volunteers and staff out for dinner. Centennial Bank provided a donation of money, hats and shirts to the volunteers. They had turkeys by the Westin. The audit is finished and we are where we expected to be. Last year, we had a liquidity issue and Rick agreed with the concerns of the auditor. The liquidity concern is still there but we did have a profit last year. Other items not on the report: 1. Purge the Heron of 10 years of paperwork. Next week, Rick will work with Clare and Ceri to determine what we need to keep of client's paperwork. 2. Clare and Rick will get together next week to prepare for the ACHA inspection.

Program Director's Report: See prepared report. We are expecting two more clients moving in this week. The census has improved.

Financial and Audit Report: See prepared reports. Rick reported about the financial reports because Nelson is ill. On the profit and loss reports (p.11, 12 and blank), as of Dec. 31, 2010, on the income side if we do nothing else except collect the grants, if we make the same amount of money at Heron and Peacock, we get no new grants and don't do any fundraising we are at a breakeven point. We expect to get some grants. We have \$80,000 to spend between now and June. Anything we do in the next six months will be profit. Our income is over our projection. Our expenses are under our projection. We are

Page 2

at a breakeven point. We will discuss this in detail next month. Maurene moved that the financial reports be submitted for audit. Cindy seconded the motion. Motion passed unanimously.

Audit: Yes, there is a liquidity problem but there was a profit last year. Maurene moved that we accept the audit. Laura seconded. Audit passed unanimously.

Our CPA has recommended that we our file our federal tax return called a 990.

Old Business: CDBG Grant. We may have an opportunity to build a new facility for \$1.5million rather than repair the old building for \$315,000. Rick met with David Rice who is recommending the new facility. Next week, Roman Gatesi will coordinate with Ron Saunders to recommend the new facility.

b. IRS update. Rick has recorded that two of the issues have been cleared. The remaining issue is the untimely payment of employee taxes. A revenue officer has been assigned. Rick has written a letter that all of the penalties assigned are not correct because we paid all of our taxes but didn't pay them on time. We were supposed to pay twice a month but only paid once a month. We are waiting to hear from the revenue officer. The IRS has received all of the information required.

c. Banking update: Rick will get all new signature cards for the bank now that we have new officers elected. He will also pursue the maximum amount of interest we can get. First State Bank will be loaning us their tent for the not for profit showcase at Bayview Park. Centennial Bank gave each participant a goody bag with hats, t-shirts etc. for the volunteer fundraiser.

New business:

New board member recruitment: It is suggested that each board member try to recruit one new board member.

Maurene recommended that we do a family appeal. Rick talked to Sherry about an annual appeal. In the past, we did an annual general appeal that was successful about five years ago. Recently, this appeal has not been as successful. Rick is creating a master spreadsheet including people who have donated cash in the past, businesses that have donated goods and services, and family members who have donated in the past. Rick is compiling this mail merge as well as looking at past thank you notes. When that is finished, we can create ongoing appeals and mass lists. Later, each letter can be individualized. Laura Preston volunteered to call people on the list.

Fundraising: Dragon Boats (May 2011) In the past, the Dragon Boats event earned about \$7000. Many people volunteered to be on a boat however did not do any fundraising for us. We are hoping to have individuals fundraise for us. We can add these people to a website to try to maximize our return on this event. Clare reported the website was very successful last year. We are hoping to begin fundraising earlier this year. One of our boats won the hospitality cup two years in a row.

Page 3

Marathon Movie Nights (Winter 2011) Rick wants Rich Malafy to talk to Richard Warner, guru of Marathon, about equipment.

Maurene recommended that we do something for our two ill board members. Rick suggested that the Heron residents sign a card for the board members. Board members agreed.

Meeting was adjourned at 6:24 p.m. Next meeting will be Jan. 25th, 2010 and will be in person at the Big Pine Key library or senior center.

These minutes were recorded and submitted by Maurene Freedman, Secretary.

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

Heron-Peacock

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

List Services Here	Target Population	# of Persons in Target Population	Area	Days/Hours	Total Number of Clients Served during most recent completed fiscal year	Current # of Clients ("snapshot") as of 03/31/11
Perm. Housing (ALF)	Mentally ill adults	350	Marathon	7 days/24 hours	20	14
Perm. Housing (1624)	Mentally ill adults	350	Key West	7 days/24 hours	17	15
Transitional Housing (1622)	Mentally ill adults	350	Key West	7 days/24 hours	24	12
Trasportation	Mentally ill adults	350	Marathon	Weekdays 8:00 AM -9:00 PM	20	14
Medication Supervision	Mentally ill adults	350	Middle & Lower Keys	Weekdays 8:00 AM -9:00 PM	61	41
Recreation	Mentally ill adults	350	Marathon	Weekdays 8:00 AM -9:00 PM	20	14
Meal Prep. & Service	Mentally ill adults	350	Marathon	Weekdays 8:00 AM -9:00 PM	20	14
Drug Testing	Mentally ill adults	350	Middle & Lower Keys	Weekdays 8:00 AM -9:00 PM	61	41
Life Skills	Mentally ill adults	350	Middle & Lower Keys	Weekdays 8:00 AM -9:00 PM	61	41
Supported Employment	Mentally ill adults	350	Middle & Lower Keys	Weekdays 8:00 AM -9:00 PM	61	41
Financial Mgmt.	Mentally ill adults	350	Marathon	Weekdays 8:00 AM -9:00 PM	20	14
Unduplicated Clients for Entire Agency						61
<i>(see instructions - this is not a total of the numbers above)</i>						

Please indicate the number of clients served who are Monroe County residents: 61

Please list or describe achieved outcomes for your target populations: Our goal is to provide the environment and support necessary for each

ATTACHMENT E - AGENCY EXPENSES

FY12

Heron-Peacock

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

Expenditures	Proposed Expense Budget for Upcoming Year Ending:		Projected Expenses for Current Year Ending:	
	6/30/2012		6/30/2011	
	Total	%	Total	%
Salaries	262,000	47%	242,000	41%
Payroll Taxes	20,000	4%	20,000	3%
Employee Benefits	5,000	1%	5,000	1%
Subtotal Personnel	287,000	52%	267,000	45%
Postage		0		0
Office Supplies	22,500	4%	22,500	4%
Telephone	2,000	0%	2,000	0%
Professional Fees	17,000	3%	37,000	6%
Rent		0	0	0
Utilities	72,500	13%	72,500	12%
Repair and Maint.	20,000	4%	54,000	9%
Travel	7,000	1%	7,000	1%
Miscellaneous	6,000	1%	6,000	1%
Grants to Other Organizations		0		0
<i>List others below</i>		0		0
Provisions	26,100	5%	26,100	4%
Volunteer Stipend	31,000	6%	31,000	5%
Activities	8,500	2%	8,500	1%
Insurance	50,000	9%	50,000	8%
Stabalization	5,000	1%	5,000	1%
Automobiles		0	7,000	1%
		0		0
		0		0
		0		0
		0		0
		0		0
		0		0
		0		0
		0		0
		0		0
Total Expenses	554,600	100%	595,600	100%
Revenue Over/(Under) Expenses	45,800		56,220	

ATFB
595,600
249,100

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		
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	Not Applicable
M. Copy of any other Federal or State Licenses	X		ACHA Licensure
N. Copy of Florida Dept. of Health Licenses/Permits	X		
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)			
R. Other (specify) TWO PAGE LIMIT			

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

UNITED STATES FELLOWSHIP
OF FLORIDA, INC.

Financial Statements and
Schedule of Financial Assistance with
Independent Auditors' Report Thereon

For the Years Ended
June 30, 2010 and 2009

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TABLE OF CONTENTS

	<u>PAGE</u>
Independent Auditors' Report	1 - 2
Statements of Financial Position	3
Statement of Activities and Changes in Net Assets	4
Statement of Functional Expenses	5
Statement of Cash Flows	6
Notes to Financial Statements	7 - 16
Schedule of Financial Assistance	17 - 18
Independent Auditors' Report on Compliance and on Internal Control over Financial Reporting Based on an Audit of Financial Statements Performed in Accordance with Government Auditing Standards	19 - 20
Independent Auditors' Report on Compliance with Requirements Applicable to Each Major Program and Internal Control over Compliance in Accordance with OMB Circular A-133	21 - 22
Independent Auditors' Report on Compliance with Requirements Applicable to State Grants and Aids Appropriations	23 - 24
Schedule of Findings and Questioned Costs	25 - 26

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SMITH, BUZZI & ASSOCIATES, LLC.
 CERTIFIED PUBLIC ACCOUNTANTS
 2103 CORAL WAY, SUITE 305
 MIAMI, FLORIDA 33145
 TEL. (305) 285-2300
 FAX (305) 285-2309

JULIO M. BUZZI, C.P.A.
 JOSE E. SMITH, C.P.A.

MEMBERS:
 AMERICAN INSTITUTE OF
 CERTIFIED PUBLIC ACCOUNTANTS
 FLORIDA INSTITUTE OF
 CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITORS' REPORT ON THE BASIC FINANCIAL STATEMENTS

To the Board of Directors
 United States Fellowship of Florida, Inc.:

We have audited the accompanying statement of financial position of United States Fellowship of Florida, Inc. (a non-profit organization), as of June 30, 2010 and 2009 and the related statement of activities and changes in net assets, functional expenses and cash flows for the year then ended. These financial statements are the responsibility of United States Fellowship of Florida Inc's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America, Government Auditing Standards, issued by the Comptroller General of the United States and the provisions of Office of Management and Budget Circular A-133, "Audits of States, Local Governments and Non-Profit Organizations". Those standards and OMB Circular A-133 require that we plan and perform the audits 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 management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of United States Fellowship of Florida, Inc., as of June 30, 2010 and 2009 and the results of its operations and its cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

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In accordance with Government Auditing Standards, we have also issued a report dated October 18, 2010 on our consideration of United States Fellowship of Florida Inc's internal control over financial reporting and our tests of its compliance with certain provisions of laws, regulations, contracts and grants. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing and not to provide an opinion on the internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with Government Auditing standards and should be considered in assessing the results of our audit.

Our audit was made for the purpose of forming an opinion on the basic financial statements taken as a whole. The additional information on pages 18 to 25 as of June 30, 2010, including the Schedule of Financial Assistance are required by the U.S. Office of Management and Budget Circular A-133 "Audits of States, Local Governments and Non-Profit Organizations", and are presented for additional analysis and are not a required part of the basic financial statements. Such information has been subjected to the auditing procedures applied in the audit of the basic financial statements and, in our opinion, is fairly stated in all material respects in relation to the basic financial statements taken as a whole.

Smith Buzzi & Associates LLC

October 18, 2010

UNITED STATES FELLOWSHIP OF FLORIDA, INC.

Statements of Financial Position

June 30, 2010 and 2009

	June 30, 2010		June 30, 2009		Total
	Unrestricted/ Temporarily Funds	Permanently Restricted Funds	Unrestricted/ Temporarily Funds	Permanently Restricted Funds	
Assets					
Cash	\$ 138,808	-	138,808	-	61,352
Investments	212	-	212	-	212
Accounts and contracts receivable	-	-	-	-	20,000
Grants receivable	26,776	-	26,776	-	38,367
Prepaid expenses	14,191	-	14,191	-	7,163
Property and equipment (net of accumulated depreciation)	-	900,382	-	919,600	919,600
Utility deposits	2,355	-	2,355	-	2,355
Total assets	\$ 182,342	900,382	1,082,724	919,600	1,049,049
Liabilities and Net Assets					
Accounts payable	\$ 55,481	-	55,481	-	50,946
Accrued expenses	529	-	529	-	4,393
Client funds	3,029	-	3,029	-	2,927
Notes and mortgage payable	-	-	-	-	-
Total liabilities	59,039	-	59,039	-	58,266
Net assets:					
Total net assets	123,303	900,382	1,023,685	919,600	990,783
Total liabilities and net assets	\$ 182,342	900,382	1,082,724	919,600	1,049,049

See accompanying notes to financial statements

UNITED STATES FELLOWSHIP OF FLORIDA, INC.
 Statements of Activities and Changes in Net Assets
 For the Years Ended June 30, 2010 and 2009

	June 30, 2010		June 30, 2009	
	Unrestricted/ Temporarily Funds	Permanently Restricted Funds	Unrestricted/ Temporarily Funds	Permanently Restricted Funds
		<u>Total</u>		<u>Total</u>
Changes in Net Assets:				
Support and revenue:				
Contributions and fundraisers	\$ 51,985	51,985	92,383	92,383
Grants and contracts	269,345	269,345	154,775	154,775
Donated services and Medicaid	35,672	35,672	5,190	5,190
Resident fees	291,612	291,612	275,112	275,112
Other income	764	764	1,803	1,803
Total support and revenue	<u>649,378</u>	<u>649,378</u>	<u>529,263</u>	<u>529,263</u>
Net Assets Released from Restrictions:				
Acquisition of assets	(600)	-	-	-
Expenses:				
Program services	502,880	502,880	549,353	549,353
Management and administration	93,778	113,596	86,133	109,630
Total expenses	<u>596,658</u>	<u>616,476</u>	<u>635,486</u>	<u>658,983</u>
Increase (decrease) in net assets	52,120	32,902	(106,223)	(129,720)
Net assets, beginning of year	71,183	990,783	177,406	1,120,503
Net assets, end of year	<u>\$ 123,303</u>	<u>1,023,685</u>	<u>71,183</u>	<u>990,783</u>

See accompanying notes to financial statements.

UNITED STATES FELLOWSHIP OF FLORIDA, INC.
 Statements of Functional Expenses

For the Years Ended June 30, 2010 and 2009

	June 30, 2010			June 30, 2009		
	Program Services	Management & Administration	Total	Program Services	Management & Administration	Total
Wages and salaries	\$ 208,000	36,706	244,706	221,703	39,124	260,827
Employee benefits/Payroll taxes	16,778	3,070	19,848	50,285	13,500	63,785
Meal allowances	30,851	-	30,851	21,765	-	21,765
Occupancy	75,018	29,882	104,900	70,574	17,065	87,639
Insurance	56,453	-	56,453	68,855	-	68,855
Telephone	17,865	2,208	20,073	18,192	3,394	21,586
Office expense	12,373	10,747	23,120	8,115	7,050	15,165
Professional services	8,965	11,165	20,130	2,050	6,000	8,050
Vehicle expense	8,277	-	8,277	12,806	-	12,806
Travel	8,321	-	8,321	4,832	-	4,832
Resident activities	7,027	-	7,027	6,793	-	6,793
Residential food and provisions	27,748	-	27,748	33,370	-	33,370
Other operating, including fundraising	25,204	-	25,204	30,013	-	30,013
Total before depreciation	502,880	93,778	596,658	549,353	86,133	635,486
Depreciation	-	19,818	19,818	-	23,497	23,497
	\$ 502,880	113,596	616,476	549,353	109,630	658,983

See accompanying notes to financial statements.

UNITED STATES FELLOWSHIP OF FLORIDA, INC.

Statement of Cash Flows

For the Years Ended June 30, 2010 and 2009

	<u>2010</u>	<u>2009</u>
Cash flows from operating activities:		
Increase (decrease) in net assets	\$ 32,902	(129,720)
Adjustments to reconcile decrease in net assets to net cash provided by operating activities:		
Depreciation	19,818	23,497
(Increase) decrease in assets:		
Investment	-	-
Other assets	(7,028)	4,276
Receivables	31,591	(42,601)
Increase (decrease) in liabilities:		
Client funds	102	(2,591)
Accounts payable and accrued expenses	<u>671</u>	<u>42,433</u>
Net cash used by operating activities	<u>78,056</u>	<u>(104,706)</u>
Cash flows from investing activities:		
Acquisition of property and equipment	<u>(600)</u>	<u>-</u>
Net cash used by investing activities	<u>(600)</u>	<u>-</u>
Cash flows from financing activities:		
Notes and mortgage payable borrowings (repayments)	<u>-</u>	<u>-</u>
Net cash provided by financing activities	<u>-</u>	<u>-</u>
Net Increase (decrease) in cash	77,456	(104,706)
Cash, at beginning of year	<u>61,352</u>	<u>166,058</u>
Cash, at end of year	<u>\$ 138,808</u>	<u>61,352</u>
Supplemental disclosure information :		
Interest paid	\$ <u>-</u>	<u>-</u>
Income taxes paid	\$ <u>-</u>	<u>-</u>

See accompanying notes to financial statements

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UNITED STATES FELLOWSHIP OF FLORIDA, INC.

Notes to Financial Statements

June 30, 2010 and 2009

(1) Summary of Significant Accounting Policies

(a) Organization

United States Fellowship of Florida, Inc. ("USFF") (d/b/a Heron-Peacock Supported Living) is a not-for-profit organization established under the laws of the State of Florida on June 23, 1992. The purpose of USFF is to provide housing and supportive services to disabled, chronically mentally ill adults of Monroe County in the Florida Keys area.

USFF operates (2) two facilities providing supervised housing and supportive services; The Heron, a sixteen bed assisted living facility with limited mental health license located in Marathon and The Peacock Apartments, a 24-bed apartment facility located in Key west.

The accounting policies that affect significant elements of USFF's financial statements are summarized below.

(b) Basis of Presentation

The financial statements of USFF have been prepared on the accrual basis of accounting and conform to accounting principles generally accepted in the United States of America as applicable to not-for-profit organizations.

USFF has adopted statement of Financial Accounting Standards (SFAS) No. 117, "Financial Statements of Not-for-Profit Organizations". Under SFAS No. 117, USFF is required to report information regarding its financial position and activities according to three classes of net assets, based upon the existence or absence of donor-imposed restrictions. As permitted by this standards, USFF does not use fund accounting. The present classes of net assets are reported as follows:

- Unrestricted Net Assets - Net assets that are not subject to donor-imposed stipulations.
- Temporarily Restricted Net Assets - Net assets subject to donor-imposed stipulations that may or will be met either by actions of USFF and/or the passage of time. When a restriction expires, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statements of activities as net assets released from restrictions.

UNITED STATES FELLOWSHIP OF FLORIDA, INC.

Notes to Financial Statements

June 30, 2010 and 2009

(1) Summary of Significant Accounting Policies - (Cont.)

(b) Basis of Presentation - (Cont.)

- Permanently Restricted Net Assets - Net assets subject to donor-imposed stipulations that USFF maintain them permanently. Generally, the donors of these assets permit USFF to use all or part of the income on any related investments for general or specific purposes.

USFF has adopted SFAS No. 116 "Accounting for Contributions Received and Contributions Made". In accordance with SFAS No. 116, contributions received are recorded as unrestricted, temporarily restricted, or permanently restricted support, depending on the existence and/or nature of any donor restrictions.

The costs of providing the various programs and other activities have been detailed in the accompanying Statement of Activities and Changes in Net Assets.

Salaries and other expenses which are associated with a specific program are charged directly to that program. Salaries and other expenses which benefit more than one program are allocated to the various programs based on the relative costs incurred. Administrative and other support expenses are allocated to the various programs based on each program's salary expense.

(c) Support and Revenue

USFF received its grant and contract support primarily from the Guidance Clinic of the Middle Keys, Rural Health Network of Monroe County, Monroe County and other State agencies. Support received from those contracts is fulfilled on a cost reimbursement basis. Other grants are awarded from private foundations. They also receive resident fees and recognize those as income when earned.

UNITED STATES FELLOWSHIP OF FLORIDA, INC.

Notes to Financial Statements

June 30, 2010 and 2009

(1) Summary of Significant Accounting Policies - (Cont.)

(d) Assets Restricted to Investment in Property and Equipment and Leasehold Improvements

Assets restricted to Investment in Property and Equipment are capitalized at cost and include expenditures for improvements and betterments which substantially increase the useful lives of existing property and equipment. Depreciation is provided on the straight-line basis over the estimated useful lives of the assets and includes the amortization of assets recorded under capital leases. Items with values less than \$500 are expensed.

Donations of property and equipment are recorded as support at their estimated fair value. Such donations are reported as unrestricted support unless the donor has restricted the donated asset to a specific purpose. Assets donated with explicit restrictions regarding their use and contributions of cash that must be used to acquire property and equipment are reported as restricted support.

Furniture and equipment are depreciated using the straight-line method over their useful lives. Leasehold improvements are being amortized over the shorter of the lease term or useful life.

(e) Grants and Contributions

Grants and contributions are recorded when earned or received by USFF and are considered unrestricted as to Board of Director determination of use unless otherwise stated by the donor. Restricted grants, for specifically funded projects, are recognized as support to the extent that resources are utilized for the purposes specified by the donors. Any unexpended funds are recorded as deferred support.

UNITED STATES FELLOWSHIP OF FLORIDA, INC.

Notes to Financial Statements

June 30, 2010 and 2009

(1) Summary of Significant Accounting Policies - (Cont.)

(f) Revenues and Expenses

Interest income is recorded when earned. Expenses are recorded when incurred. Grants by USFF to subrecipients are recorded as expense when approved or special conditions are met. Gift other than cash are recorded at their estimated fair value at the date of contribution.

(g) Donated services, Materials and Facilities

USFF receives donated services from a variety of unpaid volunteers. No amounts have been recognized in the financial statements. Donated facilities for rent were recorded as an expense.

(h) Functional Allocation of Expenses

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

(i) Income Taxes

USFF was organized as a non-profit organization and has received exemption under the provisions of Section 501(c)(3) of the Internal Revenue Code. Accordingly, no provision for income taxes is provided for in the accompanying financial statements. In addition, USFF has also been determined by the Internal Revenue service not to be a "private foundation" within the meaning of Section 509(a) and qualifies for deductible contributions as provided in Section 170(b)(1)(A)(vi). There are no unrelated business activities subject to income taxes.

UNITED STATES FELLOWSHIP OF FLORIDA, INC.

Notes to Financial Statements

June 30, 2010 and 2009

(1) Summary of Significant Accounting Policies - (Cont.)

(j) Cash and Cash Equivalents

For purposes of the statement of cash flows cash and cash equivalents consists of cash in banks.

(k) Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

(l) Allocation of Expenses

Certain common expenses which benefit more than one program are allocated based on estimated of time of employees involved and on percentages of assets utilized and to the extent permitted in funding source contracts.

(m) Allowance for Uncollectible Accounts

No allowance for uncollectible accounts from patient's fees was made for the years ended June 30th, 2010 and 2009.

(n) Deferred Revenues

Grant revenues which have not been expended at the end of the fiscal year are recorded as deferred revenue until they are expended for the purpose of the grant, at which time they are recognized as revenues.

(o) Long-Lived Assets

USFF reviews the carrying values of its long-lived assets for possible impairment whenever events or changes in circumstances indicate that the carrying amount of the assets may not be recoverable. No adjustment has been provided for in the financial statements.

UNITED STATES FELLOWSHIP OF FLORIDA, INC.

Notes to Financial Statements

June 30, 2010 and 2009

(1) Summary of Significant Accounting Policies - (Cont.)

p) Concentrations of Credit and Market risk

Financial instruments that potentially expose the organization to concentrations of credit and market risk consist primarily of cash equivalents. Cash and cash equivalents are maintained a high quality financial institutions and credit exposure is limited at any one institution. The organization has not experienced any losses on its cash equivalents

(2) Property and Equipment

A summary of major classes of depreciable property at June 30, 2010 and 2009 follows:

	<u>2010</u>	<u>2009</u>	<u>Estimated Useful Lives</u>
Building	\$ 620,000	620,000	
Land	265,000	265,000	
Leasehold improvements	172,732	172,132	20 years
Furniture and equipment	37,524	37,524	5 - 10 years
Vehicles	<u>103,806</u>	<u>103,806</u>	5 years
	1,199,062	1,198,462	
Less accumulated Depreciation	<u>(298,680)</u>	<u>(278,862)</u>	
	<u>\$ 900,382</u>	<u>919,600</u>	

Depreciation expense amounted to \$19,818 and \$23,497 for the years ended June 30, 2010 and 2009. Equipment includes primarily furniture and fixtures and office equipment.

(3) Grants Receivable

Grants, contract and accounts receivables amounted to \$26,776 and \$38,367 at June 30, 2010 and 2009, respectively. These amounts represent billings for support earned prior to year-end from grants and contracts received by USFF.

UNITED STATES FELLOWSHIP OF FLORIDA, INC.

Notes to Financial Statements

June 30, 2010 and 2009

(4) Client Funds

Special funds collected from client's accounts are temporarily restricted in a separate bank account until the client utilizes them. At June 30, 2010 and 2009 these amounted to \$3,029 and \$2,927, respectively.

(5) Compensated Absences/Accrued Salaries

Compensated absences are considered immaterial and therefore have not been accrued for. Accrued salaries paid in June 2010 and 2009 amounted to \$529 and \$4,393, respectively and are reflected as accrued expenses on the statement of financial position.

(6) Commitments and Contingencies

USFF has received contracts as well as grant monies from various entities on a cost reimbursement basis, which were disbursed for specific purposes and are subject to audit by the granting agencies. Such audits may result in request for reimbursements due to disallowed expenditures. Based upon prior experience, USFF does not believe that such disallowances, if any, would have a material effect on the financial position of the organization.

(7) Meal Allowances

A substantial number of international volunteers have made significant contributions of their time to USFF. These volunteers receive allowances for travel and food expenses, which are reflected in these financial statements as meal allowances.

UNITED STATES FELLOWSHIP OF FLORIDA, INC.

Notes to Financial Statements

June 30, 2010 and 2009

(8) Fair Values of Financial Instruments

Statement of Financial Accounting Standards No. 107 "Disclosures About Fair Value of Financial Instruments" requires the disclosure of information about certain financial instruments. The estimated fair values have been determined by the Organization using available market information and appropriate valuation methodologies. The fair values are significantly affected by the assumptions used. Accordingly, the use of different assumptions may have a material effect on the fair values. The estimated fair values presented herein are not necessarily indicative of the amounts that the Organization could realize in a current market exchange nor of the aggregate underlying value of the Organization itself.

The following describes the methods and assumptions used by the Organization estimating fair values:

Cash, Cash Equivalents and Notes Payable: - The carrying amounts reported in the statement of financial position approximate fair values because of short maturities of those instruments.

Short-Term Investments: - The fair values of investments are based on quoted market prices for those or similar investments.

The estimated fair values of the Heron's financial instruments, none of which were held for trading purposes, are as follows:

	<u>2010</u>		<u>2009</u>	
	<u>Carrying</u>	<u>Fair</u>	<u>Carrying</u>	<u>Fair</u>
	<u>Value</u>	<u>Value</u>	<u>Value</u>	<u>Value</u>
On the Statement of				
Financial Position:				
Financial assets:				
Cash and equivalents	\$ 138,808	138,808	61,352	61,352
Investments	212	212	212	212
Financial liabilities:				
Notes and mortgages payable	\$ -	-	-	-

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UNITED STATES FELLOWSHIP OF FLORIDA, INC.

Notes to Financial Statements

June 30, 2010 and 2009

(9) Internal Revenue Service

USSF is involved in two (2) tax matters with the Internal Revenue Service. The first matter, involves Form 990 for various fiscal years. Previously, the IRS levied approximately \$14,000 from the USSF bank account to pay for late filing fees and other penalties. The IRS states that there remain unpaid balances relating to Form 990 matters. The second matter involves the non-payment and non-timely payments of payroll taxes for various fiscal periods. USSF reconciled balances due with the IRS and has requested an abatement of penalties associated with these matters. The balance due the IRS for both matters is approximately \$43,000 and is accrued in the accompanying financial statements.

The accompanying financial statements do not include any additional provision that may be needed for these matters.

(10) Financial Viability

During the years ended June 30, 2009 and 2008 USSF had experienced liquidity and profitability considerations.

Prior financial statements did not include any adjustments that might result from the outcome of this uncertainty to maintain profitability, management has been implementing the following during the current year in order to alleviate these concerns.

- a) Increase the timeliness of grant reimbursements by submitting billing packages to funding sources by the 10th business day of each month. This is to ensure that grant funds would be received in a timely manner. Attempting to gain approval to increase the advance system of payment.
- b) Reduce operating costs, eliminate less desired programs, secure collections of accounts receivable, increase revenues and collections thereon from existing programs and develop new contracts (grants) and donations.
- c) Secure volunteer resource development staff to assist in fundraising efforts.
- d) The Company has negotiated considerable accrued interest forgiveness and in some cases principal reduction that have offset the decrease in net assets.

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UNITED STATES FELLOWSHIP OF FLORIDA, INC.

Notes to Financial Statements

June 30, 2009 and 2008

(10) Financial Viability - (Cont.)

- e) Closely monitor its budgetary process to ensure that disbursements are prioritized and to build cash reserves.
- f) Reduce employment base via job consolidation and sub-contract certain services to outside sources.

The above steps yielded an increase in net assets for 2010 and more stable cash flows. In 2010, Heron-Peacock had both an increase in net assets (profit) of \$32,902 and an increase in cash flows of \$77,456. Cash and equivalents however decreased in 2009 and 2008 and certain revenues have not increased substantially over prior years.

Heron-Peacock has shown a net loss for several years, but has had sufficient cash and liquidity to offset this problem. Should this trend continue, the Organization does not have sufficient cash and liquidity to continue to cover operating losses. The Board and management are aware of this issue and are implementing tactical plans and re-evaluating strategic plans in order to modify operations and avoid operating losses.

UNITED STATES FELLOWSHIP OF FLORIDA, INC.

Schedule of Financial Assistance
(Single Audit)

For the Year Ended June 30, 2010

<u>Program Title</u>	<u>CFDA #</u>	<u>Revenue Recognized</u>	<u>Expenditure</u>
State of Florida Department of Children and Families - KH100H	93.959	\$ 47,196	\$ 47,196
State of Florida Commission for the Transportation Disadvantaged	-	30,000	30,000
State of Florida - Emergency Shelter Grant #1	-	47,901	47,901
Southernmost Homeless - Assistance League, Inc. Challenge grant	-	13,830	13,830
State of Florida - Emergency Shelter Grant #2	-	3,746	3,746
Monroe County, Florida - Byrne Grant	-	23,118	23,118
Monroe County, Florida - Drug Court	-	3,122	3,122

UNITED STATES FELLOWSHIP OF FLORIDA, INC.

Schedule of Financial Assistance
(Single Audit)

For the Year Ended June 30, 2010

<u>Program Title</u>	<u>CFDA #</u>	<u>Revenue Recognized</u>	<u>Expenditure</u>
Monroe County - BOCC - HSO	-	\$ 62,818	\$ 62,818
Monroe County - Sheriff	-	8,914	8,914
City of Marathon, Florida	-	4,200	4,200
Goody Two Shoes Grant	-	5,000	5,000
Klaus Murphy	-	10,000	10,000
Other	-	9,500	9,500
		<u>\$ 269,345</u>	<u>\$ 269,345</u>
		=====	=====

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 JOSE E. SMITH, C.P.A.

MEMBERS:
 AMERICAN INSTITUTE OF
 CERTIFIED PUBLIC ACCOUNTANTS
 FLORIDA INSTITUTE OF
 CERTIFIED PUBLIC ACCOUNTANTS

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

To the Board of Directors of
 United States Fellowship of Florida, Inc.:

Compliance

We have audited the compliance of United States Fellowship of Florida, Inc. ("USFF") (a non-profit organization) with the types of compliance requirements described in the U.S. Office of Management and Budget (OMB) Circular A-133 Compliance Supplement that are applicable to each of its major federal programs for the years ended June 30, 2010 and 2009 have issued our report thereon dated October 18, 2010. USFF's major federal programs are identified in the accompanying schedule of federal and non-federal financial awards. Compliance with the requirements of laws, regulations, contracts and grants applicable to each of its major federal programs is the responsibility of USFF's management. Our responsibility is to express an opinion on the USFF's compliance based on our audit.

We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in Government Auditing Standards, issued by the Comptroller General of the United States; and OMB Circular A-133 Audits of States, Local Governments, and Non-Profit Organizations. Those standards and OMB Circular A-133 require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material

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effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about USFF's compliance with those requirements and performing such other procedures as we considered necessary in the circumstances. We believe that our audit provides a reasonable basis for our opinion. Our audit does not provide a legal determination on United States Fellowship of Florida, Inc.'s compliance with those requirements.

In our opinion, the Association complied, in all material respects, with the requirements referred to above that are applicable to each of its major federal programs for the years ended June 30, 2010 and 2009.

Internal Control Over Compliance

The management of USFF 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 our audit, we considered USFF's internal control over compliance with requirements that could have a direct and material effect on a major federal program in order to determine our auditing procedures for the purpose of expressing our opinion on compliance and to test and report on internal control over compliance in accordance with OMB Circular A-133.

Our 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. We noted no matters involving the internal control over compliance and its operation that we consider to be material weaknesses.

This report is intended for the information of the management, others within the organization and federal and state awarding agencies and pass-through entities and is not intended to be and should not be used by anyone other than these specified parties.

Smith Bayji & Associates LLC

October 18, 2010

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MEMBERS:
AMERICAN INSTITUTE OF
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FLORIDA INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS

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

To the Board of Directors of
United States Fellowship of Florida, Inc.:

We have audited the financial statements of United States Fellowship of Florida, Inc. ("USFF") (a non-profit organization) as of and for the years ended June 30, 2010 and 2009 and have issued our report thereon dated October 18, 2010. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and Government Auditing Standards, issued by the Comptroller General of the United States.

Compliance

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

Internal Control Over Financial Reporting

In planning and performing our audit, we considered USFF's internal control over financial reporting in order to determine our auditing procedures for the purpose of expressing our opinion on the financial statements and not to provide assurance on the internal control over financial reporting. Accordingly, we do not express an opinion on the effectiveness of the USFF's internal control over reporting.

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

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

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

This report is intended for the information of the management, others within the organization and federal and state awarding agencies and pass-through entities and is not intended to be and should not be used by anyone other than these specified parties.

Smith Bayne & Associates LLC

October 18, 2010

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MEMBERS:
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FLORIDA INSTITUTE OF
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INDEPENDENT AUDITORS' REPORT ON COMPLIANCE AND INTERNAL CONTROL OVER
COMPLIANCE APPLICABLE TO EACH MAJOR FEDERAL AWARDS
PROGRAM AND STATE FINANCIAL ASSISTANCE PROJECT

To the Board of Directors of
United States Fellowship of Florida, Inc.:

We have audited the compliance of United States Fellowship of Florida, Inc. ("USFF") (a non-profit organization) with the types of compliance requirements described in the U.S. Office of Management and Budget (OMB) Circular A-133 Compliance Supplement and the requirements described in the Department of Financial Services State Projects Compliance Supplement that are applicable to each of its major federal programs and state financial assistance projects for the years ended June 30, 2010 and 2009. USFF's major federal programs and state financial assistance projects are identified in the summary of auditor's results sections of the accompanying Schedule of Findings and Questioned Costs. Compliance with the requirements of laws, regulations, contracts and grants applicable to each of its major federal programs and state financial assistance projects is the responsibility of USFF's management. Our responsibility is to express an opinion on USFF's compliance based on our audit.

We conducted our 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"; and Chapter 10.650 Rules of the Auditor General. Those standards, OMB Circular A-133, and Chapter 10.650 Rules of the Auditor General require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal award program or state financial assistance projects occurred. An audit includes examining, on a test basis, evidence about USFF's compliance with those requirements and performing such other procedures as we considered necessary in the circumstances. We believe that our audit provides a reasonable basis for our opinion. Our audit does not provide a legal determination on USFF's compliance with those requirements.

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In our opinion, USFF complied, in all material respects, with the requirements referred to above that are applicable to each of its major federal awards programs and state financial assistance projects for the years ended June 30, 2010 and 2009.

Internal Control Over Compliance

The management of USFF is responsible for establishing and maintaining effective internal control over compliance with requirements of laws, regulations, contracts and grants applicable to federal awards programs and state financial assistance projects. In planning and performing our audit, we considered USFF internal control over compliance with requirements that could have a direct and material effect on a major federal award program or state financial assistance projects in order to determine our auditing procedures for the purpose of expressing our opinion on compliance and to test and report on internal control over compliance in accordance with OMB Circular A-133 and Chapter 10.650, Rules of the Auditor General.

Our 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 awards program or state financial assistance projects being audited may occur and not be detected within a timely period by employees in the normal course of performing their assigned functions. We noted no matters involving the internal control over compliance and its operation that we consider to be material weaknesses.

This report is intended for the information of the management, others within the organization and federal and state awarding agencies and pass-through entities and is not intended to be and should not be used by anyone other than these specified parties.

Smith Bugg & Associates LLC

October 18, 2010

UNITED STATES FELLOWSHIP OF FLORIDA, INC.
Schedule of Findings and Questioned Costs
For the Years Ended June 30, 2010 and 2009

Section I – Summary of Auditor’s Results

Financial Statements

Type of auditor’s report issued:

Qualified

Internal control over financial reporting:

Material weakness(es) identified?

___ Yes X No

Reportable condition(s) identified that
are not considered to be material
weakness(es)?

___ Yes(*) X None Reported

Noncompliance material to financial
statements noted?

___ Yes X No

Federal Awards

Internal control over major programs:

Material weakness(es) identified?

___ Yes X No

Reportable condition(s) identified that
are not considered to be material
weakness(es)?

___ Yes (*) X None Reported

Noncompliance material to financial
statements noted?

___ Yes X No

Type of auditor’s report issued on compliance:
for major programs:

Unqualified

Any audit findings disclosed that are required
to be reported in accordance with Section 510(a)
of Circular A-133?

___ Yes X No

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Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047
2009
Open to Public Inspection

A For the 2009 calendar year, or tax year beginning **07/01/09**, and ending **06/30/10**

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 UNITED STATES FELLOWSHIP OF FLORIDA, INC.	D Employer identification number 65-0350843
		Doing Business As HERON-PEACOCK SUPPORTED LIVING	E Telephone number 305-743-4129
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1320 COCOPLUM DR.	G Gross receipts \$ 649,378
		City or town, state or country, and ZIP + 4 MARATHON FL 33050	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
F Name and address of principal officer:		H(c) Group exemption number ▶	

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

J Website: ▶ **WWW.HERON-PEACOCK.ORG**

K Type of organization: Corporation Trust Association Other ▶ **L** Year of formation: **M** State of legal domicile:

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: RESIDENTIAL PROGRAM		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	7
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	
	5 Total number of employees (Part V, line 2a)	5	18
	6 Total number of volunteers (estimate if necessary)	6	
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 97,573	Current Year 87,657
	9 Program service revenue (Part VIII, line 2g)	429,887	560,957
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,803	764
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	529,263	649,378
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	324,612	264,554
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	334,371	351,922	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	658,983	616,476	
19 Revenue less expenses. Subtract line 18 from line 12	-129,720	32,902	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 1,049,049	End of Year 1,082,724
	21 Total liabilities (Part X, line 26)	58,266	59,039
	22 Net assets or fund balances. Subtract line 21 from line 20	990,783	1,023,685

Part II Signature Block

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

Sign Here
 Signature of officer: Linda Russin, President Date: 1/25/11
 Type or print name and title: Linda Russin, President

Paid Preparer's Use Only
 Preparer's signature: [Signature] Date: 12/10/10 Check if self-employed
 Firm's name (or yours if self-employed), address, and ZIP + 4: Smith, Ortiz, Gomez and Buzzi, PA
132 Minorca Avenue
Coral Gables, FL 33134
 Preparer's identifying number (see instructions): P00853282
 EIN: 65-0232836
 Phone no.: 305-441-1012

Form 990 (2009) **UNITED STATES FELLOWSHIP OF FLORIDA** 65-0350843

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

RESIDENTIAL PROGRAM

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ **502,880** including grants of\$) (Revenue \$)

HOUSING IS PROVIDED TO MENTALLY ILL DISABLED RESIDENTS; UTILITIES, FOOD, TRANSPORTATION AND CASE MANAGEMENT IS INCLUDED.

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

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

4d Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of\$) (Revenue \$)

4e Total program service expenses **502,880**

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Form 990 (2009) **UNITED STATES FELLOWSHIP OF FLORIDA** 65-0350843

Page 4

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	38	X

Form 990 (2009)

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Form 990 (2009) **UNITED STATES FELLOWSHIP OF FLORIDA** 65-0350843

Page 4

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	38	X

Form 990 (2009)

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Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	1a	0	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a	18	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12		
	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
	10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders		
	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
	12b		

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed **FL**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **RICHARD CASEY, EX. DIRECTOR**

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Form 990 (2009) **UNITED STATES FELLOWSHIP OF FLORIDA** 65-0350843

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	35,672				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	51,985				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f			87,657			
Program Service Revenue	2a Program Service Revenue	Busn. Code	560,957	560,957			
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			560,957			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)						
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross Rents	(i) Real	(ii) Personal				
	b Less: rental exps.						
	c Rental inc. or (loss)						
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less: cost or other basis & sales exps						
	c Gain or (loss)						
	d Net gain or (loss)						
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a					
b Less: direct expenses	b						
c Net income or (loss) from fundraising events							
9a Gross income from gaming activities. See Part IV, line 19	a						
b Less: direct expenses	b						
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	a						
b Less: cost of goods sold	b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue		Busn. Code					
11a OTHER INCOME			764	764			
b							
c							
d All other revenue							
e Total. Add lines 11a-11d			764				
12 Total Revenue. See instructions.			649,378	561,721	0	0	

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	244,706	208,000	36,706	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	19,848	16,778	3,070	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 7				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	104,900	75,018	29,882	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	19,818		19,818	
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a INSURANCE	56,453	56,453		
b MEAL ALLOWANCES	30,851	30,851		
c RESIDENTIAL FOOD & PROVIS	27,748	27,748		
d OTHER OPERATING	25,204	25,204		
e OFFICE EXPENSES	23,120	12,373	10,747	
f All other expenses	63,828	50,455	13,373	
25 Total functional expenses. Add lines 1 through 24	616,476	502,880	113,596	
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

H

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest bearing	61,352	1	138,808
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	38,367	3	26,776
	4 Accounts receivable, net	20,000	4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	7,163	9	14,191
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,199,062		
	b Less: accumulated depreciation	10b 298,680	919,600	10c 900,382
	11 Investments—publicly traded securities	212	11	212
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	2,355	15	2,355
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,049,049	16	1,082,724	
Liabilities	17 Accounts payable and accrued expenses	55,339	17	56,010
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	2,927	25	3,029
	26 Total liabilities. Add lines 17 through 25	58,266	26	59,039
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	71,183	27	123,303
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets	919,600	29	900,382
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	990,783	33	1,023,685	
34 Total liabilities and net assets/fund balances	1,049,049	34	1,082,724	

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Part XI Financial Statements and Reporting

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

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SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization

UNITED STATES FELLOWSHIP OF FLORIDA

Employer identification number
65-0350843

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11a through 11h.
 - a Type I b Type II c Type III—Functionally integrated d Type III—Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

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 any "unusual grants.")	52,711	43,931	79,398	97,573	87,657	361,270
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	52,711	43,931	79,398	97,573	87,657	361,270
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)						352,231
6 Public support. Subtract line 5 from line 4						9,039

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	52,711	43,931	79,398	97,573	87,657	361,270
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on					0	
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	693	79,226	8,216	1,803	764	90,702
11 Total support. Add lines 7 through 10						451,972
12 Gross receipts from related activities, etc. (see instructions)					12	2,544,057
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	77.93%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	79.28%
16a 33 1/3 % support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3 % support test—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"/>	

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Schedule A (Form 990 or 990-EZ) 2009 **UNITED STATES FELLOWSHIP OF FLORIDA** 65-0350843

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 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 lines 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 line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization
- 20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

Part II, Line 10 - Other Income Detail

OTHER INCOME \$ 90,702

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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Attach to Form 990. See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

Employer identification number

UNITED STATES FELLOWSHIP OF FLORIDA

65-0350843

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include Total number at end of year, Aggregate contributions to, Aggregate grants from, and Aggregate value at end of year.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property...
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes...

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

Table with 2 columns: held at the End of the Tax Year. Rows 2a, 2b, 2c, 2d.

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

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

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

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIV and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

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

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other	1,199,062		298,680	900,382
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				900,382

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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

Open to Public
Inspection

UNITED STATES FELLOWSHIP OF FLORIDA

Employer identification number
65-0350843

Form 990, Part VI, Line 11A - Organization's Process to Review Form 990
REVIEWED BY FINANCIAL MANAGEMENT AND EX. DIRECTOR THEN SENT TO BOARD FOR
REVIEW AND APPROVAL

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy
YES

Form 990, Part VI, Line 15a - Compensation Process for Top Official
DETERMINED BY THE BOARD OF DIRECTORS

Form 990, Part VI, Line 15b - Compensation Process for Officers
FINANCIAL MANAGEMENT PROVIDES THE SUGGESTED COMPENSATION WHICH IS THEN
REVIEWED AND APPROVED BY THE EX. DIRECTOR AND THEN THE BOARD OF DIRECTORS

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation
UPON REQUEST

Federal Statements

Form 990, Part IX, Line 24f - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
PROFESSIONAL SERVICES	\$ 20,130	8,965	11,165	
TELEPHONE	20,073	17,865	2,208	
TRAVEL	8,321	8,321		
VEHICLE EXPENSES	8,277	8,277		
RESIDENT ACTIVITIES	7,027	7,027		
Total	\$ 63,828	\$ 50,455	\$ 13,373	\$ 0

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650350843 UNITED STATES FELLOWSHIP OF FLORIDA

12/10/2010 9:07 AM

05-0350843

Federal Statements

FYE: 6/30/2010

Schedule A, Part II, Line 5 - Excess Gifts

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
	\$ 361,270	\$ 352,231
Total	<u>\$ 361,270</u>	<u>\$ 352,231</u>

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Form **8868**

(Rev. April 2009)

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Department of the Treasury
Internal Revenue Service

▶ File a separate application for each return.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box
- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization UNITED STATES FELLOWSHIP OF FLORIDA	Employer identification number 65-0350843
	Number, street, and room or suite no. If a P.O. box, see instructions. 1320 COCOPLUM DR.	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. MARATHON FL 33050	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

• The books are in the care of ▶ **RICHARD CASEY, EX. DIRECTOR**

Telephone No. ▶ **(305) 743-5624** FAX No. ▶ **—**

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **02/15/11** to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year _____ or
- ▶ tax year beginning **07/01/09**, and ending **06/30/10**.

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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

Form **8868** (Rev. 4-2009)

ATTACHMENT I

FEE SCHEDULE

HERON

Clients are required to pay 90% of social security disability benefits.

PEACOCK APARTMENTS

Residents of Peacock Apartments are required to pay a fee of \$475 monthly

Note: Stabalization funds may be available to qualified clients to cover the cost of fees

Internal Revenue Service

Department of the Treasury
P. O. Box 2508
Cincinnati, OH 45201

Date: August 14, 2003

United States Fellowship Of Florida Inc.
Local
Marathon, FL 33050

Person to Contact:
Ms. K. Hilson 31-07340
Customer Service Representative
Toll Free Telephone Number:
8:00 a.m. to 6:30 p.m. EST
877-829-5500
Fax Number:
513-263-3756
Federal Identification Number:
65-0350843

Dear Madam:

This letter is in response to your request of August 14, 2003, regarding your organization's tax-exempt status.

In October 1992 we issued a determination letter that recognized your organization as exempt from federal income tax. Our records indicate that your organization is currently exempt under section 501(c)(3) of the Internal Revenue Code.

Based on information subsequently submitted, we classified your organization as one that is not a private foundation within the meaning of section 509(a) of the Code because it is an organization described in section(s) 509(a)(2).

This classification was based on the assumption that your organization's operations would continue as stated in the application. If your organization's sources of support, or its character, method of operations, or purposes have changed, please let us know so we can consider the effect of the change on the exempt status and foundation status of your organization.

Your organization is required to file Form 990, Return of Organization Exempt from Income Tax, only if its gross receipts each year are normally more than \$25,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of the organization's annual accounting period. The law imposes a penalty of \$20 a day, up to a maximum of \$10,000, when a return is filed late, unless there is reasonable cause for the delay.

All exempt organizations (unless specifically excluded) are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more paid to each employee during a calendar year. Your organization is 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, these organizations are not automatically exempt from other federal excise taxes.

Donors may deduct contributions to your organization as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to your organization or for its 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.

United States Fellowship Of Florida Inc.
65-0350843

Your organization is not required to file federal income tax returns unless it is subject to the tax on unrelated business income under section 511 of the Code. If your organization is subject to this tax, it must file an income tax return on the Form 990-T, Exempt Organization Business Income Tax Return. In this letter, we are not determining whether any of your organization's present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

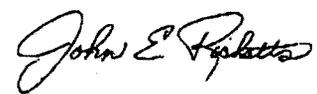
Section 6104 of the Internal Revenue Code requires you to make your organization's annual return available for public inspection without charge for three years after the due date of the return. The law also requires organizations that received recognition of exemption on July 15, 1987, or later, to make available for public inspection a copy of the exemption application, any supporting documents and the exemption letter to any individual who requests such documents in person or in writing. Organizations that received recognition of exemption before July 15, 1987, and had a copy of their exemption application on July 15, 1987, are also required to make available for public inspection a copy of the exemption application, any supporting documents and the exemption letter to any individual who requests such documents in person or in writing. For additional information on disclosure requirements, please refer to Internal Revenue Bulletin 1999 - 17.

Because this letter could help resolve any questions about your organization's exempt status and foundation status, you should keep it with the organization's permanent records.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

This letter affirms your organization's exempt status.

Sincerely,



John E. Ricketts, Director, TE/GE
Customer Account Services

IK

**2009 / 2010
 MONROE COUNTY BUSINESS TAX RECEIPT
 EXPIRES SEPTEMBER 30, 2010**

Business Name: HERON HOUSE UNITED STATES FELLOWSHIP OF FL
 Owner Name: RICHMOND FELLOWSHIP INTERNATIONAL
 Mailing Address: 1320 COCO PLUM DR MARATHON, FL 33050
 RECEIPT# 47161-24163
 Business Location: 1320 COCO PLUM DR MARATHON, FL 33050
 Business Phone: 305-743-4129
 Business Type: MISCELLANEOUS SERVICE (COMM RESID FOR MENTALLY ILL)

Rooms: _____ Seal: _____ Employees: 2 Machine: _____ Stalls: _____

Number of Machines		Subtotal		Renalty		Major Years		Collection Cost		Total Paid	
2		\$4.00		\$4.00		0.00					

THIS RECEIPT MUST BE POSTED CONSPICUOUSLY IN YOUR PLACE OF BUSINESS

THIS BECOMES A TAX RECEIPT WHEN VALIDATED

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

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

ACHA LICENSE

CERTIFICATE # 28331

LICENSE # AL8523

State of Florida

AGENCY FOR HEALTH CARE ADMINISTRATION
DIVISION OF HEALTH QUALITY ASSURANCE

ASSISTED LIVING FACILITY

(with LIMITED MENTAL HEALTH)
STANDARD

This is to confirm that **UNITED STATES FELLOWSHIP OF FLORIDA, INC** has complied with Chapter 429, Part 1, laws of the State of Florida and with 58A-5, rules of the State of Florida and is authorized to operate the following:

HERON HOUSE
1320 COCO PLUM DRIVE
MARATHON, FL 33050
MONROE COUNTY

TOTAL CAPACITY: 16

Optional State Supplementation Residents: **5**

Private Pay Residents: **11**

EFFECTIVE DATE: 08/29/2009

EXPIRATION DATE: 08/28/2011

Elizabeth J. Julek
Deputy Secretary, Division of Health Quality Assurance

N

DISPLAY THIS DATE IN A CONSPICUOUS PLACE
 STATE OF FLORIDA
 DEPARTMENT OF HEALTH

OPERATING PERMIT

320897

Audit Control:
 Permit Number: 44-48-00185

County: Monroe

Issue Date: 09/15/10
 Amount Paid: \$ 135.00
 Date Paid: 9/15/10

Permit Expires On: 9/30/11

Bebi Slaughter

ENVIRONMENTAL HEALTH ADMINISTRATOR

Please verify all information, make changes where applicable

3333 Versailles Highway, Marathon, Florida 33050 (904) 285-2721

For: Food Program-Other Food Service

Issued To: Heron, The
 1320 Cocoplum Dr.
 Marathon, FL 33050

Mailed To: The Heron
 1320 Cocoplum Dr.
 Marathon, FL 33050

STATE OF FLORIDA
 DEPARTMENT OF HEALTH

OFFICIAL RECEIPT

320897

Audit Control:
 Permit Number: 44-48-00185

County: Monroe

Issue Date: 09/15/10
 Amount Paid: \$ 135.00
 Date Paid: 9/15/10

Permit Expires On: 9/30/11

Check Number:
 Date Paid: 9/15/10

(Non-Transferable)

RETAIN THIS FORM IN YOUR RECORDS

STATE OF FLORIDA
 DEPARTMENT OF HEALTH

For: Food Program-Other Food Service

Issued To: Heron, The
 1320 Cocoplum Dr.
 Marathon, FL 33050

Mailed To: The Heron
 1320 Cocoplum Dr.
 Marathon, FL 33050

Issued by: Monroe County Health Dept.

DH-4114 (5/98)

12

Attachment O. HSAB

HERON-PEACOCK SUPPORTED LIVING PERSONNEL POLICY (including EEOC provisions)

In this policy, the term “Heron-Peacock” is intended to mean Heron-Peacock Supported Living and its parent company, United States Fellowship of Florida.

This policy replaces all previous policies adopted by Heron-Peacock. These policies are subject to change as deemed necessary and advisable by the Board of Directors of Heron-Peacock.

The content of this policy is not intended to be and does not constitute a contract of employment. The relationship between the employee and Heron-Peacock is “at will” employment and is a voluntary relationship.

I. Non-Discrimination

Heron-Peacock is an equal opportunity employer. No employee or job applicant will be discriminated against because of race, color, creed, religion, national origin, gender, sexual preference, disability, age, marital status, or public assistance status. All employment decisions shall be consistent with the principles of EEOC. With regard to persons with disabilities reasonable accommodations will be made for persons with disabilities to enable their employment with Heron-Peacock Supported Living.

II. Sexual Harassment and Sexual Abuse

Sexual Harassment

It is the duty of Heron-Peacock to prevent and remediate sexual harassment in a manner that ensures the protection of the rights of all employees. An employee who has been subject to sexual harassment should report the incident to a supervisor, the Program Director, the Executive Director, or to the President of the Board of Directors. All reports will be thoroughly investigated. Notes, reports, records and all information gathered during the investigation is confidential.

Sexual Abuse

Upon approval existing employees will be provided with the agency’s sexual abuse policy. New employees will be given the policy at time of hiring. Employees and volunteers will document that they have read the policy, understand the policy, and will adhere to the policy. Employees and volunteers will be trained in sexual abuse policies and procedures and sign-off that they have received adequate training. Thereafter, the policy must be reviewed annually with documented sign-off by Heron-Peacock staff and volunteers stating they have understood the policy know how to identify sexual abuse and how to report a sexual abuse incident.

Heron-Peacock Supported Living conducts comprehensive screenings and background checks on prospective employees and volunteers to reduce the likelihood of a sexual abuse policy in the organization.

February 17, 2011

Administrator
Heron, The
1320 Coco Plum Drive
Marathon, FL 33050

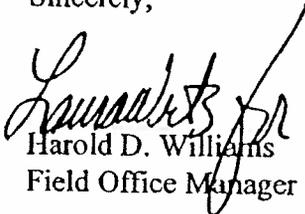
Dear Administrator:

This letter reports findings of a Biennial survey that was conducted on February 15, 2011 by a representative of this office. Attached is the provider's copy of the State (3020) Form, which indicates there were no discernible deficiencies noted on the date of the survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor. Should you have any questions please call this office at (239) 335-1315.

Sincerely,


Harold D. Williams
Field Office Manager

bw
Enclosure



AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

AL11953442

(X2) MULTIPLE CONSTRUCTION

A. BUILDING _____

B. WING _____

(X3) DATE SURVEY COMPLETED

02/15/2011

P

NAME OF PROVIDER OR SUPPLIER

HERON, THE

STREET ADDRESS, CITY, STATE, ZIP CODE

1320 COCO PLUM DRIVE
MARATHON, FL 33050

(X4) ID
PREFIX
TAG

SUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL
REGULATORY OR LSC IDENTIFYING INFORMATION)

ID
PREFIX
TAG

PROVIDER'S PLAN OF CORRECTION
(EACH CORRECTIVE ACTION SHOULD BE
CROSS-REFERENCED TO THE APPROPRIATE
DEFICIENCY)

(X5)
COMPLETE
DATE

A 000

INITIAL COMMENTS

A 000

This is the Biennial survey conducted at The Heron, an Assisted Living Facility on 2/15/11.

There were no deficiencies cited for the Biennial survey.

AHCA Form 3020-0001

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

4D9U11

If continuation sheet 1 of 1

STATEMENT OF DEFICIENCIES
AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA
IDENTIFICATION NUMBER:

AL11953442

(X2) MULTIPLE CONSTRUCTION

A. BUILDING _____

B. WING _____

(X3) DATE SURVEY
COMPLETED

02/15/2011

P

NAME OF PROVIDER OR SUPPLIER

HERON, THE

STREET ADDRESS, CITY, STATE, ZIP CODE

1320 COCO PLUM DRIVE
MARATHON, FL 33050

(X4) ID
PREFIX
TAG

SUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL
REGULATORY OR LSC IDENTIFYING INFORMATION)

ID
PREFIX
TAG

PROVIDER'S PLAN OF CORRECTION
(EACH CORRECTIVE ACTION SHOULD BE
CROSS-REFERENCED TO THE APPROPRIATE
DEFICIENCY)

(X5)
COMPLETE
DATE

L 000

INITIAL COMMENTS

L 000

This is the Limited Mental Health survey
conducted at The Heron, an Assisted Living
Facility on 2/15/11.

There were no deficiencies cited for the Limited
Mental Health survey.

AHCA Form 3020-0001

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

4D9U11

If continuation sheet 1 of 1