

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

Agency Name	USFF d/b/a Heron-Peacock Supported Living¹
Physical Address	1320 Coco Plum Drive
Mailing Address	1320 Coco Plum Drive
City, State, Zip	Marathon, FL
Phone	305-743-4129
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Email	heronpeacock@bellsouth.net
Who should we contact with questions about this application?	Janice Drawing, Executive Director

Amount received for prior fiscal year ending 09/30/09	\$50,000.00
Amount received for current fiscal year ending 09/30/10	\$48,500.00
Amount requested for upcoming fiscal year ending 09/30/11	\$65,000.00

① need a recent 990 ✓
ext filed good for Feb 09

¹The United States Fellowship of Florida is registered in Florida "doing business as" Heron-Peacock Supported Living.

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: Janice Drawing

Signature Janice Drawing

Date: 4/15/10

Typed Name of Board President/Chairman: Richard C. Casey, Jr.

Signature Richard Casey Jr.

Date: 4/17/10

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

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

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

2. List the services your agency provides.

Heron-Peacock Supported Living provides the following services: stable assisted living, transitional, and permanent housing, 24-hour staff support, food service at the Heron, our assisted living facility, material and personal support, transportation, medication management and supervision, and referrals to other providers for psychiatric consultations, prescriptions, medical and dental care and related services. Examples of material and support services include one on one counseling, help with life skills and activities of daily living e.g. personal grooming, and using public transportation, shopping and banking assistance. Others are nutrition counseling, educational programs, recreational outings, and constructive activities like those provided by the Personal Growth Center of the Guidance Clinic of the Middle Keys in Marathon. Financial assistance is provided through such programs as Social Security benefits, Medicare and Medicaid, Stabilization Fund, and identification of sources of rental assistance are also provided. Our supported employment program is a very important service which includes personal development for dealing with the business world, outreach to potential employers and community organizations, assistance with personal employment planning and resumes, "dressing for success" and transportation assistance to job interviews if necessary. Through this program clients may also be enrolled in higher education and receive student financial aid or volunteer with government and non-profit agencies.

3. What services will be funded by this request?

Services to be funded are housing, material and personal support provided by staff, transportation, and medication management and supervision.

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.*

Heron-Peacock has received a Sheriff's Asset Forfeiture Fund, 2010-2011 for \$8,120. In addition, the agency received a 2009-2010 Byrne Grant for \$32,725.00 and will apply for future Byrne grants if available. Heron-Peacock received Emergency Shelter Grants from the Department of Children and Families in the amounts of \$50,000 per year and plans to apply for future such grants if available.

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

We address the problems of homelessness, mental illness, and substance abuse, inappropriate incarceration of people with mental illness, unnecessary stays in large psychiatric hospitals, and lack of housing and mental health services for Veterans. Needs that we address are to help decrease the number of unnecessary incarcerations of people with mental health and substance abuse problems, provide care for people who are homeless by providing low-cost housing and mental health and substance abuse recovery programs and long-term solutions for the causes of their homelessness, and increase opportunities for housing and supportive services to veterans.

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

Data provided by the Southernmost Homeless Assistance League (SHAL) from the 2009 Point-in-Time study performed in January 2009 for the Department of Children and Families 2009 Survey of Local Homeless Coalitions showed there were 1,040 homeless people in Monroe County at that time. Out of the 289 people surveyed who indicated they had a disabling condition, 108 (37%) had problems relating to mental health and 165 (57%) had issues with drug or alcohol addiction. These are the very populations that Heron-Peacock Supported Living serves. All of our clients have diagnoses of mental illness and currently, 17 have co-occurring disorders of alcohol and drug abuse. The outcome of the 2009 survey indicates that of the subpopulations of the homeless those with the greatest need and the least resources to serve were Families with Children and the Mentally Ill. In fact, for the past three years, data for Monroe County provided to the Department of Children and Families showed that homeless people with mental illness have been first or second as areas of need with the least amount of resources to serve this population. This is the primary population that our program serves. All 47 of our program beds are for men and women with mental illness who may also have other problems relating to homelessness, substance abuse, history of incarceration, referral from the justice system, etc. In addition, the 2009 study showed that outreach, intake, and assessment and permanent supportive housing were the top two areas of unmet need for the homeless. The weakest service elements shown in the current Continuum of Care developed by SHAL also has the weakest service elements as Outreach, Intake, and Assessment and Permanent Supportive Housing. The majority of the beds (28) at the Heron in Marathon and Peacock Apartments in Key West are permanent. As such, we are one of the primary programs that provides permanent housing with supportive programs in Monroe County. In addition, outreach, intake, and assessment are core elements of our supported services. Finally, of the 1,040 people identified as being

homeless in the Annual Report to the Department of Children and Families, 936 (90%) were over the age of 18. This is the age group that we serve, men and women over 18 years old. We have no age limit, six of our clients are 60 years of age or older, an age group that is increasing in size. According to the National Alliance to End Homelessness, "There is some troubling evidence that homelessness is beginning to increase among elderly adults. In addition, there are demographic factors — such as the anticipated growth of the elderly population as baby boomers turn 65 years of age and recent reports of increases in the number of homeless adults ages 50 to 64—that suggest a dramatic increase in the elderly homeless population between 2010 and 2020." Another outcome of this trend may be an increase in mental health issues with elders due to the circumstances of homelessness. Our mental health licensed assisted living facility, the Heron is the only such program in the Keys that serves low-income men and women with severe and persistent mental illness. Many of these clients have aged in place in this facility as their permanent home and are now elderly. In fact, Heron-Peacock is the only program that provides assisted living, transitional, and permanent housing and supportive services those with low-income that are persistently and severely mentally ill. As such it is a unique and essential service.

With regard to the needs of the homeless and incarcerated, in a recent article in the Key West Citizen, Monroe County Sheriff Bob Peryam, stated about the Monroe County Correctional Facility that "...we're looking at reducing the population of folks with mental health issues, drug or alcohol issues, or homeless issues. Many of these people do not need to be in jail." In a 2009 study conducted by staff for the Monroe County Criminal Justice Mental Health & Substance Abuse Diversion Planning Council, occupants of four facilities that provide housing for the homeless were interviewed. 86% reported that they were participating in a program or shelter for homelessness. 59% responded that they had been arrested at some time and 46% indicated that they had at some time received counseling for a mental health or substance abuse problem. This data supports the interrelationship among homelessness, mental illness, and arrest and incarceration. As such, there is an interrelationship among homelessness, mental illness, and arrest and incarceration that must be addressed. These are the areas that we address through the jail diversion program and by serving men and women with mental illness that have a history of incarceration. Our program has 26 clients with a history of incarceration and 6 clients referred by the Jail Diversion Program.

According to the National Association on Mental Illness (NAMI) nearly 10% of the 1.7 million service members deployed to the Middle East are from Florida and Florida has the second largest per capita veterans' population in the country. In addition, 1 out of 5 service people returning from Operations Iraqi and Enduring Freedom suffer from Post Traumatic Stress Disorder (PTSD) or major depression. One third of the nation's homeless are veterans. Studies have concluded that homeless veterans are at a higher risk than the general population for mental illness, substance abuse, and suicide. The National Association on Mental Illness (NAMI) adds, "left untreated, individuals with substance abuse and/or mental health disorders, pose significant financial risks to communities that are already in the midst of budget reductions". Data from a Veteran's Support Group indicates that nationally, 76% of homeless veterans experience alcohol, drug, or mental health problems (inc PTSD) and 47% of homeless veterans served during the Vietnam Era demonstrating the need to seriously address this age group. Veteran's administration data identify Post Traumatic Stress Disorder (PTSD) (seen in 15 % of those evaluated at VA facilities), drug abuse (13%) and depression (10%) as the most prevalent disorders being treated in its facilities. Importantly, another 5%

were diagnosed with a psychosis, reflecting severe mental illness. A specific group served by our program. In addition, women veterans are one of the fastest growing segments of the Veteran population. Currently, there are approximately 1.8 million women Veterans (7.5 percent of the total Veteran population): the VA estimates that by 2020, that number will increase to 10 percent of the total Veteran population. The National Association for the Mentally Ill also notes that as the female Veteran's population increase so do the number suffering from various types of mental illness. One of the most unfortunate reasons for this is not directly related to warfare but to the high incidence of rape, assault and abuse of women in the military especially serving in the Middle East. Heron-Peacock has special experience with these problems, as it serves women who have had these experiences many of whom are referred from domestic abuse facilities Also mentioned was the overrepresentation of Women Veterans among homeless women.

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

By the 1970's comprehensive efforts were underway to change the way people with mental illnesses were treated. There was increased potential for release of people who had languished in mental hospitals for years. Advances in medication used to treat mental illness and programs to develop life skills for those who had lived in institutional settings contributed to helping people live independently. However, the most important element for the success of "de-institutionalization" was developing supportive community programs including psychiatric services in local mental health centers and living facilities such as group homes, supervised care transitional programs, supportive housing and independent living. Unfortunately in the early 1980's the course of psychiatric hospital deinstitutionalization changed due to federal funding policies and many people with mental illness have been discharged without adequate community support, help from friends and families, and treatment. Serious outcomes have been escalation of homelessness and increasing incarceration of people who are mentally ill. The streets, jails, and prisons have now become the alternatives to therapeutic programs. In addition, problems with mental illness are often compounded due to co-occurring disorders of alcohol and drug abuse. Although, mental illness may result from biologically based brain disorders, it may also be induced by traumatic, life-altering experiences such as war. This has led to the need for treatment of Veteran's having mental health problems from experiences in the Vietnam War, Operation Iraqi Freedom, and Operation Enduring Freedom. Many are suffering from Post-Traumatic Stress Disorder, PTSD, an anxiety disorder that can develop after exposure to a terrifying event or ordeal in which grave physical harm occurred or was threatened. It can be a debilitating form of mental illness which may be long-term. The recent recession has also contributed to stress causing increases in domestic abuse, alcoholism and drug abuse, depression, and suicide

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

The housing and services provided by Heron-Peacock are exactly what is needed to address the causes of homelessness, unnecessary hospitalization of people with mental illness in institutional facilities, and inappropriate incarceration that resulted from the federal policies of the 1980's. We provide the kind of housing, help, and hope to our clients that was envisioned in the late 1970's to make the "de-institutionalization" effort a success. The population that resulted from the failures of the past and recent events such as the loss of jobs and income due to changes in the economy and Veterans with mental health issues are the people we help. Those that the Southernmost Homeless Assistance League (SHAL) identified to be in greatest need and least served,

with mental illness and substance abuse, are the very people we can help. Heron-Peacock Supported Living is the only program of its kind in the Keys community providing extended housing and supportive services for the mentally ill that accepts low-income men and women who are severely and persistently mentally ill with such diagnoses as bi-polar disorder, schizophrenia, and post traumatic stress disorder. Ours are friendly effective community based facilities that instead of causing homelessness, incarceration, and inappropriate stays in psychiatric hospitals prevent these. Our goal is to help people who have been affected by the "causes" of their problems "get better".

We offer the types of community based services that are so important to successfully support people with mental illness, including those with substance abuse problems and who may have been homeless. We provide a stable living arrangement and opportunities for people to have a valued place in the community as citizens, workers, and friends, which are conditions, considered conducive to good mental health. Services provided at our living facilities include medication management and supervision, promoting life skills, supported employment programs, resource development, and referrals and other means of promoting personal esteem, and self-dependence contribute to what we call "life coaching", fashioning practical solutions for everyday problems.

Specifically, we address the causes of homelessness by providing low-cost, long-term, stable housing, which according to many experts including the nationally recognized "Housing First" imitative, is the most important service. For, it has been shown that once people have housing they are more receptive to participating in other programs to deal with mental health and substance abuse issues. For example, a Peacock client who had left the program recently returned after an arrest and brief incarceration in another county. When arrangements were made for her to come back to Peacock she stated that, "She could not wait to get home and work on her problems with the support of the Peacock staff." To deal with abuse problems clients are drug and alcohol tested on a regular and random basis and for cause. If someone tests positive they are counseled by staff and must agree in writing to participate in a special 90-day program during which they are tested weekly and participate in recovery treatment through a program such as AA or through counseling from a recovery and treatment professional. After the initial test the client is given two more chances. If they test positive two more times during the 90 days they are offered alternative housing options before being discharged from the program. This approach is unique and has been proven to be more effective than programs that discharge offenders after one positive test. Professionals in the field regard our program as a best practice since it assumes that people with substance abuse problems are likely to relapse and need help not punishment. Our goal is to never release a client to the streets. If a resident cannot remain at Heron-Peacock we work to find other programs, even in different locations, that can address specific problems. To ensure that clients take proper and appropriate medications our staff arrange for psychiatric appointments, assist with ordering medication and pharmacy services, and supervise and monitor clients' medications. We help with income issues by assisting clients with applying for benefits and through our supported employment program which provides help finding jobs, higher education, including student loans, or volunteer work at other non-profit agencies. Finally, we work closely with VA programs to develop a comprehensive approach of housing, supported services, and mental health treatment. We do outreach with the Department of Veteran's Affairs and work closely with Volunteers of America (local Veteran's housing program) on referrals to our program. We do all this at a much lower cost than the lesser alternatives of

homelessness, jail stays, and state psychiatric hospitals. For example, information provided by the Monroe County Sheriff's Office indicates that it may cost up to \$85.00 a day to maintain a prisoner in the County Jail. In addition, the daily cost of a stay at FL Northeast State Psychiatric Hospital is approximately \$233.00. By contrast the average for our programs is \$49.40 for which we are successfully repairing human lives that have experienced profound pain, anguish, indignities, hunger, addiction, and loneliness. Heron-Peacock works with the very people with substance abuse and mental health disorders that the National Association on Mental Illness (NAMI) referred to "as posing a significant financial risk on local communities". We reduce these financial impacts by giving our clients the opportunity to live as independently as possible in a safe environment.

Since 2004-2008 suicide rates in Florida have increased from 13.5%-14.5%. Increases in suicides are often highest among returning veterans and young men and women. In addition to providing housing and help to residents of our programs we provide hope. This relates to suicide prevention. All of our clients come into our facilities with a diagnosis of mental illness, many have a history of suicide attempts, and may have recurring thoughts of suicide. Our job is to reinforce that "life is worth living" and to be vigilant as to changes in clients' moods, medication, and other events that could affect their attitude. We have a strict policy to ensure that we know the whereabouts of residents everyday and check if they do not report in. Staff is available 24 hours a day to respond to clients' needs and to help prevent extreme behavior. One of the common misconceptions about suicide noted by the National Association on Mental Illness (NAMI) is that "if a person is determined to kill themselves, nothing is going to stop them." The National Association on Mental Illness (NAMI) stresses that most suicidal people do not want death; they want the pain to stop. The impulse to end it all, however overpowering, does not last forever." Our staff knows this and works everyday to address "pain" issues with our residents to prevent them from feeling hopeless and desperate.

13. Describe your target population as specifically as possible.

The target population of the Heron-Peacock Supported Living Program is adult males and females over the age of 18 who have a current diagnosis of mental illness, which could include co-occurring disorders of alcohol and substance abuse, are low-income, have been homeless or are at risk of homelessness and may have a history of arrest and/or incarceration who need supervision, including supervision of medications, and who do not have a place to live.

14. How are clients referred to your agency?

Clients come from many sources. These include self-referrals, referrals from family members, and agencies including Southernmost Homeless Assistance League (SHAL) organizations, including Samuels House, Florida Keys Outreach Coalition, Domestic Abuse Shelter, and Volunteers of America. Other referral agencies are the Jail Diversion Program operated through the Guidance/Care Center and Monroe County Corrections, law enforcement agencies, and local mental health facilities e.g. the Guidance/Care Centers that serve the Lower, Middle, and Upper Keys, De Poo Hospital, psychology and psychiatry practitioners, and State psychiatric facilities.

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

Since our primary purpose is serving people with mental illness, prospective clients are rigorously means tested and screened for documentation of mental illness. After referrals are made client background and suitability for the programs, including a diagnosis of mental illness are reviewed. This is followed by an interview and assessment which includes immediate needs, interim and long-term goals and identification of clients' personal and specific requirements to help them succeed with recovery. The long-term recovery plan is developed by support staff and the client. Since the target population includes homeless and people who are low-income these factors are given maximum consideration as long as past history, suitability for the program, criminal record, e.g. violent crimes, etc. do not preclude their entering the program. The Heron and Peacock Apartments have a client waiting list. People on the waiting list are admitted based on emergency need and otherwise in the order received. This requires flexibility in programs and services.

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

Heron-Peacock has formal networking arrangements with the Guidance/ Care Centers of the Keys. Through our relationship, Heron-Peacock refers clients to these agencies and they offer counseling services, appointments with medical doctors, including psychiatrists, prescriptions and provision of medications, and other support and educational services e.g. the Personal Growth Center in Marathon which provides educational programs, skills education, employment support and development, and other constructive programs. We are also involved in the development of a Lower Keys Consumer Network and Wellness Recovery Action Plan Program with the Department of Children and Families. The goal of these programs is to develop a client resource center in the Lower Keys and assist clients with preparing personal plans to guide their therapeutic program. We are also working with Monroe County Corrections and the Guidance/Care Centers on a Jail Diversion program which places people from the Corrections and Court systems that need support with problems of mental illness and/or substance abuse into our residential programs. A Heron-Peacock Board member is presently a member of the Jail Recidivism Task Force. Heron-Peacock's Executive Director served as a member of the Monroe County Criminal Justice Mental Health & Substance Abuse Diversion Planning Council. The Director also serves on the Substance Abuse Mental Health Committee under the auspices of the FL Department of Children and Families. In addition, Heron-Peacock is a member of SHAL, the Southernmost Homeless Assistance League that provides networking with approximately 30 agencies that deal with the needs of the homeless and also participate in the Homeless Management Information System (HMIS). In the past year, our Executive Director served as the Secretary for SHAL and is currently working on the Guardianship and American's with Disability Act committees. Heron-Peacock is also a member of the Interagency Council which is composed of social services non-profit agencies in Monroe County. We are also a member of the

Poinciana Housing Committee, a consortium of agencies that occupy facilities at Poinciana Housing. The Executive Director received training from the Florida Department of Veterans Affairs regarding programs and issues relating to homeless veterans and coordinates with them on an ongoing basis. Finally, through our supported employment program Heron-Peacock has established partnerships with Florida Keys Community College, the One Stop Career Center, Vocational Rehabilitation, Social Security Administration, Center for Independent Living and many local businesses for employment opportunities, and other public and non-profit agencies for volunteer assignments. Other networking agencies include the Community Foundation of the Florida Keys that provides educational opportunities and other assistance to non-profit agencies and the Florida Keys Council of the Arts. With their help Heron-Peacock was able to start a visual arts program for the Peacock clients.

17. List all sites and hours of operation.

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

The Peacock Apartments have units available for 31 residents and are located at 1622 and 1624 Spalding Court, Key West, Florida 33040. The Office is open for business and client support from 1:00 p.m. - 9:00 p.m. daily. Staff is available on call 24-hours a day when the office is closed or in cases of emergency.

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

Like many non-profit agencies that depend on grant funding Heron-Peacock has been affected by decreases in grant sources from State and County government. This and problems with the economy, employment, and the stock market also lead to a decline in donations from foundations and individuals and proceeds from fundraisers. As such, the organization must continually reassess its services and operations and find new and unique ways to raise funds. The Sustainability Committee formed last year as an oversight committee to deal with budgetary challenges continues to meet on a regular basis. Our fundraising committee continues to develop new opportunities for revenue. Two additional fundraising efforts were added this year along with open houses at both Heron-peacock facilities to provide education and outreach and to help increase donations. Heron-Peacock continues to seek funding through non-government grants, assistance from incorporated municipalities, and help from community organizations, private donors, and fundraising efforts. We have created a parent auxiliary of family members of Heron-Peacock clients to promote our cause and increase donations. Our agency has an active program through the assistance of a grant writer to seek income from private foundations and philanthropic organizations. Our agency continues to apply for government grants for which we are eligible and will increase our grant efforts in the next two years. Our Newsletter, the "HP Express", helps to raise awareness about Heron-Peacock and its important programs and promote donations. A Face book Page has also been developed to provide, outreach, education, and to hopefully increase donations. Another means of reducing costs is the use of volunteers. For example, an AmeriCorps VISTA (Volunteers in Service to America) member worked with our supported employment program. We expanded our efforts to recruit International

Volunteers that are a historical component of providing services for our program. We will also be investigating and considering collaboration with other service providers and programs which could result in reducing staff and operating costs and expanding grant opportunities. Heron-Peacock is hoping that in the next two years financial challenges will have improved through positive changes in the economy and increased resources and that agencies that provide grants may have additional funding to assist non-profits.

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

Heron-Peacock Supported Living has operated for over 22 years. It has a solid organizational base and a dedicated hard working Board of Directors. This past year the Board has been strengthened with the addition of a mental health professional as board member. The Board is very effective and continues to be active in fundraising efforts and has a "Fundraising Committee" that meets on a regular basis to assist with this. The staff is excellent and is partly composed of International volunteers. Using these volunteers has worked effectively in the program since its inception in 1989. The use of volunteers as direct service employees helps reduce staff costs. Many of the volunteer workers have a social services background and receive orientation and training on the job. Heron-Peacock has recently expanded its recruitment efforts for volunteers both in the United States and abroad. This will continue over the next two years so staffing costs can be minimized. We also recruited a VISTA (Volunteers in Service to America) member to work with the Supported Employment Program. Adjustments in staffing which reduced the work hours of the business manager and consolidated some of her responsibilities into other positions continue. Such organizational changes that will not affect services but can reduce costs will be maintained in the future.

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

A mental health service consumer is a member of the Heron-Peacock Board and two mental health consumers are on the Fundraising Committee. We also have regular "house meetings" where we solicit resident comments and address problems raised by residents. We have a suggestion box in our office and discuss client ideas in monthly community meetings. The residents have developed a client newsletter with a resident editor who collects stories and edits and publishes the document. Also, a participant in the Heron-Peacock Program represents Monroe County on the State Mental Health Planning Council and is active in the National Association on Mental Illness (NAMI)), including sponsoring the local NAMI "Comeback Club" for people with mental illness. Heron-Peacock's Executive Director is a member of NAMI and attends "Comeback Club" meetings.

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

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

22. 2,160 hours of program service were contributed by 5 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?

Measurable Outcomes are:

- a. Over a 12 month period an average occupancy rate of 95% will be maintained in both supported housing facilities**
- b. At least 25% of clients served will come through jail diversion programs or have a history of arrest and/or incarceration.**
- c. At least 50% of total number of referrals will have a history of homelessness or be at risk of homelessness.**
- d. At least 15% of clients served will be veterans.**
- e. 100% of residents needing special accommodations e.g. drug and alcohol recovery programs will be put on a special 90-day program requiring weekly drug testing and participation in a recovery treatment program such as AA or with a drug abuse counselor.**
- f. At least 25% of clients will be served by the Supported Employment Program.**

25. How will you measure these outcomes?

Outcome measures are:

- a. Occupancy rate figures will be determined by using the number of residents enrolled in the Program over a period of one year vs. total beds.**
- b. Number of clients served from jail diversion program or with a history of arrest and/or incarceration.**
- c. Number of clients served with a history of homelessness or at risk of homelessness.**
- d. Number of veterans served by the program.**
- e. Program clients are randomly tested or tested for cause for drug and alcohol use. If a resident tests positive he/she is placed on a program involving regular drug testing and referral to a treatment program.**
- f. Number of clients recorded on supported employment program spreadsheet.**

26. Provide information about units of service below.

Service	Unit (hour, session, day, etc.)	Cost per unit (current year)
Supported Living	Day	\$49.40

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

Alice in "Desperation Land"

"Razor wire wrapped on a chain link fence that's my view today. The loneliness that fills my heart so heavy, it does weigh." This is from a poem called "Today's View" written by Alice a former Heron-Peacock client from her prison cell in Miami. With a history of abuse and neglect Alice's past was not good. Because of her mental illness she chose alcohol and drugs as a way to deal with her pain. This led to life on the streets and the unfortunate survival techniques often used when homeless. To support her abusive behaviors she turned to illegal activities that ultimately lead to arrest and imprisonment. After her release from incarceration and a stay at a drug abuse program, Alice became a resident of Peacock Apartments. There, with the help of staff, she was given assistance with medication management, counseling, help to attend college, and other skills that aided her to successfully deal with her problems. Alice ultimately moved into the community to live independently in an apartment in Key West. In her own words, Alice states, "Peacock believed in me and gave me choices that helped me achieve recovery. I have never been this happy and I truly believe in my heart it was the faith and compassion shown to me by the staff of Peacock that kept me on the road to recovery. Because they had faith in my dreams and the willingness to help me see them through, I can now share with other people that there is hope if you are willing to go to any lengths to get your life back in control." She is a shining example of the goal of Heron-Peacock to assist those with mental illness, concurrent problems with substance abuse, and previous homelessness and incarceration through recovery to fulfilling lives with dignity in the community.

Required Attachments

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

ATTACHMENT CHECKLIST

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

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

**Heron Peacock Supported Living
Meeting of the Board of Directors
In-Peron Meeting at the Big Pine Senior Center
Tuesday, November 3, 2009 (5:30 p.m.)**

Directors Present: Rick Casey, Nelson Read, Linda Russin, Maurene Freedman, Cindy McKnight. **Directors Not Present:** Jennifer O’Lear and Rich Malafy **Staff Present:** Janice Drawing and Clare Condra.

President Rick Casey called the meeting to order at 5:40 p.m. and declared that this was the Annual Meeting of the Board of Directors,

Minutes of Previous Meeting: The September 2009 minutes (Nelson 1st, Maurene, 2nd) were unanimously approved.

Action Items: ANNUAL MEETING: 1) CHANGES TO THE BY-LAWS: It was noted that Attorney Rich Malafy had proposed changes in the By-Laws to eliminate term limits. Nelson and Rick proposed an amendment to the By-Laws as follows: ARTICLE IV: DIRECTORS; “Directors shall serve an initial term of two years. Thereafter, a Director may serve additional two year terms until replaced. At the expiration of each two year term, a vote will be held to determine whether or not a Director is to be re-elected or replaced. There shall be no limit on the amount of two-year terms a Director may serve.” A motion to accept the amendment as proposed was unanimously approved (Nelson 1st, Maurene 2nd). 2) ELECTION OF DIRECTORS: Nelson proposed the nominations for Board members from the Nominating Committee. Proposed for election were Rich Malafy, Maurene Freedman, Rick Casey, Nelson Read, and Linda Russin whose terms were expiring. Nominations from the floor were requested. There were none. Election of the proposed Directors was unanimously approved (Maurene 1st, Cindy 2nd). There was some discussion about seeking new members. Janice said she could solicit members of the Woman’s Club. However, it was decided it would be best to find members from Marathon. Rick will speak to Mary Rice about joining the Board.

Executive Director’s Report: Information Items (also included Old Business): GRANTS: Of significance is a \$3,500 grant received from the Sain Orr Royak De-Forest Steadman Foundation a member of the Ruth Admire Foundations. FUNDRAISING AND OUTREACH: The final tally for the Halfway to St. Patrick’s Day event is \$3,601. Heron and Peacock held open houses in October to invite the public to learn more about the programs and meet the clients. Presentations were provided by Jamie Pipher of the Guidance Clinic and Dr. Joseph O’Lear. Rick described a fundraising event that was done for the Community land Trust. It involved dinner hosted by 7 families for \$50.00 per person and then coffee and dessert in a local restaurant with an auction. The event made \$2,000. WEST CARE: Rick spoke to Shawn Jenkins and they determined that a trip will be made to their facility in St. Petersburg after this week. Maurene volunteered to go with Janice. It was also suggested that Jennifer O’Lear attend. Janice will check with Maurene and Jennifer to determine a date for the visit. APPROVAL OF NOMINEE FOR THE COMMUNITY FOUNDATION’S UNSUNG HEROES AWARD: Mandy Bowers who works at the Hurricane in Marathon and was instrumental in working on the Dragon Boat races and contributed to their great success and who also worked during the Barbeque Fundraiser

has been recommended by staff for this award. The approval of nominee Amanda Bowers for submission for the award was passed unanimously (Maurene 1st, Nelson 2nd). SEWER LATERAL CONNECTION: Rick explained that Heron has received several notices about the need to hook up to the new sewer line and the charges. He noted that the City of Marathon is aware there are not enough contractors to perform all the work at this time. He asked Clare to request two estimates for the hook-up. Clare learned from the contractors that because the Heron connection is large we first need the services of an engineer. Rick will discuss this with the engineer with whom he shares offices, Shawn Kerwin and use the information from Clare. It should be noted that we may be billed even though we are not yet connected as per the City.

Program Director's Report: The Board noted the Program Report had been submitted and acknowledged. Peacock census is at 26; the Heron Census is 16 (full).

Treasurer's Report: The Financials were reviewed. Nelson provided the report which showed a deficit for September but a surplus for the year to date. He is concerned about the use of the accrual system which may give a false impression of funds on hand. Nelson moved that the Board accept the September financials for audit, seconded by Maurene and passed unanimously.

New Business: ANNUAL APPEAL LETTER/LIST: It will soon be time to mail-out the annual appeal letter. Janice will prepare the letter and send it to Rick for approval and signature. She asked all Board members to finalize their lists and get them to her. Our previous list will be provided by Lydia and sent to all members for changes.

Other Business: PHONES: Maurene asked about the progress of investigating savings for phones. Janice noted that she is looking into less expensive plans. Rick offered to work on this and Janice will provide him with the report she had done on this item. INSURANCE: Nelson explained that he is still waiting for the report from Mr. Mc Pherson. BANKING: Nelson explained that as Treasurer he has been investigating the possibility of working with Centennial Bank where we may get better rates. This will be reviewed further. RESIGNATION OF DIRECTOR: The Board acknowledged and unanimously approved the resignation of Joy Taylor. Rick requested Janice send a thank you letter to Joy Taylor for her service on the Board.

The meeting adjourned at 7:20 p.m.

The next meeting is scheduled for Tuesday, November 24, 2009 at 5:30 p.m. via telephone conference call.

These minutes were recorded and submitted by Janice Drawing..

**Heron Peacock Supported Living
Meeting of the Board of Directors
Conference Call
Tuesday, November 24, 2009 (5:30 p.m.)**

Directors Present: Rick Casey, Nelson Read, Jennifer O’Lear, Nelson Reed and Linda Russin.
Directors Not Present: Rich Malafy, Cindy McKnight, Maurene Freedman. **Staff Present:** Janice Drawing.

Rick Casey called the meeting to order at 5:46 p.m.

Minutes of Previous Meeting: Nelson requested changes in the October minutes; the changes have been made and are in a separate attachment. Approval of the October minutes is tabled until December.

Election of Officers: Nelson moved that the existing slate of officers, Rick Casey, President, Linda Russin, Vice President, Nelson Read, Treasurer, and Jennifer O’Lear, Secretary, serve for one additional year (Jennifer 2nd). All members were in favor; none opposed.

Executive Director’s Report: Action Items: None. **Information Items:** Grants: Margaritaville Store & Parrotheads: Janice had submitted a proposal through the Margaritaville Store to the Parrotheads requesting funding during their annual visit to Key West; we do not yet know the exact amount of the donation but expect it to be approximately \$1,790.00. John Morrill, End of the year foundation letters: Grants Consultant John Morrill proposed that HP send “End of the Year” letters to those foundations that did not respond to our initial proposals and developed a letter to be used. Nearly 50 letters have been sent and 50 more will follow. CDBG Update: See item under “Old Business.” Fundraising, Public Information and Outreach: Marathon Restaurant Card: Cindy Mc Knight has offered to head the Restaurant Card project in Marathon. Fundraising Committee: The Fundraising Committee will meet on Friday, November 20, 2009 and provide a report at the December meeting. Annual Appeal Letter and Mailing Lists: Board members who have not submitted their lists and changes were notified to please do so and send them to Mykel Mc Gregor at Peacock. HP received a good amount of media support and coverage this month. West Care: See item under “Old Business.” Sewer Lateral Connection: See item under “Old Business.” IRS: See separate agenda item under “New Business.” CFFK Leadership Academy: Janice will provide information at the meeting about this opportunity for Board training in 2010.

Program Director’s Report: (Prepared by Clare Condra with Ceri Chekly) Heron census is 16; Peacock census is 27. The Challenge grant has enabled HP to employ, for 8 hours a week, one of our residents as a food service worker at The Heron. The Food Service Worker will receive the Florida Restaurant Association Serve Safe food safety certification and has shown an interest in working towards their Food Service Manager certification. Two residents left the program for housing in the community. Heron residents and staff have been invited to the Marathon Moose Lodge for Thanksgiving. Deborah Morelli, Branch Manager from TIB, has been very active securing household donations for the Heron from the Moose members. Peacock received donations of turkeys from Kair. Two potential volunteers successfully applied to the

Embassy in London this month. They will join the team of HP volunteers in January 2010. A new Heron volunteer will start December 2. The Heron now has a relief worker who can cover shifts as needed. Heron residents enjoyed Goombay Festival, Halloween celebrations, bowling, swimming at Banana Bay resort, Halloween celebrations, movies, Sunset Walk and a trip to Walmart. A local artist has offered to work with residents at Peacock to continue working on the art group and displaying the work at the Sippin' Café. Ladies' clothing and shoes were donated to the Heron by Sandy Checkley. Four clients are still working with Desirae on beginning school; 4 clients are seeking employment and 2 clients have started working this week. The BPW (Business and Professional Women, Marathon) and the LKWC (Lowers Keys Women's Club, Sugarloaf) are Christmas shopping for our residents from their wish lists.

Treasurer's Report: The financial statements were unanimously accepted for filing (Nelson 1st, Linda 2nd).

Old Business: West Care Site Visit: Janice Drewing, Jennifer O'Lear, and Maurene Freedman will visit a West Care site in St. Pete, FL in January. Rick will provide the board details regarding the idea of any potential "merger" as they develop. **CDBG:** A panel (Rick Casey, contractor Jeff Pinkus and consulting engineer Sean Kirwan) found Illam & Pistorino the most qualified engineering firm for HP's needs. Meridian submitted a package to DCA for approval of the RFQ process; Meridian will follow up with DCA on 10/19/09. We are attempting to pare down the engineering budget. to that end, 2 Meridian staff members will come down for a Heron site visit, hopefully in December. **Sewer Lateral Connections:** HP received notice from the City of Marathon that we are required to connect to the new sewer within 30 days. The city is aware that there are not sufficient number of plumbers available to complete the project during that time. Two vendors have been solicited for bids; Rick learned that because of the system's size, HP must consult an engineering firm. Rick is negotiating a discounted rate/possible service donation with Glen Boe & Associates.

The meeting adjourned at 6:59 p.m. **The next meeting is scheduled for December 29, 2009 at 5:30 p.m. via conference call.** These minutes were recorded and submitted by Jennifer O'Lear.

Please list or describe achieved outcomes for your target populations: Over the last fiscal year a 95% occupancy rate was maintained in the program. 16 clients (36%) either came from the jail diversion program or had a history of arrest and/or incarceration. 100% of the clients had a history of homelessness or were at risk of homelessness. 7 veterans were served. 6 clients or 100% of those tested required placement in the special 90-day program requiring weekly alcohol and drug testing and referral to a substance abuse recovery program or professional.

ATTACHMENT E - AGENCY EXPENSES

2011

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

Heron-Peacock

	Proposed Expense Budget for Upcoming Year Ending:		Projected Expenses for Current Year Ending:	
	6 / 30 /11		6 / 30 /10	
	Total	%	Total	%
Expenditures				
Salaries	207,400	35%	224,900	38%
Payroll Taxes	16,592	3%	18,000	3%
Employee Benefits	0	0		0
Subtotal Personnel	223,992	38%	242,900	41%
Postage	2,400	0%	2,600	0%
Office Supplies	4,500	1%	4,500	1%
Telephone	17,500	3%	17,500	3%
Professional Fees	39,190	7%	11,000	2%
Rent	0	0	0	0
Utilities	67,821	12%	67,821	12%
Repair and Maint.	36,150	7%	35,150	6%
Travel	3,500	0%	5,000	1%
Miscellaneous	0	0	0	0
Grants to Other Organizations	0	0	0	0
<i>List others below</i>		0		0
Conference and Training	2,000	1%	2,400	1%
Transportation	14,900	3%	14,900	3%
Resident Activities	8,500	1%	10,100	2%
Provisions	47,500	8%	47,500	8%
Leases, Licenses, and Dues	8,000	1%	7,000	1%
Insurance	71,108	12%	72,108	12%
Advertising	8,500	1%	10,200	2%
Resident Stabilization	8,500	1%	8,500	1%
Occupancy	26,300	4%	26,300	4%
		0		0
		0		0
		0		0
		0		0
		0		0
		0		0
Total Expenses	590,361	100%	585,479	100%
Revenue Over/(Under) Expenses	0		0	

ATTACHMENT G (HSAB)

**UNITED STATES FELLOWSHIP
OF FLORIDA, INC.**

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

**For the Years Ended
June 30, 2009 and 2008**

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INDEPENDENT AUDITORS' REPORT ON THE BASIC FINANCIAL STATEMENTS

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

We have audited the accompanying statement of financial position of United States Fellowship of Florida, Inc. (a non-profit organization), as of June 30, 2009 and 2008 and the related statement of activities and changes in net assets, functional expenses and cash flows for the year then ended. These financial statements are the responsibility of United States Fellowship of Florida Inc's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America, Government Auditing Standards, issued by the Comptroller General of the United States and the provisions of Office of Management and Budget Circular A-133, "Audits of States, Local Governments and Non-Profit Organizations". Those standards and OMB Circular A-133 require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

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

In accordance with Government Auditing Standards, we have also issued a report dated December 10, 2009 on our consideration of United States Fellowship of Florida Inc's internal control over financial reporting and our tests of its compliance with certain provisions of laws, regulations, contracts and grants. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing and not to provide an opinion on the internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with Government Auditing standards and should be considered in assessing the results of our audit.

Our audit was made for the purpose of forming an opinion on the basic financial statements taken as a whole. The additional information on pages 18 to 25 as of June 30, 2009, including the Schedule of Financial Assistance are required by the U.S. Office of Management and Budget Circular A-133 "Audits of States, Local Governments and Non-Profit Organizations", and are presented for additional analysis and are not a required part of the basic financial statements. Such information has been subjected to the auditing procedures applied in the audit of the basic financial statements and, in our opinion, is fairly stated in all material respects in relation to the basic financial statements taken as a whole.

Smith, Atty. Gen. & Byn AA.

December 10, 2009

UNITED STATES FELLOWSHIP OF FLORIDA, INC.

Statements of Financial Position

June 30, 2009 and 2008

June 30, 2008

June 30, 2009

	June 30, 2009		June 30, 2008		Total
	Unrestricted/ Temporarily Funds	Permanently Restricted Funds	Unrestricted/ Temporarily Funds	Permanently Restricted Funds	Total
<u>Assets</u>					
Cash	\$ 61,352	-	166,058	-	166,058
Investments	212	-	212	-	212
Accounts and contracts receivable	20,000	-	1,833	-	1,833
Grants receivable	38,367	-	13,933	-	13,933
Prepaid expenses	7,163	-	11,439	-	11,439
Property and equipment (net of accumulated depreciation)	-	919,600	-	943,097	943,097
Utility deposits	2,355	-	2,355	-	2,355
Total assets	\$ 129,449	919,600	195,830	943,097	1,138,927
<u>Liabilities and Net Assets</u>					
Accounts payable	\$ 50,946	-	6,524	-	6,524
Accrued expenses	4,393	-	6,382	-	6,382
Client funds	2,927	-	5,518	-	5,518
Notes and mortgage payable	-	-	-	-	-
Total liabilities	58,266	-	18,424	-	18,424
Net assets:					
Total net assets	71,183	919,600	177,406	943,097	1,120,503
Total liabilities and net assets	\$ 129,449	919,600	195,830	943,097	1,138,927

See accompanying notes to financial statements

UNITED STATES FELLOWSHIP OF FLORIDA, INC.
 Statements of Activities and Changes in Net Assets
 For the Years Ended June 30, 2009 and 2008

	June 30, 2009		June 30, 2008		
	Unrestricted/ Temporarily Funds	Permanently Restricted Funds	Unrestricted/ Temporarily Funds	Permanently Restricted Funds	Total
<u>Changes in Net Assets:</u>					
Support and revenue:					
Contributions and fundraisers	\$ 92,383	-	92,383	-	92,383
Grants and contracts	154,775	-	154,775	-	154,775
Donated services and medical aid	5,190	-	5,190	-	5,190
Resident fees	275,112	-	275,112	-	275,112
Other income	1,803	-	1,803	-	1,803
	529,263	-	529,263	-	529,263
Total support and revenue					
			533,340	-	533,340
Net Assets Released from Restrictions:					
Acquisition of assets	-	-	-	-	-
Expenses:					
Program services	549,353	-	549,353	-	549,353
Management and administration	86,133	23,497	109,630	23,497	133,127
	635,486	23,497	658,983	23,497	682,480
Total expenses					
			(61,518)	(23,497)	(85,015)
(Decrease) increase in net assets					
	177,406	943,097	1,120,503	966,594	1,205,518
Net assets, beginning of year					
	\$ 711,183	919,600	990,783	943,097	1,120,503
Net assets, end of year					
			177,406	966,594	1,120,503

See accompanying notes to financial statements.

UNITED STATES FELLOWSHIP OF FLORIDA, INC.
 Statements of Functional Expenses
 For the Years Ended June 30, 2009 and 2008

	June 30, 2009			June 30, 2008		
	Program Services	Management & Administration	Total	Program Services	Management & Administration	Total
Wages and salaries	\$ 221,703	39,124	260,827	209,923	37,045	246,968
Employee benefits/Payroll taxes	50,285	13,500	63,785	16,938	3,100	20,038
Meal allowances	21,765	-	21,765	29,033	-	29,033
Occupancy	70,574	17,065	87,639	78,198	37,486	115,684
Insurance	68,855	-	68,855	72,375	-	72,375
Telephone	18,192	3,394	21,586	16,148	1,996	18,144
Office expense	8,115	7,050	15,165	7,863	6,830	14,693
Professional services	2,050	6,000	8,050	3,202	3,988	7,190
Vehicle expense	12,806	-	12,806	13,606	-	13,606
Travel	4,832	-	4,832	7,647	-	7,647
Resident activities	6,793	-	6,793	8,632	-	8,632
Residential food and provisions	33,370	-	33,370	32,800	-	32,800
Other operating, including fundraising	30,013	-	30,013	8,048	-	8,048
Total before depreciation	549,353	86,133	635,486	504,413	90,445	594,858
Depreciation	-	23,497	23,497	-	23,497	23,497
	<u>\$ 549,353</u>	<u>109,630</u>	<u>658,983</u>	<u>504,413</u>	<u>113,942</u>	<u>618,355</u>

See accompanying notes to financial statements.

UNITED STATES FELLOWSHIP OF FLORIDA, INC.

Statement of Cash Flows

For the Years Ended June 30, 2009 and 2008

	<u>2009</u>	<u>2008</u>
Cash flows from operating activities:		
(Decrease) increase in net assets	\$(129,720)	(85,015)
Adjustments to reconcile decrease in net assets to net cash provided by operating activities:		
Depreciation	23,497	23,497
(Increase) decrease in assets:		
Investment	-	-
Other assets	4,276	6,238
Receivables	(42,601)	35,128
Increase (decrease) in liabilities:		
Client funds	(2,591)	(171)
Accounts payable and accrued expenses	<u>42,433</u>	<u>1,694</u>
Net cash used by operating activities	<u>(104,706)</u>	<u>(18,629)</u>
Cash flows from investing activities:		
Acquisition of property and equipment	<u>-</u>	<u>-</u>
Net cash used by investing activities	<u>-</u>	<u>-</u>
Cash flows from financing activities:		
Notes and mortgage payable borrowings (repayments)	<u>-</u>	<u>-</u>
Net cash provided by financing activities	<u>-</u>	<u>-</u>
Net decrease in cash	(104,706)	(18,629)
Cash, at beginning of year	<u>166,058</u>	<u>184,687</u>
Cash, at end of year	<u>\$ 61,352</u>	<u>166,058</u>
Supplemental disclosure information :		
Interest paid	\$ <u>-</u>	<u>-</u>
Income taxes paid	\$ <u>-</u>	<u>-</u>

See accompanying notes to financial statements

UNITED STATES FELLOWSHIP OF FLORIDA, INC.

Notes to Financial Statements

June 30, 2009 and 2008

(1) Summary of Significant Accounting Policies

(a) Organization

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

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

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

(b) Basis of Presentation

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

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

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

UNITED STATES FELLOWSHIP OF FLORIDA, INC.

Notes to Financial Statements

June 30, 2009 and 2008

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

(b) Basis of Presentation - (Cont.)

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

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

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

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

(c) Support and Revenue

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

UNITED STATES FELLOWSHIP OF FLORIDA, INC.

Notes to Financial Statements

June 30, 2009 and 2008

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

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

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

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

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

(e) Grants and Contributions

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

UNITED STATES FELLOWSHIP OF FLORIDA, INC.

Notes to Financial Statements

June 30, 2009 and 2008

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

(f) Revenues and Expenses

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

(g) Donated services, Materials and Facilities

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

(h) Functional Allocation of Expenses

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

(i) Income Taxes

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

UNITED STATES FELLOWSHIP OF FLORIDA, INC.

Notes to Financial Statements

June 30, 2009 and 2008

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

(j) Cash and Cash Equivalents

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

(k) Estimates

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

(l) Allocation of Expenses

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

(m) Allowance for Uncollectible Accounts

No allowance for uncollectible accounts from patient's fees was made for the years ended June 30th, 2009 and 2008.

(n) Deferred Revenues

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

(o) Long-Lived Assets

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

UNITED STATES FELLOWSHIP OF FLORIDA, INC.

Notes to Financial Statements

June 30, 2009 and 2008

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

p) Concentrations of Credit and Market risk

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

(2) Property and Equipment

A summary of major classes of depreciable property at June 30, 2009 and 2008 follows:

	<u>2009</u>	<u>2008</u>	<u>Estimated Useful Lives</u>
Building	\$ 620,000	620,000	
Land	265,000	265,000	
Leasehold improvements	172,132	172,132	20 years
Furniture and equipment	37,524	37,524	5 - 10 years
Vehicles	<u>103,806</u>	<u>103,806</u>	5 years
	1,198,462	1,198,462	
Less accumulated Depreciation	<u>(278,862)</u>	<u>(255,365)</u>	
	<u>\$ 919,600</u>	<u>943,097</u>	

Depreciation expense amounted to \$23,497 for the years ended June 30, 2009 and 2008. Equipment includes primarily furniture and fixtures and office equipment.

(3) Grants Receivable

Grants, contract and accounts receivables amounted to \$38,367 and \$13,933 at June 30, 2009 and 2008, respectively. These amounts represent billings for support earned prior to year-end from grants and contracts received by USFF.

UNITED STATES FELLOWSHIP OF FLORIDA, INC.

Notes to Financial Statements

June 30, 2009 and 2008

(4) Client Funds

Special funds collected from client's accounts are temporarily restricted in a separate bank account until the client utilizes them. At June 30, 2009 and 2008 these amounted to \$2,927 and \$5,518, respectively.

(5) Compensated Absences/Accrued Salaries

Compensated absences are considered immaterial and therefore have not been accrued for. Accrued salaries paid in June 2009 and 2008 amounted to \$4,393 and \$6,382, respectively and are reflected as accrued expenses on the statement of financial position.

(6) Commitments and Contingencies

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

(7) Meal Allowances

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

UNITED STATES FELLOWSHIP OF FLORIDA, INC.

Notes to Financial Statements

June 30, 2009 and 2008

(8) Fair Values of Financial Instruments

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

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

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

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

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

	<u>2009</u>		<u>2008</u>	
	<u>Carrying Value</u>	<u>Fair Value</u>	<u>Carrying Value</u>	<u>Fair Value</u>
On the Statement of Financial Position:				
Financial assets:				
Cash and equivalents	\$ 61,352	61,352	166,058	166,058
Investments	212	212	212	212
Financial liabilities:				
Notes and mortgages payable	\$ -	-	-	-

UNITED STATES FELLOWSHIP OF FLORIDA, INC.

Notes to Financial Statements

June 30, 2009 and 2008

(9) Internal Revenue Service

USSF is involved in two (2) tax matters with the Internal Revenue Service. The first matter, involves Form 990 for various fiscal years. Previously, the IRS levied approximately \$14,000 from the USSF bank account to pay for late filing fees and other penalties. The IRS states that there remain unpaid balances relating to Form 990 matters. The second matter involves the non-payment and non-timely payments of payroll taxes for various fiscal periods. USSF reconciled balances due with the IRS and has requested an abatement of penalties associated with these matters. The balance due the IRS for both matters is currently \$43,999 and has been accrued during the current fiscal year.

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

(10) Financial Viability

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

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

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

UNITED STATES FELLOWSHIP OF FLORIDA, INC.

Notes to Financial Statements

June 30, 2009 and 2008

(10) Financial Viability - (Cont.)

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

The above steps yielded an increase in net assets for 2007 and more stable cash flows. Cash and equivalents however decreased in 2009 and 2008 and certain revenues have not increased substantially over prior years.

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

UNITED STATES FELLOWSHIP OF FLORIDA, INC.
 Schedule of Financial Assistance
 (Single Audit)
 For the Year Ended June 30, 2009

<u>Program Title</u>	<u>CFDA #</u>	<u>Revenue Recognized</u>	<u>Expenditure</u>
State of Florida Department of Children and Families	93-959	\$ 47,196	\$ 47,196
State of Florida Commission for the Transportation Disadvantaged	-	30,000	30,000
Southernmost Homeless - Assistance League, Inc. Challenge grant	-	4,860	4,860

UNITED STATES FELLOWSHIP OF FLORIDA, INC.

Schedule of Financial Assistance
(Single Audit)

For the Year Ended June 30, 2009

<u>Program Title</u>	<u>CFDA #</u>	<u>Revenue Recognized</u>	<u>Expenditure</u>
Monroe County - BOCC - HSO	-	\$ 55,423	\$ 54,423
Grant-in-Aid	-	4,000	4,000
Monroe County - Sheriff	-	9,436	9,436
City of Marathon, Florida	-	3,860	3,860
		<u>\$ 154,775</u>	<u>\$ 154,775</u>

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

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

Compliance

We have audited the compliance of United States Fellowship of Florida, Inc. ("USFF") (a non-profit organization) with the types of compliance requirements described in the U.S. Office of Management and Budget (OMB) Circular A-133 Compliance Supplement that are applicable to each of its major federal programs for the years ended June 30, 2009 and 2008 have issued our report thereon dated December 10, 2009. USFF's major federal programs are identified in the accompanying schedule of federal and non-federal financial awards. Compliance with the requirements of laws, regulations, contracts and grants applicable to each of its major federal programs is the responsibility of USFF's management. Our responsibility is to express an opinion on the USFF's compliance based on our audit.

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

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

In our opinion, the Association complied, in all material respects, with the requirements referred to above that are applicable to each of its major federal programs for the years ended June 30, 2009 and 2008.

Internal Control Over Compliance

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

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

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

Arnold, Katz, King - Byn PA

December 10, 2009

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

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

We have audited the financial statements of United States Fellowship of Florida, Inc. ("USFF") (a non-profit organization) as of and for the years ended June 30, 2009 and 2008 and have issued our report thereon dated December 10, 2009. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and Government Auditing Standards, issued by the Comptroller General of the United States.

Compliance

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

Internal Control Over Financial Reporting

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

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

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

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

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

Amal Aziz, Pring, Ryan PA

December 10, 2009

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

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

We have audited the compliance of United States Fellowship of Florida, Inc. ("USFF") (a non-profit organization) with the types of compliance requirements described in the U.S. Office of Management and Budget (OMB) Circular A-133 Compliance Supplement and the requirements described in the Department of Financial Services State Projects Compliance Supplement that are applicable to each of its major federal programs and state financial assistance projects for the years ended June 30, 2009 and 2008. USFF's major federal programs and state financial assistance projects are identified in the summary of auditor's results sections of the accompanying Schedule of Findings and Questioned Costs. Compliance with the requirements of laws, regulations, contracts and grants applicable to each of its major federal programs and state financial assistance projects is the responsibility of USFF's management. Our responsibility is to express an opinion on USFF's compliance based on our audit.

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

In our opinion, USFF complied, in all material respects, with the requirements referred to above that are applicable to each of its major federal awards programs and state financial assistance projects for the years ended June 30, 2009 and 2008.

Internal Control Over Compliance

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

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

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

Smith, City, Proj. By CA

December 10, 2009

UNITED STATES FELLOWSHIP OF FLORIDA, INC.
Schedule of Findings and Questioned Costs
For the Years Ended June 30, 2009 and 2008

Section I - Summary of Auditor's Results

Financial Statements

Type of auditor's report issued:

Qualified

Internal control over financial reporting:

Material weakness(es) identified?

Yes No

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

Yes(*) None Reported

Noncompliance material to financial
statements noted?

Yes No

Federal Awards

Internal control over major programs:

Material weakness(es) identified?

Yes No

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

Yes (*) None Reported

Noncompliance material to financial
statements noted?

Yes No

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

Unqualified

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

Yes No

UNITED STATES FELLOWSHIP OF FLORIDA, INC.
Schedule of Findings and Questioned Costs
For the Years Ended June 30, 2009 and 2008

Section I – Summary of Auditor’s Results – (Cont.)

Identification of major programs:

<u>CFDA Number(s)</u>	<u>Name of Federal Program or Cluster</u>
None	None

Dollar threshold used to distinguish
between type A and type B programs:

\$ 500,000

Auditee qualified as low risk auditee?

X Yes ___ No

Section II – Financial Statements Findings

No reportable conditions were noted.

Section III – Federal Award Findings and Questioned Costs

No reportable conditions were noted.

Form **8868**

(Rev. April 2007)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ File a separate application for each return.

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

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

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

Section 501(c) corporations required to file Form 990-T and requesting an automatic 6-month extension-check this box and complete Part I only

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

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

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

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

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 8069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

The books are in the care of ▶

Telephone No. ▶

FAX No. ▶

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

1 I request an automatic 3-month (6 months for a section 501(c) corporation required to file Form 990-T) extension of time until **2/17/09** to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **7/01/07**, and ending **6/30/08**.

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

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

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

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

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

OMB No. 1545-0047

2007

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

Open to Public Inspection

A For the 2007 calendar year, or tax year beginning **7/01/07**, and ending **6/30/08**

- 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

UNITED STATES FELLOWSHIP OF FLORIDA

Number and street (or P.O. box if mail is not delivered to street address)

1320 COCOPLUM DR.

Room/suite

City or town, state or country, and ZIP + 4

MARATHON

FL 33050

D Employer identification number
65-0350843

E Telephone number
305-743-4129

F Accounting method: Cash
 Accrual Other (specify)

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

H and **I** are not applicable to section 527 organizations.

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

H(b) If "Yes," enter number of affiliates Yes No

H(c) Are all affiliates included? Yes No
(If "No," attach a list. See instructions.)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Group Exemption Number

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

G Website: **N/A**

J Organization type

(check only one) 501(c) (**3**) (insert no.) 4947(a)(1) or 527

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

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **533,340**

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

Revenue		Expenses		Net Assets	
1 Contributions, gifts, and similar amounts received:					
a Contributions to donor advised funds					
b Direct public support (not included on line 1a)					
c Indirect public support (not included on line 1a)					
d Government contributions (grants) (not included on line 1a)					
e Total (add lines 1a through 1d) (cash \$ 79,398 noncash \$ _____)					
2 Program service revenue including government fees and contracts (from Part VII, line 93)					
3 Membership dues and assessments					
4 Interest on savings and temporary cash investments					
5 Dividends and interest from securities					
6a Gross rents					
b Less: rental expenses					
c Net rental income or (loss). Subtract line 6b from line 6a					
7 Other investment income (describe _____)					
8a Gross amount from sales of assets other than inventory					
b Less: cost or other basis and sales expenses					
c Gain or (loss) (attach schedule)					
d Net gain or (loss). Combine line 8c, columns (A) and (B)					
e Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>					
a Gross revenue (not including \$ _____ of contributions reported on line 1b)					
b Less: direct expenses other than fundraising expenses					
c Net income or (loss) from special events. Subtract line 9b from line 9a					
10a Gross sales of inventory, less returns and allowances					
b Less: cost of goods sold					
c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a					
11 Other revenue (from Part VII, line 103)					
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11					
13 Program services (from line 44, column (B))					
14 Management and general (from line 44, column (C))					
15 Fundraising (from line 44, column (D))					
16 Payments to affiliates (attach schedule)					
17 Total expenses. Add lines 16 and 44, column (A)					
18 Excess or (deficit) for the year. Subtract line 17 from line 12					
19 Net assets or fund balances at beginning of year (from line 73, column (A))					
20 Other changes in net assets or fund balances (attach explanation)					
21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20					

Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.

Table with 5 columns: (A) Total, (B) Program services, (C) Management and general, (D) Fundraising. Rows include 22a-22b, 23-24, 25a-25c, 26-29, 30-43, and 44 Total functional expenses.

Joint Costs. Check [] if you are following SOP 98-2. Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? [] Yes [X] No

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

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose?

► **RESIDENTIAL PROGRAM**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

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

(Grants and allocations \$) If this amount includes foreign grants, check here ►

504,413

(Grants and allocations \$) If this amount includes foreign grants, check here ►

(Grants and allocations \$) If this amount includes foreign grants, check here ►

(Grants and allocations \$) If this amount includes foreign grants, check here ►

e Other program services (attach schedule)

(Grants and allocations \$) If this amount includes foreign grants, check here ►

f **Total of Program Service Expenses (should equal line 44, column (B), Program services)**

504,413

Form 990 (2007) **UNITED STATES FELLOWSHIP OF FLORIDA 65-0350843**

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year	
Assets	45 Cash—non-interest-bearing		184,687	45	166,058
	46 Savings and temporary cash investments			46	
	47a Accounts receivable	47a	1,833		
	b Less: allowance for doubtful accounts	47b		47c	1,833
	48a Pledges receivable	48a			
	b Less: allowance for doubtful accounts	48b		48c	
	49 Grants receivable			49	13,933
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)			50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (att. schedule)			50b	
	51a Other notes and loans receivable (attach schedule)	51a			
	b Less: allowance for doubtful accounts	51b		51c	
	52 Inventories for sale or use			52	
	53 Prepaid expenses and deferred charges			53	11,439
	54a Investments—publicly-traded securities See Statement 2		17,677	54a	212
	b Investments—other securities (attach schedule)		212	54b	
55a Investments—land, buildings, and equipment: basis	55a	1,198,462			
b Less: accumulated depreciation (attach schedule) See Statement 3	55b	255,365	55c	943,097	
56 Investments—other (attach schedule)			56		
57a Land, buildings, and equipment: basis	57a				
b Less: accumulated depreciation (attach schedule)	57b		57c		
58 Other assets, including program-related investments (describe See Statement 4)			58	2,355	
59 Total assets (must equal line 74). Add lines 45 through 58		1,222,419	59	1,138,927	
Liabilities	60 Accounts payable and accrued expenses		11,212	60	12,906
	61 Grants payable			61	
	62 Deferred revenue			62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)			63	
	64a Tax-exempt bond liabilities (attach schedule)			64a	
	b Mortgages and other notes payable (attach schedule)			64b	
	65 Other liabilities (describe See Statement 5)		5,689	65	5,518
66 Total liabilities. Add lines 60 through 65		16,901	66	18,424	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67 Unrestricted		238,924	67	177,406
	68 Temporarily restricted			68	
	69 Permanently restricted		966,594	69	943,097
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.				
	70 Capital stock, trust principal, or current funds			70	
	71 Paid-in or capital surplus, or land, building, and equipment fund			71	
	72 Retained earnings, endowment, accumulated income, or other funds			72	
73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)		1,205,518	73	1,120,503	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73		1,222,419	74	1,138,927	

**Heron Peacock Supported Living
Board of Directors**

Rick Casey,
PO Box 303
Big Pine Key Fl. 33043
H: 872-4878 C: 9239476
W: 743-5624
Administration@mkclt.org
(4/9/04, 11/28/05, 10/23/07)

Linda Russin,
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W: 292-1071 C: 954-471-1804
lindarussin@hotmail.com
(4/18/05, 10/23/07)

Jennifer O'Lear
1631 Laird St.
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C: 942-9598
jto@thepinkbicycle.com
(2/26/07)

Nelson Read
1509 Patricia St.
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C: 305-304-3039
nelsonkwfla@aol.com
(11/28/05, 10/23/07)

June Keith
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(7/24/06)

Maureen Freedman
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H: 294-0050
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mofreedman@bellsouth.net
(10/23/07)

Rich Malafy
819 98th St.
Marathon, Fl. 33050
W: 743-2492
C: 395-0079
rmalafy@msn.com
(10/23/07)

JoAnn Sipes
29879 Newfound Blvd.
Big Pine Key, FL. 33043
W: 872-3200
Joann@flkeysCPA.com
(10/23/07)

The Board members are volunteers and
receive no salary and receive no
reimbursements.

Form 990 (2007) UNITED STATES FELLOWSHIP OF FLORIDA 65-0350843

Part VI Other Information (continued)

		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
	82b		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		N/A
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		N/A
85a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?		N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		N/A
c	Dues, assessments, and similar amounts from members	85c	
d	Section 162(e) lobbying and political expenditures	85d	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		N/A
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	86a	
b	Gross receipts, included on line 12, for public use of club facilities	86b	
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a	X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part X!	88b	X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0		
b	501(c)(5) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	▶ 0	
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization	▶ 0	
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	X
90a	List the states with which a copy of this return is filed ▶ None		
b	Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)	90b	
91a	The books are in care of ▶	Telephone no. ▶	
	Located at ▶	ZIP + 4 ▶	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	91b	X

Part VI Other information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c Yes No
 If "Yes," enter the name of the foreign country ▶

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here
 and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a Program Service Revenue					445,726
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b OTHER INCOME					8,216
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		0	453,942
105 Total (add line 104, columns (B), (D), and (E))					453,942

Note: Line 105 plus line 1g, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
N/A	

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity. Yes No

(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
a			
b			
c			
Totals			

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity. Yes No

(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
a			
b			
c			
Totals			

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above? Yes No

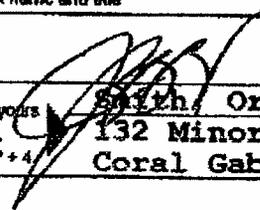
Please Sign Here

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

Signature of officer _____ Date _____

Type or print name and title _____

Paid Preparer's Use Only

Preparer's signature  Date **11/24/08** Check if self-employed

Firm's name (or yours if self-employed), address, and ZIP + 4 **Smith, Ortiz, Gomez and Buzzi, PA
132 Minorca Avenue
Coral Gables, FL 33134** Preparer's SSN or PTIN (See Gen. Instr. X) **P00853282** EIN **65-0232836** Phone no. **305-441-1012**

**SCHEDULE A
(Form 990 or 990-EZ)**

Organization Exempt Under Section 501(c)(3)
(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),
or 4947(a)(1) Nonexempt Charitable Trust

OMB No. 1545-0047

2007

Department of the Treasury
Internal Revenue Service

Supplementary Information-(See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

UNITED STATES FELLOWSHIP OF FLORIDA

Employer identification number

65-0350843

Part I

Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to empl. benefit plans & deferred comp.	(e) Expense account and other allowances
NONE				

Total number of other employees paid over \$50,000 ▶

Part II-A

Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services ▶

Part II-B

Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of other contractors receiving over \$50,000 for other services ▶

For Paperwork Reduction Act Notice, see the instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2007

Part III Statements About Activities (See page 2 of the instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line I of Part VI-B.)		X
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property?	2a	X
b	Lending of money or other extension of credit?	2b	X
c	Furnishing of goods, services, or facilities?	2c	X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e	Transfer of any part of its income or assets?	2e	X
3a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a	X
b	Did the organization have a section 409(b) annuity plan for its employees?	3b	X
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c	X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d	X
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a	X
b	Did the organization make any taxable distributions under section 4986?	4b	
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c	
d	Enter the total number of donor advised funds owned at the end of the tax year ▶ _____		
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ _____		
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶ _____		0
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶ _____		0

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only ONE applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ▶
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
- 12 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 charitable, etc., 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). (Also complete the Support Schedule in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 - Type I
 - Type II
 - Type III-Functionally Integrated
 - Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

Part IVA

Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	43,931	52,711	79,652	87,651	263,945
16 Membership fees received					0
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	519,052	588,435			1,107,487
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					0
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					0
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets Stat 6	79,226	693	2,419	295	82,633
23 Total of lines 15 through 22	642,209	641,839	82,071	87,946	1,454,065
24 Line 23 minus line 17	123,157	53,404	82,071	87,946	346,578
25 Enter 1% of line 23	6,422	6,418	821	879	

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24	26a	6,932
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts	26b	
c Total support for section 509(a)(1) test: Enter line 24, column (e)	26c	346,578
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 <u>82,633</u> 26b _____	26d	82,633
e Public support (line 26c minus line 26d total)	26e	263,945
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	26f	76.1575%

27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2006) _____ (2005) _____ (2004) _____ (2003) _____		N/A
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2006) _____ (2005) _____ (2004) _____ (2003) _____		N/A
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____	27c	
d Add: Line 27a total _____ and line 27b total _____	27d	
e Public support (line 27c total minus line 27d total)	27e	
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) 27f	27f	
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	27g	%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	27h	%

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See page 9 of the instructions.)

(To be completed **ONLY** by schools that checked the box on line 6 in Part IV)

	N/A	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?			
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?			
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
32 Does the organization maintain the following:			
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
33 Does the organization discriminate by race in any way with respect to:			
a Students' rights or privileges?	33a		
b Admissions policies?	33b		
c Employment of faculty or administrative staff?	33c		
d Scholarships or other financial assistance?	33d		
e Educational policies?	33e		
f Use of facilities?	33f		
g Athletic programs?	33g		
h Other extracurricular activities?	33h		
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
34a Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b		
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Schedule A (Form 990 or 990-EZ) 2007 **UNITED STATES FELLOWSHIP OF FLORIDA 65-0350843**

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.)
 (To be completed ONLY by an eligible organization that filed Form 5768) **N/A**

Check a If the organization belongs to an affiliated group. Check b If you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred.)

	(a) Affiliated group totals	(b) To be completed for all electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	
41 Lobbying nontaxable amount. Enter the amount from the following table-		
If the amount on line 40 is-		
Not over \$500,000	The lobbying nontaxable amount is-	
Over \$500,000 but not over \$1,000,000	20% of the amount on line 40	
Over \$1,000,000 but not over \$1,500,000	\$100,000 plus 15% of the excess over \$500,000	
Over \$1,500,000 but not over \$17,000,000	\$175,000 plus 10% of the excess over \$1,000,000	
Over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	
Over \$17,000,000	\$1,000,000	
42 Grassroots nontaxable amount (enter 25% of line 41)	42	
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.) **N/A**

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

	Yes	No	Amount
a Volunteers			
b Paid staff or management (include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h.)			

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Federal Statements

Statement 1 - Form 990, Part II, Line 43 - Other Functional Expenses

Description	Total Expenses	Program Service	Mgt & General	Fund-Raising
Expenses	\$	\$	\$	\$
INSURANCE	72,375	72,375		
OFFICE EXPENSES	14,693	7,863	6,830	
PROFESSIONAL SERVICES	7,190	3,202	3,988	
VEHICLE EXPENSES	13,606	13,606		
TRAVEL	7,647	7,647		
RESIDENT ACTIVITIES	8,632	8,632		
RESIDENTIAL FOOD & PROVISIONS	32,800	32,800		
OTHER OPERATING	8,048	8,048		
MEAL ALLOWANCES	29,033	29,033		
Total	\$ 194,024	\$ 183,206	\$ 10,818	\$ 0

Federal Statements

Statement 2 - Form 990, Part IV, Line 54a - Publicly Traded Securities

Description	Beginning of Year	End of Year	Basis of Valuation
US and State Government	\$ 212	\$ 212	
Total	\$ 212	\$ 212	

Statement 3 - Form 990, Part IV, Line 55 - Investments in Land, Buildings, and Equipment

Description	Beginning of Year	Accum Depr	End of Year	Accum Depr
	\$ 1,198,462	\$ 231,868	\$ 1,198,462	\$ 255,365
Total	\$ 1,198,462	\$ 231,868	\$ 1,198,462	\$ 255,365

Statement 4 - Form 990, Part IV, Line 58 - Other Assets

Description	Beginning of Year	End of Year
SECURITY DEPOSITS	\$ 2,355	\$ 2,355
Total	\$ 2,355	\$ 2,355

Statement 5 - Form 990, Part IV, Line 65 - Other Liabilities

Description	Beginning of Year	End of Year
CLIENT FUNDS	\$ 5,689	\$ 5,518
Total	\$ 5,689	\$ 5,518

Federal Statements

Statement 6 - Schedule A, Part IV-A, Line 22 - Other Income

<u>Description</u>	<u>2006</u>	<u>2005</u>	<u>2004</u>	<u>2003</u>
OTHER INCOME	\$ 79,226	\$ 693	\$ 2,419	\$ 295
Total	<u>\$ 79,226</u>	<u>\$ 693</u>	<u>\$ 2,419</u>	<u>\$ 295</u>

9d.

UNITED STATES FELLOWSHIP
OF FLORIDA, INC.

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

For the Years Ended
June 30, 2010 and 2009

*2010/2009
(provided w/ supplemental materials)*

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SMITH, BUZZI & ASSOCIATES, LLC.

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

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

INDEPENDENT AUDITORS' REPORT ON THE BASIC FINANCIAL STATEMENTS

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

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

We conducted our audits in accordance with auditing standards generally accepted in the United States of America, Government Auditing Standards, issued by the Comptroller General of the United States and the provisions of Office of Management and Budget Circular A-133, "Audits of States, Local Governments and Non-Profit Organizations". Those standards and OMB Circular A-133 require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

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

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

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

Smith Buzzi & Associates LLC

October 18, 2010

UNITED STATES FELLOWSHIP OF FLORIDA, INC.

Statements of Financial Position

June 30, 2010 and 2009

	June 30, 2010			June 30, 2009		
	Unrestricted/ Temporarily Funds	Permanently Restricted Funds	Total	Unrestricted/ Temporarily Funds	Permanently Restricted Funds	Total
Assets						
Cash	\$ 138,808	-	138,808	61,352	-	61,352
Investments	212	-	212	212	-	212
Accounts and contracts receivable	-	-	-	20,000	-	20,000
Grants receivable	26,776	-	26,776	38,367	-	38,367
Prepaid expenses	14,191	-	14,191	7,163	-	7,163
Property and equipment (net of accumulated depreciation)	-	900,382	900,382	-	919,600	919,600
Utility deposits	2,355	-	2,355	2,355	-	2,355
Total assets	\$ 182,342	900,382	1,082,724	129,449	919,600	1,049,049
Liabilities and Net Assets						
Accounts payable	\$ 55,481	-	55,481	50,946	-	50,946
Accrued expenses	529	-	529	4,393	-	4,393
Client funds	3,029	-	3,029	2,927	-	2,927
Notes and mortgage payable	-	-	-	-	-	-
Total liabilities	59,039	-	59,039	58,266	-	58,266
Net assets:						
Total net assets	123,303	900,382	1,023,685	71,183	919,600	990,783
Total liabilities and net assets	\$ 182,342	900,382	1,082,724	129,449	919,600	1,049,049

See accompanying notes to financial statements

UNITED STATES FELLOWSHIP OF FLORIDA, INC.
 Statements of Activities and Changes in Net Assets

For the Years Ended June 30, 2010 and 2009

	June 30, 2010		June 30, 2009		Total
	Unrestricted/ Temporarily Funds	Permanently Restricted Funds	Unrestricted/ Temporarily Funds	Permanently Restricted Funds	
Changes in Net Assets:					
Support and revenue:					
Contributions and fundraisers	\$ 51,985	-	92,383	-	92,383
Grants and contracts	269,345	-	154,775	-	154,775
Donated services and medicaid	35,672	-	5,190	-	5,190
Resident fees	291,612	-	275,112	-	275,112
Other income	764	-	1,803	-	1,803
Total support and revenue	649,378	-	529,263	-	529,263
Net Assets Released from Restrictions:					
Acquisition of assets	(600)	600	-	-	-
Expenses:					
Program services	502,880	-	549,353	-	549,353
Management and administration	93,778	19,818	86,133	23,497	109,630
Total expenses	596,658	19,818	635,486	23,497	658,983
Increase (decrease) in net assets	52,120	(19,218)	(106,223)	(23,497)	(129,720)
Net assets, beginning of year	71,183	919,600	177,406	943,097	1,120,503
Net assets, end of year	\$ 123,303	900,382	71,183	919,600	990,783

See accompanying notes to financial statements.

UNITED STATES FELLOWSHIP OF FLORIDA, INC.

Statements of Functional Expenses

For the Years Ended June 30, 2010 and 2009

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

See accompanying notes to financial statements.

UNITED STATES FELLOWSHIP OF FLORIDA, INC.

Statement of Cash Flows

For the Years Ended June 30, 2010 and 2009

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

See accompanying notes to financial statements

UNITED STATES FELLOWSHIP OF FLORIDA, INC.

Notes to Financial Statements

June 30, 2010 and 2009

(1) Summary of Significant Accounting Policies

(a) Organization

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

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

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

(b) Basis of Presentation

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

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

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

UNITED STATES FELLOWSHIP OF FLORIDA, INC.

Notes to Financial Statements

June 30, 2010 and 2009

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

(b) Basis of Presentation - (Cont.)

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

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

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

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

(c) Support and Revenue

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

UNITED STATES FELLOWSHIP OF FLORIDA, INC.

Notes to Financial Statements

June 30, 2010 and 2009

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

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

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

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

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

(e) Grants and Contributions

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

UNITED STATES FELLOWSHIP OF FLORIDA, INC.

Notes to Financial Statements

June 30, 2010 and 2009

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

(f) Revenues and Expenses

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

(g) Donated services, Materials and Facilities

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

(h) Functional Allocation of Expenses

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

(i) Income Taxes

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

UNITED STATES FELLOWSHIP OF FLORIDA, INC.

Notes to Financial Statements

June 30, 2010 and 2009

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

(j) Cash and Cash Equivalents

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

(k) Estimates

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

(l) Allocation of Expenses

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

(m) Allowance for Uncollectible Accounts

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

(n) Deferred Revenues

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

(o) Long-Lived Assets

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

UNITED STATES FELLOWSHIP OF FLORIDA, INC.

Notes to Financial Statements

June 30, 2010 and 2009

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

p) Concentrations of Credit and Market risk

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

(2) Property and Equipment

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

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

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

(3) Grants Receivable

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

UNITED STATES FELLOWSHIP OF FLORIDA, INC.

Notes to Financial Statements

June 30, 2010 and 2009

(4) Client Funds

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

(5) Compensated Absences/Accrued Salaries

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

(6) Commitments and Contingencies

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

(7) Meal Allowances

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

UNITED STATES FELLOWSHIP OF FLORIDA, INC.

Notes to Financial Statements

June 30, 2010 and 2009

(8) Fair Values of Financial Instruments

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

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

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

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

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

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

UNITED STATES FELLOWSHIP OF FLORIDA, INC.

Notes to Financial Statements

June 30, 2010 and 2009

(9) Internal Revenue Service

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

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

(10) Financial Viability

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

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

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

UNITED STATES FELLOWSHIP OF FLORIDA, INC.

Notes to Financial Statements

June 30, 2009 and 2008

(10) Financial Viability - (Cont.)

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

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

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

UNITED STATES FELLOWSHIP OF FLORIDA, INC.

Schedule of Financial Assistance
(Single Audit)

For the Year Ended June 30, 2010

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

UNITED STATES FELLOWSHIP OF FLORIDA, INC.

Schedule of Financial Assistance
(Single Audit)

For the Year Ended June 30, 2010

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

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

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

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

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

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

Compliance

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

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

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

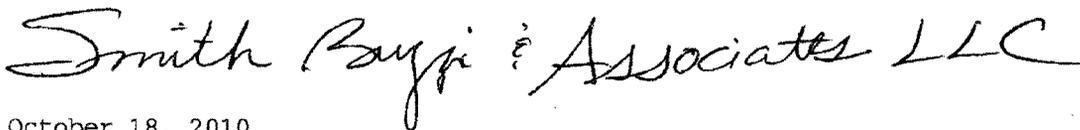
In our opinion, the Association complied, in all material respects, with the requirements referred to above that are applicable to each of its major federal programs for the years ended June 30, 2010 and 2009.

Internal Control Over Compliance

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

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

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

The signature is written in a cursive, handwritten style. It reads "Smith Bayji & Associates LLC". The ampersand is clearly visible between "Bayji" and "Associates".

October 18, 2010

SMITH, BUZZI & ASSOCIATES, LLC.
CERTIFIED PUBLIC ACCOUNTANTS
2103 CORAL WAY, SUITE 305
MIAMI, FLORIDA 33134
TEL. (305) 285-2300
FAX (305) 285-2309

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

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

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

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

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

Compliance

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

Internal Control Over Financial Reporting

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

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

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

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

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

Smith Bayji & Associates LLC

October 18, 2010

SMITH, BUZZI & ASSOCIATES, LLC.

CERTIFIED PUBLIC ACCOUNTANTS

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MEMBERS:
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FLORIDA INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS

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

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

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

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

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

Internal Control Over Compliance

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

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

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

Smith Bugg & Associates LLC

October 18, 2010

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

Section I – Summary of Auditor’s Results

Financial Statements

Type of auditor’s report issued: Qualified

Internal control over financial reporting:

Material weakness(es) identified? Yes X No

Reportable condition(s) identified that
are not considered to be material
weakness(es)? Yes(*) X None Reported

Noncompliance material to financial
statements noted? Yes X No

Federal Awards

Internal control over major programs:

Material weakness(es) identified? Yes X No

Reportable condition(s) identified that
are not considered to be material
weakness(es)? Yes (*) X None Reported

Noncompliance material to financial
statements noted? Yes X No

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

Any audit findings disclosed that are required
to be reported in accordance with Section 510(a)
of Circular A-133? Yes X No

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

Section I – Summary of Auditor’s Results – (Cont.)

Identification of major programs:

<u>CFDA Number(s)</u>	<u>Name of Federal Program or Cluster</u>
93.959	Department of Children and Families

Dollar threshold used to distinguish
between type A and type B programs: \$ 500,000

Auditee qualified as low risk auditee? Yes No

Section II – Financial Statements Findings

No reportable conditions were noted.

Section III – Federal Award Findings and Questioned Costs

No reportable conditions were noted.

9E

Form **8868**
(Rev. April 2009)

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Department of the Treasury
Internal Revenue Service

▶ File a separate application for each return.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2009

Open to Public Inspection

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

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

C Name of organization
UNITED STATES FELLOWSHIP OF FLORIDA, INC.

Doing Business As **HERON-PEACOCK SUPPORTED LIVING**

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1320 COCOPLUM DR.

City or town, state or country, and ZIP + 4
MARATHON FL 33050

D Employer identification number
65-0350843

E Telephone number
305-743-4129

G Gross receipts **649,378**

F Name and address of principal officer:

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

H(b) Are all affiliates included? Yes No

If "No," attach a list. (see instructions)

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

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

H(c) Group exemption number

K Type of organization: Corporation Trust Association Other

L Year of formation:

M State of legal domicile:

Part I Summary

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

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

3 Number of voting members of the governing body (Part VI, line 1a) **3** **7**

4 Number of independent voting members of the governing body (Part VI, line 1b) **4**

5 Total number of employees (Part V, line 2a) **5** **18**

6 Total number of volunteers (estimate if necessary) **6**

7a Total gross unrelated business revenue from Part VIII, column (C), line 12 **7a**

b Net unrelated business taxable income from Form 990-T, line 34 **7b** **0**

Revenue	Revenue	
	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	97,573	87,657
9 Program service revenue (Part VIII, line 2g)	429,887	560,957
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,803	764
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	529,263	649,378

Expenses	Expenses	
	Prior Year	Current Year
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
14 Benefits paid to or for members (Part IX, column (A), line 4)		
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	324,612	264,554
16a Professional fundraising fees (Part IX, column (A), line 11e)		
b Total fundraising expenses (Part IX, column (D), line 25)		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	334,371	351,922
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	658,983	616,476
19 Revenue less expenses. Subtract line 18 from line 12	-129,720	32,902

Net Assets or Fund Balances	Net Assets or Fund Balances	
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	1,049,049	1,082,724
21 Total liabilities (Part X, line 26)	58,266	59,039
22 Net assets or fund balances. Subtract line 21 from line 20	990,783	1,023,685

Part II Signature Block

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



Signature of officer _____ Date _____

Type or print name and title _____

Paid Preparer's Use Only

Preparer's signature: *[Signature]* Date: **12/10/10** Check if self-employed: Preparer's identifying number (see instructions): **P00853282**

Firm's name (or yours if self-employed), address, and ZIP + 4: **Smith, Ortiz, Gomez and Buzzi, PA**
132 Minorca Avenue
Coral Gables, FL 33134

EIN: **65-0232836** Phone no.: **305-441-1012**

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

RESIDENTIAL PROGRAM

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

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

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

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

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

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

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

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

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

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

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

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

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
	<ul style="list-style-type: none"> • Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. • Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. • Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. • Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. • Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. • Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X. 		
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.		
		Yes	No
12A			X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		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 United States? If "Yes," complete Schedule F, Part I		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		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		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		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		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		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		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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	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?		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a	18	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

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

Part VIII Statement of Revenue

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

Part IX Statement of Functional Expenses

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

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

Part X Balance Sheet

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

Part XI Financial Statements and Reporting

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Name of the organization

UNITED STATES FELLOWSHIP OF FLORIDA

Employer identification number

65-0350843

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

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

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 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 it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s).

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

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

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

Schedule A (Form 990 or 990-EZ) 2009

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	52,711	43,931	79,398	97,573	87,657	361,270
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	52,711	43,931	79,398	97,573	87,657	361,270
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						352,231
6 Public support. Subtract line 5 from line 4						9,039

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	52,711	43,931	79,398	97,573	87,657	361,270
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on					0	
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	693	79,226	8,216	1,803	764	90,702
11 Total support. Add lines 7 through 10						451,972
12 Gross receipts from related activities, etc. (see instructions)					12	2,544,057
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	77.93%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	79.28%
16a 33 1/3 % support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33 1/3 % support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

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

- 19a **33 1/3 % support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization ▶
- b **33 1/3 % support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization ▶
- 20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶

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

Part II, Line 10 - Other Income Detail

OTHER INCOME \$ 90,702

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990. See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization: UNITED STATES FELLOWSHIP OF FLORIDA
Employer identification number: 65-0350843

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

Table with columns (a) Donor advised funds and (b) Funds and other accounts. Rows include Total number at end of year, Aggregate contributions, Aggregate grants, Aggregate value, and questions about donor informed consent.

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

Questions about conservation easements including purpose(s), total number, acreage, and monitoring. Includes a small table for 'Held at the End of the Tax Year' with rows 2a, 2b, 2c, 2d.

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.

Questions about art and historical treasures collections, including reporting requirements and amounts for revenues and assets.

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

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

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

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

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

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

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Term endowment _____ %
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 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) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other	1,199,062		298,680	900,382

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶ 900,382

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

UNITED STATES FELLOWSHIP OF FLORIDA

Employer identification number
65-0350843

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

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

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

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

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

Federal Statements

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

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

Federal Statements

Schedule A, Part II, Line 5 - Excess Gifts

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

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

2008

Open to Public Inspection

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

A For the 2008 calendar year, or tax year beginning **7/01/08**, and ending **6/30/09**

- 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
UNITED STATES FELLOWSHIP OF FLORIDA

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1320 COCOPLUM DR.

City or town, state or country, and ZIP + 4
MARATHON FL 33050

D Employer identification number
65-0350843

E Telephone number
305-743-4129

G Gross receipts \$ **529,263**

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

H(b) Are all affiliates included? Yes No

If "No," attach a list. (see instructions)

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

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

K Type of organization: Corporation Trust Association Other ▶

H(c) Group exemption number ▶

L Year of formation:

M State of legal domicile:

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: RESIDENTIAL PROGRAM		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	
	5 Total number of employees (Part V, line 2a)	5	
	6 Total number of volunteers (estimate if necessary)	6	
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	79,398	97,573
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	445,726	429,887
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	8,216	1,803
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	533,340	529,263
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	246,968	324,612
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25)▶		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	371,387	334,371
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	618,355	658,983	
19 Revenue less expenses. Subtract line 18 from line 12	-85,015	-129,720	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Year	End of Year
	21 Total liabilities (Part X, line 26)	1,138,927	1,049,049
	22 Net assets or fund balances. Subtract line 21 from line 20	18,424	58,266
		1,120,503	990,783

Part II Signature Block

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

Sign Here

Signature of officer _____ Date _____

Type or print name and title _____

Paid Preparer's Use Only

Preparer's signature _____ Date **2/05/10** Check if self-employed Preparer's identifying number (see instructions) **P00853282**

Firm's name (or yours if self-employed), address, and ZIP + 4 **Smith, Ortiz, Gomez and Buzzi, PA** EIN ▶ **65-0232836**

132 Minorca Avenue Phone no. ▶ **305-441-1012**

Coral Gables, FL 33134

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

DAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2008)

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

RESIDENTIAL PROGRAM

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

Yes No

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

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

Yes No

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

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

4a (Code:) (Expenses \$ **549,353** including grants of\$) (Revenue \$)

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

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

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

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

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

4e Total program service expenses **\$ 549,353** (Must equal Part IX, Line 25, column (B).)

Form 990 (2008) **UNITED STATES FELLOWSHIP OF FLORIDA** 65-0350843

Page 3

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25.		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		X

Form 990 (2008)

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		X
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV		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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		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		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		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		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		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		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		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		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Did the organization solicit any contributions that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		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?		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		

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

Section A. Governing Body and Management

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

Section B. Policies

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed: **None**
- 18 Section 6104 requires an organization to make its Form 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: ►

Form 990 (2008) **UNITED STATES FELLOWSHIP OF FLORIDA** 65-0350843

Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	5,190			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	92,383			
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f		97,573			
	Program Service Revenue	2a Program Service Revenue	Busn. Code	429,887	429,887	
		b				
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f			429,887			
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)				
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross Rents	(i) Real				
		(ii) Personal				
		d Net rental income or (loss)				
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less: cost or other basis & sales exps				
		d Net gain or (loss)				
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a				
		b Less: direct expenses	b			
		c Net income or (loss) from fundraising events				
	9a Gross income from gaming activities. See Part IV, line 19	a				
		b Less: direct expenses	b			
		c Net income or (loss) from gaming activities				
	10a Gross sales of inventory, less returns and allowances	a				
		b Less: cost of goods sold	b			
		c Net income or (loss) from sales of inventory				
	Miscellaneous Revenue		Busn. Code			
11a OTHER INCOME		1,803	1,803			
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		1,803				
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		529,263	431,690	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				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	260,827	221,703	39,124	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	63,785	50,285	13,500	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 7				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	87,639	70,574	17,065	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	23,497		23,497	
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a INSURANCE	68,855	68,855		
b RESIDENTIAL FOOD & PROVIS	33,370	33,370		
c OTHER OPERATING	30,013	30,013		
d MEAL ALLOWANCES	21,765	21,765		
e TELEPHONE	21,586	18,192	3,394	
f All other expenses	47,646	34,596	13,050	
25 Total functional expenses. Add lines 1 through 24f	658,983	549,353	109,630	
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1 Cash—non-interest bearing	166,058	1	61,352	
	2 Savings and temporary cash investments		2		
	3 Pledges and grants receivable, net	13,933	3	38,367	
	4 Accounts receivable, net	1,833	4	20,000	
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5		
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	11,439	9	7,163	
	10a Land, buildings, and equipment: cost basis	10a 1,198,462			
	b Less: accumulated depreciation. Complete Part VI of Schedule D	10b 278,862	943,097	10c 919,600	
	11 Investments—publicly traded securities	212	11	212	
	12 Investments—other securities. See Part IV, line 11		12		
	13 Investments—program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	2,355	15	2,355	
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,138,927	16	1,049,049		
Liabilities	17 Accounts payable and accrued expenses	12,906	17	55,339	
	18 Grants payable		18		
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow account liability. Complete Part IV of Schedule D		21		
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable		24		
	25 Other liabilities. Complete Part X of Schedule D	5,518	25	2,927	
	26 Total liabilities. Add lines 17 through 25	18,424	26	58,266	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	177,406	27	71,183	
	28 Temporarily restricted net assets		28		
	29 Permanently restricted net assets	943,097	29	919,600	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
33 Total net assets or fund balances	1,120,503	33	990,783		
34 Total liabilities and net assets/fund balances	1,138,927	34	1,049,049		

Part XI Financial Statements and Reporting

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

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 any "unusual grants.")	79,652	52,711	43,931	79,398	97,573	353,265
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1-3	79,652	52,711	43,931	79,398	97,573	353,265
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						344,353
						8,912

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	79,652	52,711	43,931	79,398	97,573	353,265
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	2,419	693	79,226	8,216	1,803	92,357
11 Total support. Add lines 7 through 10						445,622
12 Gross receipts from related activities, etc. (see instructions)					12	1,983,100
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	79.2750 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	76.1575 %
16a 33 1/3 % support test—2008. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33 1/3 % support test—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 ▶ <input type="checkbox"/>		
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 ▶ <input type="checkbox"/>		
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 ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal 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 any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1-5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 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 year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add 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 line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

Part II, Line 10 - Other Income Detail

OTHER INCOME \$ 92,357

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, line 6, 7, 8, 9, 10, 11, or 12.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

Employer identification number

UNITED STATES FELLOWSHIP OF FLORIDA

65-0350843

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

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

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
- | | |
|---|--|
| <input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure) | <input type="checkbox"/> Preservation of an historically important land area |
| <input type="checkbox"/> Protection of natural habitat | <input type="checkbox"/> Preservation of certified historic structure |
| <input type="checkbox"/> Preservation of open space | |

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year	
4 Number of states where property subject to conservation easement is located	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year	
7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

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

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

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$	_____
(ii) Assets included in Form 990, Part X	▶ \$	_____
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:		
a Revenues included in Form 990, Part VIII, line 1	▶ \$	_____
b Assets included in Form 990, Part X	▶ \$	_____

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

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

Part IV 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				
e Other	1,198,462		278,862	919,600
Total. Add lines 1a–1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				919,600

Federal Statements

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

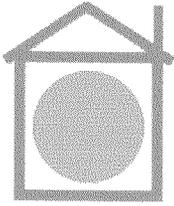
Description	Total Expenses	Program Service	Management & General	Fund Raising
OFFICE EXPENSES	\$ 15,165	\$ 8,115	7,050	\$
VEHICLE EXPENSES	12,806	12,806		
PROFESSIONAL SERVICES	8,050	2,050	6,000	
RESIDENT ACTIVITIES	6,793	6,793		
TRAVEL	4,832	4,832		
Total	\$ 47,646	\$ 34,596	\$ 13,050	\$ 0

Federal Statements

Schedule A, Part II, Line 5 - Excess Gifts

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
	\$ <u>353,265</u>	\$ <u>344,353</u>
Total	\$ <u><u>353,265</u></u>	\$ <u><u>344,353</u></u>

HSAB ATTACHMENT I.



Heron-Peacock Supported Living

By USFF, Inc. – A Non-Profit Corporation

On the web at heron-peacock.org

1320 Coco Plum Drive, Marathon, FL. 33050. (305) 743-4129 Fax (305) 743-5137

2010 CLIENT FEE SCHEDULE FOR HERON-PEACOCK SUPPORTED LIVING

HERON: 90% of Client Income mainly from government benefits, including SSI and SSDI

PEACOCK: \$475.00 per month per person

Internal Revenue Service

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

Date: August 14, 2003

Person to Contact:
Ms. K. Hilson 31-07340
Customer Service Representative

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

Toll Free Telephone Number:
8:00 a.m. to 6:30 p.m. EST
877-829-5500

Fax Number:
513-263-3756

Federal Identification Number:
65-0350843

Dear Madam:

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

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

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

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

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

All exempt organizations (unless specifically excluded) are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more paid to each employee during a calendar year. Your organization is not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the excise taxes under Chapter 42 of the Code. However, these organizations are not automatically exempt from other federal excise taxes.

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

United States Fellowship Of Florida Inc.
65-0350843

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

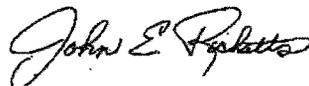
Section 6104 of the Internal Revenue Code requires you to make your organization's annual return available for public inspection without charge for three years after the due date of the return. The law also requires organizations that received recognition of exemption on July 15, 1987, or later, to make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

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

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

This letter affirms your organization's exempt status.

Sincerely,

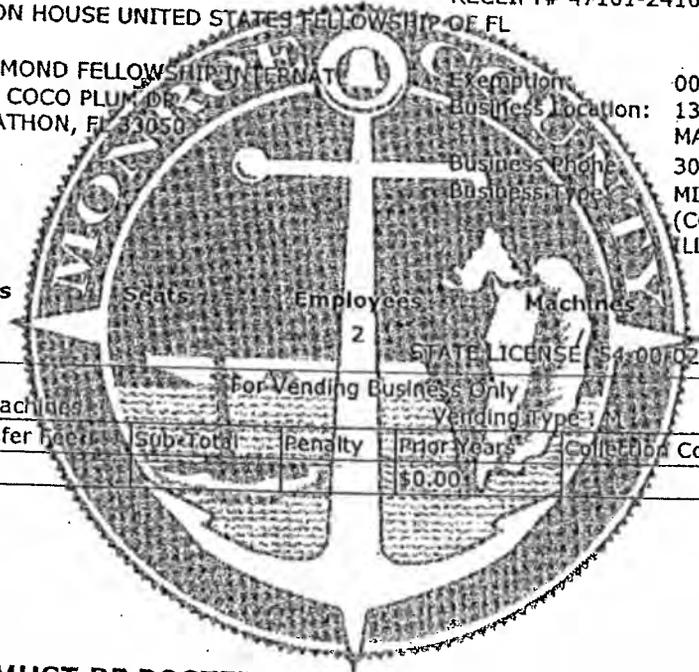


John E. Ricketts, Director, TE/GE
Customer Account Services

ATTACHMENT L (HSAB)

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

Business Name: HERON HOUSE UNITED STATES FELLOWSHIP OF FL
 Owner Name: RICHMOND FELLOWSHIP INTERNATIONAL
 Mailing Address: 1320 COCO PLUM DR MARATHON, FL 33050
 RECEIPT# 47161-24163
 Exemption: 003-22.00: NON PROFIT
 Business Location: 1320 COCO PLUM DR MARATHON, FL 33050
 Business Phone: 305-743-4129
 Business Type: MISCELLANEOUS SERVICE (COMM RESID FOR MENTALLY ILL)



Rooms _____ Seats _____ Employees 2 _____ Machines _____ Stalls _____

STATE LICENSE \$4.00 024631-56C

For Vending Business Only

Vending type: M

Tax Amount	Transfer fees	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.

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

Business Name: PEACOCK APARTMENTS US FELLOWSHIP OF FL INC AKA RECEIPT# 47161-86248

Owner Name: CASEY RICHARD PRES JR
 Mailing Address: 1320 COCO PLUM DR
 MARATHON, FL 33050

Exemption: 003-112.00: NON PROFIT
 Business Location: 1624 SPALDING CT D
 KEY WEST, FL 33040
 Business Phone: 305-295-8693
 Business Type: MISCELLANEOUS SERVICE
 (MISCELLANEOUS SERVICE)

Rooms Seats Employees Machines Stalls

Number of Machines		For Vending Business Only		Vending Type		
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 L (HSAB)

CERTIFICATE #: 28331

LICENSE #: AL8523

State of Florida

AGENCY FOR HEALTH CARE ADMINISTRATION
DIVISION OF HEALTH QUALITY ASSURANCE

ASSISTED LIVING FACILITY

(with LIMITED MENTAL HEALTH)
STANDARD

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

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

TOTAL CAPACITY: 16
Optional State Supplementation Residents: 5
Private Pay Residents: 11

EFFECTIVE DATE: 08/29/2009

EXPIRATION DATE: 08/28/2011

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

Please verify all information; make changes where appropriate.



STATE OF FLORIDA
RETAIN THIS PORTION FOR YOUR RECORDS
DEPARTMENT OF HEALTH

(Non-Transferable)

320544

OFFICIAL RECEIPT

For: Food Program-Other Food Service

Audit Control: **F00204**
Permit Number: **44-48-00185**

Issued To: **Heron, The**
1320 Cocoplum Dr.

Marathon, FL 33050

County: **Monroe**

Issue Date: 12/08/09
Amount Paid: \$ 135.00
Date Paid: 12/8/09

Mailed To: **The Heron**
1320 Cocoplum Dr.

Marathon, FL 33050

Permit Expires On:
September 30, 2010

Issued by:
Monroe County Health Dept.

Check Number:
Date Paid: 12/8/09

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

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

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

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

I. Non-Discrimination

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

II. Sexual Harassment and Sexual Abuse

Sexual Harassment

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

Sexual Abuse

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

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

ATTACHMENT P

PRINTED: 03/30/2009
FORM APPROVED

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953442	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/26/2009
NAME OF PROVIDER OR SUPPLIER HERON, THE		STREET ADDRESS, CITY, STATE, ZIP CODE 1320 COCO PLUM DRIVE MARATHON, FL 33050		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	INITIAL COMMENTS This is the Biennial survey completed on 3/26/09 at an Assisted Living Facility.	A 000		
A 108	FISCAL STANDARDS A facility, upon mutual consent with the resident, shall provide for the safekeeping in the facility of personal effects not in excess of \$500 and funds of the resident not in excess of \$200 cash. 429.27(3), F.S. This STANDARD is not met as evidenced by: Based on a review of financial records for 12 residents, and interview with the book keeper and administrative staff, the facility failed to ensure the amount of funds retained by the facility for the resident was did not exceed \$200 cash for 2 of the residents reviewed. The findings include: Interview with administrative staff on 3/25/09 at 2:10 p.m. indicated they keep resident money for 12 of their residents. A review of the allowance accounts documentation revealed Resident #7 had \$392.28 in their account and Resident #9 had \$745.15 in their account. Continue interview with the Administrative staff indicated they tried to keep their resident accounts at the required amount, but were not always successful. She further indicated Resident #9 had a personal savings account and they would try to get the resident to place some of	A 108	Client #7 widthdrew money that was retained by The Heron and deposited in their personal bank account on 4.4.09. Balance retained by Heron is now \$72.28 Client #9 had been aproached in the past about withdrawing the monies over \$200 but had been resistant. However, on 3.27.09 Client #9 agreed to widthdrew all monies over \$200 from his resident account and deposited them in his own personal bank account. Balance retained by Heron is now \$118.37. All 12 resident accounts were reveiwed by Administrator to ensure that no accounts had more than \$200. All staff were reiminded of the rule in staff meeting 3.31.09 Administrator will review all resident accounts on a monthly basis and ensure that the amount of funds retained by The Heron will not exceed \$200 for each resident. Administrator also added a wriiten statement on the residnet accounting sheet reminding both staff and residents of the limit.	

AHCA Form 3020-0001

TITLE

(X8) DATE

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

STATE FORM

6899

G67S11

If continuation sheet 1 of 9

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953442	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/26/2009
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A 108	Continued From page 1 the money in there. Class III Correction Date: 4/26/09	A 108		
A 110	FISCAL STANDARDS If the facility provides safekeeping for money or property; holds resident money or property in a trust fund; or if the facility owner, administrator, or staff, or representative thereof, acts as a representative payee; the resident or the resident's legal representative shall be provided with a quarterly statement, unless otherwise ordered by a court of competent jurisdiction, detailing the income and expense records required for resident trust funds and advanced payments, and a list of any property held for safekeeping with copies maintained in the resident's file. The facility shall also provide such statement upon the discharge or transfer of the resident, and if there is a change in ownership of the facility. 429.27(4), F.S. 58A-5.021(7)(a), F.A.C. This STANDARD is not met as evidenced by: Based on a review of 12 financial accounts and interview with the book keeper and administrative staff, the facility failed to provide quarterly statements to the residents or legal representative as required. The findings include:	A 110	On 6.26.09.Surveyor Linda Mozen spoke with The Heron's bookkeeper and explained the requirements. We will have quarterly reports detailing the income and expense of the money being retained by The Heron for all residents by 4.19.09 The bookkeeper will provide this quarterly report on the transfer or discharge of residents or if there is a change in ownership of the the facility. A copy will be retained in the residents file.	

Agency for Health Care Administration

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A 110	Continued From page 2 Administrative staff interview on 3/25/09 at 2:10 p.m. revealed the facility maintains personal funds for 12 of the residents. Review of the financial records revealed there was documentation indicating withdrawals and deposits into the account for each resident. There was no evidence of the required quarterly reports present for these accounts. Interview with the book keeper on 3/25/09 at 2:10 p.m. indicated the facility does not provide an statement of these accounts to either the resident or the legal representative. Class IV Correction Date: 4/26/09	A 110		
A 631	MEDICATION STANDARDS The facility must make every reasonable effort to ensure that prescriptions for residents, who receive assistance with self-administration of medication or medication administration, are filled or refilled in a timely manner. 58A-5.0185(7)(f), F.A.C. This STANDARD is not met as evidenced by: Based on a review of 5 residents' medication administrative records (MOR) and clinical records, and interview with facility staff, the facility failed to ensure the resident's medications were	A 631	On 4.7.09 Adminstrator and Site Manger reviewed medication ordering policies with the staff member responsible for ordering medications - "Medication Coordinator". Site Manager will monitor the "Medication Coordinator" on a weekly basis ensuring medications are being ordered in a timely manner at least 7 days in advance. For residents needing new prescriptions from their Doctor, these will be ordered 10 days in advance.	

Agency for Health Care Administration

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A 631	Continued From page 3 reordered in a timely manner for Resident #4. The findings include: Review of Resident #4's clinical record on 3/26/09 revealed a statement in the progress notes dated 1/22/09, indicating the resident had been incontinent 2 times on the bed. Further documentation revealed the resident had been without their Vesicare (used for overactive bladder and treats urinary incontinence, frequency and urgency) for 3 days and this was probably the reason for the incontinency. Review of the MOR for Resident #4 revealed the resident had not been given the Vesicare for a total of 4 days, and had not received the Catapres (for treatment of hypertension) for 2 days as the medications were "out of stock". Interview with the staff person responsible for reordering medications indicated the Vesicare's renewals had "run out" and the facility had to get a new prescription from the doctor. This took the 4 days. She indicated she had just missed the Catapres. Administrative staff indicated during interview on 3/26/09 at 2:30 p.m. that staff check for renewals 7 days before the medications run out. Class III Correction Date: 4/26/09	A 631	Once Site Manager observes that medications are being ordered in a timely manner, they will review medication logs monthly. Administrator will reveiw MORs and medication ordering logs quarterly. On 3.31.09 staff were trained not to only write "meds out of stock" on back of MOR but to write a more detailed explanation of why the medications are not avaiable and what actions have taken place to correct this.		
A 635	MEDICATION STANDARDS When an OTC medication is prescribed by a health care provider, the medication becomes a prescription medication and must be managed in accordance with prescription medication.	A 635	The Heron requests written orders for all OTC (over the counter medications) to ensure no drug interactions and clients had purchsed OTC medications locally.		

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953442	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/26/2009
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A 635	Continued From page 4 58A-5.0185(8)(c), F.A.C. This STANDARD is not met as evidenced by: Based on a review of 5 resident's medication observation records (MOR), medications, and clinical records, and interview with administrative staff, the facility failed to have prescription labels for physician ordered over the counter medications for 2 (Residents #4 and #7) of the residents reviewed as required. The findings include: 1. Review of Resident #4's medications revealed the resident had a multivitamin present with all of the other medications the patient was taking. This medication had no prescription label on it but had the resident's name on it. Review of the MOR for Resident #4 revealed the medication was listed on it. Review of the clinical record for Resident #4 revealed a prescription for a multivitamin in the record signed by the physician for the resident to take a multivitamin every day. 2. Review of Resident #7's medications revealed the resident had Advil over the counter with no prescription label on it. The medication had the resident's name and the original labeling from the manufacturer present on it. Also there was a multivitamin with just the resident's name and the manufacturers labeling present. Review of the MOR for this resident revealed both medications were listed on the MOR as current active medications. Review of the clinical record	A 635	On 3.27.09 all orders for OTC medications were sent to our pharmacy with the request for prescription lables. On 4.6.09 Administrator reveiwed all OTC medcations and confirmed that all OTC medications had prescription labels. Medication policy was adjusted to instruct that the Medication Coordinator to send all orders for OTC Medications to our pharmacy for prescription labels Daily monitoring will be performed by staff and weekly monitoring by Medication Coordinator and Site Manager to ensure compliance. After one month Site Manager and Administrator will review all OTC Medications to ensure policy is being followed, then continue to eview on a quarterly basis.	

Agency for Health Care Administration

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A 635	Continued From page 5 revealed both medications had physician's prescriptions. There was no pharmacy labeling as required on either medications. During an interview on 3/26/09 at 2:00 p.m. administrative staff indicated they tried to buy over the counter medications for the residents rather than get them from their regular pharmacy in an attempt to save money. Class III Correction Date: 4/26/09	A 635		
A 704	RESIDENT CARE STANDARDS The facility provides daily observation by designated staff of the activities of the resident while on the premises and daily awareness of the general health, safety, and physical and emotional well-being of the individual. 58A-5.0182(1)(b), F.A.C. This STANDARD is not met as evidenced by: Based on a review of 5 clinical records, and interview with administrative staff, the facility failed to ensure there was awareness of the the general health of 1 (Resident #4) of the residents reviewed. The findings include: Review of the clinical record of Resident #4 on 3/26/09 revealed the resident was weighed on 2/28/08 at 270 pounds. On 7/28/08, the resident's weight was documented as 262 pounds. On 9/3/08, the resident's weight was noted as 206 pounds. There was no documentation indicating that staff evaluated this	A 704	Client #4 - on reveiwing client #4 it appears that staff had recorded his weight wrong, the figures were inverted as there had been no reports of severe weight loss or ill health. In staff meeting dated 3.31.09 staff reveiwed client #4 weight chart and were instructed to be more vigilant and to record weights accurately. When recording resident weights the staff memeber will review the previous months wieght for comparision. If there is any concern the residents will be weighed a second time to ensure accuracy. If there is a gain or loss of more than 10 pounds in 3 months (or 5% of total weight) this will be reported to the Site Manager, Administrator and Healthcare Provider the same day. The weight gain or loss will be recorded by the staff member in the residents notes Weight logs will be reviewed monthly by Site Manager and Quartely by Administrator.	

Agency for Health Care Administration

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A 704	Continued From page 6 sudden change in weight for the resident. There was no re-weigh to confirm the weight was accurate. Administrative staff interview on 3/26/09 at 10:00 a.m., confirmed the Administrator was unaware of the change in the resident's weight. Class III Correction Date: 4/26/09	A 704	Site Manager will review client records monthly. Administator will review client files quarterly	
A 801	NUTRITION & DIETARY STANDARDS The administrator or food service designee must perform his/her duties in a safe and sanitary manner. 58A-5.020(1)(b), F.A.C. This STANDARD is not met as evidenced by: Based on dining observation at noon on 3/26/09 the administrator failed to ensure that staff preparing and serving food followed safe and sanitary practices. The findings include: At 12:00 p.m. on 3/26/09 the dining room was approached for dining observations. There were no residents in the dining room. The dining room is located next to the kitchen on the second floor of the facility. The cook/server was present in the kitchen as were two residents waiting for lunch. The staff person was observed removing hamburger buns with her bare, unwashed hands	A 801	On 3.31.09 all staff members who prepare food were re-trained in the FRA one hour food safety training, including the staff memembr who touched the buns on the day of inspections Site Manager will make daily observations of staff preparing food. Administrator will make at least weekly observations of staff preparing food for one month and quarterly thereafter. Gloves are also provided for staff members who prepare food if wish to use them.	

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953442	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/26/2009
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Agency for Health Care Administration

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 801	Continued From page 7 and placing the buns on plates. Class III Correction Date: 4/26/09	A 801		
A1003	PHYSICAL PLANT STANDARDS Peeling paint or wallpaper, missing ceiling or floor tiles, or torn carpeting shall be repaired or replaced. 58A-5.023(1)(b), F.A.C. This STANDARD is not met as evidenced by: Based on observation of the facility environment, the facility failed to ensure floors and walls were in good repair. The findings include: 1. Observation of the back bathroom located in the laundry on 3/25/09 at 3:20 p.m. revealed the molding about the shower was shredded in appearance and holes were noted in it. The walls in the room had white streaks running from ceiling to mid way down the walls. 2. Observation of the floor at the front door of the facility on 3/26/09 at 1:30 p.m. revealed the tile had lifted away leaving a gap of 5 inches along the entire length of the doorway. 3. By the table located close to the front doorway the tile was buckling and lifting making the floor uneven.	A1003	On 3.27.09 the backbathroom wall was cut out treated and repaired. Bathroom walls were repainted. On 4.1.09 floor tiles were replaced by the front door. On 4.1.09 The floor tiles by the table in the front lobby were removed and replaced with new tiles along with the cracked tiles in the hallway. Administrator checked all flooring and had all tiles that were cracked or lifting replaced. Staff and housekeeping will report any damages including cracked titles as soon as they are note to Site Manager. Site Manager will record repiars in the maintenace log and arrange for repair. Site Manager will make daily site and property inspections for health and safety. Administrator will site and grounds for repairs needed on a monthly basis.	

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953442	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/26/2009
NAME OF PROVIDER OR SUPPLIER HERON, THE			STREET ADDRESS, CITY, STATE, ZIP CODE 1320 COCO PLUM DRIVE MARATHON, FL 33050		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
A1003	Continued From page 8 4. In the hallway on the first floor the tile was chipped and cracked. 5. The Administrator was informed of the areas of concern on 3/26/09 at 2:30 p.m. and indicated the facility was hoping to get a monetary grant to provide major environmental improvements to the facility. They were unsure of the current status of the grant. Class III Correction Date: 4/26/09	A1003			

Part III

All Coalitions should respond.

- A. Of the subpopulations of the homeless in your service area, please identify your top two (2) groups in each of the three columns.

Homeless Subpopulation	Greatest Need	Least Resources to Serve	Most Effectively Being Served
Adult individuals			
Families with Children		X	
Elderly			
Youth			
Chronic homeless			
Mentally Ill		X	
Substance abuse			
Veterans			
Domestic Violence			X
HIV/AIDS			X
Other			

Point in Time Overview

1. The purpose of this review is to further understand the information gathered during the PIT. Our hope is that this information can be used to assess our current effectiveness and then plan for unmet needs.

Here is the press release:

The Southernmost Homeless Assistance League (SHAL) conducted the Point in Time Survey on Jan. 27th. This is part of a national initiative to assess the number of homeless people across the country.

Volunteers from throughout the Keys, including the Key West Ambassador Program, Key West Police Department, Monroe County Sheriff Department, many churches, local hospitals and social service providers, were out in the early hours of the morning interviewing people to understand the cause of homelessness and what services are needed. Compilation of the survey results is key to the funds received by Monroe County from the state and federal government. Approximately 1.2 million dollars for outreach, emergency and transitional shelters and services, come into Monroe County on an annual basis based on this survey.

The number of homeless continues to be less than in 2002 when there were 2,151 people without homes in Monroe County. Since that time, a variety of programs have been created to provide long term housing for people with special needs, thereby decreasing the number of homeless people. The number of people in need of housing has remained slightly over 1,000 while the population has decreased. This reflects an increase in the ratio of homeless people within the county.

Year	Lower Keys	Middle Keys	Upper Keys	Sheltered	Total
2002	1,252	467	139	314	2,151
2003	997	366	96	310	1,459
2005	313	150	46	509	1,018
2007	520	119	86	497	1,222
2009	578	79	75	308	1,040

85% of those who are homeless are single white men. Approximately half of the homeless have some sort of disability, often related to addiction or mental health. More than a third of those interviewed have been homeless for more than a year. A small portion (15%) are very likely snow birds, having been in Monroe County for less than 3 months.

SHAL will be coordinating another survey in January 2010. A frequent monitoring of the population provides greater understanding of the numbers and understanding of the needs

HSAB ATTACHMENT Q

DEPARTMENT OF CHILDREN & FAMILIES

Survey of Local Homeless Coalitions for

2009

Annual Report on Homeless

Conditions in Florida

Office on Homelessness
Department of Children & Families
1317 Winewood Boulevard
Tallahassee, FL 32399-0700
850-922-4691

2009 Survey

To assist the Department of Children and Families in preparing its 2009 Report on Homeless Conditions in Florida, as required by s.420.623(4), Florida Statutes, please fill in the following:

Name of Coalition: Southernmost Homeless Assistance League

Mailing Address: PO Box 2990

Key West, FL 33040

Telephone Number: 305-292-4404 Fax Number: 305-295-4376

Executive Director: Wendy Coles

Email Address: flshal@comcast.net

Person Completing the Survey: Wendy Coles

Phone Number for this Person: 305-292-4404

Continuum of Care Served by Coalition: Monroe County, FL

Do you plan to expand your catchment area in 2009 to add one or more of the following counties: Dixie, Gilchrist, Union, or Baker?

Yes _____ No X

Did your coalition submit to your respective DCF Circuit (formerly District) Administrator in 2008-09 recommendations for the Homeless Grant in Aid Program's Spending Plan?

Yes X No _____

Did your coalition receive assistance from the Circuit's Homeless Grant-in-Aid Program in 2008-09? Yes X No _____

List the use(s) funded: rental & utility assistance for people at risk of homelessness, case management for homeless youth, housing and supportive services for the mentally ill, a day center and transitional housing

How many homeless persons will be served? A minimum of 20 people at risk of homelessness and 106 homeless children and adults.

PART II
Homeless Data

Instructions

In reporting your data on the homeless, and their characteristics, answer the following based upon the definition of a homeless person as specified in Florida law [section 420.621, [F.S.]

“Homeless” means an individual who lacks a fixed, regular, and adequate nighttime residence or an individual who has a primary nighttime residence that is:

- (a) A supervised publicly or privately operated shelter designed to provide temporary living accommodations, including welfare hotels, congregate shelters, and transitional housing for the mentally ill;
- (b) An institution that provides a temporary residence for individuals intended to be institutionalized;
- (c) A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

The term does not refer to any individual imprisoned or otherwise detained pursuant to state or federal law.

A. Homeless Population Counts by County.

Report the total number of persons who are homeless on any given day for each county covered by your continuum of care plan or the county(s) served by your coalition in January 2009.

County Name	Total Homeless Persons
1. Monroe County	1040
2.	
3.	
4.	
5.	
6.	
7.	
8.	

B. General Homeless Characteristics

If your coalition used the core short form point-in-time survey instrument, please share your results on the following data elements. Report on the total homeless population for all of the counties reported under section A above. The data elements and reporting categories are based on the core short form point-in-time survey instrument provided by the Office on Homelessness for the 2009 count.

Data Element	Total Number	Percentage
Sex	842	81
Male	198	19
Female	1040	
TOTAL		100%

Age:	104	10
Children- under 18 years	874	84
Adults – 18 to 60 years	62	6
Elderly – over 60 years	1040	
TOTAL		100%

Race/Ethnicity Hispanic or Latino?	60	6
Yes	873	94
No	933	
TOTAL		100%

Race/Ethnicity	0	0
American Indian/ Alaskan Native		
Asian	3	.4
Black/African American	79	9
Native Hawaiian/ Pacific Islander	2	.3
White	775	90
Other	1	.2
TOTAL	860	100%

Military Veteran Served on active duty in the U.S. military.	160	22
Yes		
No	559	78
TOTAL	719	100%

Marital Status	630	91
Single		
Married	62	9
TOTAL	692	100%

Prior Episodes of Homelessness. In last 3 years, number of separate times homeless	310	50
1 time		
2-3 times	159	26
4 or more times	146	24
TOTAL	615	100%

Data Element	Total Number	Percentage
Disabling Condition	Yes	289
	No	401
	TOTAL	690
<u>Type of disabling condition</u>	106	DO NOT REPORT %
Physical	5	
Developmental	108	
Mental Health	165	
Drug or Alcohol Addiction	25	
HIV/AIDS		

Length of Current Homeless Episode	24	4
1 week or less	46	7
More than 1 week, less than 1 month	99	15
1 to 3 months	177	26
More than 3 months, less than 12 months	327	48
1 year or longer	673	100%
Total		

Data Element	Total Number	Percentage
Cause of Homelessness	371	49
Employment/financial reasons	140	19
Housing Issues	100	13
Medical/ disability problems	27	4
Forced to relocate from home	86	11
Family problems	13	2
Natural/other disasters	13	2
Recent immigration	750	100%
TOTAL		

Part III

All Coalitions should respond.

A. Of the subpopulations of the homeless in your service area, please identify your top two (2) groups in each of the three columns.

Homeless Subpopulation	Greatest Need	Least Resources to Serve	Most Effectively Being Served
Adult individuals			
Families with Children		X	
Elderly			
Youth			
Chronic homeless			
Mentally Ill		X	
Substance abuse			
Veterans			
Domestic Violence			X
HIV/AIDS			X
Other			

- B. Please evaluate the effectiveness of your Continuum of Care components to identify the two strongest, and two weakest elements. Consider the capacity of your provider network, resources committed, and performance outcomes being achieved.

Continuum Component	Strongest	Weakest
Outreach, intake and assessment		X
Emergency shelter		
Transitional housing		
Supportive Services		
Permanent supportive housing		X
Permanent housing		
Linkages and referral among all components		
Prevention		
Ongoing planning		

- C. Based upon your coalition's inventory of homeless resources and programs, and your assessment of the adequacy of services available for the homeless, please identify your top two unmet needs.

1. **Outreach**
2. **Permanent Supportive Housing**

- D. Identify two recommendations that your community would propose for state government action in 2010 to reduce homelessness.

1. **Maintain State Office on Homelessness**
-

2. **Maintain Challenge, Homeless Housing Assistance and Coalition funds.**



Key West Woman's Club

PO Box 2924 • Key West, Florida 33045

ATTACHMENT R (HSAB)

319 Duval Street • 305-294-2039

Eileen Kawaler
President

April 15, 2010

Roberta W. Spencer
First Vice President

Monroe County Human Services Advisory Board
c/o Lisa Tennyson, Monroe County Grants Coordinator
1100 Simonton Street
Second Floor, Room 2-213
Key West, FL 33040

Mary Ann Westerlund
Second Vice President

Louise Ferris
Treasure

Helen Garcia
Recording Secretary

Dear Board Members:

Glenda Hoffman
Corresponding Secretary

Ramona Santiago
Director

Joy Rodriguez
Director

Elizabeth Ignoffo
Director

The purpose of this letter is to request your consideration for funding, on behalf of the Heron-Peacock Supported Living Program. The Key West Woman's Club has provided fundraising support for this agency because of the invaluable services they provide for men and women in Monroe County with mental illness. Many of their clients also have problems such as substance abuse, homelessness, and previous incarceration. All of the people they serve are low-income. Through the provision of safe, stable housing and supportive services to improve skills and assist in increasing client incomes the goal of having each client gain the highest level of independence possible may be met. If this program did not exist, the alternatives e.g. correctional facilities and state hospitals would be much less effective and therapeutic and much more costly.

Heron-Peacock is the only program in the Keys with transitional, permanent, and assisted living facilities for the severely and persistently mentally ill. Their efforts have done much to address the needs of these very vulnerable populations. Please give them your utmost consideration for funding. Thank you for the opportunity to provide support and encouragement for these critical services.

Sincerely,

Eileen Kawaler
President

Heron Peacock's Third Annual Halfway to St. Patrick's Day at Finnegan's Wake

BY JENNIFER O'LEAR
Special to Paradise

Celebrate life in true Irish style! Tonight, Thursday, Sept. 17, Heron Peacock Supported Living holds its popular Halfway to St. Patrick's Day event at Finnegan's Wake, located in Old Town Key West at 320 Grinnell St.

Now in its third year, the party promises to be filled with good food, good music, good friends and good fun for a very good cause. All of the funds generated by this special evening will help keep Heron Peacock's assisted living, supported living and supported employment programs. The money raised will stay right here in our Florida Keys community, helping mentally ill men and women become — and stay — as healthy and independent as possible.

How Heron Peacock Helps

Did you know that about 60 million Americans experience mental health problems in any given year? In fact, one out of every 17 people lives with the most serious of conditions including major depression, schizophrenia and bipolar disorder. Without proper treatment — and the continuing availability of programs like those offered by Heron Peacock — the consequences of mental illness for individuals, families and the community can be astonishingly brutal: unnecessary disability, unemployment, substance abuse, homelessness, inappropriate incarceration and suicide among them. The economic cost of untreated mental illness is also great, costing Americans more than \$100 billion annually. Yet recovery is possible, and for more than 20 years, Heron Peacock's services have given people a chance to repair their disease-ravaged lives.

The Heron, a licensed assisted living facility in Marathon, serves 16 adults who have a history of serious, long-term mental health problems. Several international volunteers live in the facility and provide an active program of support and monitoring. Meals are prepared for and served to those living at the Heron House, and transportation to doctors' appointments, the Day Treatment Clubhouse at the Guidance Clinic of the Middle Keys, shopping and other activities are also provided.

The Peacock Apartments in Key West, designed for clients who are able to live more independently, include seven four-bedroom apartments that house 28 people. Peacock residents have their own private bedrooms. Kitchens, living rooms and bathrooms are shared within each of the four-person apartments.

Both facilities provide ongoing supervision of medications, maintenance of an alcohol and drug-free environment, a supported employment program and group outings and activities.

Heron Peacock's facilities in Marathon and Key West are the only residences in the Keys available to house those who are severely and persistently mentally ill. Many clients are unable to find jobs due to their illness. Some may also have a history of substance abuse or have physical disabilities or other disabling conditions. Most live on a limited income from Social Security or veterans' benefits.

While each of Heron Peacock's 44 residents takes pride in being able to participate in the funding of their care, there is a significant gap between the fees that they are able to pay and the cost of the services Heron Peacock provides. Resident fees and outside grants provide only 76 percent of Heron Peacock's lean annual budget of about \$600,000.