MONROE COUNTY
HUMAN SERVICES ADVISORY BOARD
Application for Funding
Fiscal Year 2011
October 1, 2010 – September 30, 2011

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

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

CERTIFICATION

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

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

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

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

Typed Name of Executive Director: Lou Hernandez

Signature _____

Date: __4/22/2010_____

Typed Name of Board President/Chairman: Jedde V, Regante

Signature _____

Date: ___4/22/2010_____

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

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

Provide confidential and anonymous crisis intervention, education, and information and referral services to the residents and visitors of Monroe County and the homeless. Provide telephone reassurance to the elderly and disabled.

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

3. What services will be funded by this request?

    Funding will support HELPLINE's operating budget for the services listed in item 2 above.

4. Will County HSAB funds be used as match for a grant? No.

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

    a. grant award title, granting agency, and purpose:

    b. grant amount:

    c. match percentage requirement and amount:

6. 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.

7. 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.

8. 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.*
    Helpline has applied for Monroe County Sheriff's Shared Assets Forfeiture Fund: $5,000.00

9. What needs or problems in this community does your agency address?
    Helpline addresses the needs for:

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

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

See Attachment Q

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

The causes of these problems are: an aging population, expenses associated with healthcare and the county's shortage of elderly programs, a myriad of issues that leads to crises related to mental health, domestic violence, alcohol and substance abuse problems, and homelessness.

12. What does your agency do to address these causes?

HELPLINE addresses these causes by: offering Matter of Balance classes free of charge to the seniors in the county, offering the caregivers who are caring for our aging seniors with activities to reduce stress and providing support groups, providing calls to our elderly and homebound residents to ensure their well-being, remind them to take medications, and give them a link to the community, having trained volunteers available twenty-four hours a day, seven days a week to receive suicide and crisis intervention, having the most relevant and timely information on social, medical and social programs and services in the community. During the current economic downturn, Helpline has provided information and referral to many people in need of rental assistance and utility bill assistance. Additionally, the agency collaborates and partners with the Interagency Council, the Southernmost Homeless Assistance League (SHAL), the Department of Children & Families' (DCF) Substance Abuse and Mental Health Advisory Committee, and serves as SHINE (Serving Health Insurance Needs of Elders) volunteers in assisting Medicare issues.

13. Describe your target population as specifically as possible.

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

14. How are clients referred to your agency?

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

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

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

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

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

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

17. List all sites and hours of operation.

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

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

Diminishing Federal, State and local funding sources are the biggest challenge facing all of Monroe County's social service agencies. A rapid increase in the number of agencies seeking the same dollars only adds to the financial squeeze. This is complicated by the duplication of some of these services that increases the demand for funding. Dramatic increases in overall insurance costs have also added to these challenges. Our response to these challenges will be to apply for more grants, conduct more fundraising activities, and reduce costs.

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

HELPLINE is a volunteer based agency and the economic downturn, coupled with the demographic makeup of the community, makes it difficult to maintain an adequate supply of volunteers. Coordination with other SHAL organizations, i.e. Veterans of America, has helped eliminate the effects of the diminished volunteer pool.

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

HELPLINE by-laws list a call center volunteer for membership on the Board of Directors. Additionally, all fund contributors, and call center volunteers are "members" of HELPLINE, and as members, annually elect the Board of Directors. The largest group of identifiable clients is in our Reassurance Program. This group regularly participates in surveys by outside agencies, such as

the Health Council of South Florida. Normal callers to the HELPLINE are anonymous and calls are confidential so there is little opportunity for active representation.

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

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

22. 8,760 hours of program service were contributed by __20_____volunteers in the last year.

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

No.

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

a. *Complete Matter of Balance training for 80% of clients.*
b. *Provide Family Caregiver & Training services to 90% of clients.*
c. *Increase information and referral calls by 5% during FY 2011.*
b. *We plan to increase our reassurance clients by 5%.*

25. How will you measure these outcomes?

a. *Matter of Balance: surveys*
b. *Family Caregiver Training: surveys*
c. *Telephone Reassurance: daily call sheets*
d. *Information & Referral: call sheets*

26. Provide information about units of service below.

Service	Unit (hour, session, day, etc.)	Cost per unit (current year)
Information & Referral	Telephone Call	$0
Reassurance Contact	Telephone Call	$0
Caregiver Training & Support	Hour	$0
Matter of Balance	Session	$0

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

Attachment Q included.

Required Attachments

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

ATTACHMENT CHECKLIST

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

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

ATTACHMENT A 1 - BOARD INFORMATION

This attachment has changed; please note additional information request at bottom of page.

2011

You must have at least five directors.

Helpline, Inc.

(enter your agency name in D-3 above and it will automatically appear in subsequent sheets)

Name/Board Position	Affiliation/Title	City/State	Telephone No.	Years Served	Current Term Expiration Date
Paul Esquinaldo, Jr./Treasurer	Key West Citizen/Accountant	Key West/FL	296-2914	11	03/31/2013
Dr. Fred Covan/Director	Private practice/Psychologist	Key West/FL	294-7522	13	03/31/2012
Coleen Fitzsimmons/Secretary	Mosquito Control/Biologist	Key West/FL	291-7190	5	03/31/2011
Lourdes Tourbisco/President	Exit Realty/Realtor	Key West/FL	797-5775	5	03/31/2011
Richard Conkright/Director	Retired Navy/Volunteer Rep	BPK/FL	872-5060	2	03/31/2011
Jedde Regante/Attorney	Attorney/Business Owner	Key West/FL	304-9073	4	03/31/2012
Maggie Conkright/Director	Volunteer Rep	BPK/FL	394-0728	3	03/31/2013

**ATTACHMENT A 2 - EVIDENCE OF ANNUAL ELECTION OF OFFICERS (Please attach a copy of the minutes of the meeting in which the most recent elections took place.)

Attachment A. 2

P.O. Box 2186 Key West, Florida 33045-2186
305-292-8445 / Fax: 305-292-8447 / www.keyshelpline.org

Minutes of the Helpline Annual Meeting – April 8, 2010

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

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

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

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

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

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

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

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

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

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

Attachment A.2

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

Agenda

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

ATTACHMENT B - AGENCY COMPENSATION DETAIL

2011

Include each position in the entire agency.
Put an "X" next to each position directly related to program for which funding is requested.
Please round all dollar amounts to the nearest dollar; do not round FTE'S.
A 40-hour/week employee would be 1.00 FTE; a 20-hour/week employee would be .5 FTE, etc.

Helpline, Inc.

		Proposed - Upcoming Year Ending:		Projected - Current Year Ending:	
		03/31/2011		03/31/2010	
Position Title	**"X"**	**# FTE'S**	**Total Compensation Package**	**# FTE'S**	**Total Compensation Package**
CEO	X	1.00	48,400	1.00	49,000
Director of Programs		1.00	35,000	1.00	37,000
Caregiver Specialist		0.50	25,000	0.50	27,000
Administrative Assistant		0.50	13,000	0.50	13,000
Totals	**1**	**3.00**	**121,400**	**3.00**	**126,000**

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

2011

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

Helpline, Inc.

List Services Here	Target Population	# of Persons in Target Population	Area	Days/Hours	Total Number of Clients Served during most recent completed fiscal year	Current # of Clients ("snapshot") as of 04/22/10
General Information & Referral for Social Services (Confidential & Anonymous)	Residents seeking social services who do NOT know who to contact	78,376	County-wide	7 days/24 hours	2,681	92
Homeless 800 Helpline	homeless adults & children in need of services	1,016	County-wide	7 days/24 hours	203	4
Telephone Reassurance	elderly, mentally or physically disabled or homebound residents	20,184	County-wide	7 days/8AM-8PM	28	24
Caregiver Training & Support Group	Non-healthcare professional adults providing care for someone 60+	20,184	County-wide	Varies/scheduled meetings	59	8
Matter of Balance	Residents 60+ who benefit from evidenced-based classes to reduce falling and its associated fears and implications	20,184	County-wide	Varies/scheduled meetings	150	23
Unduplicated Clients for Entire Agency					3,121	128
(see instructions - this is not a total of the numbers above)						

Please indicate the number of clients served who are Monroe County residents: 856 (Total number of unduplicated clients is same as total as they are in different programs which do not overlap one another)

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

ATTACHMENT D - COUNTY FUNDING BUDGET

2011

Show the proposed budget detail for the County funds requested.
The total must match with the total funding requested.

Helpline, Inc.

	Proposed Expense Budget for Upcoming Year Ending:	
	03/31/2011	
Expenditures	**Total**	**%**
Salaries	12,000	100.0%
Payroll Taxes		0
Employee Benefits		0
Subtotal Personnel	12,000	100.0%
Postage		0
Office Supplies		0
Telephone		0
Professional Fees		0
Rent		0
Utilities		0
Repair and Maint.		0
Travel		0
Miscellaneous		0
Grants to Other Organizations		0
List others below		0
		0
		0
		0
		0
		0
		0
		0
		0
		0
		0
		0
		0
		0
		0
		0
		0
Total Expenses	**12,000**	**100.0%**

ATTACHMENT E - AGENCY EXPENSES

2011

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

Helpline, Inc.

	Proposed Expense Budget for Upcoming Year Ending:		Projected Expenses for Current Year Ending:	
	03/31/11		03/31/2010	
Expenditures	**Total**	**%**	**Total**	**%**
Salaries	121,400	74%	126,000	73%
Payroll Taxes	8,498	5%	8,820	5%
Employee Benefits	0	0	0	0
Subtotal Personnel	**129,898**	**79%**	**134,820**	**78%**
Postage	400	0%	466	0%
Office Supplies	3,500	2%	4,073	2%
Telephone	4,200	3%	6,095	4%
Professional Fees	7,500	5%	7,345	4%
Rent	1	0%	1	0%
Utilities	3,000	2%	3,287	2%
Repair and Maint.	100	0%	79	0%
Travel	1,500	1%	1,494	1%
Miscellaneous	700	0%	715	0%
Grants to Other Organizations	0	0	0	0
List others below		0		0
Fundraising	6,000	4%	6,240	4%
Insurance	6,000	4%	5,958	3%
Licenses/Permits	400	0%	404	0%
Advertising	1,000	1%	895	1%
		0		0
		0		0
		0		0
		0		0
		0		0
		0		0
		0		0
		0		0
		0		0
		0		0
		0		0
		0		0
Total Expenses	**164,199**	**100%**	**171,872**	**100%**
Revenue Over/(Under) Expenses	**16,023**		**(9,257)**	

ATTACHMENT F - AGENCY REVENUE

2011

Complete this worksheet for the entire agency.
Please round all amounts to the nearest dollar.
In-Kind will not be included in percentages or total.

Helpline, Inc.

	Proposed Revenue Budget for Upcoming Year Ending:			**Projected Revenue for Current Year Ending:**		
	_03/31/11			**_03/31/10**		
Revenue Sources	Cash	In-Kind	%-age of Total	Cash	In-Kind	%-age of Total
Monroe County	12,000		7%	4,250		3%
Children and Fam	10,000		6%	10,000		6%
M.C. Sheriff's Dept.	0		0%	0		0%
Key West		18,000	0%		18,000	0%
Marathon	0		0%	0		0%
Islamorada	0		0%	0		0%
Layton	0		0%	0		0%
Key Colony Beach	0		0%	0		0%
Client fees	0		0%	0		0%
Donations	6,500		4%	5,794		4%
Sheriff Shared Asset	5,000		3%	0		0%
United Way	12,000		7%	12,000		7%
List all others below			0%			0%
Alliance for Aging	81,536		45%	84,980		52%
Klaus-Murphy	25,000		14%	0		0%
Fundraising	25,000		14%	21,271		13%
SHAL	0		0%	2,473		2%
AHEC-Matter of Balance	3,166		2%	21,834		13%
Interest(RaymondJames)	20		0%	13		0%
			0%			0%
			0%			0%
			0%			0%
			0%			0%
			0%			0%
			0%			0%
			0%			0%
			0%			0%
			0%			0%
			0%			0%
			0%			0%
			100%			**100%**
Total Revenue	**180,222**	18,000		**162,615**	18,000	

Attachment G

HELPLINE, INC.

Financial Statements for the Year Ended March 31, 2009 and Independent Auditor's Report

PAUL S. MILLS
CERTIFIED PUBLIC ACCOUNTANT

KEY WEST, FLORIDA

HELPLINE, INC.
Financial Statements
March 31, 2009

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Paul S. Mills, C.P.A.

1541 Fifth Street
Key West, Florida 33040

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

INDEPENDENT AUDITOR'S REPORT

Board of Directors
Helpline, Inc.
Key West, Florida

I have audited the accompanying statement of financial position of Helpline, Inc. (a nonprofit organization) as of March 31, 2009 and the related statements of activities, functional expenses and cash flows for the year then ended. These financial statements are the responsibility of the Organization's management. My responsibility is to express an opinion on these financial statements based on my audit.

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

In my opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the Helpline, Inc. as of March 31, 2009, and the changes in its net assets and its cash flows for the year then ended in conformity with accounting principles generally accepted in the United States of America.

In accordance with *Government Auditing Standards*, I have also issued a report dated June 15, 2009 on my consideration of the Helpline, Inc.'s internal control over financial reporting and on my tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements and other matters. The purpose of that report is to describe the scope of my testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* and should be considered in assessing the results of my audit.

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

Paul S. Mills, CPA

Paul S. Mills
Certified Public Accountant
June 15, 2009

HELPLINE, INC.
STATEMENT OF FINANCIAL POSITION
AS OF MARCH 31, 2009

ASSETS

CURRENT ASSETS		
Cash and Cash Equivalents	$	24,933
Accounts Receivable:		
Grants and Other Support Services		24,234
Prepaid Expenses		977
TOTAL CURRENT ASSETS		50,144
NONCURRENT ASSETS		
Furniture and Equipment, Net of Accumulated Depreciation of $ 22,465		14,222
TOTAL ASSETS	$	64,366

LIABILITIES AND NET ASSETS

CURRENT LIABILITIES		
Accounts Payable	$	1,936
TOTAL LIABILITIES		1,936
NET ASSETS - UNRESTRICTED		62,430
TOTAL LIABILITIES AND NET ASSETS	$	64,366

THE ACCOMPANYING NOTES ARE AN INTEGRAL PART OF THESE FINANCIAL STATEMENTS

HELPLINE, INC.
STATEMENT OF ACTIVITIES
FOR THE YEAR ENDED MARCH 31, 2009

REVENUES	
Grants	$ 83,316
In - Kind Donations	98,340
United Way Contributions	9,000
Other Donations	28,945
Program Service	105
Special Events, Net of Direct Costs of $ 12,903	13,731
Interest Income	201
TOTAL REVENUES	233,638
EXPENSES	
Direct Crisis Service Program	233,883
Public Education Program	2,008
Administrative Support	31,426
Fundraising	3,589
TOTAL EXPENSES	270,906
(Decrease) in Unrestricted Net Assets	(37,268)
NET ASSETS - Beginning of Year	99,698
NET ASSETS - End of Year	$ 62,430

THE ACCOMPANYING NOTES ARE AN INTEGRAL PART OF THESE FINANCIAL STATEMENTS

HELPLINE, INC.
STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED MARCH 31, 2009

Operating Activities	
Increase (Decrease) in Net Assets	$ (37,268)
Adjustments to Reconcile Change in Net Assets to Net Cash Provided by Operating Activities	
Depreciation	2,878
(Increase) in Grants Receivable	14,953
Decrease in Prepaid Expenses	677
Increase in Accrued Expenses	1,761
Net Cash Provided by Operating Activities	(16,999)
Investing Activities	-
Financing Activities	-
Net Increase in Cash and Cash Equivalents	(16,999)
Cash and Cash Equivalents - Beginning of Year	41,932
Cash and Cash Equivalents - End of Year	$ 24,933

THE ACCOMPANYING NOTES ARE AN INTEGRAL PART OF THESE FINANCIAL STATEMENTS

HELPLINE, INC.
STATEMENT OF FUNCTIONAL EXPENSES
FOR THE YEAR ENDED MARCH 31, 2009

	Direct Crisis Service	Public Education	Administrative Support	Fundraising	2009 Total Expenses
Payroll & Related Taxes	$ 107,213	$ 1,307	$ 19,612	$ 2,616	$ 130,748
Employee Health Insurance	7,314	89	1,338	179	8,920
Total Personal Services and Related Expenses	114,527	1,396	20,950	2,795	139,668
Depreciation	2,360	29	432	57	2,878
Advertising	376	5	69	9	459
Dues	1,198	-	-	-	1,198
Insurance	5,363	65	981	131	6,540
Licenses	430	-	-	-	430
Meetings	-	-	303	-	303
Occupancy	18,022	218	3,270	288	21,798
Office & Postage	2,977	39	589	78	3,683
Professional Expenses	1,005	168	3,500	52	4,725
Repairs	777	9	142	20	948
Telephone	6,508	79	1,190	159	7,936
Volunteer Expenses	80,340	-	-	-	80,340
Total Direct Expenses	233,883	2,008	31,426	3,589	270,906
Allocation of Administrative Support Expenses	30,484	314	(31,426)	628	-
Total Expenses	$ 264,367	$ 2,322	$ -	$ 4,217	$ 270,906

THE ACCOMPANYING NOTES ARE AN INTEGRAL PART OF THESE FINANCIAL STATEMENTS

HELPLINE, INC.
NOTES TO FINANCIAL STATEMENTS
MARCH 31, 2009

NOTE 1 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

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

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

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

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

Depreciation is provided using the straight line method over the estimated useful lives of the respective assets, which range from 7 to10 years. Depreciation expense for the fiscal year ended March 31, 2009 is in the amount of $ 2,878. A summary schedule of fixed assets is provided below.

Description	Costs	Accumulated Depreciation
Furniture	$ 20,891	$ 8,127
Computer Equipment	11,187	9,896
Telephone System	4,609	4,442
	$ 36,687	$ 22,465

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

NOTE 1 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

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

NOTE 2 – LEASES

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

NOTE 3 – FUNCTIONAL ALLOCATION OF EXPENSES

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

NOTE 4 – FAIR VALUES OF FINANCIAL INSTRUMENTS

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

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

NOTE 5 - CONTINGENCIES

Grant monies received and disbursed by Helpline, Inc. are for specific purposes and are subject to review by the grantor agencies. Such audit may result in requests for reimbursement due to disallowed expenditures. Helpline, Inc. does not believe that such disallowance, if any, would have a material effect of the financial position of Helpline, Inc. As of March 31, 2009, there were no material questioned or disallowed costs as a result of grant audits in process or completed.

NOTE 6 – GRANTS AND AWARDS

Alliance for Aging, Inc. - For fiscal year ended March 31, 2009 Helpline, Inc. entered into a contract with Alliance for Aging, Inc., to provide services for elders in Monroe County. The funds provided are from the U.S Department of Health and Human Services under the provisions of the "Older Americans Act". The agreement period is for the calendar year 2008. The agreement is in the amount of $ 81,536 which requires a local match of 10 percent.

NOTE 6 – GRANTS AND AWARDS-Continued

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

Mental Health Care Center – For fiscal year ended March 31, 2009 Helpline, Inc. entered into a contract with the Mental Health Care Center. The funds are passed through from the Florida Department of Children & Families. The Department has allocated $ 5,000 for Children's Mental Health Information and Referral services, and $ 5,000 for Adult Substance Abuse Information and Referral Services. The agreement is for the fiscal period beginning July 1, 2007 & ending June 30, 2008.

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

Board of County Commissioners, Monroe County, Inc. – For fiscal year ended March 31, 2009 Helpline, Inc. entered into a contract with the Board of County Commissioners, Monroe County. The agreement provides for telephone hotline services for crisis intervention and referral for persons living in Monroe County, Florida. The agreement is in the amount of $ 4,733 and is a expense reimbursement type grant. The agreement is for the fiscal period beginning October 1, 2007 and ends September 30, 2008.

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

United Way – Helpline, Inc. on an annual basis request an allocation of contributions raised by United Way. United Way allocates funds to various not-for-profit organizations based on amounts collected and allocation requests made. for the fiscal year ended March 31, 2009 Helpline, Inc. received an allocation in the amount of $ 9,000.

Monroe County Sheriff's Office – For fiscal year ended March 31, 2009 Helpline, Inc. received a Grant from the Monroe County Sheriff's Office $ 3,000 from the Shared Asset Forfeiture Fund. The Grant is on a reimbursement type grant. The agreement provides for telephone hotline services for crisis intervention and referral for persons living in Monroe County, Florida.

Southernmost Homeless Assistance League – For fiscal year ended March 31, 2009 Helpline, Inc. entered into a contract with Southernmost Homeless Assistance League. The agreement provides for distribution of telephone number cards with "800" numbers providing key service provider numbers and locations. These telephone number cards will be distributed to the chronically homeless people within Monroe County, Florida. The agreement is in the amount of $ 3,000.The agreement is for the fiscal period beginning October 1, 2007 and ends June 30, 2008.

Catholic Charities of Monroe County, FL – For fiscal year ended March 31, 2009 Helpline, Inc. entered into a sub-grant with Catholic charities of Monroe County, FL through the Southernmost Homeless Assistance League. The grant provides funds for marketing services issued under the 2008-2009 "Challenge Grant". The agreement is in the amount not to exceed $ 6,932.63. Under the agreement, Helpline, Inc. must submit monthly invoices for reimbursement. The agreement is for the fiscal period beginning November 20, 2008 and ends June 30, 2009.

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

In-Kind Donations

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

Donated Services – Numerous volunteers have made significant contributions of their time to Helpline, Inc. Volunteers answer telephone crisis calls 24 hours, seven days per week. Additionally, volunteers make 16, 848 calls to 44 reassurance clients through out Monroe County. Volunteers also help with fund raising campaigns, and certain other services. Volunteers receive an average of 32 hours of classroom instruction and training. Training includes social service, health and welfare, crisis intervention, suicide, substance abuse prevention, HIV education, and ethics training as required by the Dept. of Children and Families. Volunteers have contributed 7,901 hours to helpline for the year ended March 31, 2009. These financial statements reflect an "In Kind" donation in the amount $ 79,012 which reflects volunteer hours provided multiplied by $ 10.00 per hour. The hourly rate reflects prevailing employee hourly rate for the services provided.

Paul S. Mills, C.P.A.

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

To the Board of Directors
Helpline, Inc.

I have audited the financial statements of the Helpline, Inc. (a non-profit organization) as of and for the year ended March 31, 2009, and have issued my report thereon dated June 15, 2009. I conducted my audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States.

Internal Control over Financial Reporting

In planning and performing my audit, I considered Helpline, Inc.'s internal control over financial reporting in order to determine my auditing procedures for the purpose of expressing my opinion on the financial statements and not to provide an opinion on the internal control over financial reporting. My consideration of the internal control over financial reporting would not necessarily disclose all matters in the internal control over financial reporting that might be a material weakness. A material weakness is a condition in which the design or operation of one or more of the internal control components does not reduce to a relatively low level the risk that misstatements in amounts that would be material in relation to the financial statements being audited may occur and not be detected within a timely period by employees in the normal course of performing their assigned functions. I noted no matters involving the internal control over financial reporting and its operation that I consider to be material weaknesses.

Compliance and Other Matters

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

. This report is intended solely for the information and use of the Board of Directors, management, and officials of applicable Federal and State agencies and pass-thru entities and is not intended to be and should not be used by anyone other than these specified parties.

Paul S. Mills CPA

Paul S. Mills
Certified Public Accountant
June 15, 2009

Paul S. Mills, C.P.A.

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

To the Board of Directors
Helpline, Inc.

Compliance

I have audited the compliance of Helpline, Inc. with the types of compliance requirements described in the U.S. Office of Management and Budget (OMB) Circular A-133 Compliance Supplement that are applicable to each of its major federal programs projects for the year ended March 31, 2009. Helpline, Inc.'s major federal programs are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs. Compliance with the requirements of Laws, regulations, contracts and grant agreements applicable to each of its major federal programs is the responsibility of Helpline, Inc.'s management. My responsibility is to express an opinion on Helpline, Inc.'s compliance based on my audit.

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

In my opinion, Helpline, Inc. complied, in all material respects, with the requirements referred to above that are applicable to each of its major federal programs for the year ended March 31, 2009.

Internal Control over Compliance

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

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

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

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

Paul S. Mills, CPA

Paul S. Mills
Certified Public Accountant
June 15, 2009

HELPLINE, INC.
SCHEDULE OF EXPENDITURES OF FEDERAL FINANCIAL ASSISTANCE
FOR THE YEAR ENDED MARCH 31, 2009

Grant / Program Title Federal Awards	CFDA # Number	Receivable 2008	Receipts	Expenditures	Receivable 2009
Older Americans Act	93.052	$ 29,985	$ 82,711	$ 90,982	$ 7,066
Total Federal Awards:		$ 29,985	$ 82,711	$ 90,982	$ 7,066

THE ACCOMPANYING NOTES ARE AN INTREGRAL PART OF THESE FINANCIAL STATEMENTS

HELPLINE INC.
SCHEDULE OF FINDINGS AND QUESTIONED COSTS
FOR THE YEAR ENDED MARCH 31, 2009

A. Summary of Auditor's Results

1. The auditor's report expresses an unqualified opinion on the financial statements of Helpline, Inc.

2. No reportable conditions were disclosed during the audit of the financial statements of Helpline, Inc.

3. No instances of noncompliance material to the financial statements of Helpline, Inc.

4. No reportable conditions relating to the audit of the major federal programs are reported in the financial Statements.

5. The auditor's report on compliance for the major federal programs for Helpline, Inc. expresses an unqualified opinion.

6. Audit findings relative to the major federal programs for Helpline, Inc. are reported in this schedule.

7. The programs tested as a major program included:

Federal Program	
Older Americans Act	CFDA # 93.052

8. The threshold for distinguishing Type A and B programs/projects was $ 300,000 for major federal programs .

9. Helpline, Inc. did not qualify as a low risk auditee pursuant to OMB Circular A -133.

B. Findings - Financial Statement Audit

None

HELPLINE, INC.
SCHEDULE OF FINDINGS AND QUESTIONED COSTS
FOR THE YEAR ENDED MARCH 31, 2009

C. Findings And Questioned Costs – Major Federal Program

None

D. Other Findings

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

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

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

Attachment H

Form **990**

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.

Department of the Treasury Internal Revenue Service

OMB No. 1545-0047

2008

Open to Public Inspection

For the 2008 calendar year, or tax year beginning Apr 1, 2008, and ending Mar 31, 2009

B Check if applicable: Address change; Name change; Initial return; Termination; Amended return; Application pending

Please use IRS label or print or type. See specific Instructions.

C Name of organization: Key West Helpline, Inc.

Number and street (or P.O. box if mail is not delivered to street addr.): P.O. Box 2186 | Room/suite:

City, town or country: Key West | State: FL | ZIP code + 4: 33045-2186

D Employer Identification Number: 59-2176319

E Telephone number: (305) 292-8445

G Gross receipts $ 246,541.

F Name and address of principal officer: Lou Hernandez P.O. Box 2186 Key West FL 33045

H(a) Is this a group return for affiliates? Yes [ ] No [X]

H(b) Are all affiliates included? Yes [ ] No [ ] (If 'No,' attach a list. (see instructions))

H(c) Group exemption number ►

I Tax-exempt status [X] 501(c) (3) ◄ (insert no.) [ ] 4947(a)(1) or [ ] 527

J Website: ► N/A

K Type of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ►

L Year of Formation: 1982

M State of legal domicile: FL

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: Telephone Service for Crisis Intervention

2 Check this box ► [ ] if the organization discontinued its operations or disposed of more than 25% of its assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	5
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	5
5	Total number of employees (Part V, line 2a)	5	4
6	Total number of volunteers (estimate if necessary)	6	17
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	286,210.	219,601.
	9	Program service revenue (Part VIII, line 2g)	410.	105.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,201.	201.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	16,026.	13,731.
	12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	303,847.	233,638.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	149,296.	139,668.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	
	b	Total fundraising expenses (Part IX, column (D), line 25) ► 3,589.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	138,831.	131,238.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	288,127.	270,906.
	19	Revenue less expenses. Subtract line 18 from line 12	15,720.	-37,268.
			Beginning of Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	99,873.	64,366.
	21	Total liabilities (Part X, line 26)	175.	1,936.
	22	Net assets or fund balances. Subtract line 21 from line 20	99,698.	62,430.

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

► Lou Hernandez — Signature of officer — Date 7/1/09

► Lou Hernandez, CEO — Type or print name and title

Paid Preparer's Use Only

Preparer's signature ► — Date — Check if self-employed ► [X] — Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4: Paul S. Mills, CPA, 1541 Fifth Street, Key West FL 33040

EIN ► [illegible]

Phone no. ► (305) 294-3699

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

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

TEEA0101 04/23/09 Form 990 (2008)

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

Telephone Service for Crisis Intervention

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 $ 235,891. including grants of $ 0.) (Revenue $ 233,638.)

Crisis Intervention, counceling and related referral services.

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 ► $ 235,891. (Must equal Part IX, Line 25, column (B).)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If 'Yes,' complete Schedule A*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If 'Yes,' complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If 'Yes,' complete Schedule C, Part II*	4		X
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If 'Yes,' complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If 'Yes,' complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If 'Yes,' complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If 'Yes,' complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If 'Yes,' complete Schedule D, Part IV*	9		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? *If 'Yes,' complete Schedule D, Part V*	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? *If 'Yes,' complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11		X
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? *If 'Yes,' complete Schedule D, Parts XI, XII, and XIII*	12	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If 'Yes,' complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? *If 'Yes,' complete Schedule F, Part I*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If 'Yes,' complete Schedule F, Part II*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If 'Yes,' complete Schedule F, Part III*	16		X
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If 'Yes,' complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total on Part VIII, lines 1c and 8a? *If 'Yes,' complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If 'Yes,' complete Schedule G, Part III*	19		X
20	Did the organization operate one or more hospitals? *If 'Yes,' complete Schedule H*	20		X
21	Did the organization report more than $5,000 on Part IX, column (A), line 1? *If 'Yes,' complete Schedule I, Parts I and II*	21		X
22	Did the organization report more than $5,000 on Part IX, column (A), line 2? *If 'Yes,' complete Schedule I, Parts I and III*	22		X
23	Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? *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, and that was issued after December 31, 2002? *If 'Yes,' answer questions 24b-24d and complete Schedule K. If 'No,' go to question 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	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? *If 'Yes,' complete Schedule L, Part I*	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, or substantial contributor, or to a person related to such an individual? *If 'Yes,' complete Schedule L, Part III*	27		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
	a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? *If 'Yes,' complete Schedule L, Part IV*	28a		X
	b Have a family member who had a direct or indirect business relationship with the organization? *If 'Yes,' complete Schedule L, Part IV*	28b		X
	c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? *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

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?			1c	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	4		
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return. (see instructions)				
3a Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?			3a	X
b If 'Yes' has it filed a Form 990-T for this year? *If 'No,' provide an explanation in Schedule O*			3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a	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?			5a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b	X
c If 'Yes,' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?			5c	
6a Did the organization solicit any contributions that were not tax deductible?			6a	X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?			6b	
7 **Organizations that may receive deductible contributions under section 170(c).**				
a Did the organization provide goods or services in exchange for any quid pro quo contribution of more than $75?			7a	X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?			7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c	X
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?			7e	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f	X
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g	
h For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			7h	
8 **Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8	X
9 **Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.**				
a Did the organization make any taxable distributions under section 4966?			9a	X
b Did the organization make any distribution to a donor, donor advisor, or related person?			9b	X
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 other members or shareholders	11a			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a **Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a	
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b			

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

Section A. Governing Body and Management

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

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

Section B. Policies

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

Section C. Disclosures

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

18 Section 6104 requires an organization to make its 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:

► Lou Hernandez P.O. Box 2186 Key West FL 33045-8445 (305) 292-8445

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) or more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
Jedd V. Regante Director	2.00	X						0.	0.	0.
Lou Hernandez Executive Director	40.00				X			46,697.	0.	0.
Paul Esquinaldo Treasurer	2.00			X				0.	0.	0.
Dr. Fred Covan Director	2.00	X						0.	0.	0.
Dr. Steve Ragusea Director	2.00	X						0.	0.	0.
Lourdes Torbisco President	2.00			X				0.	0.	0.
Coleen Fitzsimmons Secretary	2.00			X				0.	0.	0.
Maggie Conkright Director	1.00	X						0.	0.	0.
Richard Conkright Director	1.00	X						0.	0.	0.
Mark Entwistle Vice President	2.00			X				0.	0.	0.

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
1b Total ►								46,697.	0.	0.

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ►

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization.

(A) Name and business address	(B) Description of Services	(C) Compensation

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ►

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 67,160.				
	f All other contributions, gifts, grants, and similar amounts not included above 1f 152,441.				
	g Noncash contribns included in lns 1a-1f: $ 98,340.				
	h **Total.** Add lines 1a-1f ►	219,601.			
PROGRAM SERVICE REVENUE	Business Code				
	2a Alcoholics Anonymous 1	105.	105.	0.	0.
	b				
	c				
	d				
	e				
	f All other program service revenue				
	g **Total.** Add lines 2a-2f ►	105.			
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts) ►	201.	201.	0.	0.
	4 Income from investment of tax-exempt bond proceeds ►				
	5 Royalties ►				
	(i) Real / (ii) Personal				
	6a Gross Rents				
	b Less: rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss) ►				
	(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory				
	b Less: cost or other basis and sales expenses				
	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 26,634.				
	b Less: direct expenses b 12,903.				
	c Net income or (loss) from fundraising events ►	13,731.	13,731.	0.	0.
	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 / Business Code				
	11a				
	b				
	c				
	d All other revenue				
	e **Total.** Add lines 11a-11d ►				
	12 **Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ►	233,638.	14,037.	0.	0.

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	0.	0.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	0.	0.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0.	0.		
4 Benefits paid to or for members	0.	0.		
5 Compensation of current officers, directors, trustees, and key employees	46,697.	38,759.	7,004.	934.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	75,098.	62,330.	11,265.	1,503.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	8,920.	7,403.	1,338.	179.
10 Payroll taxes	8,953.	7,431.	1,343.	179.
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	4,725.	1,173.	3,500.	52.
d Lobbying				
e Prof fundraising svcs. See Part IV, ln 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses	3,683.	3,016.	589.	78.
14 Information technology				
15 Royalties				
16 Occupancy	21,798.	18,240.	3,270.	288.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	303.	0.	303.	0.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,878.	2,389.	432.	57.
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 Advertising	459.	381.	69.	9.
b Dues & Subscriptions	1,198.	1,198.	0.	0.
c Insurance	6,540.	5,428.	981.	131.
d Volunteer Expenses	80,340.	80,340.	0.	0.
e Licenses	430.	430.	0.	0.
f All other expenses	8,884.	7,373.	1,332.	179.
25 Total functional expenses. Add lines 1 through 24f	270,906.	235,891.	31,426.	3,589.
26 **Joint Costs.** Check here ► ☐ 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				

BAA

TEEA0110 12/19/08

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
ASSETS	1	Cash – non-interest-bearing		21,239.	1	11,539.
	2	Savings and temporary cash investments		20,693.	2	13,394.
	3	Pledges and grants receivable, net		39,917.	3	24,234.
	4	Accounts receivable, net		0.	4	0.
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		0.	5	0.
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		0.	6	0.
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		0.	8	0.
	9	Prepaid expenses and deferred charges		1,654.	9	977.
	10a	Land, buildings, and equipment: cost basis	10a 36,687.			
	b	Less: accumulated depreciation. Complete Part VI of Schedule D	10b 22,465.	16,370.	10c	14,222.
	11	Investments – publicly-traded securities			11	
	12	Investments – other securities. See Part IV, line 11			12	
	13	Investments – program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		99,873.	16	64,366.
LIABILITIES	17	Accounts payable and accrued expenses		175.	17	1,936.
	18	Grants payable		0.	18	0.
	19	Deferred revenue		0.	19	0.
	20	Tax-exempt bond liabilities		0.	20	0.
	21	Escrow account liability. Complete Part IV of Schedule D			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		0.	22	0.
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable		0.	24	0.
	25	Other liabilities. Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25		175.	26	1,936.
NET ASSETS OR FUND BALANCES		**Organizations that follow SFAS 117, check here ► [X] and complete lines 27 through 29 and lines 33 and 34.**				
	27	Unrestricted net assets		99,698.	27	62,430.
	28	Temporarily restricted net assets		0.	28	0.
	29	Permanently restricted net assets		0.	29	0.
		Organizations that do not follow SFAS 117, check here ► [ ] and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, and equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	**Total net assets or fund balances.**		99,698.	33	62,430.
	34	Total liabilities and net assets/fund balances.		99,873.	34	64,366.

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990: [ ] Cash [X] Accrual [ ] Other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	If 'Yes' to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If 'Yes,' did the organization undergo the required audit or audits?	3b		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization: Key West Helpline, Inc.

Employer identification number: 59-2176319

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: (Please check only **one** organization.)

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 cooperative hospital service organization described in **section 170(b)(1)(A)(iii).** (Attach Schedule H.)

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 [X] 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).** (see instructions)

11 [ ] An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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 11e 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 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?

		Yes	No
(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?	11 g (i)		
(ii) a family member of a person described in (i) above?	11 g (ii)		
(iii) a 35% controlled entity of a person described in (i) or (ii) above?	11 g (iii)		

h Provide the following information about the organizations the organization supports.

(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? Yes	No	(v) Did you notify the organization in col. (i) of your support? Yes	No	(vi) Is the organization in col. (i) organized in the U.S.? Yes	No	(vii) Amount of Support
Total									

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule A (Form 990 or 990-EZ) 2008

TEEA0401 12/17/08

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include "unusual grants.")	323,614.	171,378.	237,735.	286,210.	219,601.	1,238,538.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						
4 **Total.** Add lines 1-3	323,614.	171,378.	237,735.	286,210.	219,601.	1,238,538.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						1,238,538.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	323,614.	171,378.	237,735.	286,210.	219,601.	1,238,538.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	197.	1,854.	1,257.	1,201.	201.	4,710.
9 Net income form unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss form the sale of capital assets (Explain in Part IV.)						
11 **Total support.** Add lines 7 through 10						1,243,248.

12 Gross receipts from related activities, etc. (see instructions) 12

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f) 14 99.62 %

15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f 15 99.65 %

16a **33-1/3 support test – 2008.** If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization. ► ☒

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

17a **10%-facts-and-circumstances test – 2008.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ► ☐

b **10%-facts-and-circumstances test – 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ► ☐

18 **Private foundation.** If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► ☐

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

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

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal yr beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form 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 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

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

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

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

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization: Key West Helpline, Inc.

Employer Identification number: 59-2176319

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? ☐ Yes ☐ No

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

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

☐ Preservation of land for public use (e.g., recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of certified historic structure

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

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

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

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

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

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ►

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

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

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

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

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

b If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ► $

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

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

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

b Assets included in Form 990, Part X ► $

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

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

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

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

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

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

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

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

		Amount
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 Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

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

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book Value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		36,687.	22,465.	14,222.
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)			►	14,222.

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

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

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

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

Part IX Other Assets (See Form 990, Part X, line 15)

(a) Description	(b) Book value
Total. Column (b) Total (should equal Form 990, Part X, col. (B) line 15) ►	

Part X Other Liabilities (See Form 990, Part X, line 25)

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

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	233,638.
2	Total expenses (Form 990, Part IX, column (A), line 25)	270,906.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	-37,268.
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	
9	Total adjustments (net). Add lines 4-8	
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	-37,268.

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

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

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

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

Part XIV Supplemental Information

Complete this part to provide the description required for Part XI, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Non-Cash Contributions

▶ To be completed by organizations that answered 'Yes' on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization: Key West Helpline, Inc.

Employer identification number: 59-2176319

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution (historic structures)				
14 Qualified conservation contribution (other)				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (Volunteer Hours)				
26 Other ▶ (Like Kind - Rent)			80,340.	Similiar Service Rates
27 Other ▶ ( )			18,000.	Comparable Rents
28 Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29

		Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		X
b If 'Yes,' describe the arrangement in Part II.			
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b If 'Yes,' describe in Part II.			
33 If the organization did not report revenue in column (c) for a type of property for which column (a) is checked, describe in Part II.			

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2008

TEEA4601 12/18/08

Attachment J

Department of the Treasury

Internal Revenue Service
District Director

Date: JAN 10 1984

COPY

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

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

Dear Applicant:

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

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

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

Within 90 days after the end of your advance ruling period, you must submit to us information needed to determine whether you have met the requirements of the applicable support test during the advance ruling period. If you establish that you have been a publicly supported organization, you will be classified as a section 509(a)(1) or 509(a)(2) organization as long as you continue to meet the requirements of the applicable support test. If you do not meet the public support requirements during the advance ruling period, you will be classified as a private foundation for future periods. Also, if you are classified as a private foundation, you will be treated as a private foundation from the date of your inception for purposes of sections 507(d) and 4940.

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

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

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

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

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

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

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

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

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

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

Sincerely yours,

Michael J. Murphy

District Director

Attachment K

CITY OF KEY WEST, FLORIDA

Business Tax Receipt

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

Business name . : HELPLINE INC. Ctl nbr . : 41
Location addr . : 1623 SPAULDING CT 1-4
Lic Nbr/Class . : 10 00011104 SERVICE - GENERAL
Issue date . . : 7/29/09 Expiration date . : 9/30/10
Lic Fee . . . . . : .00
Penalty . . . . . : .00
Total . . . . . : .00
Comments . . . . : INFORMATION AND REFERREL SERVICE

This document must be prominently displayed.

HELPLINE INC.
POB 2186
KEY WEST FL 33045

LOU HERNANDEZ, EXEC. DIR.

Attachment K

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

RECEIPT# 47161-23843

Business Name: HELPLINE INC

Owner Name: HERNANDEZ LOU EXCC DIR
Mailing Address: P O BOX 2186
KEY WEST, FL 33045

Exemption: 003-22.00: NON PROFIT
Business Location: 1623 SPAULDING CT D-4
KEY WEST, FL 33040
Business Phone: 305-292-8445
Business Type: MISCELLANEOUS SERVICE (CHARITABLE SERVICE)

Rooms	Seats	Employees	Machines	Stalls
		5	/	

For Vending Business Only
Number of Machines : Vending Type : M

Tax Amount	Transfer Fee	Sub-Total	Penalty	Prior Years	Collection Cost	Total Paid
				$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.

Attachment 7

Florida Department of Children & Families

State of Florida

Department of Children & Families

CERTIFIES

Helpline, Inc.
1623 Spaulding Ct., #1
Key West, FL 33040

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

Substance Abuse Prevention Level 1

District Substance Abuse & Mental Health Program Supervisor	August 19, 2009 Effective Date

Regular Type of License	**1644AD631901** License Number	**August 18, 2010** Expiration date

Attachment O

HELPLINE, INC.

AFFIRMATIVE ACTION/EQUAL OPPORTUNITY POLICY 4/90

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

Attachment P

Circuit 16
Office of Substance Abuse Treatment Licensure
2009 Annual Site Visit Report

Provider: **Helpline, Inc.**
1623 Spaulding Ct, #1
Key West, FL 33040

Executive Director: **Lou Hernandez**

Authorized Agent: **Joseph Laino D. Ed.**

Date: **July 28, 2009**

Purpose: **Annual Licensure**

BACKGROUND

The Department of Children and Families licenses Helpline Inc. to provide services pursuant to the requirements as outlined in F.S.397 and Florida Administrative Code 65-D 30. This was the annual site visit to review documentation for a Regular license. The program wishes to continue to provide Level 1 Prevention services.

SCOPE

The scope of our licensing survey was to determine whether or not the provider was in compliance with the licensing requirements as set forth in F.A.C.65 D-30. Generally these requirements address but are not limited to:

1. Personnel record reviews.
2. Operating procedures
3. Quality assurance
4. Scope of practice
5. Reporting requirements
6. Record review

METHODOLOGY

The applicable licensing requirements for this type of substance abuse program were determined. A site visit on 07/28/09 was conducted, and at that the above compliance requirements were reviewed. Additional supporting documentation as it applied to the requirements of this program was also reviewed.

PROGRAM DESCRIPTION

Helpline, Inc. is Monroe County's only 24-hour confidential telephone crisis and information hotline, providing crisis intervention, education, information, referral and reassurance services. In addition, Helpline serves as the answering service for NAMI (National Alliance for the Mentally Ill), Interagency Council, Family Resource Center, Zonta, AA, NA, Al-anon, and referrals to the County Mental Health Programs, Domestic Abuse Shelters and the Florida Outreach Coalition. Lastly, Helpline also operates a specific service called "Teen Line", which is one of only a few hotlines in the State of Florida, dedicated to the health and well-being of youth.

FINDINGS

ADMINISTRATIVE:

The Agency's Policies and Procedures, Personnel Policies and Procedures, Personnel Files are in substantial compliance with the necessary requirements of F.A.C., Chapter 65D-30. A Quality Assurance Plan is in place and is in compliance with the new licensing requirements.

PROGRAMMATIC:

A review of program documentation and telephone call sheets indicate substantial compliance with the Prevention standards and requirements for the provision of Level 1 Prevention services.

CORRECTIVE ACTION AND RECOMMENDATIONS:

A Regular license for one year is being issued to the provider. No corrective action plan is required to be submitted at this time.

_____ July 29, 2009

Senior Human Services Program Specialist
Substance Abuse and Mental Health Services

Date

OVERALL RATING – LICENSING TOOLS 2009

PROGRAM NAME: Helpline, Inc. **SCORE: 96.02** **Performance: Exceptional** **Date 07/28/09**

Category	Points Earned	Maximum Points	Validation	Performance Rating
Application	19	19	100%	Excellent
Common Licensing Standards	52	53	98.11%	Exceptional
Background Screening	5	5	100%	Excellent
Quality Assurance Review	14	15	93.33%	Commendable
Personnel Record Review	50	54	93.50	Commendable
Prevention Level 1 – Program Standards	8	9	88.89%	Above Average
Prevention Level 1 – Program Practices	18	19	94.74	Commendable
Prevention Level 1 Chart Review	24	24	100%	Exceptional

Attachment P

Alliance for Aging, Inc.

MONITORING REPORT

Executive Summary

1. **PROJECT NAME AND ADDRESS:**
Helpline, Inc.
1623 Spaulding Court, Unit 4
Key West, Florida 33040

2. **FUNDING PERIOD, SOURCE and CONTRACT NUMBER:**
January 1, 2009-December 31, 2009 OA3E AE 910

3. **PURPOSE OF VISIT**:

_ 30-60 Day _ Semi-Annual _X_ Annual
_ A/R/C _X_ CIRTS Audit _X_ File Review _ Special

4. **DATE(S) OF VISIT:**
August 14, 2009

5. **NAME & TITLE OF THOSE INVOLVED IN THE VISIT:**
Lou Hernandez, Executive Director, Helpline, Inc.
Keith Studdard, Program Director, Helpline, Inc.
Pam Martin, Caregiver Program Coordinator, Helpline, Inc.
Germanie Casanova, Contract Manager, Alliance for Aging, Inc.
Sasha Munoz, Contract Manager, Alliance for Aging, Inc.

6. **SITES VISITED OTHER THAN PROJECT OFFICE:**
None.

7. **SUMMARY:**

Helpline Inc. is funded by the Older Americans Act under the Title III E Family Caregiver Act to help persons 18 years or older who serve as unpaid caregivers for persons sixty or older. The goal of this service is to relieve the emotional hardship of providing care to a loved one.

The program offers the service of caregiver training and support which is defined as training of caregivers, individually or in group settings to reduce stress, increase coping

skills, provide strategies for effective management of caregiving tasks and enable them to provide high quality care to recipients within the home.

In addition, the Provider has numerous volunteers who have made significant contributions of their time to Helpline, Inc. The volunteers answer the telephone crisis line 24 hours, seven days per week and make 12, 200 telephone reassurance calls to 47 clients throughout Monroe County.

A concern raised by Alliance regarding Provider having spent all funds of the grant prior to the end of contract has been clarified by the Provider: assurances have been given that caregiver services will not be reduced because of this practice.

During 2008, it was identified that the Provider was not maintaining appropriate documentation to support units of services provided. Technical assistance was given by Alliance staff. During this monitoring visit, we found that although the Provider had implemented the suggested forms they were not being completed correctly. Technical assistance will be given and follow up will be required in order to correct this issue.

8. FOLLOWUP AREAS FROM LAST REPORT

Resolved:
The Provider submitted a revised targeting policy which conforms to DOEA 2008 handbook.

Unresolved: None.

9. MATTERS TO BE FOLLOWED UP ON THE NEXT MONITORING VISIT:

Provider will submit a plan by March 31, 2010 to maximize its allocated funds by increasing the number of caregivers attending each training/counseling session.

Provider will correctly complete "Caregiver Training & Support Daily Sign-In Sheet". (See # 11, technical assistance or Provider can develop its own Caregiver Training & Support Daily Sign-in sheet. It is recommended that Provider add a column to this form that reflects the care recipient's name.

Provider will assess, enroll and enter a service unit or unduplicated count in CIRTS for all OA3E caregivers training/counseling. All enrollments will be completed by March 31, 2010.

The Provider will submit and ADA compliance checklist for its new office by March 31, 2010

The Provider will submit and ADA compliance checklist for its current office by April 30, 2010.

10. CORRECTIVE ACTION REQUIRED: Formal Plan Required Within 30 Days
None.

11. REQUEST FOR TECHNICAL ASSISTANCE:
Additional training will be given on correctly completing the Provider's Caregiver Sign-In Sheet. It is suggested that Provider add a column to its form that reflects the care recipient's name.

Provider was given a copy of the NOI regarding IIIE CIRTS reporting requirements.

12. SPECIAL CONCERNS OF THE EXECUTIVE/PROJECT DIRECTOR(S) AND AAA:
The Alliance has expressed concerns on how Helpline is providing caregiver training in Monroe County. The Provider's existing structure is not cost effective.

During 2009, technical assistance has been provided by the Contract Manager to assist Helpline in restructuring its program in a manner that would meet caregiver needs while maximizing the use of the funds.

A review of source documents during this year's annual monitoring visit in an effort to assist Helpline in maximizing the use of the funds they receive through the Alliance for Aging Inc. The documentation shows that Helpline continues to conduct many individual training sessions daily and weekly. It was recommended that the Provider restructure its program and schedule more group training sessions with less frequency in an attempt to organize larger groups. This will enable the Provider to reach more people while maximizing the use of available funds. Furthermore, participants attending larger group sessions can benefit from the information disseminated in the training while sharing their own experiences. Individual caregiver training sessions should be conducted on an as needed basis as determined by the caregiver's needs.

13. EXIT INTERVIEW:
Findings were discussed with the staff at the Executive Director at the end of the monitoring.

14. STAFFED BY CONTRACT MANAGEMENT DEPARTMENT:

DATE: 03/26/2010

Germanie Casanova — Germanie M Casanova — 03/26/2010
Contract Manager's Name — Contract Manager's Signature — Date

Barbara Suarez — for BS — 03/26/2010
Director of Program Integrity & Accountability's signature — Date

Alliance for Aging

PROGRAMMATIC MONITORING CHECKLIST

CIRTS Audit

Funding Source: __CCE __ ADI __ HCE X_OAA IIIE __O3C1__O3C2__ CS __LS

Reference: DOEA Home and Community-Based Service Handbook

CODE KEY: Y=Yes; V=Verified; P=Partial; N=No; N/A=Not Applicable; F=Follow Up Needed; C=Corrective Action Needed; TA=Technical Assistance Provided; M=Corrective Action/Follow Up Met

	CODE
1. Units entered in CIRTS and billed were compared to provider's source documentation with the following results: Client/Service: CTSG Funding Source: OA3E Month: 5/2009 Units Billed Units 23 Verified 23 Difference 0 Issues found to affect accurate billing: The Provider has submitted supporting documents for units of services provided and billed for May 2009. Description of Source Documents: Contract Manager assisted the Provider by developing a format to capture information about the forums, seminars and support groups offered to caregivers. The Provider's staff was trained on documenting services provided, but no improvements have been noted in documents submitted for CIRTS audit during 2009 for the month of May and August.	Y/V

Alliance for Aging

Contract/Policy Module Checklist

Funding Source: _X_ OAA __ LSP __CS __ADI __CCE __HCE

Reference: Provider Contract/Master Agreement, Provider Application and DOEA Home and Community Based Services (HCBS) Handbook

CODE KEY: Y=Yes; V=Verified; P=Partial; N=No; N/A=Not Applicable; F=Follow Up Needed; C=Corrective Action Needed; TA=Technical Assistance Provided; M=Corrective Action/Follow Up Met

CODE

1. The agency has completed and submitted the annual Civil Rights Compliance Questionnaire, (if services are provided to consumers and if fifteen or more persons are employed). Y/V

Comments: The Civil Rights Questionnaire is on file at the Alliance for Aging, Inc.

2. The agency has written procedures to immediately report any knowledge or suspicion of abuse, neglect or exploitation to the abuse registry. Y/V

Comments: The Procedures are in place and outlined in the Provider's policies and procedures handbook.

3. All consumer records are maintained for a period of seven years. Y/V

Comments: The Provider maintains client files for seven years. The files are stored in locked cabinets observed by Contract Manager during monitoring visit.

4. The agency has a written procedure to report any adverse conditions that may materially affect its ability to render services (i.e., proposed client terminations, financial concerns/difficulties, service documentation problems, contract non-compliance, service quality issues) which references notifying the Alliance within 24 hours. The procedure addresses unusual incident reporting, incident report filing and a mechanism to respond to client complaints. Y/V

Comments: The Provider has a policy in place to report any adverse conditions that prohibit the delivery of services. The Provider has a procedure in place to notify the Alliance of unusual incident reporting and maintains an incident file that was reviewed and found in compliance during monitoring visit. The Provider has a mechanism to respond to client complaints.

5. The agency has submitted an annual disaster preparedness and response plan. Y/V

Comments: The provider submitted a 2009 disaster preparedness and it is on file at the Alliance.

6. The agency has Articles of Incorporation and Bylaws or policies which reference: Y/V

X conflict of interest (employees, board members, subcontractors);
X staff not handling clients money unless required by the service;
X staff not accepting gifts or money from clients;
X recruitment, training and annual evaluation of paid and volunteer staff;
X not charging for services (as appropriate), requesting voluntary confidential contributions.

Comments: These topics are referenced in the policies and procedures manual reviewed during monitoring visit.

7. The agency board of directors Y/V

X meets at least quarterly;
X has members with skills appropriate to the needs of the agency (i.e., accounting, fundraising, law, marketing, social services);
X is representative of the client population;
X has minutes available for review.

Comments: The elected Board of Directors meets quarterly and monthly when needed. Minutes of a Board meeting were reviewed during the monitoring visit.

8. Written procedures have been established to protect confidentiality of records. Y/V

Comments: The Provider's policy to protect confidentiality of records is outlined in the policies and procedures handbook.

9. The agency promotes the use of volunteers. The agency is submitting the volunteer hour quarterly report on a timely basis. Y/V

Comments: The Provider's volunteers work arduously to offer telephone reassurance and crisis counseling to clients during 24 hours.

10. Provider submits surplus-deficit report with monthly fiscal report. The report includes an explanation where there is a projected surplus or deficit of 1% or more, a plan on how the surplus or deficit spending will be resolved, a recommendation to transfer surplus funds and input from the provider Board of Directors on resolution of spending issues, if applicable. Y/TA/F

Comments: The Provider was advised to utilize its funds appropriately to maximize services. The Contract Manager discussed with the Project Director ways to allow more caregivers to participate in the program.

11. Following Alliance monitoring, provider rectifies all noted deficiencies within the time set forth by the Alliance or provides a reasonable and acceptable justification for failure to correct the noted shortcomings. Y/TA/F

Comments: Although technical assistance has been provided to the Project Director, the Provider has been unable to rectify noted deficiencies on several issues. The Provider's staff was trained on documenting services provided in 2008, but no improvements have been noted in documents submitted for CIRTS audit during 2009 for the month of May, August and September. The Provider has not yet made the recommended changes to its program structure to ensure efficiency.

12. Assessment and Prioritization for Service Delivery for **New** Consumers (it is not the intent of DOEA to remove existing clients from any program in order to serve new clients being assessed and prioritized for service delivery): For LSP, ADI, and HCE, the provider implements the following priority criteria for service delivery: a. individuals in nursing home under Medicaid who could be transferred to the community; b. individuals in nursing homes whose Medicare coverage is exhausted and may be diverted to the community; c. individuals in nursing homes which are closing or in receivership and can be discharged to the community; d. individuals whose mental or physical health condition has deteriorated to the degree self care is not possible, there is no capable caregiver and institutional placement will occur within 72 hours; or the most frail individuals not prioritized in the group above, regardless of referral source, will receive services to the extent funding is available. For CCE, the provider implements the following priority criteria for service delivery: a. High risk APS referral consumers are served within 72 hours. Medium and low risk APS referrals are prioritized accordingly; b. individuals in nursing homes which are closing or in receivership and can be discharged to the community; c. individuals in nursing home under Medicaid who could be transferred to the community; d. individuals in nursing homes whose Medicare coverage is exhausted and may be diverted to the community; e. individuals whose mental or physical health condition has deteriorated to the degree self care is not possible, there is no capable caregiver and institutional placement will occur within 72 hours; or, f. the most frail individuals not prioritized in the group above, regardless of referral source, will receive services to the extent funding is available.	N/A
Comments:	
13. For OAA, the provider has established written policies and written procedures consistent with the Older Americans Act targeting criteria in order to serve low income minority elders, with particular attention to those in greatest economic and social need.	Y/M
Comments: The Provider has established policies and procedures consistent with the Older Americans Act targeting criteria. A copy was submitted to the Alliance.	
14. CCE, HCE ADI, LSP and CS, consumers may not also be enrolled in a Medicaid capitated long term care health plan or program. These programs include the Frail Elder Program operated by United Health Care, the Channeling Program operated by Miami Jewish Home and Hospital for the Aged and the Program of All Inclusive Care for the Elderly (PACE) operated by Miami Jewish Home and Hospital for the Aged, and the LTCCDP managed by CARES.	N/A
Comment:	
15. The agency assesses and submits a client satisfaction survey annually. (Describe the findings from last years survey; show how the agency is addressing the issues raised in survey.)	Y/V
Comments: The Provider conducts surveys annually. The 2008 surveys and results are on file at the Alliance.	
16. The agency has a written procedure outlining steps followed by management to assure the delivery of quality services.	Y/V
Comments: Client	

17. An Americans with Disability Act compliance checklist was completed for all sites and is on file at the Alliance.	Y/V
Comments: The ADA compliance checklist is on file at the Alliance.	
18. Provider maintains an employee/training manual for orientation of paid staff and volunteers who have direct contact with consumers which covers the following topics: X overview of the aging process/sensitivity training; X overview of the aging network; X communication, techniques with elderly; X abuse, neglect, exploitation and incident reporting; X local agency procedures and protocols; X consumer confidentiality; X client grievance procedures; and X HIPAA	Y/V
Comments:	
19. Agency offers updated in-service training as needed. (Any documented pre-service training of a particular staff person may be substituted for all or part of required annual training. Unless stated otherwise in law, rule, or in this handbook the number of hours, training methods and training materials are determined by the provider.)	Y/V/M
Comments: Provider maintains documentation of all trainings and copies are kept in the provider's office.	
20. Where case management is not offered, the provider determines service needs, documents service activities and client participation, and reports service activity.	Y/V
Comments: The Provider offers a variety of support services and referrals to its participants. When additional services are needed the Project Director arranges with Monroe County In-Home services to address the needs of the clients.	
21. Service provider agency has written procedures regarding an adverse action such as termination, suspension or reduction in service which are in compliance with the Minimum Guidelines for Recipient Grievance Procedures in the Master Agreement. An approved Grievance Procedure checklist has been completed and is on file at the Alliance.	Y/V
Comments: The Provider has written grievance procedures which are followed if any services have to be reduced or terminated to existing clients. The Grievance procedures have been reviewed and approved AAA.	
Outcome Measures	
22. Percent of most frail elders who remain at home or in the community instead of going into a nursing home. Standard is 97%.	N/A
Comments:	
23. Average monthly savings per consumer for home and community-based care versus nursing home care for comparable consumer groups. Standard is $2,384.	N/A
Comments:	
24. Average time in the CCE program for MW probable consumers is 2.8 months.	N/A
Comments:	
25. Percentage of customers who are at Imminent Risk of nursing home placement who are served with community-based services. Standard is 90%.	N/A

Comments:	
26. Percent of Adult Protective Services (APS) referrals who are in need of immediate services to prevent further harm who are served within 72 hours. Standard is 97%.	N/A
Comment:	
27. Percent of new service recipients with high-risk nutrition scores whose nutritional status improved. Standard is 66%.	N/A
Comments: The report is not available at the moment.	
28. Percent of new service recipients whose ADL assessment score has been maintained or improved. Standard is 63%.	N/A
Comments: The report is not available at the moment.	
29. Percent of new service recipients whose IADL assessment score has been maintained or improved. Standard is 62.3%.	N/A
Comments: The report is not available at the moment.	
30. Percent of family and family-assisted caregivers who self-report they are very likely to provide care. Standard is 89%.	N/A
Comments:	
31. Percent of caregivers whose ability to provide care is maintained or improved after one year of service intervention (as determined by the caregiver and the assessor). Standard is 90%	N/A
Comments:	
32. Percent of elders assessed with high or moderate risk environment who improved their environment score. Standard is 79.3%.	N/A
Comments:	
33. Percent of co-pay goal achieved. Standard is 100%.	N/A
Comments:	
34. Percent of CIRTS data entry error rate. Standard 1%.	TA
Comments: The Provider will be begin entering 701 B assessment in CIRTS.	
35. Percent of state and federal funds expended for consumer services is 100%.	Y/V
Comments: The Provider has spent its funds entirely at the end to the contracted year 2008.	

Alliance for Aging

PROGRAMMATIC MONITORING CHECKLIST

Caregiver Training and Support

Funding Source: ____CCE _ ADI __ HCE _X__OA3E __ OAA IIIB __ CS __LSP

Reference: DOEA Home and Community-Based Service Handbook

CODE KEY: Y=Yes; V=Verified; P=Partial; N=No; N/A=Not Applicable; F=Follow Up Needed; C=Corrective Action Needed; TA=Technical Assistance Provided; M=Corrective Action/Follow Up Met

Unit of Service (individual): One hour with an individual.
Unit of Service (group): An hour, regardless of the number of participants

	CODE
1. Caregiver training and support may be provided individually or in a group setting and is designed to do the following: _X_Reduce stress _X_Increase coping skills _X_Provide strategies for effective management of care giving tasks _X_Enable caregivers to provide high quality care to recipients in the home.	Y/V
Comments: The Provider offers caregiver training and support to caregivers 18 years or older who serve as unpaid caregivers for persons sixty or older.	
2. Caregiver training and support may be provided through: __Forums which include community workshops __Seminars _Organized local, regional or statewide events. _X_ Other	P/TA/F
Comments: The Alliance has expressed concerns on how helpline is providing caregiver training in Monroe County. The Provider's existing structure is not cost effective. During 2009, technical assistance has been provided by the Contract Manager to assist Helpline in restructuring its program in a manner that would meet caregiver needs while maximizing the use of the funds. A review of source documents during this year's annual monitoring confirmed that the Provider continues to schedule back to back one hour individual caregiver training sessions almost daily. Technical assistance was provided again during the monitoring visit in an effort to assist Helpline in maximizing the use of the funds they receive through the Alliance for Aging Inc. The documentation shows that Helpline continues to conduct many individual training sessions daily and weekly. It was recommended that the provider restructure its program and schedule more group training sessions with less frequency in an attempt to organize larger groups. This will enable the provider to reach more people while maximizing the use of the available funds. Furthermore, participants attending larger group sessions can benefit from the information disseminated in the training while sharing	

their own experiences. Individual caregiver training sessions should be conducted on an as needed basis as determined by the caregiver's needs. In addition, discrepancies were found in reviewing caregiver training session sing in sheets. It was determined that staff is incorrectly documenting group sessions as individual counseling sessions which inflates the number of hours recorded. Although the hours are being summarized correctly for CIRTS data entry, these errors make it difficult to conduct an audit based upon these (incorrect) source documents. Additional technical assistance will be given and follow up will be required concerning correctly completing these source documents.	
3. The caregiver must be at least 18 years of age or older.	P/V/TA/F
Comments: The Provider is aware of this requirement. Most caregivers are older adults at least 18 years of age or older. However, when Contract Manager contacted several caregivers in order to conduct a Caregiver Interview, three were found to not be eligible. One was a frail elder, another a social worker and the third an interested person who was not caring for anyone. It is suggested that Provider add a column to record the name of the person for whim the caregiver is caring to its Caregiver Sign-In Sheet. See Matters To Be Followed Up.	
4. Presenters of caregiver training and support shall be qualified by training or experience in the area(s) on which they are conducting the training.	Y/V
Comments: The caregiver training coordinator is well trained and knowledgeable on care giving matters.	
5. With prior authorization from the program coordinator or designee, caregivers may be reimbursed for expenses which facilitate their attendance at caregiver forums.	NA
Comments:	
6. Respite or sitter services and reimbursement of travel expenses, registration, fees, etc., may be provided to enable caregivers to attend workshops and support events. (Travel expenses, registration and fees must be included in the unit rate; respite or sitter services are not included in the unit rate and should be reported separately.)	NA
Comments:	
7. Service Sampling/Client Comments:	Y/V
Comments: Contract Manager observed a caregiver who attended a counseling session during the monitoring visit. The coordinator provided the caregiver an individual training session on how to communicate with a dementia patient and how to manage common difficult behaviors including combativeness. Also, she provided techniques to the caregiver on how to simplify tasks so that her loved one can participate more fully and safely in his own care and continue to participate with his family. She was pleased with the coordinator from whom she has learned much about taking care of her husband who has Alzheimer's.	

Attachment Q

HSAB Application 2011

Attachment Q: Information supporting the response to Question 10.

1. The Rate of Alcohol-related Vehicle Traffic Crashes for 2008:

Counties	Population	No Crashes
Columbia	62,206	189
Highlands	94,533	95
Monroe	79,203	**264**
Nassau	66,720	132
Putnam	73,960	173
Sumter	75,856	89
*Florida Average		132

Source: Florida Department of Highway Safety & Motor Vehicles, Florida CHARTS.com

2. The Percent of Adult Engaging in Heavy or Binge Drinking by Counties:

Counties	Percentage of Binge Drinkers (2007)
Columbia	13.7%
Highlands	9.6%
Monroe	**22.3%**
Nassau	10.4%
Putnam	15.4%
Sumter	10.2%
*Florida Average	14.1%

Source: Florida Department of Health, Bureau of Epidemiology, 2002 Behavioral Risk Factor Surveillance Survey.

3. 30 Day Youth Consumption Florida **Youth** Substance Abuser Survey 2008:

Monroe Co. Percent Reporting Use		Florida Average
Any Alcohol	**40.8%**	32%
Binge Drinking	25%	17%
Marijuana or Hashish	16.5%	11.4%
Any Illicit Except Marijuana	8%	7.3%
Alcohol or Any Illicit Drug Use	46%	35%

4. Drug Treatment Access/Use:
   Persons/ 100,000 population Monroe Co. 367 FL Average 265

5. Retail Access/Availability of Alcohol: Alcohol licenses in Monroe Co. 647
   Source: Florida Substance Abuse Response Guide, 2007

Attachment Q (continued)

SUICIDE PREVENTION INFORMATION

1. Suicide Age-adjusted Death Rate 2007
   Monroe Co. **21%** Florida Average **14%**
   Source: Florida Department of Health

Attachment Q

HOMELESSNESS

- In January of 2010, the Southernmost Homeless Assistance League (SHAL) conducted the mandatory point-in-time homeless count in Monroe County. The number was **1020** of homeless women, children, and men.

ELDER FALL PREVENTION

- A 2004 Report by the National Center for Injury Prevention and Control, CDC, indicated that the leading cause of nonfatal injuries treated in hospital emergency rooms was **607,041** adults ages 55 – 64, and **1,850,649** adults ages 65 and over.
  DEMOGRAPHICS
- The Monroe County population is 78,376 as of January 2009. The elder population of people 60+ is **20,184 or 26% of the total population.**

DISABLED

- According to the US Census Bureau, there are **9,593** individuals with a disability status or 13.7% of the population.

Source: http://www.floridacharts.com/charts/CensusData.aspx