

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

Agency Name	Samuel's House, Inc.
Physical Address	1416 Truesdell Court
Mailing Address	1416 Truesdell Court
City, State, Zip	Key West, Florida
Phone	305 296-0240
Fax	305 296-3901
Email	samuelshouse1@comcast.net
Who should we contact with questions about this application?	Elmira Leto CEO and Executive Director

Amount received for prior fiscal year ending 09/30/09	\$88,000	<i>(83,000) + 5,000 clerks (not paid)</i>
Amount received for current fiscal year ending 09/30/10	\$77,000	
Amount requested for upcoming fiscal year ending 09/30/11	\$100,000	

- ① houses 9 + child
- ② will sub grant - 25,000 - but not HSAB \$
- ③ property a 50% + in total agency budget
What acc outs for this?
What will it do to your service levels?

ORIGINAL

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: Elmira Leto, CEO and Executive Director

Signature 

Date: April 23, 2010

Typed Name of Board President/Chairman: Noelia Carbonell

Signature 

Date: April 23, 2010

1. Insert your agency's board-approved mission statement below.
The mission of Samuel's House is to provide housing in a nurturing environment for homeless women and women with children; and to provide them with care coordination beneficial to their physical, mental, emotional and spiritual well-being.
2. List the services your agency provides.
Samuel's House provides the following services:
 - Housing for homeless women and their children including Emergency shelter and Long-term structured living
 - Case management
 - In-house essential supportive services and transportation to off-site supportive services
 - Referral-from and referral-to other agencies serving the homeless
3. What services will be funded by this request?
Specifically, funds received from the 2009 HSAB grant will be used for:
 - General agency operations such as utilities (electric, water, sewer, phone), maintenance and security
 - Case management services
4. Will County HSAB funds be used as match for a grant?
Yes
5. If you answered "yes" to number four, please specify the:
 - a. Grant award title, granting agency and purpose: Emergency Shelter Grant ; State of FL; for operational dollars
 - b. grant amount: \$150,000
 - c. match percentage requirement and amount: 100% dollar for dollar

 - a. Grant award title, granting agency, and purpose: The Klaus Murphy Foundation
 - b. Grant amount: \$40,000
 - c. match percentage requirement and amount: 100% dollar for dollar
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."*
Yes : Emergency Food and Shelter Grant \$25,000
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.*
 - Sheriff's Asset Forfeiture Funds \$10,000.00
9. What needs or problems in this community does your agency address?

- * **Problem One:** In Monroe County, there is an “unmet need” for emergency shelter and long-term housing for homeless women and their children.
- * **Problem Two:** Homeless women often do not access supportive services available to them and to their children in Monroe County.

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

Problem One Supporting Data:

As demonstrated in the following statistics, there is a great “unmet need” for emergency shelter and long-term housing in Monroe County:

- * According to the Southernmost Homeless Assistance League (SHAL), on January 27, 2009, there were 1,040 unsheltered persons living in Monroe County.
- * In 2007, Samuel's House received requests for services
- * Samuel's House records reveal new clients were served with shelter in 2009. Of this number, 121 were homeless women and 73 were accompanying children.
- * During the year, 8 pregnant women gave birth while living at Samuel's House, causing the number of children served in 2009 to rise. (It is important to note that Samuel's House, as an agency serving women, is not compensated for housing and other services it provides to children.)

The Southernmost Homeless Assistance League (SHAL) conducts an annual Point-in-Time count of homeless persons living in Monroe County in order to calculate the number of homeless persons in emergency shelter, transitional housing and long-term housing. The count also provides a snap-shot of the “unmet need” for the various types of shelter through counting and tabulating unsheltered individuals and families living in Monroe County. The “unmet need” is currently being re-evaluated and will be published later this spring in the annual Continuum of Care (CoC) report submitted to the U.S. Department of Housing and Urban Development. In previous years, SHAL announced that “the homeless population had dropped to 1,018” (2005). However the population now appears to be on the rise with this year's reported Point-in-Time count listed as 1,040 homeless persons living in the county. (<http://www.shal.cc>)

Problem Two Supporting Data: Although Monroe County has a wealth of mainstream resources available to homeless women and their children, as demonstrated by the latest CoC Services Chart, its' geography challenges the delivery of these services that are scattered throughout the county, making them difficult or impossible to access. In other words, services are available, but the lack of transportation to these services continues to be a problem.

HUD divides services into three categories; Prevention, Outreach and, Supportive Services. Services reported available by provider organizations in Monroe County include*:

- **Prevention:** Mortgage/Rental Assistance, Utilities Assistance, Counseling/Advocacy, Legal Assistance,
- **Outreach:** Street Outreach, Mobile Clinic, Law Enforcement
- **Supportive Services:** Case Management, Life Skills, Alcohol and Drug Abuse treatment and other services, Mental Health Counseling, Healthcare, HIV/AIDS services, Education, Employment, Child Care, Transportation

*Samuel's House provides multiple services in each category. (See Attachment C- Profile of Clients and Services)

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

- **Problem One Causes:** There is little developable land in Monroe County. And none is priced within the reach of what housing providers such as Samuel's House can afford. Further complicating the crisis, Monroe County has been designated an "Area of Critical State Concern" by the State of Florida. This designation places development in Monroe County under the oversight of the State and limits the rate of growth through the Residential Rate of Growth Ordinance.

Another, major factor exists in that there is an overall absence of funding from all sources that is designated to, or can be used for, purchasing land for developing housing for the homeless.

- **Problem Two Causes:** As women are admitted into Samuel's House programs, their needs are assessed. Case management records indicate that many of the clients are unaware of services that are available to them. Others know about the services, but do not have private vehicles or funds to access public transportation.

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

Samuel's House has been successfully addressing the land shortage, absence of funding and access to services issues since 1999.

- **Addressing Cause 1:** Samuel's House has addressed the problem of "developable land shortage" by building long-term supportive housing on a parcel of land directly behind the current facility. The City of Key West leases the land and buildings located on it for fifty-years for use by agencies providing housing and supportive services to the homeless of Monroe County. The facility was constructed with full approval of the City and meets all building rate-of-growth requirements.

To further address the "unmet need" in June, 2007, the facility described in the paragraph above ("Kathy's Hope") opened and provides long-term structured living for homeless women who are in recovery from drug and alcohol abuse and/or who have co-occurring disorders.

Samuel's House continues to nurture relationships with developers and donors throughout the County in order to identify land that can be used for housing the homeless and the funds necessary to develop such facilities.

- **Addressing Cause 2:** Samuel's House increases access to mainstream services through enhanced coordination, collaboration and integration among public/private partner agencies and government entities. All clients benefit from intensive case management. In part, this process educates clients as to what services are available and appropriate for their needs.

If essential supportive services are not available on-site, transportation to services is provided in Samuel's House vehicles, arrangement with county-wide transportation services or through provision of bus passes.

13. Describe your target population as specifically as possible.

Samuel's House serves women of all ages who, for reasons such as financial crisis, substance abuse, incarceration, domestic violence, mental illness, or other traumatic events, have found themselves homeless. The children who may accompany them are both male and female, and range in age from birth to eighteen. In order to facilitate family unity, adolescent boys may stay at the shelter with their mothers.

14. How are clients referred to your agency?

Clients are referred to Samuel's House by other nonprofit and community organizations, law-enforcement agencies, medical and addiction service facilities, faith-based groups such as churches, and member agencies of the Southernmost Homeless Coalition (SHAL). However, the largest numbers of clients are self-referred. They find their ways to Samuel's House through word-of-mouth, from the general homeless population and from women who have been helped at the facility in the past.

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

Eligibility: The only eligibility requirements for admission to Samuel's House are for the women to be sober; willing to remain sober and non-violent while in residence; and free of any current warrants. Before women are accepted as residents, they are provided with the guidelines for becoming clients as well as standards for continued residency and agree to abide by them.

Priority Need: In order to determine which clients are given priority after being admitted, Samuel's House employs the team approach method of triage and service delivery.

Triage: Triage occurs when more than one woman arrives at Samuel's House at approximately the same time. For example; two women arrive at Samuel's House; one woman is obviously ill or injured - the other is not. The woman in medical crisis would be categorized as being the "neediest" at that time and would receive priority at that particular point.

Service Delivery: Upon entering Samuel's House, all women are assigned a Case Manager who assesses their immediate, intermediate and long-term needs. Issues classified as immediate are addressed as a priority. An individualized case-management plan is developed and followed to best attend the needs of each client.

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

Samuel's House not only accepts referrals from, and refers clients to other agencies, and maintains association memberships, but it also participates in efforts that produce joint savings and cost-savings designed to best serve the homeless:

- Samuel's House has a fifty-year lease with the City of Key West/Key West Housing Authority. Estimated fair market value for a four-bedroom apartment is \$2,604 per month. Samuel's House leases four units, which totals a fair market value of \$10,416 per month and as well as a cost-savings to Samuel's House.
- Shared resources that produce joint-and-cost-savings also include a Challenge Grant-in-Aid grant to Samuel's House administered by SHAL and a Emergency Food and Shelter grant to local grantees. All applicant agencies for these grants share the cost of applying for the funds as well as reap the benefits of any funds awarded.
- In 2007, Samuel's House received a grant from the U.S. Department of Health and Human Services (Substance Abuse and Mental Health Administration - SAMHSA) to provide state of the art substance abuse and mental health services for women in Monroe County. Samuel's House contracts with the Care Center for Mental Health to provide services specified in this *Women In Transition* (WIT) grant. **PLEASE NOTE: The grant funds awarded by SAMHSA have very specific uses and are to be spent for treatment only. The funds are not to be used for any other purposes - therefore, general agency operations such as utilities -electric, water, sewer, food, assistance to clients and drug strips) requested to be funded under this HSAB proposal, are NOT covered by the SAMHSA grant.**

- Samuel's House participates in the nationwide HUD Continuum of Care which affords extra opportunity for individual agencies to combine their efforts, thus producing joint-and-cost-savings for all agencies involved.
- Samuel's House provides room-and-board for four women who work at the agency in exchange for salaries. This represents an enormous cost-savings to both Samuel's House and these women.

17. List all sites and hours of operation.

Samuel's House is based at 1614 Truesdell Court, Key West, in the Ponciana Plaza, and clients of the agency reside at that location. However, Samuel's House clients come from all parts of Monroe County and benefit from every essential supportive service available throughout the county. Samuel's House accepts residents twenty-four hours a day, seven days a week and is available "on-demand" to serve clients 365-days-a-year.

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

Financial challenges are a natural result of growth and service enhancement.

- **Financial Challenges:** Financial challenges are a natural result of growth and service enhancement. It is a given that Samuel's House will continue to be challenged by such daily expenses as rapidly rising utility costs. These increases greatly affect the cost of serving a client adequately.

By far the biggest financial challenge facing Samuel's House in the next two years, is the diminishing funding available from funding sources such as the Monroe County Human Services Board (\$100,000 requested; only \$77,000 received). Funds for keeping our "Women In Transition" program will end September 30, 2010 and Samuel's House will have to provide these services very limited and will further have to eliminate six key employees for this program. We have applied for another SAMHSA Grant and will not know if we receive until fall of 2010. Although Samuel's House realizes that funding from such agencies is never guaranteed, this funding *is* critical for meeting match requirements for other grants and for providing basic human needs for clients.

The opening of "Kathy's Hope" has been of great benefit to homeless women and women with children. However it has also presented financial challenges. As the number of beds doubled, operation costs have also increased dramatically. Additional, qualified staff has been required to adequately serve the population of "Kathy's Hope" - residents with alcohol/drug abuse issues and who are dually diagnosed.

A fourth challenge exists as HUD priorities continue to address only the "chronically homeless", ignoring the plight of women-in-crisis and their children who are homeless for the first time and contributing to the lack of funding needed to best address the needs of these women and children.

Samuel's House has a successful history of raising money and in-kind services for its clients. Samuel's House continues to develop relationships with previous and current donors. Fund-raisers are on-going and, though they are not long-term solutions to the upcoming financial challenge, they act as "fillers" where short-falls exist.

New Federal, State and County sources are being approached. This includes additional, less limiting, grant and contract funding through the U.S. Department Health and Human Services/Substance Abuse and Mental Health Services Administration. An application to SAMHSA, Center for Substance Abuse

Treatment was submitted in February 2010 requesting funding to provide mental health and substance abuse services to families of Samuel's House clients. An award decision is not expected until June 2010.

Samuel's House is exploring the opportunity of funding by several private foundations that have as their priorities, serving women with alcohol/drug issues and co-occurring disorders. One foundation application is pending that would provide partial operating expenses over a two-year period. A second foundation (challenge) grant is being requested that would supplement "WIT" program funding and kick-start the new SAMHSA family program.

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

A number of organizational challenges will occur over the next two years:

- **Staffing:** Providing professional trained/certified staff to serve clients is always a challenge. Due to the outrageous cost-of-living in Monroe County, hiring is often delayed or postponed indefinitely.
- **Geography:** Samuel's House is planning facility expansion to the Middle and Upper Keys. This becomes a challenge, as previously mentioned, because of the cost and availability of land where housing for the homeless can be located.
- **Transportation:** Samuel's House offers transportation services to clients who must travel outside Key West to access essential supportive services such as medical appointments. Transportation became a challenge when the agency van used to transport clients was destroyed by Hurricane Wilma. Samuel's House was awarded a 15-passenger handicap accessible bus from the State of Florida 5310 Grant. The van will make a tremendous difference for clients so they can receive off-campus services.

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

Samuel's House recognizes the value that clients bring to the table when projects are being planned and programs are being carried out. For several years, women have participated in agency residence counsels, lead AA and CODA meetings and have taken responsibility for the day-to-day operations. Former clients who are established in their recovery are often hired into appropriate positions and are considered valuable members of the Samuel's House staff. A peer-to-peer program has been established and client leaders at both Samuel's House and Kathy's Hope encourage their fellow clients who are new to the program or who are struggling with issues. Most recently, one of the residents of Kathy's Hope was placed on the Samuel's House Board of Directors as a community representative. As a member of the Board, she shares equally in decisions made for the agency.

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

Samuel's House has a yearly independent audit (Attachment G: Independent Audited Financial Statement). In addition, the agency is monitored by providers of funding. These include a monthly, quarterly and year-end-statistical-reports to SHAI and DCF. Per the HSAB grant guidelines, these reports are not attached, however they are available at any time upon request to Samuel's House.

22. 1208 hours of program service were contributed by 5 volunteers in the last year.

Volunteers assist with programs for the adult residents in the shelter. **No board or committee meetings are included when tabulating volunteer hours.** To determine the number of volunteers and hours of program service over the last year, the following information was calculated:

- Executive Board Members: Total **192 Hours Per Year**
4 executive board members provide service to shelter 4 hours per month \equiv 16 volunteer hours per month x 12months = **192**

- Board members: Total 408 Hours Per Year
17 board members x 2 hours per month = 34 hours per month x 12months = 408 Per Year
- Other volunteers: Total 52 Hours Per Year
2 volunteers conduct CODA Meetings on Wednesday night. 2 volunteers x 1 hour per week - 2 volunteer hours per week x 52 weeks = 104 hours per year
2 volunteers conduct AA meetings at the shelter on Monday and Thursday nights. 2 volunteers x 2 hours per week = 104 volunteer hours x 2 = 208 hours per year
- 1 volunteer has stayed at the shelter since January 1 and has made herself available 7 nights a week for 8 hours. 56 hours per week x 16 weeks = 896 hours. This helps defray cost of paying staff to stay overnight.

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

Per Monroe County policy, services funded by Monroe County will be performed by Samuel's House staff and will not be subcontracted to other agencies.

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

Samuel's House estimates that over 200 clients will be served in the next funding year. The measurable outcomes of this service include:

- 100% of these clients will have all their basic needs (food, clothing, and shelter care) met.
- 100% of these clients remaining in shelter for 72 hours will receive case management and an Individualized Plan of Action, delineating their basic needs, goals and necessary steps to achieve self-sufficiency.
- 75% of women will attain self-sufficiency within 90 days.
- 50% of these clients will see some improvement in health.
- 50% of these clients will improve basic living skills.
- 50% of these clients will be employed before 90 days.
- 50% of mothers will improve their parenting skills.
- 100% of children staying after 72 hours will experience increased life stability.

25. How will you measure these outcomes?

In the upcoming year, Samuel's House will continue to benefit from being a part of HUD's Homeless Management Information System (HMIS). This system not only helps avoid duplication of services but will also calculate the percentages defined within the previous question regarding measurable outcomes.

In addition to HMIS, Samuel's House residents complete on-going satisfaction surveys to assess the shelter in terms of client needs and also participate in an exit survey as they are discharged from residency. Finally, monthly reports are generated by Samuel's House staff from client files to measure outcomes.

26. Provide information about units of service below.

Service	Unit (hour, session, day, etc.)	Cost per unit (current year)
Shelter/Food/Case Management	Day	\$79.20 per client/per day

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

- With the opening of “Kathy’s Hope”, Samuel’s House became (and remains) the only agency in Monroe County to provide both emergency shelter and long-term housing designed specifically to serve the individual needs of homeless women and their children in the Florida Keys.
- “Kathy’s Hope” acts as a Phase Three component of the SHAI Continuum of Care by providing long-term, structured-living environment, previously unavailable to homeless and chronically homeless women, some with accompanying children, recovering from substance abuse and/or who have been dually diagnosed.
- “Kathy’s Hope” offers a nurturing, safe environment for recovery with the ultimate goal of independence, a better-quality of life and permanent housing retention options in the future.

**Monroe County
Human Services Advisory Board
Application for Funding
Fiscal Year 2011**

Respectfully Submitted

By

Samuel's House, Inc.

April 23, 2010

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	
A. Board Information Form	X		
B. Agency Compensation Detail	X		
C. Profile of Clients and Services	X		
D – F. Financial Information	X		
G. Copy of Audited Financial Statement from most recent fiscal year if organization's expenses are \$150,000 or greater.	X		
H. Copy of IRS Form 990 from most recent fiscal year	X		
I. Copy of current fee schedule	X		
J. Copy of IRS Letter of Determination indicating 501 C 3 status	X		
K. Copy of Current Monroe County and City Occupational Licenses	X		
L. Copy of Florida Dept. of Children And Families License or Certification		x	Not required for Samuel's House
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	Included in Attachment P-HSAB Monitoring Report
R. Other: Newspaper Article	X		

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

**Samuel's House, Inc.
Board Meeting Minutes
Thursday, October 8, 2009**

ATTACHMENT A-A
Election of Officers Document

Board Members Present:

Noelia Carbonell, Genevieve Isaksen, Dale Finigan, Kim Gordon, Star Norris, Cheryl Cates, Susan Plowman, John Cruz, Jean Marie Keys, Mark Todaro, Sandi Bazo, Myra Wittenberg, Dorothy Witwer, Elmira Leto

Absent:

Sharyn Ramirez, Beth Oropeza, Kim Wilkerson, George Witwer

Recorded by: Valerie DeVelasco

Meeting called to order by President, Noelia Carbonell. Noeli asked all board members present to state their names for the record.

E. NEW BUSINESS -

Election of Officers – the following were approved as the Executive Board for the upcoming year.

Noeli Carbonell, President
Mark Todaro, Vice-President
JeanMarie Keys, Treasurer
Myra Wittenberg, Secretary

All board members will remain on the board for the upcoming year.

Budget 2010 – we will move the budget discussion to our next meeting.

Announcements:

Next meeting: Nov. 5 @ noon

Full Board Meeting: Thursday, Nov. 12@ 5pm

Myra Wittenberg, Secretary

Judith Ferguson
ATTACHMENT C - PROFILE OF CLIENTS AND SERVICES (Performance Report) 2010

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

Samuel's House Inc.

List Services Here	Target Population	# of Persons in Target Population	Area	Days/Hours	Total Number of Clients Served during most recent completed fiscal year 2009	Current # of Clients ("snapshot") as of 03 / 31 /10
Emergency Shelter	Homeless women and children	261	county-wide	7 days/24 hours	261	34
Case Management	Homeless women and children	261	county-wide	7 days/24 hours	261	34
Counseling/advocacy	Homeless women and children	171	county-wide	7 days/24 hours	171	25
Life Skills	Homeless women and children	171	county-wide	7 days/24 hours	171	25
Alcohol-Drug Services	Homeless women and children	60	county-wide	7 days/24 hours	60	22
Mental Health	Homeless women and children	38	county-wide	7 days/24 hours	38	2
Employment Services	Homeless women and children	35	county-wide	7 days/24 hours	35	10
AA/CODANA	Homeless women and children	60	county-wide	7 days/24 hours	60	25
Unduplicated Clients for Entire Agency						
<i>(see instructions - this is not a total of the numbers above)</i>						
					261	34

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

* 247 women and children are residents of Monroe County; 14 were from outside Monroe County

Please list or describe achieved outcomes for your target populations:

- *100% of clients that remained in shelter for 72 hours received case management
- *100% of these clients had their basic needs (food, clothing, and shelter care) met.
- *100% of clients developed an individualized plan of action, delineating their basic needs, goals and necessary steps to achieve self-sufficiency.
- *50% Improved their health
- *75% of women attained self sufficiency with in 90 days stay.
- *100% of children staying after 72 hours experience life stability
- *75% of mothers improved their parenting skills.
- *75% of these clients improved their basic living skills

ATTACHMENT E - AGENCY EXPENSES

2010

Samuel's House Inc.

Expenditures	Proposed Expense Budget for Upcoming Year Ending:		Projected Expenses for Current Year Ending:	
	Total	%	Total	%
Salaries	205,000	45%	313,000	36%
Payroll Taxes	24,600	5%	37,560	4%
Employee Benefits	24,600	5%	37,560	4%
Subtotal Personnel	254,200	56%	388,120	45%
Postage	6,500	1%	6,500	1%
Office Supplies	10,000	2%	10,000	1%
Telephone	8,000	2%	8,000	1%
Professional Fees (Auditor)	5,500	1%	5,500	1%
Rent	0	0	0	0
Utilities	50,000	11%	50,000	6%
Repair and Maint.	5,000	1%	5,000	1%
Travel	7,000	2%	7,000	1%
Miscellaneous	107,078	24%	107,078	12%
Grants to Other Organizations		0	280,000	32%
List others below		0		0
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Total Expenses	453,278	100%	867,198	100%
Revenue Over/(Under) Expenses	13,920		0	

insurance
food
drug
stipend

was
←

Samuel's House, Inc.

ATTACHMENT G
AUDITED FINANCIAL STATEMENT

HSAB Funding Request
April 23, 2010

SAMUEL'S HOUSE, INC.

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

December 31, 2008

(2009 - provided w/ supp mat'ls - also
attached.)

SMITH, ORTIZ, GOMEZ AND BUZZI, P.A.
CERTIFIED PUBLIC ACCOUNTANTS
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CORAL GABLES, FLORIDA 33134
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SHADI J. SHOMAR, C.P.A.
JOSE E. SMITH, C.P.A.
RODOLFO L. ORTIZ, CONSULTANT.

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

INDEPENDENT AUDITORS' REPORT

To the Board of Directors of
Samuel's House, Inc.

We have audited the accompanying statement of financial position of the Samuel's House, Inc. (the "Organization") (a non-profit organization) as of December 31, 2008, and the related statements of activities, functional expenses and cash flows for the year then ended. These financial statements are the responsibility of the Organization's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit 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 Other Non-profit Organizations". Those standards and OMB Circular A-133 require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

In our opinion the financial statements referred to above present fairly, in all material respects, the financial position of the Organization, as of December 31, 2008, the results of its operations and its cash flows for the period 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 June 1, 2009 on our consideration of Samuel's House, Inc.'s internal control over financial reporting and our tests of its compliance with certain provisions of laws, regulations contracts and grants.

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

Smith, Dely. Pring Brr PA

June 1, 2009

SAMUEL'S HOUSE, INC.
Statement of Financial Position
December 31, 2008

Assets

Current assets	
Cash	\$ 61,606
Restricted cash	36,840
Total current assets	<u>98,446</u>
Assets restricted to investment in furniture and equipment	1,020,273
Accumulated depreciation	<u>(161,697)</u>
Net assets restricted to investment in furniture and equipment	<u>858,576</u>
Total assets	<u>\$ 957,022</u>

Liabilities and Net Assets

Current liabilities	
Accounts payable and accrued expenses	\$ <u>17,665</u>
Total current liabilities	<u>17,665</u>
Loan payable Marine bank	<u>-</u>
Net assets	
Unrestricted	80,781
Permanently restricted	<u>858,576</u>
Total net assets	<u>939,357</u>
Total liabilities and net assets	<u>\$ 957,022</u>

See accompanying notes to financial statements.

SAMUEL'S HOUSE, INC.

Statement of Activities

For the Year Ended December 31, 2008

Public support and revenue	
Grant revenue	\$ 711,824
Contributions - business sponsor	23,707
Contributions - Foundation	23,675
Contributed facilities	134,000
Fundraiser	61,468
Donations	19,798
Other income	<u>10,474</u>
	984,946
Revenue	
Program income - client fees	102,841
Program Services - 2 nd SAM	127,497
Reimbursed expenses	68,024
Investment income	<u>1,202</u>
Total revenue	<u>299,564</u>
Total public support and revenue	<u>1,284,510</u>
Program services expense	
Salaries and related costs	422,107
Fundraising expense	18,002
Program expense	299,037
Contract labor	102,681
Donated facilities	134,000
Equipment rental	11,616
Depreciation expense	56,073
Utilities and telephone	80,712
Office supplies	27,046
Drug Testing and Food	37,649
Insurance	48,211
Maintenance and repairs	17,066
Travel	11,588
Interest expense	30
Professional fees	35,303
Other operating expenses	<u>52,572</u>
Total expenses	<u>1,353,693</u>
Change in net assets	(69,183)
Net assets, beginning of year	<u>1,008,540</u>
Net assets, end of year	<u>\$ 939,357</u>

See accompanying notes to financial statements.

SAMUEL'S HOUSE, INC.

Statement of Cash Flows

For the Year Ended December 31, 2008

Cash flows from operating activities:	
Change in net assets	\$ (69,183)
Adjustments to reconcile change in net assets to net cash provided by operating activities:	
Depreciation	56,073
Change in current assets, accounts payable and accrued expenses	<u>12,853</u>
Net cash used by operating activities	<u>(257)</u>
Cash flows from investing activities:	
Purchase of equipment	<u>(440)</u>
Net cash used by investing activities	<u>(440)</u>
Cash flows from financing activities:	
Net repayments on loan payable	<u>-</u>
Net cash used by financing activities	<u>-</u>
Net increase in cash and cash equivalents	(697)
Cash and cash equivalents, at beginning of year	<u>62,303</u>
Cash and cash equivalents, at end of year	<u>\$ 61,606</u>
Interest paid during the year	<u>\$ 30</u>

See accompanying notes to financial statements.

SAMUEL'S HOUSE, INC.

Notes to Financial Statements

For the Year Ended December 31, 2008

1. Summary of Significant Accounting Policies

a) Organization

Samuel's House, Inc, a/k/a The Mary S. Spottswood Women's Center ("the Organization") is a nonprofit organization which provides short term housing and support services to homeless women, women with children and the elderly. The Organization also provides substance abuse assistance services to its clientele. The Organization is located in Key West, Florida and was organized in August 1999.

b) Basis of Presentation

The Organization's financial statements have been prepared on the accrual basis of accounting and in conformity with the standards promulgated by the American Institute of Certified Public Accountants in its "Industry Audit Guide for Voluntary Health and Welfare Organizations". The specialized accounting and reporting principles and practices contained in the Audit Guide are preferable accounting practices in accordance with statement of Financial Accounting Standards Number 117, issued by the Financial Accounting Standards Board. Net assets and revenues, expenses, gains, and losses are classified based on the existence or absence of donor-imposed restrictions. Accordingly, net assets of the Organization and changes therein are classified and reported as follows:

- Temporarily restricted net assets - Net assets subject to donor-imposed stipulations that may or will be met, whether by actions of the Organization and/or the passage of time. When a restriction expires, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statement of activities as net assets released from restrictions.
- Permanently restricted net assets - Net assets subject to donor- and Board of Director imposed stipulations that they be maintained permanently by the Coalition. Generally, the donors of these assets permit the Organization to use all or part of the income earned on any related investments for general or specific purposes.

The primary source of revenue for the Organization consists of grants from governmental and other agencies which, absent a specific restriction by the grantor, are considered to be available for unrestricted use. Secondary source of revenue is from contributors. Grant revenue includes only that portion of the grant that was earned prior to the statement of financial position date. All grant funds received as of the statement of financial position date which are considered to be applicable to future periods are reflected as deferred revenue on the Statement of Financial Position.

SAMUEL'S HOUSE, INC.

Notes to Financial Statements

For the Year Ended December 31, 2008

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

b) Basis of Presentation - (Cont.)

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

Salaries and other expenses which are associated with 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) Assets Restricted to Investment in Furniture and Equipment

Assets restricted to Investment in Furniture and Equipment are stated at cost and include expenditures for improvements and betterment which substantially increase the useful lives of the assets.

Donated furniture and equipment with values in excess of \$1,000 represent "in-kind" donations to the Organization from private organizations and are recognized as support when received.

Depreciation is computed on the straight-line method over the estimated useful life of the assets, which is principally five (5) years. Maintenance and repairs are charged to operation as incurred.

d) Contributions

Contributions are considered unrestricted unless otherwise stated by donor. Restricted donations are initially recorded as temporarily restricted net assets. When a donor restriction expires or purpose of restriction is accomplished. Temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statement of activities as net assets released from restrictions.

SAMUEL'S HOUSE, INC.

Notes to Financial Statements

For the Year Ended December 31, 2008

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

e) Restricted Revenues Received, Related Program Expense and Deferred Support

Contract revenues presented in the statement of activities are principally cost reimbursement contracts and are stated at amounts equivalent to the program expenses incurred. Related program expenses incurred in excess of contract revenue received on cost reimbursement contracts are reflected as receivables from governments, to the extent realizable, on the statement of financial position. Contract receipts in excess of related program expenses are deferred and recognized as revenue in the period in which the matching program expenses is incurred.

The Organization records revenue when earned. All expenses are recorded on the accrual basis and are charged against operations when incurred. Donated materials are recorded at fair value on the date of donation as unrestricted support. Donated services have not been reflected in the financial statements. The impact of those services upon the financial statements is unknown as there is no objective basis available to measure the value of such services. However, because recognition of donated services are venue would also involve recognition of corresponding expenses, there would be no effect on the net assets.

f) Income Taxes

The Organization 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.

g) Allocation of Common Expenses

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

h) Cash and Cash Equivalents

For purposes of the statement of cash flows, the Organization considers all cash and other highly liquid investments with initial maturities of three months or less to be cash equivalents.

SAMUEL'S HOUSE, INC.

Notes to Financial Statements

For the Year Ended December 31, 2008

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

i) 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.

2. Summary of Funding, Accounts Receivable and Deferred Support.

The Organization is funded through grants from various funding sources. The following summarizes major grant activity for the period ended December 31, 2008.

	<u>Support</u>	<u>Receipt</u>
Key West Police Dept.	\$ 10,000	10,000
Emergency Shelter Grant	38,593	38,593
Monroe County Sheriff's Office-SAFF	19,000	19,000
Challenge Grant	6,507	6,507
HFSF	60,000	60,000
SAMHSA	471,414	471,414
Human Services Grant	102,039	102,039
Other	4,271	4,271
	<u>\$ 711,824</u>	<u>711,824</u>

Public support including contributions for the period ending December 31, 2008 amounted to \$711,824. At December 31, 2008 contracts and other receivable amounted to \$-0-.

SAMUEL'S HOUSE, INC.

Notes to Financial Statements

For the Year Ended December 31, 2008

3. Assets Restricted to Investment in Furniture and Equipment.

Furniture and office equipment, at cost, and accumulated depreciation are summarized as follows at December 31, 2008:

Building	\$ 820,116
Kitchen equipment	64,628
Furniture and appliances	68,852
Lease improvements	49,394
Books	350
Computer equipment	3,933
Vehicle	<u>13,000</u>
Total costs	1,020,273
Less accumulated depreciation	<u>(161,697)</u>
	<u>\$ 858,576</u>

Depreciation expense for the period ended December 31, 2008 amounted to \$56,073.

4. Facilities

Beginning January 1st, 2002, the Organization moved to a new site at an annual rental of \$1. This space is provided by the City of Key West Housing Authority. The Organization must keep property liability and flood insurance on the premises which is paid to City of Key West (approximately \$11,700 per year). The lease also requires the Organization to maintain insurance in the amount of \$1,000,000. The value of the rent provided is reflected as revenue (donated facilities) and is estimated to be \$134,000 in value.

SAMUEL'S HOUSE, INC.

Notes to Financial Statements

For the Year Ended December 31, 2008

6. Commitments and Contingencies

The costs and unexpended funds reflected in the accompanying financial statements relating to government funded programs are subject to audit by the respective governmental agencies (funding sources). The possible disallowance by the related governmental agencies of any item charged to the program or request for the return of any unexpended funds cannot be determined at this time. No provision, for any liability that may result, has been made in the financial statements.

SAMUEL'S HOUSE, INC.

Schedule of Federal and State Financial Assistance
(Single Audit)

For the Year Ended December 31, 2008

<u>Program Title</u>	<u>Revenue Recognized</u>	<u>Program Receipts</u>	<u>Disbursements/ Expenditures</u>	<u>Accounts Receivable</u>
Emergency Shelter Grant (KF117) (KF107)	\$ 38,593	38,593	38,593	-
Monroe County Sheriff's Office - S.A.F.E.	19,000	19,000	19,000	-
SF	60,000	60,000	60,000	-
Challenge Grant (KF217)	6,507	6,507	6,507	-
MHSA	471,414	471,414	471,414	-
Human Services Grant	102,039	102,039	102,039	-
Way West Police Dept.	10,000	10,000	10,000	-
Other	4,271	4,271	4,271	-
	<u>\$711,824</u>	<u>711,824</u>	<u>711,824</u>	<u>-</u>

SAMUEL'S HOUSE, INC.

Notes to Schedule of Financial Assistance

For the Year Ended December 31, 2008

(1) Summary of significant Accounting Policies

The accounting policies and presentation of the grants compliance report of Samuel's House, Inc., Inc. have been designed to conform to accounting principles generally accepted in the United States of America applicable to non-profit organizations, including the reporting and compliance requirements of the Single Audit Act of 1984 and Office of Management and Budget (OMB) Circular A-133, "Audits of States, Local Governments and Non-profit organizations".

Reporting Entity: -- The Single Audit Act of 1984 and OMB Circular A-133 set forth the audit and reporting requirements for Federal and State awards. Samuel's House, Inc. has included a Schedule of Financial Assistance to satisfy the audit requirements of the Government Grantor Agencies.

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

(2) Contingencies

Grant monies received and disbursed by Samuel's House, Inc. are for specific purposes and are subject to review by the grantor agencies. Such audits may result in request for reimbursement due to disallowed expenditures. Based on prior experience, management of Samuel's House, Inc. does not believe that such disallowance, if any, would have a material effect on the financial position of Samuel's House, Inc. Inc. As of June 1, 2009 there were no material questioned or disallowed costs as a result of grant audits in process or completed.

SAMUEL'S HOUSE, INC.

SCHEDULE OF FINDINGS AND QUESTIONED COSTS

YEAR ENDED DECEMBER 31, 2008

Section I – Summary of Auditor's Results

Financial Statements

Type of auditor's report issued:

Unqualified

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

Inappropriate assignment of grant responsibilities.

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

SAMUEL'S HOUSE, INC.
SCHEDULE OF FINDINGS AND QUESTIONED COSTS
YEAR ENDED DECEMBER 31, 2008

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

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

Identification of major programs:

<u>CFDA Number(s)</u>	<u>Name of Federal Program or Cluster</u>
N/A	

Dollar threshold used to distinguish between type A and type B programs: \$ 300,000

Auditee qualified as low risk auditee? Yes No

Section II – Financial Statements Findings

No reportable conditions were found during the audit of the financial statements.

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CORAL GABLES, FLORIDA 33134
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SHADI J. SHOMAR, C.P.A.
JOSE E. SMITH, C.P.A.
RODOLFO L. ORTIZ, CONSULTANT.

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
Samuel's House, Inc.:

We have audited the financial statements of Samuel's House, Inc. (the "Organization") as of and for the period ended December 31, 2008 and have issued our report thereon dated June 1, 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 Organization'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 the Organization'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. Our consideration of the internal control over financial reporting would not necessarily disclose all matters in the internal control over financial reporting 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 misstatements in amounts that would be material in relation to the financial statements being audited may occur and not be detected within a timely period by employees in the normal course of performing their assigned functions. We noted no matters involving the internal control over financial reporting and its operation that we consider to be reportable conditions as defined above.

This report is intended for the information of the Organization's Board of Directors, management, and officials of applicable federal and state agencies. However, if this report is a matter of public record, its distribution is not limited.

Smith, Betty, J. Byn PA

June 1, 2009

SMITH, ORTIZ, GOMEZ AND BUZZI, P.A.
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RODOLFO L. ORTIZ, CONSULTANT

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
Samuel's House, Inc.:

Compliance

We have audited the compliance of Samuel's House, Inc. (the "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 period ended December 31, 2008. The Organization's major federal programs are identified in the accompanying schedule of federal and State financial assistance. Compliance with the requirements of laws, regulations, contracts and grants applicable to each of its major federal programs is the responsibility of the Organization's management. Our responsibility is to express an opinion on the Organization'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 the Organization'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 Samuel's House, Inc.'s compliance with those requirements.

In our opinion, the Organization complied, in all material respects, with the requirements referred to above that are applicable to each of its major federal programs for the period ended December 31, 2008.

Internal Control Over Compliance

The management of the Organization 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 the Organization'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 Organization's Board of Directors, management, and officials of applicable federal and state agencies. However, if this is a matter of public record, its distribution is not limited.

Smith, Ortiz, King, Byn #

June 1, 2009

Return of (Under section (exce

ATTACHMENT H IRS 990

ie Tax Code

2008

Department of the Treasury Internal Revenue Service

The organization n.

quirements.

Open to Public Inspection

For the 2008 calendar year, or tax year beginning , 2008, and ending

- 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.

Samuel's House, Inc. 1614 Truesdell Court Key West, FL 33040

FILE COPY

D Employer Identification Number

65-0951120

E Telephone number

305-296-0240

G Gross receipts \$ 1,105,019.

F Name and address of principal officer:

Same As C Above

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 X 501(c) (3) (insert no.) 4947(a)(1) or 527

J Website: samuelshouse.org

H(c) Group exemption number

K Type of organization: X Corporation Trust Association Other

L Year of Formation:

M State of legal domicile:

Part I Summary

Table with 4 main sections: 1. Briefly describe the organization's mission or most significant activities: Providing temporary housing for displaced women. 2. Check this box if the organization discontinued its operations or disposed of more than 25% of its assets. 3. Number of voting members of the governing body (Part VI, line 1a). 4. Number of independent voting members of the governing body (Part VI, line 1b). 5. Total number of employees (Part V, line 2a). 6. Total number of volunteers (estimate if necessary). 7a Total gross unrelated business revenue from Part VIII, line 12, column (C). 7b Net unrelated business taxable income from Form 990-T, line 34. Revenue section: 8 Contributions and grants (Part VIII, line 1h). 9 Program service revenue (Part VIII, line 2g). 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). 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12). Expenses section: 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). 16a Professional fundraising fees (Part IX, column (A), line 11e). 16b Total fundraising expenses (Part IX, column (D), line 25). 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f). 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25). 19 Revenue less expenses. Subtract line 18 from line 12. Net Assets or Fund Balances section: 20 Total assets (Part X, line 16). 21 Total liabilities (Part X, line 26). 22 Net assets or fund balances. Subtract line 21 from line 20.

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

Non-Paid Preparer

Date

Check if self-employed

Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4

EIN

Phone no.

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

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

To provide short term housing and support services to temporarily displaced women.

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 \$ 981,020. including grants of \$ 10,919.) (Revenue \$ 231,389.)

Samuel's House provides a temporary shelter for women that have been displaced. These women come to us for a variety of reasons. Some have been recently released from jail, some have just been released from substance abuse treatment programs, and some have come to Samuel's House from abusive homes. While providing a safe haven for these women, Samuel's House also teaches them life skills which will enable them to re-enter society.

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 \$ 981,020. (Must equal Part IX, Line 25, column (B).)

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
b Have a family member who had a direct or indirect business relationship with the organization? <i>If 'Yes,' complete Schedule L, Part IV.</i>	X	
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II.</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I.</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1.</i>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI.</i>		X

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Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1 a	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable.		
1 a	19		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1 b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
1 c			
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
2 a	18		
2 b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
2 b			
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> this return. (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3 a			
b	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O		
3 b			
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4 a			
b	If 'Yes,' enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and Financial Accounts.		
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5 a			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5 b			
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?		
5 c			
6 a	Did the organization solicit any contributions that were not tax deductible?		X
6 a			
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?		
6 b			
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
7 a			
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		
7 b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7 c			
d	If 'Yes,' indicate the number of Forms 8282 filed during the year.		
7 d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7 e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7 f			
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
7 g			
h	For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? ..		X
7 h			
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
8			
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
9 a			
b	Did the organization make any distribution to a donor, donor advisor, or related person?		
9 b			
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12.	10 a	
b	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10 b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from other members or shareholders.	11 a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11 b	
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a	
b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.	12 b	

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

Section A. Governing Body and Management

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

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

Section B. Policies

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

Section C. Disclosures

- 17** List the states with which a copy of this Form 990 is required to be filed ▶ 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. See Schedule O
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization:
 ▶ Elmira Leto 1614 Truesdell Court, Key West, FL 33040 33040 305-296-0240

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Dale Finegan Director	4						0.	0.	0.	
Sandi Bazo President	2						0.	0.	0.	
Sharyn Ramirez Vice President	2						0.	0.	0.	
Noelia Carbonell Treasurer	4						0.	0.	0.	
Kim Gordon Director	2						0.	0.	0.	
Jeanmarie Keys Director	4						0.	0.	0.	
Bill Mauldin Director	2						0.	0.	0.	
Estrella Norris Director	2						0.	0.	0.	
Beth Oropeza Director	2						0.	0.	0.	
Susan Plowman Director	2						0.	0.	0.	
Genevieve Isaksen Director	2						0.	0.	0.	
Myra Wittenberg Director	4						0.	0.	0.	
Dorothy Witwer Director	2						0.	0.	0.	
George Witwer Director	2						0.	0.	0.	
Terri Mauldin Director	0						0.	0.	0.	
Elmira Leto Administrator	40				X		81,801.	0.	8,340.	

Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns.....	1 a				
	b Membership dues.....	1 b				
	c Fundraising events.....	1 c				
	d Related organizations.....	1 d				
	e Government grants (contributions).....	1 e 731,375.				
	f All other contributions, gifts, grants, and similar amounts not included above.....	1 f 98,998.				
	g Noncash contribns included in lns 1a-1f:.... \$					
h Total. Add lines 1a-1f.....		830,373.				
PROGRAM SERVICE REVENUE	2 a <u>Client rents</u>	Business Code	105,362.	105,362.		
	b <u>2nd Hand Sam's sales</u>		126,027.	126,027.		
	c -----					
	d -----					
	e -----					
	f All other program service revenue.....					
	g Total. Add lines 2a-2f.....		231,389.			
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts).....		1,202.		1,202.	
	4 Income from investment of tax-exempt bond proceeds.....					
	5 Royalties.....					
	6 a Gross Rents.....	(i) Real				
		(ii) Personal				
		b Less: rental expenses.....				
		c Rental income or (loss).....				
	d Net rental income or (loss).....					
	7 a Gross amount from sales of assets other than inventory.....	(i) Securities				
		(ii) Other				
		b Less: cost or other basis and sales expenses.....				
		c Gain or (loss).....				
	d Net gain or (loss).....					
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18.....	a 42,055.				
		b Less: direct expenses.....	b 8,712.			
c Net income or (loss) from fundraising events.....			33,343.	15,977.	17,366.	
9 a Gross income from gaming activities. See Part IV, line 19.....	a					
	b Less: direct expenses.....	b				
	c Net income or (loss) from gaming activities.....					
10 a Gross sales of inventory, less returns and allowances.....	a					
	b Less: cost of goods sold.....	b				
	c Net income or (loss) from sales of inventory.....					
Miscellaneous Revenue		Business Code				
11 a <u>Miscellaneous</u>	b -----					
	c -----					
	d All other revenue.....					
	e Total. Add lines 11a-11d.....					
	12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e.....		1,096,307.	247,366.	0.	18,568.

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).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(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	10,919.	10,919.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	1,321.	1,321.		
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	0.	0.	0.	0.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B))	0.	0.	0.	0.
7 Other salaries and wages	364,173.	266,562.	97,611.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	46,035.	33,613.	12,422.	
10 Payroll taxes	32,861.	25,394.	7,467.	
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	15,286.		15,286.	
d Lobbying				
e Prof fundraising svcs. See Part IV, ln 17				
f Investment management fees				
g Other				
12 Advertising and promotion	2,049.	1,690.	359.	
13 Office expenses	13,536.		13,536.	
14 Information technology				
15 Royalties				
16 Occupancy	62,858.	62,858.		
17 Travel	14,269.		14,269.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	87.	87.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	56,073.	56,073.		
23 Insurance	25,126.	25,126.		
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 <u>Mental health services</u>	252,499.	252,499.		
b <u>Contract labor</u>	126,992.	126,992.		
c <u>Supplies</u>	60,025.	60,025.		
d <u>Telephone</u>	16,199.	16,199.		
e <u>Maintenance and repairs</u>	16,184.	16,184.		
f All other expenses	59,789.	25,478.	26,492.	7,819.
25 Total functional expenses. Add lines 1 through 24f.	1,176,281.	981,020.	187,442.	7,819.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
ASSETS	1 Cash – non-interest-bearing	97,331.	1	
	2 Savings and temporary cash investments		2	98,224.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	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	50.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost basis	10a 1,019,833.		
	b Less: accumulated depreciation. Complete Part VI of Schedule D	10b 161,697.	914,209.	10c 858,136.
	11 Investments – publicly-traded securities		11	
	12 Investments – other securities. See Part IV, line 11.		12	
	13 Investments – program-related. See Part IV, line 11.		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11.		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)		1,011,540.	16	956,410.
LIABILITIES	17 Accounts payable and accrued expenses	3,000.	17	3,000.
	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		25	
	26 Total liabilities. Add lines 17 through 25		3,000.	26
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	94,331.	27	94,834.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets	914,209.	29	858,576.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, and equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances.	1,008,540.	33	953,410.
	34 Total liabilities and net assets/fund balances.	1,011,540.	34	956,410.

Part XI Financial Statements and Reporting

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
- b Were the organization's financial statements audited by an independent accountant?
- c If 'Yes' to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
- 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?
- b If 'Yes,' did the organization undergo the required audit or audits?

	Yes	No
2a		X
2b	X	
2c		X
3a	X	
3b	X	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')						
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						
4 Total. Add lines 1-3						
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						

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						
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.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	

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

Section C. Computation of Public Support Percentage

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

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

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)	307,384.	341,234.	1,071,390.	781,112.	830,373.	3,331,493.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose.	96,407.	104,252.	44,395.	118,848.	231,389.	595,291.
3 Gross receipts from activities that are not an unrelated trade or business under section 513.		6,622.	44,223.	31,213.	33,343.	115,401.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge.						0.
6 Total. Add lines 1-5.	403,791.	452,108.	1,160,008.	931,173.	1,095,105.	4,042,185.
7a Amounts included on lines 1, 2, 3 received from disqualified persons.	0.	0.	0.	0.	0.	0.
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.	0.	0.	0.	0.	0.	0.
c Add lines 7a and 7b.	0.	0.	0.	0.	0.	0.
8 Public support (Subtract line 7c from line 6.)						4,042,185.

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6.	403,791.	452,108.	1,160,008.	931,173.	1,095,105.	4,042,185.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	354.	47.	682.	1,480.	1,202.	3,765.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						0.
c Add lines 10a and 10b.	354.	47.	682.	1,480.	1,202.	3,765.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						0.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
13 Total support. (add lns 9, 10c, 11, and 12.)						4,045,950.
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	99.9%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g.	16	100.0%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	0.1%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	0.1%

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

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

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

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ **Attach to Form 990, 990-EZ and 990-PF**
▶ **See separate instructions.**

OMB No. 1545-0047

2008

Name of the organization

Samuel's House, Inc.

Employer identification number

65-0951120

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.)

General Rule –

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules –

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc, purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc, purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc, contributions of \$5,000 or more during the year.) ▶ \$ _____

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but they **must** answer 'No' on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Name of organization

Employer identification number

Samuel's House, Inc.

65-0951120

Part I Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	Monroe County Sheriff's Office 5525 College Road Key West, FL 33040	\$ 19,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	Concern Award-Health Foundatio 601 Brickell Key Drive Miami, FL 33131	\$ 60,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	Human Services Grant 1100 Simonton Street Key West, FL 33040	\$ 102,039.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	Emergency Shelter Grant 1317 Winewood Blvd Tallahassee, FL 32399-0700	\$ 38,593.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	Challenge Grant 1317 Winewood Blvd Tallahassee, FL 32399-0700	\$ 6,507.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	Key West Housing Authority 1400 Kennedy Drive Key West, FL 33040	\$ 134,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Samuel's House, Inc.

Employer identification number

65-0951120

Part I Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	Publix Grant 100 NE 183rd Street Miami, FL 33269	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	Schoen Foundation 1100 5th Avenue South Naples, FL 34102-6407	\$ 16,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	Substance Abuse Mental Health Servi 1 Choke Cherry Toad Rockville, MD 20857	\$ 471,414.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	Key West Police Department 1604 N Roosevelt Blvd Key West, FL 33040	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Samuel's House, Inc.

Employer identification number

65-0951120

Part II Noncash Property (see instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
6	Use of facilities located at 1614 Truesdell Court, Key West	\$ 134,000.	1/01/08

BAA

Name of organization

Samuel's House, Inc.

Employer identification number

65-0951120

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. (Complete cols (a) through (e) and the following line entry.)

For organizations completing Part III, enter total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once – see instructions.) ▶ \$ N/A

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

**SCHEDULE D
(Form 990)**

Supplemental Financial Statements

OMB No. 1545-0047

2008

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

Name of the organization

Samuel's House, Inc.

Employer identification number

65-0951120

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

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

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

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

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

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

<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 easement it holds?..... Yes No

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

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

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

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

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1..... ▶ \$ _____

(ii) Assets included in Form 990, Part X..... ▶ \$ _____

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

a Revenues included in Form 990, Part VIII, line 1..... ▶ \$ _____

b Assets included in Form 990, Part X..... ▶ \$ _____

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

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

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

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

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

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

1 a 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	1 c
d Additions during the year	1 d
e Distributions during the year	1 e
f Ending balance	1 f

2 a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If 'Yes,' explain the arrangement in Part XIV.

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

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

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

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

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

- (i) unrelated organizations Yes No
- (ii) related organizations Yes No

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book Value
1 a Land				
b Buildings		819,676.	63,428.	756,248.
c Leasehold improvements		49,394.	7,243.	42,151.
d Equipment		77,628.	39,537.	38,091.
e Other		73,135.	51,489.	21,646.
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				858,136.

BAA

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)		1,096,307.
2	Total expenses (Form 990, Part IX, column (A), line 25)		1,176,281.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		-79,974.
4	Net unrealized gains (losses) on investments		
5	Donated services and use of facilities		
6	Investment expenses		
7	Prior period adjustments		
8	Other (Describe in Part XIV) See Part XIV		
9	Total adjustments (net). Add lines 4-8		-14,053.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9		-94,027.

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

1	Total revenue, gains, and other support per audited financial statements		1	1,284,510.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains on investments	2a		
	b Donated services and use of facilities	2b		
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIV) See Part XIV	2d	188,203.	
	e Add lines 2a through 2d	2e		188,203.
3	Subtract line 2e from line 1		3	1,096,307.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investments expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIV)	4b		
	c Add lines 4a and 4b	4c		
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)		5	1,096,307.

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

1	Total expenses and losses per audited financial statements		1	1,378,537.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a		
	b Prior year adjustments	2b		
	c Losses reported on Form 990, Part IX, line 25	2c		
	d Other (Describe in Part XIV) See Part XIV	2d	202,256.	
	e Add lines 2a through 2d	2e		202,256.
3	Subtract line 2e from line 1		3	1,176,281.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investments expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIV)	4b		
	c Add lines 4a and 4b	4c		
5	Total expenses. Add lines 3 and 4c (This should equal Form 990, Part I, line 18.)		5	1,176,281.

Part XIV Supplemental Information

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

Samuel's House, Inc.

65-0951120

**Schedule D, Part XI, Line 8
Other Changes In Net Assets Or Fund Balances**

Errors discovered in audited financial statements.....	\$	-14,053.
Total	\$	<u>-14,053.</u>

**Schedule D, Part XII, Line 2d
Other Revenue Included In F/S But Not Included On Form 990**

Errors in audited financial statements.....	\$	179,491.
Special Events direct expenses.....		8,712.
Total	\$	<u>188,203.</u>

**Schedule D, Part XIII, Line 2d
Other Expenses And Losses Per Audited F/S**

Errors in audited financial statements.....	\$	193,544.
Special Event direct expenses.....		8,712.
Total	\$	<u>202,256.</u>

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

REVENUE		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events	
		Adopt - A - Mo (event type)	Golf Tournamen (event type)	1 (total number)	(Add col. (a) through col. (c))	
1	Gross receipts.....	16,544.	13,195.	12,167.	41,906.	
2	Less: Charitable contributions.....					
3	Gross revenue (line 1 minus line 2).....	16,544.	13,195.	12,167.	41,906.	
DIRECT EXPENSES	4	Cash prizes.....				
	5	Non-cash prizes.....				
	6	Rent/facility costs.....			3,262.	3,262.
	7	Other direct expenses.....	567.	4,017.	866.	5,450.
	8	Direct expense summary. Add lines 4- through 7 in column (d).....				8,712.
9	Net income summary. Combine lines 3 and 8 in column (d).....				33,194.	

Part III Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
		1	Gross revenue.....		
DIRECT EXPENSES	2	Cash prizes.....			
	3	Non-cash prizes.....			
	4	Rent/facility costs.....			
	5	Other direct expenses.....			
	6	Volunteer labor.....	Yes _____ % No _____ %	Yes _____ % No _____ %	Yes _____ % No _____ %
7	Direct expense summary. Add lines 2 through 5 in column (d).....				
8	Net gaming income summary. Combine lines 1 and 7 in column (d).....				

	YES	NO
9 Enter the state(s) in which the organization operates gaming activities: _____		
a Is the organization licensed to operate gaming activities in each of these states?.....	9a	
b If 'No,' Explain: ----- -----		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?.....	10a	
b If 'Yes,' Explain: ----- -----		
11 Does the organization operate gaming activities with nonmembers?.....	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?.....	12	

13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records:

Name: ▶ -----

Address: ▶ -----

15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?

15a	YES	NO
------------	-----	----

b If 'Yes,' enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____.

c If 'Yes,' enter name and address:

Name: ▶ -----

Address: ▶ -----

16 Gaming manager information

Name: ▶ -----

Gaming manager compensation ▶ \$ _____

Description of services provided: ▶ -----

Director/officer Employee Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

17a	YES	NO
------------	-----	----

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year: ▶ \$ _____

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Attach to Form 990 or Form 990-EZ.
▶ To be completed by organizations that answered
'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

Samuel's House, Inc.

Employer identification number

65-0951120

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).
To be completed by organizations that answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

To be completed by organizations that answered 'Yes' on Form 990, Part IV, line 26 or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total				▶	\$					

Part III Grants or Assistance Benefitting Interested Persons.

To be completed by organizations that answered 'Yes' on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

To be completed by organizations that answered 'Yes' on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction \$	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
Brittney Delgado	Niece	1,159.	Baby sitting services		X

**SCHEDULE M
(Form 990)**

Non-Cash Contributions

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Samuel's House, Inc.

Employer identification number

65-0951120

Part I Types of Property

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

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

29

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

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Area with horizontal dashed lines for supplemental information.

SCHEDULE O
(Form 990)

Supplemental Information to Form 990

OMB No. 1545-0047

2008

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Samuel's House, Inc.

Employer identification number

65-0951120

Form 990, Part VI, Line 2 - Business or Family Relationship of Officers, Directors, Etc.

Bill & Terri Mauldin are married.

George & Dorothy Witwer are married.

Form 990, Part VI, Line 10 - Form 990 Review Process

The executive committee was given a copy of Form 990 before filing for discussion purposes.

Form 990, Part VI, Line 15b - Compensation Review & Approval Process for Officers & Key Employees

The Board performed a market analysis of comparable salaries for similar staff positions.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

Upon request

Samuel's House, Inc.

Samuel's Hou.
ATTACHMENT I

**ATTACHMENT I
CURRENT FEE SCHEDULE**

ULE

HSAB Funding Request
April 23, 2010



Memo

To: Residents of Shelter
From: Elmira Leto, Executive Director
Date: March 21, 2007
Re: Client Fees and Linen Deposit

The Board of Directors has voted to increase Client Fees to \$100 dollars per week due to the increases of expenses to keep the doors open at Samuel House. Kindly, be prepared to pay \$100 on March 23, 2007. Those that pay with food stamps are still able to do so.

Also, there will be a \$100 deposit charge for linens that were issued to you when you came in and will be accessed against your fees until all items are returned when you leave the property. This has been done because there are too many items being taken when women vacate the property. **YOU DO NOT HAVE TO COME UP WITH AN ADDITIONAL \$100 AT THIS TIME, IT WILL ONLY BE ACCESSED AGAINST YOU IF YOU DO NOT RETURN THESE ITEMS TO HOUSE MANAGER OR MONITORS UPON LEAVING SAMUEL'S HOUSE.**

The following has been given to you:

1. (2) Sets of sheets
2. (2 each) Sets of towels, hand towels and wash cloths
3. (1) Blanket
4. (1) Bedspread
5. (1) Pillow
6. (1) Large plastic Bag for storage

In the event you do not have these items you must get with the House Manager and explain why. Remember you must turn these items back into the manager or monitor or you will be accessed \$100 against your client fees.

Also, if you are leaving Samuel's House, items left behind will be disposed of immediately. We do not have space for storage and cannot hold on to things for you. Your meds will be destroyed within 24 hours upon leaving property. In the event you are hospitalized or detained you must call us immediately so that you can make arrangements for someone to pick up your items the next day.

There are no exceptions to either of the above changes in policy for Samuel's House.

ATTACHMENT I
CURRENT FEE SCHEDULE

INVOICE
CLIENT FEES
SAMUEL'S HOUSE, INC.

TO: _____

CC: Client File

From: Elmira Leto, Executive Director

Date: _____

Re: WEEKLY CLIENT FEES

Upon your intake you agreed to pay a client fee of \$14.29 per day for services at Samuel's House. This fee is due every Friday by 7: p.m. Client fees can no longer accrue, they must be paid in full or you will be dismissed. Due to the economy we can no longer let client fees be paid late.

Amount Due: _____

You can pay client fees with the following:

1. CASH
2. CHECK
3. FOOD STAMPS
4. WIC

Thank You.

SAMUEL'S HOUSE, INC.

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

December 31, 2009

(provided w/ supplemental materials)

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SHADI J. SHOMAR, C.P.A.
JOSE E. SMITH, C.P.A.
RODOLFO L. ORTIZ, CONSULTANT.

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

INDEPENDENT AUDITORS' REPORT

To the Board of Directors of
Samuel's House, Inc.

We have audited the accompanying statement of financial position of the Samuel's House, Inc. (the "Organization") (a non-profit organization) as of December 31, 2009, and the related statements of activities, functional expenses and cash flows for the year then ended. These financial statements are the responsibility of the Organization's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit 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 Other Non-profit Organizations". Those standards and OMB Circular A-133 require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

In our opinion the financial statements referred to above present fairly, in all material respects, the financial position of the Organization, as of December 31, 2009, the results of its operations and its cash flows for the period 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 May 27, 2010 on our consideration of Samuel's House, Inc.'s internal control over financial reporting and our tests of its compliance with certain provisions of laws, regulations contracts and grants.

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

Smith, Ortiz, Gomez & Bugzi PA

May 27, 2010

SAMUEL'S HOUSE, INC.
Statement of Financial Position
December 31, 2009

Assets

Current assets	
Cash	\$ 36,043
Grant receivables	22,591
Restricted cash	<u>10,889</u>
Total current assets	<u>69,523</u>
Assets restricted to investment in furniture and equipment	1,021,653
Accumulated depreciation	<u>(215,575)</u>
Net assets restricted to investment in furniture and equipment	<u>806,078</u>
Other assets	<u>50</u>
Total assets	<u>\$ 875,651</u>

Liabilities and Net Assets

Current liabilities	
Accounts payable and accrued expenses	\$ <u>3,000</u>
Total current liabilities	<u>3,000</u>
Loan payable Marine bank	<u>40,000</u>
Net assets	
Unrestricted	26,573
Permanently restricted	<u>806,078</u>
Total net assets	<u>832,651</u>
Total liabilities and net assets	<u>\$ 875,651</u>

See accompanying notes to financial statements.

SAMUEL'S HOUSE, INC.

Statement of Activities

For the Year Ended December 31, 2009

Public support and revenue	
Grant revenue	\$ 803,715
Contributions - business sponsor	13,106
Contributions - Foundation	25,000
Contributed facilities	134,000
Fundraiser	24,189
Donations	57,447
Other income	<u>14,918</u>
	<u>1,072,375</u>
Revenue	
Program income - client fees	80,029
Program Services - 2 nd SAM	168,713
Reimbursed expenses	-
Investment income	<u>358</u>
Total revenue	<u>249,100</u>
Total public support and revenue	<u>1,321,475</u>
Program services expense	
Salaries and related costs	434,016
Fundraising expense	12,778
Program expense	61,723
Contract labor	100,613
Donated facilities	134,000
Equipment rental	7,020
Depreciation expense	54,722
Utilities and telephone	82,723
Office supplies	12,864
Drug Testing and Food	28,794
Insurance	53,641
Maintenance and repairs	18,871
Travel	8,924
Interest expense	1,039
Professional fees	310,213
Other operating expenses	<u>106,240</u>
Total expenses	<u>1,428,181</u>
Change in net assets	(106,706)
Net assets, beginning of year	<u>939,357</u>
Net assets, end of year	<u>\$ 832,651</u>

See accompanying notes to financial statements.

SAMUEL'S HOUSE, INC.
Statement of Cash Flows
For the Year Ended December 31, 2009

Cash flows from operating activities:	
Change in net assets	\$(106,706)
Adjustments to reconcile change in net assets to net cash provided by operating activities:	
Depreciation	54,722
Change in current assets, accounts payable and accrued expenses	<u>(12,199)</u>
Net cash used by operating activities	<u>(64,183)</u>
Cash flows from investing activities:	
Purchase of equipment	<u>(1,380)</u>
Net cash used by investing activities	<u>(1,380)</u>
Cash flows from financing activities:	
Net borrowings on loan payable	<u>40,000</u>
Net cash used by financing activities	<u>40,000</u>
Net decrease in cash and cash equivalents	(25,563)
Cash and cash equivalents, at beginning of year	<u>61,606</u>
Cash and cash equivalents, at end of year	<u>\$ 36,043</u>
Interest paid during the year	<u>\$ 1,039</u>

See accompanying notes to financial statements.

SAMUEL'S HOUSE, INC.

Notes to Financial Statements

For the Year Ended December 31, 2009

1. Summary of Significant Accounting Policies

a) Organization

Samuel's House, Inc, a/k/a The Mary S. Spottswood Women's Center ("the Organization") is a nonprofit organization which provides short term housing and support services to homeless women, women with children and the elderly. The Organization also provides substance abuse assistance services to its clientele. The Organization is located in Key West, Florida and was organized in August 1999.

b) Basis of Presentation

The Organization's financial statements have been prepared on the accrual basis of accounting and in conformity with the standards promulgated by the American Institute of Certified Public Accountants in its "Industry Audit Guide for Voluntary Health and Welfare Organizations". The specialized accounting and reporting principles and practices contained in the Audit Guide are preferable accounting practices in accordance with statement of Financial Accounting Standards Number 117, issued by the Financial Accounting Standards Board. Net assets and revenues, expenses, gains, and losses are classified based on the existence or absence of donor-imposed restrictions. Accordingly, net assets of the Organization and changes therein are classified and reported as follows:

- Temporarily restricted net assets - Net assets subject to donor-imposed stipulations that may or will be met, whether by actions of the Organization and/or the passage of time. When a restriction expires, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statement of activities as net assets released from restrictions.
- Permanently restricted net assets - Net assets subject to donor- and Board of Director imposed stipulations that they be maintained permanently by the Coalition. Generally, the donors of these assets permit the Organization to use all or part of the income earned on any related investments for general or specific purposes.

The primary source of revenue for the Organization consists of grants from governmental and other agencies which, absent a specific restriction by the grantor, are considered to be available for unrestricted use. Secondary source of revenue is from contributors. Grant revenue includes only that portion of the grant that was earned prior to the statement of financial position date. All grant funds received as of the statement of financial position date which are considered to be applicable to future periods are reflected as deferred revenue on the Statement of Financial Position.

SAMUEL'S HOUSE, INC.

Notes to Financial Statements

For the Year Ended December 31, 2009

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

b) Basis of Presentation - (Cont.)

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

Salaries and other expenses which are associated with 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) Assets Restricted to Investment in Furniture and Equipment

Assets restricted to Investment in Furniture and Equipment are stated at cost and include expenditures for improvements and betterment which substantially increase the useful lives of the assets.

Donated furniture and equipment with values in excess of \$1,000 represent "in-kind" donations to the Organization from private organizations and are recognized as support when received.

Depreciation is computed on the straight-line method over the estimated useful life of the assets, which is principally five (5) years. Maintenance and repairs are charged to operation as incurred.

d) Contributions

Contributions are considered unrestricted unless otherwise stated by donor. Restricted donations are initially recorded as temporarily restricted net assets. When a donor restriction expires or purpose of restriction is accomplished. Temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statement of activities as net assets released from restrictions.

SAMUEL'S HOUSE, INC.

Notes to Financial Statements

For the Year Ended December 31, 2009

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

e) Restricted Revenues Received, Related Program Expense and Deferred Support

Contract revenues presented in the statement of activities are principally cost reimbursement contracts and are stated at amounts equivalent to the program expenses incurred. Related program expenses incurred in excess of contract revenue received on cost reimbursement contracts are reflected as receivables from governments, to the extent realizable, on the statement of financial position. Contract receipts in excess of related program expenses are deferred and recognized as revenue in the period in which the matching program expenses is incurred.

The Organization records revenue when earned. All expenses are recorded on the accrual basis and are charged against operations when incurred. Donated materials are recorded at fair value on the date of donation as unrestricted support. Donated services have not been reflected in the financial statements. The impact of those services upon the financial statements is unknown as there is no objective basis available to measure the value of such services. However, because recognition of donated services are venue would also involve recognition of corresponding expenses, there would be no effect on the net assets.

f) Income Taxes

The Organization 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.

g) Allocation of Common Expenses

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

h) Cash and Cash Equivalents

For purposes of the statement of cash flows, the Organization considers all cash and other highly liquid investments with initial maturities of three months or less to be cash equivalents.

SAMUEL'S HOUSE, INC.

Notes to Financial Statements

For the Year Ended December 31, 2009

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

i) 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.

2. Summary of Funding, Accounts Receivable and Deferred Support.

The Organization is funded through grants from various funding sources. The following summarizes major grant activity for the period ended December 31, 2009.

	<u>Support</u>	<u>Receipt</u>
Emergency Shelter Grant	\$ 42,846	30,296
Monroe County Sheriff's Office-SAFF	8,000	8,000
Challenge Grant	10,401	9,417
HFSF	30,000	30,000
SAMHSA	544,352	544,352
Human Services Grant	79,974	70,917
Emergency Food & Shelter Program	29,642	29,642
5310 Grant	<u>58,500</u>	<u>58,500</u>
	<u>\$ 803,715</u>	<u>781,124</u>

Public support including contributions for the period ending December 31, 2009 amounted to \$803,715. At December 31, 2009 contracts and other receivable amounted to \$22,591.

SAMUEL'S HOUSE, INC.

Notes to Financial Statements

For the Year Ended December 31, 2009

3. Assets Restricted to Investment in Furniture and Equipment.

Furniture and office equipment, at cost, and accumulated depreciation are summarized as follows at December 31, 2009:

Building	\$ 820,116
Kitchen equipment	64,628
Furniture and appliances	70,232
Lease improvements	49,394
Books	350
Computer equipment	3,933
Vehicle	<u>13,000</u>
Total costs	1,021,653
Less accumulated depreciation	<u>(215,575)</u>
	<u>\$ 806,078</u>

Depreciation expense for the period ended December 31, 2009 amounted to \$54,722.

4. Facilities

Beginning January 1st, 2002, the Organization moved to a new site at an annual rental of \$1. This space is provided by the City of Key West Housing Authority. The Organization must keep property liability and flood insurance on the premises which is paid to Fidelity National Insurance Company (approximately \$2,411 per year). The lease also requires the Organization to maintain insurance in the amount of \$1,000,000. The value of the rent provided is reflected as revenue (donated facilities) and is estimated to be \$134,000 in value.

SAMUEL'S HOUSE, INC.

Notes to Financial Statements

For the Year Ended December 31, 2009

5. Commitments and Contingencies

The costs and unexpended funds reflected in the accompanying financial statements relating to government funded programs are subject to audit by the respective governmental agencies (funding sources). The possible disallowance by the related governmental agencies of any item charged to the program or request for the return of any unexpended funds cannot be determined at this time. No provision, for any liability that may result, has been made in the financial statements.

SAMUEL'S HOUSE, INC.

Schedule of Federal and State Financial Assistance
(Single Audit)

For the Year Ended December 31, 2009

<u>Program Title</u>	<u>Revenue Recognized</u>	<u>Program Receipts</u>	<u>Disbursements/ Expenditures</u>	<u>Accounts Receivable</u>
Emergency Shelter Grant (KF137)	\$ 42,846	30,296	42,846	12,550
Monroe County Sheriff's Office - S.A.F.F.	8,000	8,000	8,000	-
HFSF	30,000	30,000	30,000	-
Challenge Grant (KFZ26 & KPZ30)	10,401	9,417	10,401	984
SAMHSA	544,352	544,352	544,352	-
Emergency Food and Shelter Grant	29,642	29,642	29,642	-
Human Services Grant	79,974	70,917	79,974	9,057
5310 Grant	58,500	58,500	58,500	-
	<u>\$803,715</u>	<u>781,124</u>	<u>803,715</u>	<u>22,591</u>

SAMUEL'S HOUSE, INC.

Notes to Schedule of Financial Assistance

For the Year Ended December 31, 2009

(1) Summary of significant Accounting Policies

The accounting policies and presentation of the grants compliance report of Samuel's House, Inc., Inc. have been designed to conform to accounting principles generally accepted in the United States of America applicable to non-profit organizations, including the reporting and compliance requirements of the Single Audit Act of 1984 and Office of Management and Budget (OMB) Circular A-133, "Audits of States, Local Governments and Non-profit organizations".

Reporting Entity: -- The Single Audit Act of 1984 and OMB Circular A-133 set forth the audit and reporting requirements for Federal and State awards. Samuel's House, Inc. has included a Schedule of Financial Assistance to satisfy the audit requirements of the Government Grantor Agencies.

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

(2) Contingencies

Grant monies received and disbursed by Samuel's House, Inc. are for specific purposes and are subject to review by the grantor agencies. Such audits may result in request for reimbursement due to disallowed expenditures. Based on prior experience, management of Samuel's House, Inc. does not believe that such disallowance, if any, would have a material effect on the financial position of Samuel's House, Inc. As of May 27, 2010 there were no material questioned or disallowed costs as a result of grant audits in process or completed.

SAMUEL'S HOUSE, INC.

SCHEDULE OF FINDINGS AND QUESTIONED COSTS

YEAR ENDED DECEMBER 31, 2009



Section I – Summary of Auditor’s Results

Financial Statements

Type of auditor’s report issued:

Unqualified

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

Inappropriate assignment of grant responsibilities.

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

SAMUEL'S HOUSE, INC.

PAGE 2

SCHEDULE OF FINDINGS AND QUESTIONED COSTS

YEAR ENDED DECEMBER 31, 2009

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

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

Identification of major programs:

<u>CFDA Number(s)</u>	<u>Name of Federal Program or Cluster</u>
N/A	SAMHSA

Dollar threshold used to distinguish between type A and type B programs: \$ 300,000

Auditee qualified as low risk auditee? Yes No

Section II – Financial Statements Findings

No reportable conditions were found during the audit of the financial statements.

SAMUEL'S HOUSE, INC.

PAGE 3

SCHEDULE OF FINDINGS AND QUESTIONED COSTS

YEAR ENDED DECEMBER 31, 2009

Section III – Federal Award Findings and Questioned Costs

No reportable conditions were found during the audit of the financial statements.

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RODOLFO L. ORTIZ, CONSULTANT.

MEMBERS:
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FLORIDA INSTITUTE OF
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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
Samuel's House, Inc.:

We have audited the financial statements of Samuel's House, Inc. (the "Organization") as of and for the period ended December 31, 2009 and have issued our report thereon dated May 27, 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 Organization'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 the Organization'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. Our consideration of the internal control over financial reporting would not necessarily disclose all matters in the internal control over financial reporting 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 misstatements in amounts that would be material in relation to the financial statements being audited may occur and not be detected within a timely period by employees in the normal course of performing their assigned functions. We noted no matters involving the internal control over financial reporting and its operation that we consider to be reportable conditions as defined above.

This report is intended for the information of the Organization's Board of Directors, management, and officials of applicable federal and state agencies. However, if this report is a matter of public record, its distribution is not limited.

Smith, Ortiz, Gomez & Bessi PA

May 27, 2010

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MEMBERS:
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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
Samuel's House, Inc.:

Compliance

We have audited the compliance of Samuel's House, Inc. (the "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 period ended December 31, 2009. The Organization's major federal programs are identified in the accompanying schedule of federal and State financial assistance. Compliance with the requirements of laws, regulations, contracts and grants applicable to each of its major federal programs is the responsibility of the Organization's management. Our responsibility is to express an opinion on the Organization'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 the Organization'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 Samuel's House, Inc.'s compliance with those requirements.

In our opinion, the Organization complied, in all material respects, with the requirements referred to above that are applicable to each of its major federal programs for the period ended December 31, 2009.

Internal Control Over Compliance

The management of the Organization 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 the Organization'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 Organization's Board of Directors, management, and officials of applicable federal and state agencies. However, if this is a matter of public record, its distribution is not limited.

Smith, Ortiz, Gomez & Buzzi PA

May 27, 2010

SMITH, ORTIZ, GOMEZ AND BUZZI, P.A.
CERTIFIED PUBLIC ACCOUNTANTS
132 MINORCA AVENUE
CORAL GABLES, FLORIDA 33134
TEL. (305) 441-1012
FAX (305) 442-1138

JULIO M. BUZZI, C.P.A.
ANTONIO E. GOMEZ, C.P.A.
FERNANDO L. ORTIZ, C.P.A.
SHADI J. SHOMAR, C.P.A.
JOSE E. SMITH, C.P.A.
RODOLFO L. ORTIZ, CONSULTANT.

MEMBERS:
AMERICAN INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS
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
Samuel's House, Inc.:

Compliance

We have audited the compliance of Samuel's House, Inc. (the "Organization") (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 year ended December 31, 2009. The Organization'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 the Organization's management. Our responsibility is to express an opinion on the Organization's compliance based on our audit.

We conducted our audit of compliance in accordance with auditing standard 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 the Organization'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 Little Haiti Housing Organization, Inc.'s compliance with those requirements.

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

Internal Control Over Compliance

The management of the Organization 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 the Organization'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 Organization's Board of Directors, management, and officials of applicable federal and state agencies. However, if this is a matter of public record, its distribution is not limited.

Smith, Ortiz, Gomez & Buzzi PA

May 27, 2010

Samuel's House, Inc.

POSTAL SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

ATTACHMENT J
501 C 3

HSAB Funding Request
April 23, 2010 ASURY

APR 14 2004

Date:

SAMUELS HOUSE INC
1614 TRUESDELL CT
KEY WEST, FL 33040-0000

Employer Identification Number:
65-0951120

DLN:

17053087772044

Contact Person:

DAN W BERRY

ID# 31122

Contact Telephone Number:

(877) 829-5500

Public Charity Status:

170(b)(1)(A)(vi)

Dear Applicant:

Our letter dated December 1999, stated you would be exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code, and you would be treated as a public charity during an advance ruling period.

Based on our records and on the information you submitted, we are pleased to confirm that you are exempt under section 501(c)(3) of the Code, and you are classified as a public charity under the Code section listed in the heading of this letter.

Publication 557, Tax-Exempt Status for Your Organization, provides detailed information about your rights and responsibilities as an exempt organization. You may request a copy by calling the toll-free number for forms, (800) 829-3676. Information is also available on our Internet Web Site at www.irs.gov.

If you have general questions about exempt organizations, please call our toll-free number shown in the heading between 8:00 a.m. - 6:30 p.m. Eastern time.

Please keep this letter in your permanent records.

Sincerely yours,



Lois G. Lerner
Director, Exempt Organizations
Rulings and Agreements

Letter 1050 (DO/CG)

ATTACHMENT K
MONROE COUNTY/KEY WEST
OCCUPATIONAL LICENSES

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

RECEIPT # 46110-77216

Business Name: SAMUEL'S HOUSE INC

Owner Name: ELMIRA LETO
Mailing Address: 1614 TRUESDELL CT
KEY WEST, FL 33040

Exemption: 003-30.00: NON PROFIT
Business Location: 1614 TRUESDELL CT
KEY WEST, FL 33040
Business Phone: 305-296-0240
Business Type: PROFESSIONALS (HOMELESS
SHELTER/WOMEN & CHILD)

Rooms 0 Employees 0 Machines 0 / 0 Stalls 0
Seats 0

For Vending Business Only
Vending Type :

Tax Amount	Sub-Total	Penalty	Prior Years	Collection Cost	Total Paid
				\$0.00	

PAID-108-08-00005803 07/21/2009 0.00

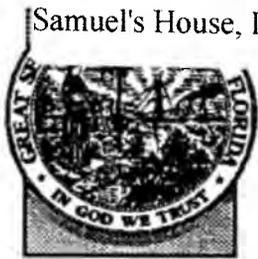
THIS RECEIPT MUST BE POSTED CONSPICUOUSLY IN YOUR PLACE OF BUSINESS

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.

MONROE COUNTY BUSINESS TAX RECEIPT



Samuel's House, Inc. Department of
JAMES H. BRON
Tallahassee, Florida

ATTACHMENT M
OTHER LICENSES/PERMITS

HSAB Funding Request
April 23, 2010

September 3, 2009

Division of Consumer Services
2005 Apalachee Pkwy
Tallahassee FL 32399-6500
Phone: 1-800-HELP-FLA
URL: <http://www.800helpfla.com>

Refer To: **CH11417**

SAMUEL'S HOUSE, INC.
1614 TRUESDELL CT
KEY WEST, FL 33040-4486

RE: SAMUEL'S HOUSE, INC.
REGISTRATION#: CH11417
EXPIRATION DATE: August 16, 2010

Dear Sir or Madam:

The above-named organization/sponsor has complied with the registration requirements of Chapter 496, Florida Statutes, the Solicitation of Contributions Act. A COPY OF THIS LETTER SHOULD BE RETAINED FOR YOUR RECORDS.

Every charitable organization or sponsor which is required to register under s. 496.405 must conspicuously display the registration number issued by the Department and in capital letters the following statement on every printed solicitation, written confirmation, receipt, or reminder of a contribution:

"A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE (800-435-7352) WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE."

The Solicitation of Contributions Act requires an annual renewal statement to be filed on or before the date of expiration of the previous registration. The Department will send a renewal package approximately 60 days prior to the date of expiration as shown above.

Thank you for your cooperation. If we may be of further assistance, please contact the Solicitation of Contributions section.

Sincerely,

Karena Jackson

Karena Jackson
Regulatory Consultant
1-800-HELP-FLA, (850) 488-2221
Fax: 850-410-3804
E-mail: jacksok@doacs.state.fl.us

State of Florida

Department of State

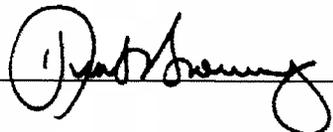
I certify from the records of this office that SAMUEL'S HOUSE, INC. is a corporation organized under the laws of the State of Florida, filed on August 9, 1999.

The document number of this corporation is N99000004692.

I further certify that said corporation has paid all fees due this office through December 31, 2010, that its most recent annual report was filed on January 5, 2010, and its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

Given under my hand and the Great Seal of Florida, at Tallahassee, the Capital, this the Eighth day of January, 2010



Secretary of State



Authentication ID: 400164534884-010810-N99000004692

To authenticate this certificate, visit the following site, enter this ID, and then follow the instructions displayed.

<https://efile.sunbiz.org/certauthver.html>

FA-008

Storable

ATTACHMENT N
FLORIDA HEALTH LICENSES

STATE OF FLORIDA
DEPARTMENT OF HEALTH

133685

OPERATING PERMIT

For: **Food Program-Residential Facilities**

Audit Control: **F00186**
Permit Number: **44-48-00204**

Issued To: **Samuel House**
1614 Truesdell Ct

County: **Monroe**

Key West, FL 33040

Issue Date: 09/16/08
Amount Paid: \$ 110.00
Date Paid: 9/16/08

Mailed To: **Samuel's House Inc./Mary Spottswood Women's Center**
1614 Truesdell Ct.

Permit Expires On:
September 30, 2009

Key West, FL 33040



ISSUED BY: Monroe County Health Dept.

3333 Overseas Highway, Marathon, Florida 33050 (305) 289-2721

ENVIRONMENTAL HEALTH ADMINISTRATOR

Please verify all information, make changes where applicable



STATE OF FLORIDA
DEPARTMENT OF HEALTH

(Non-Transferable)

133685

OFFICIAL RECEIPT

For: **Food Program-Residential Facilities**

Audit Control: **F00186**
Permit Number: **44-48-00204**

Issued To: **Samuel House**
1614 Truesdell Ct

County: **Monroe**

Key West, FL 33040

Issue Date: 09/16/08
Amount Paid: \$ 110.00
Date Paid: 9/16/08

Mailed To: **Samuel's House Inc./Mary Spottswood Women's Center**
1614 Truesdell Ct.

Permit Expires On:
September 30, 2009

Key West, FL 33040

Issued by: **Monroe County Health Dept.**

Check Number:
Date Paid: 9/16/08

) POLICIES AND PROCEDURES SECTION 2*

Personnel Policy (Per) 2.01. EQUAL EMPLOYMENT AND EQUAL SERVICES OBJECTIVES. It is the policy of SH to provide equal opportunity in all phases of its program and activities to all people, without regard to race, religion, marital status, age, national origin, handicap, or sexual orientation. The personnel policies and practices of SH will be reviewed and approved annually by the Board of Directors and/or the Executive Committee of SH.

Purpose: To provide uniformity in those matters that affect SH personnel.

Procedure: The equal employment/equal opportunity concept will apply to all employment practices, such as recruitment, selection, transfers, promotions, training, compensation, benefits, and terminations.

Per 2.01.1 QUALITY RECRUITMENT AND RETENTION. It is the policy of SH to attract the best people for the organization regardless of age, gender, color, race, religion, national origin, sexual orientation, or handicap.

Purpose: Retention of best-qualified personnel regardless of age, gender, color, race, religion, national origin, sexual orientation, or handicap.

Procedure: To implement this policy, SH has established written policies and procedures to provide an operating framework within which to ensure an equitable, efficient, and effective working environment.

Per 2.01.2 RECRUITMENT AND APPOINTMENT. (Purpose and Policy) It is the policy of SH to recruit, hire, train, and promote the best-qualified person(s) without regard to age, marital status, color, race, religion, national origin, handicap, sexual orientation, or any other discriminatory factor.

Procedure:

- The recruitment process will be conducted so as to ensure, to the extent practical, that persons from all sectors of the community are aware of available positions.
- SH will establish and maintain a system for receiving and investigating complaints from employees and other interested parties related to alleged discriminatory practices. (See Quality Assurance, Section 4).
- In implementing its commitment to equal employment opportunity, SH will make reasonable accommodations for applicants and employees with known disabilities who can perform the essential functions of the job with or without

* As a reference text, SH will use *Florida Employer's Guide: A Handbook of Employment Laws and Regulations*, Summers, Mark S., Summers Press, Inc., Ft. Worth, TX, 1997.

HSAB Funding Request
April 23, 2010

ATTACHMENT P
Most Recent HSAB Monitoring Report



SAMUEL'S HOUSE, Inc.

The Mary Spottswood Women's Center

"Speak Lord, for your servant is listening" 1 Samuel 3:9

Final Report **Human Services Grant** **Contract Period 10/01/08 – 09/30/09**

December 17, 2009

One hundred ninety four (194) women and children have been sheltered during the period of 10/01/08 through 09/30/09. Seventy three (73) of these clients were children and One hundred twenty one (121) were adults. Thirty four (34) or 18% of these clients were determined to be chronically homeless.

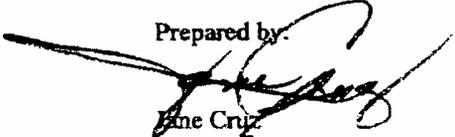
The major cause of these women and children being homeless is poverty, unemployment, loss of residence, low wages and lack of affordable housing. Other factors attributing to homelessness include drug and alcohol abuse, domestic violence, eviction, mental illness and HIV/AIDS.

The services provided by Samuel's House in addition to basic living needs are in house Case Management, Co-Dependency and AA/NA meetings, morning reflection, transportation, life skills counseling and basic life skills to include cooking, household sanitation management and budgeting of limited funds. Samuel's House offers Peer Support services and workshops to those women struggling with substance abuse and co-occurring disorders. We also have a full time Job Developer/Employment Counselor; with a current success rate of 79% in job placement.

Referrals are made to assist with legal difficulties through Legal Services of the Florida Keys, parenting and child care through Wesley House, anger management, mental health care and substance abuse counseling through Care Center, Depoo Hospital and the Guidance Clinic of the Middle Keys. Regular referrals are also made to DCF Economic Services, Women Kind, Roosevelt Sands Community Health Center, The Social Security Administration, Vocational Rehabilitation, Workforce, Rural Health Network, Lions Club, Literacy Volunteers and Florida Keys Community College.

*Client Demographics for the grant period are attached:

Prepared by:


Ene Cruz
Deputy Director

1614 Truesdell Court, Key West, FL 33040
Phone (305)296-0240 x 12 Fax (305) 296-4219 Email: samuelshouse2@comcast.net

Samuel's House, Inc.

ATTACHMENT Q
Data Showing Need for Program

HSAB Funding Request
April 23, 2010

Clients Demographics
From 10/01/2008 to 09/30/2009

	Total	Samuel's House
Ages as of 09/30/2009		
Child	73	73
Adult	121	121
Ethnicity		
Mexican/Chicano	0	0
Puerto Rican	0	0
Cuban	0	0
Hispanic/Latino	52	52
Non-Hispanic/Latino	142	142
Filipino	0	0
Armenian	0	0
Russian	0	0
Dont Know	0	0
Refused	0	0
Never Specified	0	0
Race		
American Indian/Alaskan Native	0	0
Asian	0	0
Black/African American	28	28
Native Hawaiian or Other Pacific Islander	1	1
White	148	148
American Indian/Alaskan Native & White	1	1
Asian & White	0	0
Black/African American & White	11	11
American Indian/Native Alaskan & Black/African American	0	0
Dont Know	5	5
Refused	0	0
Never Specified	0	0
Client Type		
Unaccompanied Adult	76	76
Unaccompanied Youth	0	0
Head of Household	43	43
Other Adult in Family	0	0
Child in Family	75	75
Gender		
Male	37	37
Female	157	157
Transgender M to F	0	0
Transgender F to M	0	0
Other	0	0
Dont Know	0	0
Refused	0	0
Were you ever foster care child		
No	22	22
Yes	0	0
Never Specified	172	172
Type of Services		

Permanent housing for formerly homeless persons	11	11
Psychiatric hospital or other psychiatric facility	1	1
Substance abuse treatment facility or detox center	0	0
Hospital (non-psychiatric)	0	0
Jail, prison or juvenile detention facility	0	0
Don't Know	0	0
Refused	0	0
Rental by client, no housing subsidy	16	16
Owned by client, no housing subsidy	1	1
Staying or living with family, temporary tenure (e.g., room, apar	16	16
Staying or living with friends, temporary tenure (.e.g, room apa	30	30
Hotel or motel paid without emergency center voucher	0	0
Foster care individual or group home	0	0
Place not meant for habitation	5	5
Other	0	0
Safe Haven	0	0
Rental by client, VASH Subsidy	0	0
Rental by client, other (non-VASH) housing subsidy	0	0
Owned by client, with housing subsidy	0	0
Staying or living with family, permanent tenure	4	4
Staying or living with friends, permanent tenure	8	8
Deceased	0	0
Never Specified	11	11
Reason Left		
No	0	0
Yes	58	58
Never Specified	21	21
Housing Status		
Literally homeless	19	19
Housed and at imminent risk of losing housing	0	0
Housed and at-risk of losing housing	0	0
Stably housed	0	0
Dont Know	0	0
Refused	0	0
Never Specified	175	175
Domestic Violence		
No	113	113
Yes	6	6
Never Specified	0	0
Disabling Condition		
No	109	109
Yes	9	9
Never Specified	0	0
Chronically Homeless		
No	84	84
Yes	34	34
Never Specified	0	0
Developmental Disability		
No	193	193
Yes	1	1
Never Specified	0	0
Physical Disability		

No	192	192
Yes	2	2
Never Specified	0	0
Transitional Age Youth		
No	73	73
Yes	0	0
Never Specified	0	0
Sex Offender		
No	0	0
Yes	0	0
Never Specified	118	118
Disability Status		
None	0	0
Learning	0	0
Speech	0	0
Development	0	0
Visual	0	0
Hearing	0	0
Mobility	0	0
Multiple	0	0
Other	0	0
Never Specified	194	194
Run throw away youth		
No	0	0
Yes	0	0
Never Specified	194	194
Veteran		
No	115	115
Yes	0	0
Never Specified	0	0
Income received from any source in past 30 days?		
No	23	23
Yes	18	18
Dont Know	0	0
Refused	0	0
Never Specified	153	153
Non cash benefit received from any source in past 30 days?		
No	19	19
Yes	11	11
Dont Know	0	0
Refused	0	0
Never Specified	164	164

Food	0	0
Transportation	0	0
Medicine	0	0
Rent	0	0
Doctor visits	0	0
Shower	0	0
Laundry	0	0
Case Management	0	0
Clothing	0	0
Other	0	0
Never Specified	194	194
Employed		
No	70	70
Yes	49	49
Never Specified	0	0
HIV/AIDS		
No	118	118
Yes	1	1
Never Specified	0	0
Mental illness		
No	82	82
Yes	37	37
Never Specified	0	0
Substance Abuse		
No	44	44
Yes	75	75
Never Specified	0	0
Primary drug choice		
Heroin	0	0
Cocaine/Crack	0	0
Hallucinogenic	0	0
Marijuana	0	0
Alcohol	0	0
Methamphetamine	0	0
Other	0	0
Not Applicable	0	0
Methadone	0	0
Opiates	0	0
Prescription/Pain Killers	0	0
Never Specified	194	194
Secondary drug choice		
Heroin	0	0
Cocaine/Crack	0	0
Hallucinogenic	0	0
Marijuana	0	0
Alcohol	0	0
Methamphetamine	0	0
Other	0	0
Not Applicable	0	0
Methadone	0	0
Opiates	0	0
Prescription/Pain Killers	0	0

Never Specified	194	194
Drug test performed		
No	0	0
Yes	194	194
Never Specified	0	0
Homeless History		
Previously homeless, currently at risk for homelessness	106	106
Never homeless, currently at risk for homelessness	6	6
Never homeless, not at risk for homelessness	1	1
Homeless, first experience, homeless less than one year	2	2
Homeless, homeless at least 4 times in the past 3 years	4	4
Homeless for a long period of time (more than one year)	0	0
Unknown	0	0
Never Specified	0	0
Prior episodes of homelessness		
1 time	12	12
2-3 times	9	9
4 or more times	5	5
Never Specified	168	168
Length of stay in Monroe county		
1 week or less	1	1
More than 1 week, less than 1 month	1	1
1 to 3 months	4	4
More than 3 months, less than 12 months	1	1
1 year or longer	19	19
Never Specified	168	168
Prior Living		
Emergency shelter, including hotel or motel paid for with emerg	12	12
Transitional housing for homeless persons (including homeless	6	6
Permanent housing for formerly homeless persons (such as SI	1	1
Psychiatric hospital or other psychiatric facility	2	2
Substance abuse treatment facility or detox center	3	3
Hospital (non-psychiatric)	0	0
Jail, prison or juvenile detention facility	17	17
Don't Know	1	1
Refused	0	0
Rental by client, no housing subsidy	30	30
Owned by client, no housing subsidy	2	2
Staying or living in a family member's room, apartment or hous	59	59
Staying or living in a friend's room, apartment or house	44	44
Hotel or motel paid for without emergency shelter voucher	0	0
Foster care individual or group home	0	0
Place not meant for habitation	17	17
Other	0	0
Safe Haven	0	0
Rental by client, with VASH housing subsidy	0	0
Rental by client, with other (non-VASH) housing subsidy	0	0
Owned by client, with housing subsidy	0	0
Never Specified	0	0
Destination		
Emergency shelter, including hotel or motel paid for with emerg	7	7
Transitional housing for homeless persons (including homeless	9	9

ATTACHMENT Q
Data Showing Need for Program

PLEASE NOTE

Data and statistics showing need for HSAB funding is included as part of Attachment P.

KEY WEST

THE CITIZEN

The Florida Keys' Only Daily Newspaper, Est. 1876

Miami Heat begins tough road series — Page 1B

50 Cent

February 4, 2010 ♦ Vol. 134 ♦ No. 35 ♦ 14 pages

near camp

More families living with others Latest homeless count shows new trends

BY JOHN L. GUERRA
Citizen Staff

Things are getting worse for families in the Florida Keys if the latest homeless count is any indication.

The Southernmost Homeless Assistance League (SHAL) — its volunteers armed with clipboards and survey questions — each year searches for indigent folks under bridges, in mangrove camps, abandoned buildings and cars and gathers facts about their

medical, mental health and other needs.

It also counts them, which gives the agency a figure to employ in state and federal grants, which the coalition of dozens of social services nonprofits uses to pay for services for the homeless, said Wendy Coles, executive director of the league.

Though this year's count found 1,020 indigent people, which is 20 fewer than last year's count, the results show an erosion of self-sufficiency for the working

poor, Coles said. One new trend: More families rely on friends and relatives for shelter.

"We counted more than 100 adults with their children living with friends and relatives," Coles said. "I point out that they are the invisible homeless, families with kids in the school system."

Another change from last year's count: The number of homeless in the Middle Keys and Upper keys has skyrocketed since last year, the



File photo by MIKE HENTZ/The Citizen

S'eanma Skees plays with her son, Michael, near Samuel's House in this file photo. Skees used to be homeless and addicted to drugs but was helped by the homeless shelter for women and children; she went on to join its staff.

See HOMELESS, page 5A

FROM PAGE 1

Homeless

Continued from page 1A

One such grant, from the U.S. Department of Housing and Urban Development, brings about \$475,000 to agencies in the Keys, Coles said. The county just received a \$750,000 state grant for family homelessness, but SHAL at first turned it down because of perceived difficulties in meeting the grant's requirements, such as finding a location to build a shelter and fulfilling timelines for pre-construction requirements.

The league subsequently changed its mind and new family homeless housing will be built on Poinciana Plaza property on Duck Avenue this year, Coles said.

New homeless information system software installed by the league in 2009 makes the count more detailed and allows Coles to crunch numbers at any

given moment, not just during the annual count. The software records and stores client-level information on the characteristics and service needs of homeless people. Using it, Coles and other nonprofits can coordinate care, manage their operations and better serve their clients, she said.

The Pathways software is an improvement over the old system because it links the league and other facilities under the Florida Keys Outreach Coalition with county service organizations outside its normal information technology network.

Using the system, Coles said, she can look up who's staying in which shelter, whether they are military veterans, what mental health or substance abuse programs they attend, their age, marital status — whatever

HOMELESS COUNT 2010

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
2010	449	142	128	301	1,020

* Before the creation of various special-needs housing programs

Source: South Florida Homeless Assistance League

information the league collects when indigent people sign in for shelters at night.

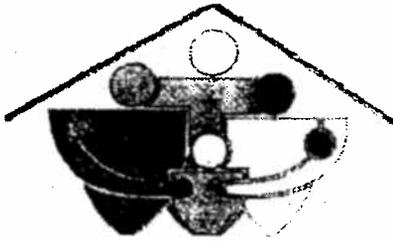
"It's instantaneous; we can pull all kinds of information off our database and massage and analyze the data," Coles said.

While the Keys Overnight Temporary Shelter, Samuel's House, Heron-Peacock Supported Living and other shelters already were tied into the old software, more than two dozen county organizations are linked with the Pathways system, Coles said. Among them are Wesley House Family Services, the Guidance Clinic and Care Center, Independence and Care Center, the Monroe Cay in Matathon, the Monroe Association of ReMARCable Citizens, Bahama Conch Community Land Trust, Florida Keys Children's Shelter and other nonprofits.

It can't catch every client, however. During the count last week, volunteers found a couple of homeless men using the emergency room at Lower Keys Medical Center to keep warm in the early morning hours. "They would sit as if in line to see the doctor, but when it became their turn, they said, 'No, thanks,' and left," Coles said.

"They were there to stay warm. That shows the importance of doing this every year so we can get shelter, food, clothing, medical and other help to those who need it," Coles said.

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SAMUEL'S HOUSE, Inc.

The Mary Spottswood Women's Center
"Speak Lord, for your servant is listening" 1 Samuel 3:9

Final Report Human Services Grant Contract Period 10/01/08 – 09/30/09

December 17, 2009

One hundred ninety four (194) women and children have been sheltered during the period of 10/01/08 through 09/30/09. Seventy three (73) of these clients were children and One hundred twenty one (121) were adults. Thirty four (34) or 18% of these clients were determined to be chronically homeless.

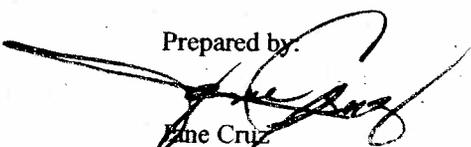
The major cause of these women and children being homeless is poverty, unemployment, loss of residence, low wages and lack of affordable housing. Other factors attributing to homelessness include drug and alcohol abuse, domestic violence, eviction, mental illness and HIV/AIDS.

The services provided by Samuel's House in addition to basic living needs are in house Case Management, Co-Dependency and AA/NA meetings, morning reflection, transportation, life skills counseling and basic life skills to include cooking, household sanitation management and budgeting of limited funds. Samuel's House offers Peer Support services and workshops to those women struggling with substance abuse and co-occurring disorders. We also have a full time Job Developer/Employment Counselor; with a current success rate of 79% in job placement.

Referrals are made to assist with legal difficulties through Legal Services of the Florida Keys, parenting and child care through Wesley House, anger management, mental health care and substance abuse counseling through Care Center, Depoo Hospital and the Guidance Clinic of the Middle Keys. Regular referrals are also made to DCF Economic Services, Women Kind, Roosevelt Sands Community Health Center, The Social Security Administration, Vocational Rehabilitation, Workforce, Rural Health Network, Lions Club, Literacy Volunteers and Florida Keys Community College.

*Client Demographics for the grant period are attached:

Prepared by:


Eline Cruz
Deputy Director

Clients Demographics
From 10/01/2008 to 09/30/2009

	Total	Samuel's House
Age as of 09/30/2009		
Child	73	73
Adult	121	121
Ethnicity		
Mexican/Chicano	0	0
Puerto Rican	0	0
Cuban	0	0
Hispanic/Latino	52	52
Non-Hispanic/Latino	142	142
Filipino	0	0
Armenian	0	0
Russian	0	0
Dont Know	0	0
Refused	0	0
Never Specified	0	0
Race		
American Indian/Alaskan Native	0	0
Asian	0	0
Black/African American	28	28
Native Hawaiian or Other Pacific Islander	1	1
White	148	148
American Indian/Alaskan Native & White	1	1
Asian & White	0	0
Black/African American & White	11	11
American Indian/Native Alaskan & Black/African American	0	0
Dont Know	5	5
Refused	0	0
Never Specified	0	0
Client Type		
Unaccompanied Adult	76	76
Unaccompanied Youth	0	0
Head of Household	43	43
Other Adult in Family	0	0
Child in Family	75	75
Gender		
Male	37	37
Female	157	157
Transgender M to F	0	0
Transgender F to M	0	0
Other	0	0
Dont Know	0	0
Refused	0	0
Were you ever foster care child		
No	22	22
Yes	0	0
Never Specified	172	172
Type of Services		

Food	0	0
Transportation	0	0
Medicine	0	0
Rent	0	0
Doctor visits	0	0
Shower	0	0
Laundry	0	0
Case Management	0	0
Clothing	0	0
Other	0	0
Never Specified	194	194

Employed

No	70	70
Yes	49	49
Never Specified	0	0

HIV/AIDS

No	118	118
Yes	1	1
Never Specified	0	0

Mental Illness

No	82	82
Yes	37	37
Never Specified	0	0

Substance Abuse

No	44	44
Yes	75	75
Never Specified	0	0

Primary drug choice

Heroin	0	0
Cocaine/Crack	0	0
Hallucinogenic	0	0
Marijuana	0	0
Alcohol	0	0
Methamphetamine	0	0
Other	0	0
Not Applicable	0	0
Methadone	0	0
Opiates	0	0
Prescription/Pain Killers	0	0
Never Specified	194	194

Secondary drug choice

Heroin	0	0
Cocaine/Crack	0	0
Hallucinogenic	0	0
Marijuana	0	0
Alcohol	0	0
Methamphetamine	0	0
Other	0	0
Not Applicable	0	0
Methadone	0	0
Opiates	0	0
Prescription/Pain Killers	0	0

Never Specified	194	194
Drug test performed		
No	0	0
Yes	194	194
Never Specified	0	0
Homeless History		
Previously homeless, currently at risk for homelessness	106	106
Never homeless, currently at risk for homelessness	6	6
Never homeless, not at risk for homelessness	1	1
Homeless, first experience, homeless less than one year	2	2
Homeless, homeless at least 4 times in the past 3 years	4	4
Homeless for a long period of time (more than one year)	0	0
Unknown	0	0
Never Specified	0	0
Prior episodes of homelessness		
1 time	12	12
2-3 times	9	9
4 or more times	5	5
Never Specified	168	168
Length of stay in Monroe county		
1 week or less	1	1
More than 1 week, less than 1 month	1	1
1 to 3 months	4	4
More than 3 months, less than 12 months	1	1
1 year or longer	19	19
Never Specified	168	168
Prior Living		
Emergency shelter, including hotel or motel paid for with emerg	12	12
Transitional housing for homeless persons (including homeless	6	6
Permanent housing for formerly homeless persons (such as SI	1	1
Psychiatric hospital or other psychiatric facility	2	2
Substance abuse treatment facility or detox center	3	3
Hospital (non-psychiatric)	0	0
Jail, prison or juvenile detention facility	17	17
Don't Know	1	1
Refused	0	0
Rental by client, no housing subsidy	30	30
Owned by client, no housing subsidy	2	2
Staying or living in a family member's room, apartment or hous	59	59
Staying or living in a friend's room, apartment or house	44	44
Hotel or motel paid for without emergency shelter voucher	0	0
Foster care individual or group home	0	0
Place not meant for habitation	17	17
Other	0	0
Safe Haven	0	0
Rental by client, with VASH housing subsidy	0	0
Rental by client, with other (non-VASH) housing subsidy	0	0
Owned by client, with housing subsidy	0	0
Never Specified	0	0
Destination		
Emergency shelter, including hotel or motel paid for with emerg	7	7
Transitional housing for homeless persons (including homeless	9	9

Permanent housing for formerly homeless persons	11	11
Psychiatric hospital or other psychiatric facility	1	1
Substance abuse treatment facility or detox center	0	0
Hospital (non-psychiatric)	0	0
Jail, prison or juvenile detention facility	0	0
Don't Know	0	0
Refused	0	0
Rental by client, no housing subsidy	16	16
Owned by client, no housing subsidy	1	1
Staying or living with family, temporary tenure (e.g., room, apar	16	16
Staying or living with friends, temporary tenure (.e.,g, room apa	30	30
Hotel or motel paid without emergency center voucher	0	0
Foster care individual or group home	0	0
Place not meant for habitation	5	5
Other	0	0
Safe Haven	0	0
Rental by client, VASH Subsidy	0	0
Rental by client, other (non-VASH) housing subsidy	0	0
Owned by client, with housing subsidy	0	0
Staying or living with family, permanent tenure	4	4
Staying or living with friends, permanent tenure	8	8
Deceased	0	0
Never Specified	11	11
Reason Left		
No	0	0
Yes	58	58
Never Specified	21	21
Housing Status		
Literally homeless	19	19
Housed and at imminent risk of losing housing	0	0
Housed and at-risk of losing housing	0	0
Stably housed	0	0
Dont Know	0	0
Refused	0	0
Never Specified	175	175
Domestic Violence		
No	113	113
Yes	6	6
Never Specified	0	0
Disabling Condition		
No	109	109
Yes	9	9
Never Specified	0	0
Chronically Homeless		
No	84	84
Yes	34	34
Never Specified	0	0
Developmental Disability		
No	193	193
Yes	1	1
Never Specified	0	0
Physical Disability		

No	192	192
Yes	2	2
Never Specified	0	0
Transitional Age Youth		
No	73	73
Yes	0	0
Never Specified	0	0
Sex Offender		
No	0	0
Yes	0	0
Never Specified	118	118
Disability Status		
None	0	0
Learning	0	0
Speech	0	0
Development	0	0
Visual	0	0
Hearing	0	0
Mobility	0	0
Multiple	0	0
Other	0	0
Never Specified	194	194
Run throw away youth		
No	0	0
Yes	0	0
Never Specified	194	194
Veteran		
No	115	115
Yes	0	0
Never Specified	0	0
Income received from any source in past 30 days?		
No	23	23
Yes	18	18
Dont Know	0	0
Refused	0	0
Never Specified	153	153
Non cash benefit received from any source in past 30 days?		
No	19	19
Yes	11	11
Dont Know	0	0
Refused	0	0
Never Specified	164	164