

**MONROE COUNTY
HUMAN SERVICES ADVISORY BOARD
Application for Funding
Fiscal Year 2013
October 1, 2012 – September 30, 2013**

RECEIVED
APR 24 REC'D
BY: _____

Agency Name	Domestic Abuse Shelter, Inc
Physical Address	Confidential
Mailing Address	P.O. Box 522696
City, State, Zip	Marathon Shores, FL 33052
Phone	(305) 743-5452
Fax	(305) 289-1589
Email	vrgarvin@aol.com
Who should we contact with questions about this application?	Venita Garvin Valdez, C.E.O.

Amount received for prior fiscal year ending 09/30/11	\$ 20,000.00
Amount received for current fiscal year ending 09/30/12	\$ 30,000.00
Amount requested for upcoming fiscal year ending 09/30/13	\$ 30,000.00

CERTIFICATION

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

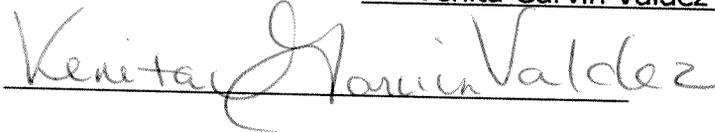
We affirm that the Agency will use Monroe County funds for the purposes as submitted in this Application for Funding. Any change will require written approval from the Monroe County Board of County Commissioners.

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

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

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

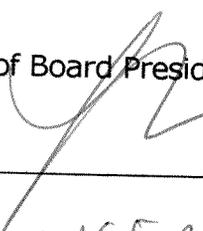
Typed Name of Executive Director: Venita Garvin Valdez

Signature 

Title: Chief Executive Officer

Date: 4-22-2012

Typed Name of Board President/Chairman: LARRY RAMN, V.P.
FOR PRESIDENT CAROLYN
AMBLER

Signature 

Title: VICEPRESIDENT

Date: 4-22-2012

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

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

The Domestic Abuse Shelter is a non-profit organization, providing comprehensive services to individuals and families experiencing domestic and sexual abuse. Our mission is to reduce the incidence and minimize the impact of domestic and sexual abuse in Monroe County by directing victims and abusers to the appropriate effective programs.

2. List the services your agency provides.

Emergency Shelter: Temporary emergency housing for victims of domestic and sexual violence and their dependents and/or their caretakers. Shelter is available for six weeks and is located at undisclosed locations in the Middle Keys and Lower Keys. Shelter services are accessed 24 hours a day via the hotline or during the day, in person at any of the outreach offices located throughout the keys. Emergency shelter services include food, clothing, transportation and other personal items.

24-hour hotline: Crisis counseling, advocacy, and information and referrals are available 24 hours a day, seven days a week via our toll-free hotline. The hotline is answered by staff and volunteers trained in the dynamics of domestic and sexual violence as well as area resources.

Counseling: Supportive counseling and emotional support are available by phone or face-to-face. Counseling may be crisis or short term, individual or group.

Information & Referral: Information and referrals are available 24 hours through the crisis line, in both shelters and during office hours at the outreach sites. The program staff are knowledgeable about area services and resources and provide information appropriate to the individual's request.

Service Management: Staff members assist program participants in identifying service requests, and developing goals and a service plan. Participants are supported in achieving their goals through staff support, advocacy and follow-up.

Advocacy: Staff members provide intervention with criminal justice and social services systems on behalf of and with permission of the participant to further goals and objectives initiated by the participant.

Assessment of Children: An assessment is completed within 24 hours on each child over two who resides in shelter. Every adult utilizing outreach services will be encouraged to have their child(ren) assessed by DAS staff. Children receive services to help process their feelings, develop non-violent coping strategies and create safety plans. Appropriate referrals for requested services are provided.

Community Education: DAS provides presentations to the public, both in person and through the media, on the incidence and dynamics of domestic violence and sexual assault. The primary emphasis of community education is awareness, knowledge education and prevention.

Professional Training: DAS provides training on the incidence and dynamics of domestic violence and/or sexual violence to professions in the community whose work brings them in contact with victims of these crimes. Professionals include law enforcement, local hospitals, courts, housing providers and others.

Sexual Assault Response Assistance: All shelter and outreach services are offered and available for victims of sexual violence. Additionally, all DAS victim advocates are trained to provide specific advocacy, counseling and emotional support for individuals who have been victims of a sexual assault.

Primary Prevention: Actions and strategies taken to prevent the likelihood of first offenses of intimate partner violence from occurring. This includes county events directed toward social and policy change as well as work with youth on directing forming behaviors and characters towards non perpetration / non victimization.

3. What specific services will be funded by this request?

Same

4. Funding category:

If you have been previously funded by HSAB, do you request to have the HSAB consider changing your funding category? Please circle yes or no: Yes No

If yes, please circle the new category for which you would like to be considered:

Medical Core Services Quality of Life

If you have not been previously funded, please circle the funding category that you believe best matches your services: Medical Core Services Quality of Life

5. Will County HSAB funds be used as match for a grant?

Yes

6. If you answered "yes" to Question #5, please specify the following for each grant:

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

Florida Coalition Against Domestic Violence Grant

Provide funding for operation and functioning of certified domestic violence centers in the state of Florida.

Emergency Shelter Grant

Department of Children and Families

Provide funding for the operation of two emergency shelters

b. grant amount:

Florida Coalition Against Domestic Violence - \$691,000

Emergency Shelter Grant - \$53,234.00

c. match percentage requirement and amount:

Florida Coalition Against Domestic Violence - \$12,422 - 20%

Emergency Shelter Grant - \$53,234.00 - 100%

d. expected award date:

Florida Coalition Against Domestic Violence - 07/01/2012

Emergency Shelter Grant - 07/01/2012

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

a. how the funds were spent

See response below

b. how they were used to leverage additional funding

The Domestic Abuse Shelter utilized the HSAB grant funding as a match toward the Florida Coalition Against Domestic Violence and Emergency Shelter services grants. Utilizing HSAB grant funding as match for the FCADV and ESG match requirements helped to position DAS to assure that \$744,234.00 dollars from these two funding sources continues to come to the Domestic Abuse Shelter and Monroe County for domestic violence services.

8. Do you plan to allocate any part of this HSAB grant, if awarded, as a sub-grant to another organization? *If yes, please list the recipient(s), the purpose(s), and amount(s). Please make sure these are included on Attachment D, under "Grants to Other Organizations."*

No

9. Does your organization allocate sub-grants to other organizations using other sources (non County) of funding? *If yes, please list the recipient(s), the purpose(s), and amount(s). Please make sure these are included on Attachment E, under "Grants to Other Organizations."*

No

10. Will you or have you applied for other sources of County funding? *If yes, please list source(s) and amount(s). Also be sure to reflect this information on Attachment F.*

Yes, Sheriff's Asset Forfeiture Fund - \$9,400 awarded for 2012-2013.

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

The problems DAS addresses are lack of physical safety, homelessness, loss of income, and individualized oppression of victims of domestic violence and sexual assault and their dependent children.

12. What statistical data support the needs listed in Question #11?
(If applying for \$5,000 or less, a response is not required.)

Statistical data related to the problem of domestic and sexual violence is obtained from the Florida Department of Law Enforcement. The most recent complete year of information at the time of writing this report is 2010. In 2010 the Florida Department of Law Enforcement reported 113,378 domestic violence offenses and 9,885 sexual violence crimes. In Monroe County in 2010 there were 29 rapes and 456 domestic violence offences reported by law enforcement. The majority of domestic violence and sexual assault crimes are not reported to the police. The Bureau of Justice estimates that only 31% of all rapes are reported. Thus if in Monroe County 29 rapes were reported, accordingly 64 unreported rapes occurred. Additionally, the National Resource Center on Domestic Violence states that 22% of women and 7% of men self report as having been victims of domestic violence and the National Resource Center on Sexual Violence reports 33% of females and 13% of males will be sexually assaulted in their lifetime. Based on the 2012 Census for Monroe County population (73,391), it is estimated that 11,097 women and 5,039 men in this county will be, have been, or are presently victims of domestic violence and/or sexual violence.

13. What are the causes (not the symptoms) of these problems?
(If applying for \$5,000 or less, a response is not required.)

Perpetrators of the crimes of Domestic Violence and Sexual Assault are the causes of a lack of physical safety, homelessness, loss of income and individualized oppression. These problems are exacerbated by insufficient criminal justice sanctions for Domestic Violence and Sexual Assault offenders. Holding the perpetrator accountable would increase the safety of the victim.

14. Describe your target population as specifically as possible.

The target population includes all domestic violence and sexual assault victims (male or female and their dependent children) who reside in or are visiting Monroe County. Shelter services are provided to individuals, or families who are victims of domestic violence or sexual assault who have no other safe housing options and are fleeing their abuser. Although the majority of adults served by DAS are female, DAS also serves male victims, including the provision of shelter services to males. DAS also accepts victims of domestic violence and/or sexual assault, who seek our services, fleeing domestic violence from other parts of the country. Shelter services are also available for self identified victims of domestic violence or sexual assault who are homeless as a result of the violence.

15. How are clients referred to your agency?

Clients of DAS are generally referred by Monroe County Sheriff's Office, the Key West Police Department, Monroe County Clerk of Courts, the Florida Coalition Against Domestic Violence Hotline, the NAVY, DCF, Wesley House and community professionals who come into contact with victims through therapy, legal assistance and/or medical treatment. As part of a working relationship with the State Attorney's office formal written requests for services are accepted from the State Attorney's Office for domestic violence survivors. Additionally, DAS accepts all requests for services, including self referred victims and concerned citizens who have viewed advertising/informational material or have knowledge of services as a result of word of mouth or the media.

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

Self-disclosure of victimization is accepted as verification of eligibility. Services are also offered by phone and/or mail to all victims of domestic violence listed on police reports. Services remain in place until the victim's needs are met. Emergency shelter is provided until safety is secured and the victim is able to return home or obtain an alternative safe environment.

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

DAS is an active member of the Southernmost Homeless Assistance League, The Florida Coalition of Domestic Violence, The Florida Council Against Sexual Assault and the Healthy Start Coalition. DAS is also the lead agency on the Monroe County Community Safety Task Force (CHANCE Coalition, Creating Healthy and Non-violence Community Environments, and actively participates in the Monroe County Community Alliance and the Alliance's Dependency subcommittee. Additionally, DAS also works closely with the NAVY and Monroe County Sheriff's Office, Department of Children and Families, Wesley House, the Clerk of Court's Office, Legal Services of Monroe County and the State Attorney's Office. Examples of networking include co-authorship of grants, combining and integrating staff and services, participating in case conferences, working with other agencies on joint projects and participating with other agencies in co-trainings and services provisions.

18. List all sites and hours of operation. Please note which of these sites will be using HSAB

funding.

Key Largo Outreach office ---- Monday 11-7, Tuesday thru Friday, 9am-5pm
Marathon Shelter ----- 24 hours/day, 7 days/week year round
Marathon Outreach (offered through St. Columba) Tuesday & Wednesday by appointment.
Key West Outreach Office ----- Monday thru Friday, 9am -5pm
Key West Shelter ----- 24 hours/day, 7 days/week year round

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

Currently, DAS brings in 1.3 million dollars in state and federal funds to provide services to victims of domestic violence and sexual assault and their dependent children in Monroe County. Meeting the cash match requirements for these funds has become increasingly difficult, positioning DAS to possibly not pursue additional grant revenue based on what DAS can realistically raise to meet match requirements. This would dramatically impact future funding from FCADV, DCF and other funders who require a match, and necessitate reductions in personnel and services provided. While DAS has realized success in its ability to secure significant grant dollars, DAS is not experiencing any significant funding increases in grant revenue received. In fact at the time of the submission of this application, DAS has been notified of 12% percent reduction in funding available through the Attorney General's Office, if that 12% loss is distributed equally throughout the programs funded, it may represent a \$46,450 loss of funding for DAS.

Securing local match for state and federal dollars is now even more crucial to sustaining current funding and service levels. DAS continues to vigorously pursue new funding opportunities; to sponsor annual fundraising events that have proven successful and to explore new initiatives with the potential for future revenues. Also a possible trend that will need to be explored further since it appears that local support is declining is the need to be aggressive with fundraising efforts beyond the borders of Monroe County, Florida.

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

Due to the losses of funding over the past several years, DAS remains faced with the challenge of continuing to provide services with fewer staff. Staff members are being reassigned to meet the needs of clients and may have to change their current work sites and hours. Full time positions may not be filled as they become open. DAS may use more part- time and relief staff to help provide 24 hour coverage to the shelter locations. DAS is actively working to recruit community volunteers to help answer the hotline and provide additional support services. DAS also solicits temporary employment throughout the state, and offers incentives to advocates from other state agencies to come and work temporarily.

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

There are survivors of domestic violence and/or sexual assault on the Board of Directors as well as employed by DAS. Additionally individuals applying for employment with DAS who disclose past victimizations, and/or previous clients, are given preferences similar to equitable work experience, in the hiring experience.

22. Is your agency monitored by an outside entity? If so, by whom and how often?
(If applying for \$5,000 or less, a response is not required.)

Annually, DAS is monitored by the Florida Coalition Against Domestic Violence, The Department of Children and Families, The Attorney General's Office District Representative, as well as local Fire & Health inspections to ensure compliance with health and safety standards. An annual fiscal audit is also performed by Orepeza and Parks.

23. Sixty-one hours of program service were contributed by 6 volunteers in the last year.

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

No

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

DAS will meet the needs of victims of domestic violence and/or sexual assault by assisting in securing improved safety for 95% of all clients. Additionally, DAS will meet the needs of victims of domestic violence and/or sexual assault by assisting in creating increased self-sufficiency/quality of life for 90% of all clients with a service plan. Service plans are completed on all clients receiving services for more than 2 face to face visits for outreach services or more than 3 days of service in shelter.

26. How will you measure these outcomes?

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

Outcomes will be measured by comparing initial self-reported needs assessments with client reported exit interview when available as well as progress on goals as reported in the service plan. Service plans are developed with all clients based on initial needs and then continually updated and expanded with the client as the life circumstances change.

27. Provide information about units of service below.

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

The Domestic Abuse Shelter, Inc has not engaged in a unit of service analysis. However, DAS's largest funder, the Florida Coalition Against Domestic Violence, headquartered in Tallahassee, Florida has determined by state formula that DAS requires \$691,000.00 to annually provide the array of services listed below which breaks down to \$57,583.00 per month and roughly \$1,919.00 per day for services.

Service	Unit (hour, session, day, etc.)	Cost per unit (current year)
Emergency Shelter	Per person per day	\$1,919.00 per day for the array of services listed in this entire chart.
24 Hour Hotline	Per call	
Counseling	Per session/per person	
Information & Referral	Per referral	
Service Management	Per session	
Advocacy	Per event	
Child Assessment	Per child	
Community Education	Per event and per person	
Professional Training	Per event and per person	
Sexual Assault Response Assistance	Per person/per session	
Primary Prevention	Per event/session and per person	

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

Please be advised that the following funding streams are no longer available to DAS. United Way of the Florida Keys funding to support operational support that was used towards match requirements. This former support was in the amount of \$8,000.00. United Way has funded for the upcoming year DAS \$4,000.00 to support DAS's primary Prevention programs.

Also, Challenge Grant funding will not be available for competition in the upcoming year. DAS has been successful in securing financial support in the amount of \$7500.00 to help support operations such as utilities, insurances, and communications. The Challenge Grant is administered via the local homeless coalition, SHAL, Southernmost Homeless Assistance League. Challenge Grant funding was not re-authorized in the past legislative budget for the State of Florida.

Required Attachments

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

ATTACHMENT CHECKLIST

LABEL AND ATTACH THE FOLLOWING IN THE ORDER SHOWN, AFTER THIS PAGE IF NOT APPLICABLE, PLEASE SO INDICATE AND EXPLAIN	ATTACHED?		COMMENTS You must explain any "NO" answers
	YES	NO	
A-1. Current Board Information Form	x		
B. Agency Compensation Detail	x		
C. Profile of Clients, Client Numbers and Services (Performance Report)	x		
D. County HSAB Funding Budget	x		
E. Agency Expenses	x		
F. Agency Revenue	x		
G. Copy of Audited Financial Statement from most recent fiscal year (2010) if organization's expenses are \$150,000 or greater.	x		
H. Copy of filed IRS Form 990 from most recent fiscal year (2010)	x		
I. Copy of current fee schedule			N/A
J. Copy of IRS Letter of Determination indicating 501 C 3 status & Copy of GUIDESTAR printout	x		
K. Copy of Current Monroe County and City Occupational Licenses	x		
L. Copy of Florida Dept. of Children And Families License or Certification	x		
M. Copy of any other Federal or State Licenses			N/A
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 (See Question 12)	x		
R. Other (specify) TWO PAGE LIMIT	x		

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

ATTACHMENT A2

DOMESTIC ABUSE SHELTER, INC.
Board of Director's Meeting
Friday December 9, 2011 – 5:30 PM
St. Columba Church
Marathon, FL

I. Call to Order

The meeting was called to order at 5:26 PM by President Larry Kahn

Board Members Present

President Larry Kahn

Directors Carolyn Ambler (via teleconference), Donna Hoffman, Jennifer Powell, Sheila Cantler (via teleconference), Suzie Neugent, Helen Crockett, Becky Shiflett, Cynthia Grant

Absent: Directors Kelly Wilson and Bernadette Restivo

Representing DAS, CEO Venita Garvin Valdez

II. Approval of Agenda

The agenda was approved with an addition of two topics: Community Leadership Training and Election of officers. Helen Crockett made the motion to accept the revised agenda and it was seconded by Cynthia Grant. Motion passed.

III. Approval of the November 30, 2011 Minutes

The minutes for November 30, 2011 were presented for approval. A revision was necessary to reflect the unanimous passage of a motion to accept Kelly Wilson as a new board member. A motion was then made by Carolyn Ambler and seconded by Donna Hoffman to approve the revised minutes. Motion carried unanimously.

IV. Review of the Financials

Venita reported that fundraising and expenses are both under budget. The board fundraising goal is \$5000/mos. The financials will be filed for audit.

V. CEO Report

Venita applied for a grant from Women Helping Women that we did not receive but the grant would not have been unrestricted funds and could not have been used for general operating expenses. DAS has won a \$5000 unrestricted grant from Winn Dixie.

Staffing update. The search for a Marathon Shelter Coordinator continues as the candidate who had accepted the position has since declined the position. There is a strong lead for another candidate for this position. The CEO may need to restructure the position of Director of Finance and Operations. This will require a review of the current duties and responsibilities for the incumbent and a potential reduction in salary as well as the addition of a p/t or contractual position.

A salary adjustment of \$3500 is being made to the Executive Assistant to the CEO position due

to exceptional performance and taking on additional responsibilities. The job description will be revised accordingly. This salary adjustment is within budget.

VI. Authorization to sign checks

A motion was made by Suzie Neugent and seconded by Helen Crockett for the following board members to have check signing authorization: Larry Kahn, Jennifer Powell, Donna Hoffman and Carolyn Ambler. Motion passed unanimously. This authorization is for are checks for any of our 3 banks and would be for payments to the CEO and/or payment of corporate credit card.

VII. Contractual arrangements.

It was reaffirmed that Venita Garvin Valdez as CEO of DAS is authorized to enter into contractual agreements and has check signing authority on behalf of the Domestic Abuse Shelter, Inc. A motion was made by Cynthia Grant and seconded by Becky Shiflett. Motion passed unanimously.

VIII. New Business

A. The Community Foundation conducts a Leadership Success Academy each year to which non-profit board members are invited. This is a 5 week program begins Feb. 15, 2012. Venita will distribute information to all board members with application deadline information. Interested board members can contact Venita. There is no limit to the number of spaces we may register for this training.

B. Election of officers: The county requires filing of officers among other documents. We postponed election of officers due to the recent resignation of multiple board members. With the recent appointment of several new board members it was agreed that election of officers needed to be completed. Nominations were made for all four offices:

President Carolyn Ambler (Nominated by Larry Kahn; second Cynthia Grant)

Vice President Larry Kahn (Nominated by Cynthia Grant; second Becky Shiflett)

Secretary Jennifer Powell (Nominated by Helen Crockett; second Sheila Cantler)

Treasurer Donna Hoffman (Nominated by Larry Kahn; second Helen Crockett)

All nominees accepted. Donna Hoffman made a motion to accept the slate as presented and it was seconded by Helen Crockett. Motion passed unanimously. New officers commence duties effective Saturday December 10, 2011.

IX. Adjournment

Before adjournment we committed to a meeting schedule through June 2012 of the third Wednesday of each month. The specific dates are as follows:

February 15

March 21

April 18

May 16

June 20

With the establishment of a regular schedule, board packets will be distributed for review one week before each meeting. There being no further business a motion was made by Suzie Nuegent and seconded by Helen Crockett to adjourn at 6:50 PM.

Respectfully submitted: Jennifer Powell

1. DAS met the needs of victims of domestic violence and/or sexual assault by assisting in securing improved safety for 99% of all shelter and outreach clients
2. DAS met the needs of victims of domestic violence and/or sexual assault by assisting in creating increased self-sufficiency/quality of life for 98% of all shelter and outreach clients.

Advocacy	All victims of domestic violence and or sexual assault	16,136 victims of domestic and/or sexual violence.	county-wide	7 days/24 hours	170	1	
Child Assessment	All victims of domestic violence and or sexual assault under the age of 18.	16,136 victims of domestic and/or sexual violence.	county-wide	7 days/24 hours	98	0	
Community Education	All individual residing in Monroe County.	73,391	county-wide	Mon-Fri 9am-5pm	30 events with 2018 attendees	0	
Professional Training	All individual residing in Monroe County.	73,391	county-wide	Mon-Fri 9am-5pm	15 events with 533 attendees	0	
Sexual Assault Response Assistance	All victims of sexual assault.	16,136 victims of sexual violence.	county-wide	7 days/24 hours	28	0	
Primary Prevention	Monroe County Youth	11,378 Monroe County Youth	county-wide	Mon-Fri 9am-5pm, or as needed	23 sessions/events with 938 attendance	0	
Unduplicated Clients for Entire Agency (see instructions - this is not a total of the numbers above)						854	35

ADDITIONAL INFORMATION REQUIRED:

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

Please list or describe achieved measurable outcomes for your target populations:

**ATTACHMENT C - PROFILE OF CLIENTS, CLIENT NUMBERS AND SERVICES (Performance Report)
2013**

Delete or type over sample information shown.

Domestic Abuse Shelter, Inc.

List Services Here	Target Population	# of Persons in Target Population	Area	Days/Hours	Total Number of Clients Served during most recent completed fiscal year	Current # of Clients ("snapshot") as of / /10
Emergency Shelter	All victims of current/recent domestic violence and or sexual assault who are homeless because of their victimization and/or are in need of a safe and confidential living space.	16,136 victims of domestic and/or sexual violence.	Country-wide	7 days/24 hours	281	29
24 Hour Hotline	All victims of domestic violence and or sexual assault + concerned citizens	16,136 victims of domestic and/or sexual violence.	Country-wide	7 days/24 hours	930	7
Counseling	All victims of domestic violence and or sexual assault	16,136 victims of domestic and/or sexual violence.	county-wide	7 days/24 hours	436	11
Information & Referral	All victims of domestic violence and or sexual assault and all persons seeking information about domestic violence and/or sexual assault	16,136 victims of domestic and/or sexual violence.	Country-wide	7 days/24 hours	1,047	6
Service Management	All victims of domestic violence and or sexual assault	16,136 victims of domestic and/or sexual violence.	county-wide	7 days/24 hours	241	12

ATTACHMENT E - AGENCY EXPENSES

2013

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

Domestic Abuse Shelter, Inc.

	Proposed Expense Budget for Upcoming Year Ending:		Projected Expenses for Current Year Ending:	
	6/30/2013		6/30/2012	
	Total	%	Total	%
Expenditures				
Salaries - Program	545,181	43%	511,435	42%
Payroll Taxes - Program	52,674	4%	54,139	0
Employee Benefits - Program	110,707	9%	99,321	0
Salaries - Administrative	223,054	18%	210,211	0
Payroll Taxes - Administrative	18,012	1%	18,199	1%
Employee Benefits - Administrative	19,145	2%	18,528	2%
Subtotal Personnel	968,773	76%	911,833	75%
Postage	3,062	0%	3,000	0%
Office Supplies	12,542	1%	13,000	1%
Telephone	37,064	3%	38,000	3%
Professional Fees	59,640	5%	47,963	4%
Rent	28,500	2%	28,500	2%
Utilities	36,778	3%	35,282	3%
Repair and Maint.	17,190	1%	11,800	1%
Travel	24,798	2%	40,700	3%
Miscellaneous		0		0
Grants to Other Organizations		0		0
List others below		0		0
Storage	1,560	0%	1,170	0%
Copiers	7,660	1%	7,300	1%
Insurance	23,930	2%	22,930	2%
Member Fee/Subscriptions	7,895	1%	9,100	1%
Advertising	3,800	0%	5,825	0%
Participant Program Services	37,930	3%	36,550	3%
Computers		0	2,250	0%
		0		0
		0		0
Total Expenses	1,271,122	100%	1,215,203	100%
Revenue Over/(Under) Expenses	0		0	

ATTACHMENT G

DOMESTIC ABUSE SHELTER, INC.
FINANCIAL STATEMENTS
FOR THE YEARS ENDED JUNE 30, 2011 AND 2010

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INDEPENDENT AUDITOR'S REPORT

Board of Directors
Domestic Abuse Shelter, Inc.
Marathon, Florida

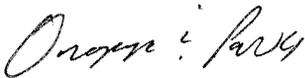
We have audited the accompanying statements of financial position of the Domestic Abuse Shelter, Inc. ("DAS") (a nonprofit organization) as of June 30, 2011 and 2010, and the related statements of activities, functional expenses, and cash flows for the years then ended. These financial statements are the responsibility of DAS's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards 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 the 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 DAS as of June 30, 2011 and 2010, and the changes in its net assets and its cash flows for the years then ended, in conformity with accounting principles generally accepted in the United States of America.

In accordance with *Government Auditing Standards*, we have also issued our report dated May 13, 2011 on our consideration of DAS's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* and should be considered in assessing the results of our audit.

Our audit was conducted for the purpose of forming an opinion on the basic financial statements of DAS taken as a whole. The accompanying schedule of expenditures 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 as a whole.



Key West, Florida

December 16, 2011

DOMESTIC ABUSE SHELTER, INC.
STATEMENTS OF FINANCIAL POSITION
FOR THE YEARS ENDED JUNE 30, 2011 AND 2010

	<u>2011</u>	<u>RESTATED 2010</u>
ASSETS		
CURRENT ASSETS		
Cash and cash equivalents	\$ 31,206	\$ 5,920
Account receivable	1,523	2,958
Grants receivable	131,157	103,820
Unconditional promises to give, current portion	2,501	2,397
Prepaid expenses	9,333	10,421
	<hr/>	<hr/>
TOTAL CURRENT ASSETS	175,720	125,516
	<hr/>	<hr/>
NON CURRENT ASSETS		
Property and equipment, net of accumulated depreciation of \$404,910 and \$370,880 in 2011 and 2010	616,949	650,979
Unconditional promises to give, net of current portion	223,443	225,944
Other assets	717	517
	<hr/>	<hr/>
TOTAL NONCURRENT ASSETS	841,109	877,440
	<hr/>	<hr/>
TOTAL ASSETS	<u>\$ 1,016,829</u>	<u>\$ 1,002,956</u>
	<hr/>	<hr/>
LIABILITIES AND NET ASSETS		
CURRENT LIABILITIES		
Bank overdraft	\$ -	\$ 10,994
Accounts payable	964	914
Accrued expenses	84,409	85,522
Line of credit	59,841	-
Deferred revenue	1,000	-
	<hr/>	<hr/>
TOTAL CURRENT LIABILITIES	146,214	97,430
	<hr/>	<hr/>
TOTAL LIABILITIES	146,214	97,430
	<hr/>	<hr/>
NET ASSETS		
Unrestricted	644,671	677,185
Temporarily Restricted	225,944	228,341
	<hr/>	<hr/>
TOTAL NET ASSETS	870,615	905,526
	<hr/>	<hr/>
TOTAL LIABILITIES AND NET ASSETS	<u>\$ 1,016,829</u>	<u>\$ 1,002,956</u>

The accompanying notes are an integral part of these financial statements.

DOMESTIC ABUSE SHELTER, INC.
STATEMENT OF ACTIVITIES
FOR THE YEAR ENDED JUNE 30, 2011

	<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>Total</u>
REVENUES:			
Grants	\$ 1,163,985	\$ -	\$ 1,163,985
Fundraising events, net of expenses of \$10,787	14,253	-	14,253
In-kind donations	108,790	-	108,790
Community support	33,030	-	33,030
United Way	14,136	-	14,136
Interest income	85	-	85
Net Assets released from restrictions: Satisfaction of requirements	2,397	(2,397)	-
TOTAL REVENUES	1,336,676	(2,397)	1,334,279
EXPENSES:			
Program services:			
Shelter	813,434	-	813,434
Outreach	239,389	-	239,389
Administrative and general	316,367	-	316,367
TOTAL EXPENSES	1,369,190	-	1,369,190
CHANGE IN NET ASSETS	(32,514)	(2,397)	(34,911)
NET ASSETS AT BEGINNING OF YEAR	677,185	228,341	905,526
NET ASSETS AT YEAR END	\$ 644,671	\$ 225,944	\$ 870,615

The accompanying notes are an integral part of these financial statements.

**DOMESTIC ABUSE SHELTER, INC.
STATEMENT OF ACTIVITIES – RESTATED
FOR THE YEAR ENDED JUNE 30, 2010**

	Unrestricted	Temporarily Restricted	Total
REVENUES:			
Grants	\$ 1,210,066	\$ -	\$ 1,210,066
Fundraising events, net of expenses of \$3,336	14,250	-	14,250
In-kind donations	93,829	-	93,829
Community support	21,645	-	21,645
United Way	18,751	-	18,751
Interest income	47	-	47
Net Assets released from restrictions:			
Satisfaction of requirements	2,296	(2,296)	-
TOTAL REVENUES	1,360,884	(2,296)	1,358,588
EXPENSES:			
Program services:			
Shelter and Outreach	1,231,662	-	1,231,662
Administrative and general	131,944	-	131,944
TOTAL EXPENSES	1,363,606	-	1,363,606
CHANGE IN NET ASSETS	(2,722)	(2,296)	(5,018)
NET ASSETS AT BEGINNING OF YEAR	679,907	230,637	910,544
NET ASSETS AT YEAR END	\$ 677,185	\$ 228,341	\$ 905,526

The accompanying notes are an integral part of these financial statements.

DOMESTIC ABUSE SHELTER, INC.
STATEMENTS OF CASH FLOWS
FOR THE YEARS ENDED JUNE 30, 2011 AND 2010

	<u>2011</u>	<u>RESTATED 2010</u>
CASH FLOWS FROM OPERATING ACTIVITIES		
Cash received from community support	\$ 50,784	\$ 225,950
Cash received from other revenues	1,260,905	1,131,782
Cash paid to suppliers and employees	(1,329,272)	(1,321,898)
Investment income	85	47
Interest paid	(6,063)	(2,534)
	<u>(23,561)</u>	<u>33,347</u>
CASH PROVIDED BY (USED FOR) OPERATING ACTIVITIES		
CASH FLOWS FROM INVESTING ACTIVITIES		
Capital expenditures	-	(58,270)
	<u>-</u>	<u>(58,270)</u>
CASH PROVIDED BY (USED FOR) INVESTING ACTIVITIES		
CASH FLOWS FROM FINANCING ACTIVITIES		
Proceeds from debt	472,838	-
Principal payments on long term debt	(412,997)	(100,000)
	<u>59,841</u>	<u>(100,000)</u>
CASH PROVIDED BY (USED FOR) FINANCING ACTIVITIES		
NET INCREASE (DECREASE) IN CASH	36,280	(124,923)
CASH AT BEGINNING OF YEAR	<u>(5,074)</u>	<u>119,849</u>
CASH AT END OF YEAR	<u><u>\$ 31,206</u></u>	<u><u>\$ (5,074)</u></u>
Adjustments to reconcile change in net assets to net cash provided by operations:		
(Decrease) in net assets	\$ (34,911)	\$ (5,018)
Depreciation	34,030	35,133
Changes in assets and liabilities:		
Decrease (increase) in accounts and other receivables	-	-
Decrease (increase) in prepaid expenses	1,088	-
Decrease (increase) in other assets	(200)	630
Increase (decrease) in accounts payable and accrued expenses	(1,063)	3,411
Increase (decrease) in deferred revenue	-	-
	<u>(1,056)</u>	<u>34,156</u>
Non cash transactions:		
In kind services, rent and donations	<u><u>\$ 108,790</u></u>	<u><u>\$ 93,829</u></u>

The accompanying notes are an integral part of these financial statements.

DOMESTIC ABUSE SHELTER, INC.
STATEMENT OF FUNCTIONAL EXPENSES
JUNE 30, 2011

	<u>Program Services</u>		<u>Total Program Services</u>	<u>Management and General</u>	<u>Totals</u>
	<u>Shelter</u>	<u>Outreach</u>			
Personnel expenses					
Salaries and wages	\$ 359,394	\$ 163,303	\$ 522,697	\$ 212,363	\$ 735,060
Employee benefits and taxes	117,682	30,607	148,289	43,857	192,146
Total Salaries and related expenses	477,076	193,910	670,986	256,220	927,206
Direct Expenses					
Advertising	2,845	700	3,545	2,403	5,948
Bank charges	837	-	837	20	857
Community education	-	4,585	4,585	-	4,585
Contractual services	20,971	5,718	26,689	13,897	40,586
Dues and subscriptions	1,914	-	1,914	6,040	7,954
Equipment and leasing	5,154	-	5,154	2,706	7,860
Insurance	18,831	193	19,024	116	19,140
Interest	6,063	-	6,063	-	6,063
Miscellaneous	446	-	446	2,565	3,011
Occupancy	29,475	17,160	46,635	1,560	48,195
Office expense	6,997	2,677	9,674	4,724	14,398
Program supplies	124,213	9	124,222	317	124,539
Repairs and maintenance	15,582	1,204	16,786	-	16,786
Taxes and licenses	1,372	-	1,372	-	1,372
Telephone	32,765	750	33,515	4,539	38,054
Travel	9,864	6,729	16,593	18,558	35,151
Utilities	25,607	5,754	31,361	2,094	33,455
Total expenses before depreciation	780,012	239,389	1,019,401	315,759	1,335,160
Depreciation	33,422	-	33,422	608	34,030
Total expenses after depreciation	\$ 813,434	\$ 239,389	\$ 1,052,823	\$ 316,367	\$1,369,190

The accompanying notes are an integral part of these financial statements.

DOMESTIC ABUSE SHELTER, INC.
STATEMENT OF FUNCTIONAL EXPENSES – RECLASSIFIED AND RESTATED
JUNE 30, 2010

	<u>Total Program Services</u>	<u>Management and General</u>	<u>Totals</u>
Personnel expenses			
Salaries and wages	\$ 657,662	\$ 81,233	\$ 738,895
Employee benefits and taxes	182,903	22,606	205,509
Total Salaries and related expenses	840,565	103,839	944,404
Direct Expenses			
Advertising	5,281	653	5,934
Bank charges	202	25	227
Contractual services	28,687	3,546	32,233
Dues and subscriptions	7,926	-	7,926
Equipment and leasing	6,702	828	7,530
Insurance	24,670	3,049	27,719
Interest	2,255	279	2,534
Miscellaneous	918	113	1,031
Occupancy	53,082	-	53,082
Office expense	15,463	1,911	17,374
Program supplies	102,707	-	102,707
Repairs and maintenance	20,132	2,489	22,621
Telephone	32,664	4,037	36,701
Travel	30,988	3,830	34,818
Utilities	28,152	3,480	31,632
Total expenses before depreciation	1,200,394	128,079	1,328,473
Depreciation	31,268	3,865	35,133
Total expenses after depreciation	\$ 1,231,662	\$ 131,944	\$1,363,606

The accompanying notes are an integral part of these financial statements.

DOMESTIC ABUSE SHELTER, INC.
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2011 AND 2010

Note 1 - Summary of Significant Accounting Policies

Organization

The Domestic Abuse Shelter, Inc. ("DAS") is a non-profit corporation organized under the laws of the State of Florida on November 18, 1983. DAS has been recognized by the Internal Revenue Service as tax exempt under Section 501(c)(3) of the Internal Revenue Code and files information returns accordingly. DAS provides domestic violence services for women and children as well as shelter, hotline, outreach and counseling information. DAS services are confined to Monroe County.

The accounting policies of Domestic Abuse Shelter, Inc. conform to accounting principles generally accepted in the United States of America. The following is a summary of the more significant policies:

Basis of presentation

The accompanying financial statements have been prepared on the accrual basis of accounting. Net assets and revenues, expenses, gains, and losses are classified based on the existence or absence of donor-imposed restrictions. Accordingly, net assets of Domestic Abuse Shelter, Inc. and changes therein are classified and reported as follows:

Unrestricted net assets – Net assets that are not subject to donor-imposed stipulations.

Temporarily restricted net assets – Net assets subject to donor-imposed stipulations that may or will be met, either by actions of the Domestic Abuse Shelter, Inc. 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-imposed stipulations that they be maintained permanently by the Domestic Abuse Shelter, Inc.. Generally, the donors of these assets permit the Domestic Abuse Shelter, Inc. to use all or part of the income earned on any related investments for specific purposes.

Support and Expenses

Contributions received and unconditional promises to give are measured at their fair values and are reported as increases in net assets. Conditional promises to give are recognized when the conditions on which they depend are substantially met. Unconditional promises to give due in the next year are recorded at their net realizable value. Unconditional promises to give due in subsequent years are reported at the present value of their net realizable value, using risk-free interest rates applicable to the years in which the promises were received. Domestic Abuse Shelter, Inc. reports gifts of cash and other assets as restricted support if they are received with donor stipulations that limit the use of the donated assets, or if they are designated as support for future periods. Contributions that are restricted by the donor are reported as increases in unrestricted net assets if the restrictions expire in the fiscal year in which the contributions are recognized. All other donor restricted contributions are reported as increases in temporary or permanently restricted net assets depending on the nature of the restrictions. When a donor or time restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statement of activity as net assets released from restrictions.

DAS reports gifts of goods and equipment as unrestricted support unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as restricted support. Absent explicit donor stipulations about how long those long-lived assets must be maintained, DAS reports expirations of donor restrictions when the donated or acquired long-lived assets are placed in service. Expenses are recorded when incurred in accordance with the accrual basis of accounting.

DOMESTIC ABUSE SHELTER, INC.
NOTES TO FINANCIAL STATEMENTS (continued)
JUNE 30, 2011 AND 2010

Note 1 - Summary of Significant Accounting Policies (Continued)

Use of Estimates

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

Cash and Cash Equivalents

For the purpose of the Statement of Cash Flows, DAS considers all highly liquid investments with a maturity of three months or less when purchased to be cash equivalents.

Concentrations of Credit and Market Risk

Financial instruments that potentially expose DAS to concentrations of credit and market risk consist primarily of cash equivalents and long-term debt. Cash equivalents are maintained at high-quality financial institutions and credit exposure is not limited to any one institution. DAS has not experienced any losses on its cash equivalents. Grant and accounts receivable are due primarily by government agencies and are deemed fully collectable.

Property and Equipment

Purchased property and equipment are recorded at cost. Donated assets are recorded at fair market value at the time of donation. Major renewals and betterments are capitalized while minor renewals and betterments are expensed as incurred. When assets are purchased with certain grant funds, they are subject to certain use restrictions and disposition procedures. Depreciation expenses are provided using the straight-line method over the estimated useful lives of the various classes of assets. The estimated useful lives of the principal classes of assets are as follows:

<u>Classification</u>	<u>Years</u>
Buildings and improvements	10 – 40
Equipment, furniture and fixtures	5 – 20
Auto	5

Income tax status

The Domestic Abuse Shelter, Inc. is a nonprofit organization that is exempt from income taxes under section 501(c)(3) of the Internal Revenue Code. Domestic Abuse Shelter, Inc. has also been classified as an entity that is not a private foundation within the meaning of section 509(a) and qualifies for deductible contributions as provided in section 170(b)(1)(A)(vi). Domestic Abuse Shelter, Inc. has no excise or unrelated business income taxes in the twelve months ended June 30, 2011 and 2010.

Receivables

Receivables are presented on the statement of financial position net of an allowance for doubtful accounts based on Domestic Abuse Shelter, Inc.'s assessment of collectability. As of June 30, 2011 and 2010, Domestic Abuse Shelter, Inc. considered all receivables to be collectible and no allowances have been recorded.

Functional Allocation of Expenses

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

DOMESTIC ABUSE SHELTER, INC.
NOTES TO FINANCIAL STATEMENTS (continued)
JUNE 30, 2011 AND 2010

Note 1 - Summary of Significant Accounting Policies (Continued)

Fair Values of Financial Instruments

The following methods and assumptions were used by DAS in estimating the fair value disclosures for financial instruments:

Cash and cash equivalents, certificates of deposit, accounts receivable, grants receivable, contributions receivables, interest receivable and payables – The carrying amounts reported in the statement of financial position approximate fair values due to relatively short maturities of these instruments.

Pledged contribution receivable – The fair value of these unconditional promises to give is estimated by discounting the future cash flows using a current risk-free rate of return, at the date of donation, based on the yield of a U.S. Treasury security with a maturity date similar to expected collection period. Typically, this is the five year treasury date.

Note 2 – Cash and Cash Equivalents

Custodial Credit Risk – Custodial credit risk is the risk that in the event of a bank failure, Domestic Abuse Shelter, Inc.'s deposits may not be returned to it.

Deposits

Domestic Abuse Shelter, Inc. maintains cash and certificates of deposit at financial institutions located in Marathon, Florida consisting of checking and money market accounts. Balances at each institution are insured by the Federal Deposit Insurance Corporation (FDIC) up to \$250,000 for 2010 and 2009. At June 30, 2011 and 2010, Domestic Abuse Shelter, Inc.'s uninsured balances for cash deposits totaled \$0 and \$0, respectively.

Interest income on deposits at local financial institutions for the years ended June 30, 2011 and 2010 were \$85 and \$47, respectively.

Note 3 – Property and Equipment

Property and equipment consisted of the following for the years ended June 30,

	2011	2010
Land	\$ 108,500	\$ 108,500
Buildings and improvements	718,823	718,823
Furniture and equipment	138,307	138,307
Auto	56,229	56,229
	1,021,859	1,021,859
Accumulated depreciation	(404,910)	(370,880)
Net property and equipment	\$ 616,949	\$ 650,979

Depreciation expense for the years ended June 30, 2011 and 2010 was \$34,030 and \$35,133, respectively.

Note 4 – Receivables

Accounts receivable

Outstanding balances with service providers and other clients are as follows:

DOMESTIC ABUSE SHELTER, INC.
NOTES TO FINANCIAL STATEMENTS (continued)
JUNE 30, 2011 AND 2010

Note 4 – Receivables (continued)

Accounts receivable (continued)

	2011	2010
Miscellaneous	\$ 1,523	\$ 2,958
	\$ 1,523	\$ 2,958

Grants receivable

Outstanding balances for grant providers are as follows:

	2011	2010
Monroe County Board of County Commissioners	\$ 1,667	\$ 2,500
Department of Children & Families – Emergency Shelter Grant	7,750	7,270
Monroe County Sheriff	1,375	-
United Way	667	-
Southernmost Homeless Assistance League	5,000	1,406
Florida Coalition Against Domestic Violence	56,683	56,682
Victims of Crime Act	58,015	35,962
	\$ 131,157	\$ 103,820

Note 5 – Unconditional Promises to Give

Unconditional promises to give as of June 30, 2011 and 2010:

	2011	2010
Bargain lease	\$ 463,539	\$ 475,983
Less discount to present value	237,595	247,642
Net unconditional promises to give	225,944	228,341
	2011	2010
Amounts due in:		
Current portion, receivable in less than one year	\$ 2,501	\$ 2,397
Receivable in one to five years	14,264	13,663
Receivable in more than five years	209,179	212,281
Total non current portion	223,443	225,944
	\$ 225,944	\$ 228,341

Unconditional promises to give in more than one year are reflected at the present value of estimated future cash flows using a discount rate of 4.40%.

DOMESTIC ABUSE SHELTER, INC.
NOTES TO FINANCIAL STATEMENTS (continued)
JUNE 30, 2011 AND 2010

Note 6 – Accounts Payable

Accounts payable as of June 30, 2011 consisted of amounts due to various vendors of \$964 and as of June 30, 2010 consisted of amounts due to various vendors of \$914.

Note 7 – Accrued Expenses

Accrued expenses as of June 30, 2011 and 2010 consisted of amounts due to employees for payroll, employee benefits, and vendors of \$84,409 and \$85,522, respectively.

Note 8 – Leases

Office space is donated to DAS by Monroe County, Florida. In addition, a residential unit is rented in the City of Key West at an annual cost of \$1 until January 2050. Also, residential parking is donated by a local citizen in Key West. DAS recognizes in-kind expense at the estimated fair market rental value. Total in-kind rent expense was \$16,044 and \$12,444 in 2011 and 2010 respectively, which is included in rent expense.

DAS leases office space in Key West and Key Largo under cancelable operating leases. Total rent expenses for the years ending June 30, 2011 and 2010 were \$48,195 and \$53,083, respectively.

Note 9 – Line of Credit

At June 30, 2011, DAS had a \$200,000 revolving line of credit agreement with a local bank. The amount outstanding under the line of credit bears an interest rate of 6.00%, is payable on demand and has a maturity date of August 1, 2011. The line of credit had assets pledged for security of real estate of shelter located in Marathon, Florida. At June 30, 2011 and 2010, DAS had an outstanding balance under the line of credit of \$59,841 and \$0. On August 12, 2011, the line of credit was renewed with an increase in the revolving amount to \$250,000 with a new maturity date of August 1, 2012.

Note 10 – In-Kind Donations

Donated Services, Goods, and Facilities

A substantial number of volunteers have donated time to DAS's program services and fund-raising campaigns during the year; however, these donated services are not reflected in the financial statements since the services do not meet the requirements for criteria for recognition under FASB ASC 958-605-50-1. Donated professional services (which include accounting, legal and physician services) are reflected in the statement of activities at their fair market value.

Materials and other assets received as donations are recorded and reflected in the accompanying financial statements at their fair values at the date of receipt.

	2011	2010
Rent, net of net present value adjustment of \$2,397 and \$2,297, respectively	\$ 13,647	\$ 10,147
Supplies	95,143	83,682
	\$ 108,790	\$ 93,829

Note 11 – Temporarily Restricted Net Assets

Temporarily restricted net assets as of June 30, 2011 and 2010:

	2011	2010
Present value of below market lease on supported independent living apartments	225,944	228,341
	\$ 225,944	\$ 228,341

DOMESTIC ABUSE SHELTER, INC.
NOTES TO FINANCIAL STATEMENTS (continued)
JUNE 30, 2011 AND 2010

Note 12 – Subsequent Events

In preparing the financial statements, the Domestic Abuse Shelter, Inc. has evaluated events and transactions for potential recognition or disclosure. Domestic Abuse Shelter, Inc. did not have any subsequent events or transactions requiring recording or disclosure in the financial statements through December 16, 2011, the date that the financial statements were available to be issued.

Note 13 – Reclassified amounts

The Statement of functional expenses for the year ending June 30, 2010, was reclassified for comparison purposes to June 30, 2011 line item classifications.

Note 14 – Prior period adjustment

The financial statements for the fiscal year ending June 30, 2010, were adjusted for an accrual of employee sick leave and prepaid insurance.

OTHER AUDITOR REPORTS

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

Board of Directors
Domestic Abuse Shelter, Inc.
Marathon, Florida

We have audited the financial statements of the Domestic Abuse Shelter, Inc. ("DAS"), (a nonprofit organization) as of and for the year ended June 30, 2011, and have issued our report thereon dated December 16, 2011. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States.

Internal Control Over Financial Reporting

In planning and performing our audit, we considered DAS's internal control over financial reporting as a basis for designing our auditing procedures for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of DAS's internal control over financial reporting. Accordingly, we do not express an opinion on the effectiveness of DAS's internal control over financial reporting.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct misstatements on timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis.

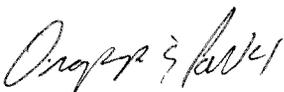
Our consideration of internal control over financial reporting was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over financial reporting that might be deficiencies, significant deficiencies, or material weaknesses. We identified certain significant and other deficiencies in internal control over financial reporting that we reported in a separate letter dated December 16, 2011. We consider Finding 1 contained in that letter to be a material weakness, as defined above. DAS's response to the findings identified in our audit is described in the accompanying schedule of findings and questions costs. We did not audit DAS's response and, accordingly, we express no opinion on it.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether DAS's financial statements are free of material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion.

The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

This report is intended solely for the information and use of the Board of Directors, management, Florida Auditor General, federal awarding agencies and pass-through entities and is not intended to be and should not be used by anyone other than these specified parties.



Key West, Florida
December 16, 2011

SINGLE AUDIT SECTION

**DOMESTIC ABUSE SHELTER, INC.
 SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
 FOR THE YEAR ENDED JUNE 30, 2011**

Federal Grantor Program Title FEDERAL AWARDS	CFDA Number	Grant Identification Number	Expenditures
<u>Department of Justice</u>			
Indirect Programs			
Passed through the State of Florida, Office of the Attorney General			
Crime Victims Assistance	16.575	V9167	88,199
Crime Victims Assistance	16.575	V10167	258,979
<u>U S Department of Health and Human Services</u>			
Indirect Programs			
Passed through the Florida Coalition Against Domestic Violence			
Temporary Assistance for Needy Families	93.558 *	11-2207	153,576
Family Violence Prevention and Services Act	93.671	11-2207	49,688
Passed through the Florida Department of Children and Families			
Emergency Shelter Grant	14.231 *	KFZ34	71,309
Total Expenditures of Federal Awards			\$ 621,751

* denotes major program

DOMESTIC ABUSE SHELTER, INC.
NOTES TO SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
FOR THE YEAR ENDED JUNE 30, 2011

Note 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The accounting policies and presentation of the Single Audit report of the DAS have been designed to conform to U.S. generally accepted accounting principles as applicable to Not-For-Profit organizations, including the reporting and compliance requirements of the Single Audit Act of 1984, as amended and Office of Management and Budget (OMB) Circular A-133, *Audits of States, Local Governments and Non-Profit Organization*.

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 cost contracts are recognized based on the units of services delivered.

Note 2 - CONTINGENCIES

Grant monies received and disbursed by DAS are for specific purposes and are subject to review by the grantor agencies. Such audits may result in requests for reimbursement due to disallowed expenditures. Based on prior experience, DAS does not believe that such disallowance, if any, would have a material effect on the financial position of DAS. As of December 16, 2011, there were no material questioned or disallowed costs as a result of grant audits in process or completed.

Note 3 - SUBRECIPIENTS

DAS did not provide any federal awards to subrecipients.

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

Board of Directors
Domestic Abuse Shelter, Inc.
Marathon, Florida

Compliance

We have audited the compliance of the Domestic Abuse Shelter, Inc. ("DAS") (a nonprofit 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 year ended June 30, 2011. DAS's major federal programs are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs. Compliance with the requirements of laws, regulations, contracts, and grants applicable to each of its major federal programs is the responsibility of DAS's management. Our responsibility is to express an opinion on DAS'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 Organization*. 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 DAS'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 of DAS's compliance with those requirements.

In our opinion, DAS 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 June 30, 2011.

Internal Control Over Compliance

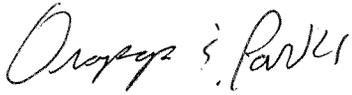
Management of DAS is responsible for establishing and maintaining effective internal control over compliance with the requirements of laws, regulations, contracts and grants applicable to federal programs. In planning and performing our audit, we considered DAS's internal control over compliance with the 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, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of DAS's internal control over compliance.

A deficiency in internal control over compliance exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. A *material weakness in internal control over compliance* is a deficiency, or combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis.

Our consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over compliance that might be deficiencies,

significant deficiencies, or material weaknesses. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses, as defined above.

This report is intended solely for the information and use of the Board of Directors, management, Florida Auditor General, federal and state awarding agencies and pass-through entities and is not intended to be and should not be used by anyone other than these specified parties.

A handwritten signature in black ink, appearing to read "Gregory S. Parker". The signature is written in a cursive style with a large initial "G".

Key West, Florida

December 16, 2011

**DOMESTIC ABUSE SHELTER, INC.
SCHEDULE OF FINDINGS AND QUESTIONED COSTS
FOR THE YEAR ENDED JUNE 30, 2011**

A. Summary of Auditor's Results

1. The auditor's report expresses an unqualified opinion on the financial statements of the Domestic Abuse Shelter, Inc.
2. Significant deficiencies in internal control disclosed during audit of the financial statements are referenced in the independent auditor's report on internal control over financial reporting and on compliance and other matters based on an audit of the financial statements performed in accordance with governmental auditing standards and reported in a separate letter dated December 16, 2011 as Findings 1 and 2. We consider Finding 1 contained in that letter to be a material weakness.
3. No instances of noncompliance material to the financial statements of the Domestic Abuse Shelter, Inc., which would be required to be reported in accordance with *Government Auditing Standards*, were disclosed during the audit.
4. There were no reportable conditions disclosed during the audit of the major federal award programs.
5. The auditor's report on compliance for the major federal award programs for the Domestic Abuse Shelter, Inc. expresses an unqualified opinion on the major federal programs.
6. There were no audit findings relative to the major federal award programs for the Domestic Abuse Shelter, Inc.
7. The programs tested as major include:

Federal Grantor Program Title	CFDA Number	Grant Identification Number	Expenditures
<u>U S Department of Health and Human Services</u>			
Indirect Programs			
Passed through the Florida Coalition Against Domestic Violence Temporary Assistance for Needy Families	93.558	11-2207	153,576
Florida Department of Children and Families Emergency Shelter Grant	14.231	KFZ34	71,309

8. The threshold used for distinguishing between Type A and Type B programs was \$300,000.
9. The Domestic Abuse Shelter, Inc. qualifies as a low-risk auditee for Federal award programs.

B. Findings – Financial Statement Audit

Finding 1

A review of employee benefits noted the liability associated with an extended period of time off for illness accrual was not recorded.

We recommend monthly accruals contain adjustments for all employee benefits.

DOMESTIC ABUSE SHELTER, INC.
SCHEDULE OF FINDINGS AND QUESTIONED COSTS (continued)
FOR THE YEAR ENDED JUNE 30, 2011

Finding 2

Financial institution confirmation indicated that two bank accounts were not updated in a timely manner to reflect changes in authorized check signers. In both instances, prior Board members still had check signing authority. This is a major weakness in internal controls and increases the potential for fraud and other abuse. Only current authorized members as designated by the Board should have important control over cash.

We recommend management annually review the authorized check signers on record with local banks and make any necessary updates as soon as possible.

C. Findings and Questioned Costs – Major Federal Award Programs Audit

None

**DOMESTIC ABUSE SHELTER, INC.
CORRECTIVE ACTION PLAN
FOR THE YEAR ENDED JUNE 30, 2011**

Contract Manager
Florida Coalition Against Domestic Violence
425 Office Plaza Drive
Tallahassee, FL 32301

RE: Auditor's Report
Contract 11-2207

The Domestic Abuse Shelter, Inc. submits the following Corrective Action Plan for the year ended June 30, 2011.

Name and address of independent accounting firm:

Oropeza & Parks, Certified Public Accountants
815 Peacock Plaza
Key West, FL 33040

Audit period: Year Ended June 30, 2011

The findings from the June 30, 2011 Schedule of Findings and Questioned Costs are discussed below. The findings are numbered consistently with the numbers in the schedule. Section A of the schedule, Summary of Audit Results, does not include any findings and is not addressed.

B. Findings – Financial Statement Audit

Finding 1 – We will incorporate a review of employee benefits with our general monthly accruals and will review and update employee benefit policies by June 30, 2012.

Finding 2 – We will implement a policy for management to review authorized check signers on record with local banks annually and will update current authorized signers on bank accounts, approved at Board meeting on December 9, 2011, immediately.

C Findings – Major Federal Award Programs

None noted

**DOMESTIC ABUSE SHELTER, INC.
CORRECTIVE ACTION PLAN
FOR THE YEAR ENDED JUNE 30, 2011**

Office of the Inspector General
Single Audit Unit
Building 5, Room 237
1317 Winewood Boulevard
Tallahassee, FL 32399-0700

RE: Auditor's Report
Contract Grant KFZ34

The Domestic Abuse Shelter, Inc. submits the following Corrective Action Plan for the year ended June 30, 2011.

Name and address of independent accounting firm:

Oropeza & Parks, Certified Public Accountants
815 Peacock Plaza
Key West, FL 33040

Audit period: Year Ended June 30, 2011

The findings from the June 30, 2011 Schedule of Findings and Questioned Costs are discussed below. The findings are numbered consistently with the numbers in the schedule. Section A of the schedule, Summary of Audit Results, does not include any findings and is not addressed.

B. Findings – Financial Statement Audit

Finding 1 – We will incorporate a review of employee benefits with our general monthly accruals and will review and update employee benefit policies by June 30, 2012.

Finding 2 – We will implement a policy for management to review authorized check signers on record with local banks annually and will update current authorized signers on bank accounts, approved at Board meeting on December 9, 2011, immediately.

C Findings – Major Federal Award Programs

None noted

**DOMESTIC ABUSE SHELTER, INC.
SCHEDULE OF PRIOR AUDIT FINDINGS FEDERAL AWARDS PROGRAMS
FOR THE YEAR ENDED JUNE 30, 2011**

Prior Year Findings and Questioned Costs – Major Federal Award Programs

**Finding
Number**

Prior Audit Finding

None

None

ATTACHMENT H

Return of Organization Exempt From Income Tax

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

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2010 calendar year, or tax year beginning 7/01, 2010, and ending 6/30, 2011

B Check if applicable:

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

D Employer Identification Number: 59-2153608

E Telephone number: (305) 743-5452

G Gross receipts \$: 1,331,419.

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

J Website: WWW.DOMESTICABUSEHELTER.ORG

K Form of organization: Corporation Trust Association Other

M State of legal domicile:

Part I Summary

1 Briefly describe the organization's mission or most significant activities: <u>TO PROVIDE COMPREHENSIVE SERVICES AND COMMUNITY EDUCATION FOR INDIVIDUALS AND FAMILIES EXPERIENCING DOMESTIC AND SEXUAL ABUSE. GOAL IS TO REDUCE THE INCIDENCE AND MINIMIZE THE IMPACT OF DOMESTIC AND SEXUAL ABUSE IN MONROE COUNTY BY DIRECTING THE APPROPRIATE, EFFECTIVE PROGRAMS AND</u>			
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
3 Number of voting members of the governing body (Part VI, line 1a)	3		9
4 Number of independent voting members of the governing body (Part VI, line 1b)	4		8
5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5		25
6 Total number of volunteers (estimate if necessary)	6		0
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a		0.
b Net unrelated business taxable income from Form 990-T, line 34	7b		0.
		Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)		<u>1,334,244.</u>	<u>1,306,294.</u>
9 Program service revenue (Part VIII, line 2g)			
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		<u>47.</u>	<u>85.</u>
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		<u>13,440.</u>	<u>14,253.</u>
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		<u>1,347,731.</u>	<u>1,320,632.</u>
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)		<u>939,703.</u>	<u>927,206.</u>
16a Professional fundraising fees (Part IX, column (A), line 11e)			
b Total fundraising expenses (Part IX, column (D), line 25)			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24d)		<u>406,049.</u>	<u>428,337.</u>
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		<u>1,345,752.</u>	<u>1,355,543.</u>
19 Revenue less expenses. Subtract line 18 from line 12		<u>1,979.</u>	<u>-34,911.</u>
		Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)		<u>989,563.</u>	<u>1,016,830.</u>
21 Total liabilities (Part X, line 26)		<u>38,184.</u>	<u>146,215.</u>
22 Net assets or fund balances. Subtract line 21 from line 20		<u>951,379.</u>	<u>870,615.</u>

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: VENITA GARVIN VALDEZ Date: _____
Type or print name and title: EXECUTIVE DIRECTOR

Paid Preparer Use Only

Print/Type preparer's name: JOHN G. PARKS, JR., CPA, P. Preparer's signature: [Signature] Date: 12/20/11
Firm's name: OROPEZA & PARKS, CPAS Check if self-employed PTIN: P00030067
Firm's address: 815 PEACOCK PLZ. KEY WEST, FL 33040 Firm's EIN: 65-0881671
Phone no.: (305) 294-1049

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III. [X]

1 Briefly describe the organization's mission:

SEE SCHEDULE O

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 [X] 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 [X] 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: [REDACTED]) (Expenses \$ 1,039,176. including grants of \$ [REDACTED]) (Revenue \$ [REDACTED])

DOMESTIC VIOLENCE SERVICES PROVIDED:

NUMBER OF ADULTS & CHILDREN SERVED: 854 (729 FEMALE, 123 MALE AND 2 TRANSGENDER)

819 DUE TO DOMESTIC VIOLENCE, 28 DUE TO SEXUAL ABUSE AND 7 DUE TO OTHER REASONS;

EQUIVALENT NUMBER OF DAYS SHELTERED: 10,339;

HOTLINE CALLS: 1,828;

OUTREACH PROGRAM ADULTS & CHILDREN SERVED: 351;

COUNSELING HOURS PROVIDED: 4,680;

INFORMATION & REFERRAL SERVICES PROVIDED: 5,412;

COMMUNITY PRESENTATIONS IN 30 SESSIONS TO TOTAL OF 2,018 PEOPLE;

PROFESSIONAL TRAINING IN 15 SESSIONS TO TOTAL OF 533 PEOPLE;

PRIMARY PREVENTION IN 23 SESSIONS TO TOTAL OF 938 PEOPLE

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

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

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

(Expenses \$ [REDACTED] including grants of \$ [REDACTED]) (Revenue \$ [REDACTED])

4e Total program service expenses ▶ 1,039,176.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)		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, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V		X
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	X	
b Did the organization report an amount for investments- other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII		X
c Did the organization report an amount for investments- program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Parts I and IV		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, Parts II and IV		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, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III		X
20 a Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H		X
b If 'Yes' to line 20a, did the organization attach its audited financial statements to this return Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

Part IV Checklist of Required Schedules (continued)

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

BAA

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V.

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. <input type="text" value="8"/>		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. <input type="text" value="0"/>		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? <input type="checkbox"/>		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. <input type="text" value="25"/>		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to file (see instructions) <input type="checkbox"/>	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? <input type="checkbox"/>		X
3b	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O. <input type="checkbox"/>		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? <input type="checkbox"/>		X
4b	If 'Yes,' enter the name of the foreign country: <input type="text" value="See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts."/>		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? <input type="checkbox"/>		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? <input type="checkbox"/>		X
5c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? <input type="checkbox"/>		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? <input type="checkbox"/>		X
6b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? <input type="checkbox"/>		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? <input type="checkbox"/>		X
7b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided? <input type="checkbox"/>		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? <input type="checkbox"/>		X
7d	If 'Yes,' indicate the number of Forms 8282 filed during the year. <input type="text" value=""/>		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? <input type="checkbox"/>		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? <input type="checkbox"/>		X
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? <input type="checkbox"/>		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? <input type="checkbox"/>		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organization Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? <input type="checkbox"/>		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966? <input type="checkbox"/>		
9b	Did the organization make a distribution to a donor, donor advisor, or related person? <input type="checkbox"/>		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12. <input type="text" value=""/>		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. <input type="text" value=""/>		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders. <input type="text" value=""/>		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) <input type="text" value=""/>		
12a	Section 4947(a)(1) nonexempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? <input type="checkbox"/>		
12b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. <input type="text" value=""/>		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. <input type="checkbox"/>		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. <input type="text" value=""/>		
13c	Enter the amount of reserves on hand. <input type="text" value=""/>		
14a	Did the organization receive any payments for indoor tanning services during the tax year? <input type="checkbox"/>		X
14b	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O. <input type="checkbox"/>		

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

Check if Schedule O contains a response to any question in this Part VI. X

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year.		
1a			9
b	Enter the number of voting members included in line 1a, above, who are independent		
1b			8
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?		X
2			
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
3			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
4			
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
5			
6	Does the organization have members or stockholders?		X
6			
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7a			
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
7b			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
8a			
b	Each committee with authority to act on behalf of the governing body?	X	
8b			
9	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
9			

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

	Yes	No
10a		X
10a		
b		
10b		
10b		
11a		X
11a		
b		
11b		
11b		
12a	X	
12a		
b	X	
12b		
12b		
c	X	
12c		
12c		
13	X	
13		
14	X	
14		
15		
15		
a		X
15a		
b		X
15b		
15b		
16a		X
16a		
b		
16b		
16b		

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed: NONE
- 18 Section 6104 requires an organization to make its 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:
 ▶ V GARVIN, P.O. BOX 2696 MARATHON SHORES FL 33052 (305) 743-5452

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

Check if Schedule O contains a response to any question in this Part VII.

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of 'key employee.'
- 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) of 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 neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(1) HAROLD BOYDEN DIRECTOR	1						0.	0.	0.	
(2) ANGELA GRUETZMANN DIRECTOR	1						0.	0.	0.	
(3) JO ANN WAGNER DIRECTOR	1						0.	0.	0.	
(4) SHEILA CANTLER DIRECTOR	1						0.	0.	0.	
(5) LARRY KAHN PRESIDENT & CEO	1						0.	0.	0.	
(6) KATALIN KOLER SECRETARY	1						0.	0.	0.	
(7) VENITA GARVIN VALDEZ CHIEF EXEC OFF	40				X		111,325.	0.	0.	
(8) -----										
(9) -----										
(10) -----										
(11) -----										
(12) -----										
(13) -----										
(14) -----										
(15) -----										
(16) -----										
(17) -----										

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Sch O)	(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			
(18) -----										
(19) -----										
(20) -----										
(21) -----										
(22) -----										
(23) -----										
(24) -----										
(25) -----										
(26) -----										
(27) -----										
(28) -----										
(29) -----										
1b Sub-total							111,325.	0.	0.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							111,325.	0.	0.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **▶ 1**

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

Section B. Independent Contractors

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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶ 0**

Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1a Federated campaigns	1a 14,136.			
	b Membership dues	1b			
	c Fundraising events	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e 1,163,985.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f 128,173.			
	g Noncash contributions included in lns 1a-1f: \$				
	h Total. Add lines 1a-1f.		1,306,294.		
PROGRAM SERVICE REVENUE	2a	Business Code			
	b				
	c				
	d				
	e				
	f All other program service revenue				
	g Total. Add lines 2a-2f.				
	3 Investment income (including dividends, interest and other similar amounts)		85.		85.
4 Income from investment of tax-exempt bond proceeds					
5 Royalties					
6a Gross Rents	(i) Real				
	(ii) Personal				
	b Less: rental expenses				
	c Rental income or (loss)				
d Net rental income or (loss)					
7a Gross amount from sales of assets other than inventory	(i) Securities				
	(ii) Other				
	b Less: cost or other basis and sales expenses				
	c Gain or (loss)				
d Net gain or (loss)					
OTHER REVENUE	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a 25,040.			
	b Less: direct expenses	b 10,787.			
	c Net income or (loss) from fundraising events		14,253.		14,253.
	9a Gross income from gaming activities. See Part IV, line 19	a			
b Less: direct expenses	b				
c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	a				
	b Less: cost of goods sold	b			
	c Net income or (loss) from sales of inventory				
Miscellaneous Revenue		Business Code			
11a MISC. INCOME					
b					
c					
d All other revenue					
e Total. Add lines 11a-11d.					
12 Total revenue. See instructions.		1,320,632.	0.	0.	14,338.

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				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	111,325.	0.	111,325.	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	623,735.	522,697.	101,038.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	132,495.	105,872.	26,623.	
10 Payroll taxes	59,651.	42,417.	17,234.	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	40,586.	26,689.	13,897.	
12 Advertising and promotion	5,948.	3,545.	2,403.	
13 Office expenses	14,398.	9,674.	4,724.	
14 Information technology				
15 Royalties				
16 Occupancy	34,548.	32,988.	1,560.	
17 Travel	35,151.	16,593.	18,558.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	6,063.	6,063.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	34,030.	33,422.	608.	
23 Insurance	19,140.	19,024.	116.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a PROGRAM SUPPLIES	124,539.	124,222.	317.	
b TELEPHONE	38,054.	33,515.	4,539.	
c UTILITIES	33,455.	31,361.	2,094.	
d REPAIRS & MAINTENANCE	16,786.	16,786.		
e DUES & SUBSCRIPTIONS	7,954.	1,914.	6,040.	
f All other expenses	17,685.	12,394.	5,291.	
25 Total functional expenses. Add lines 1 through 24f	1,355,543.	1,039,176.	316,367.	0.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
ASSETS	1 Cash – non-interest-bearing	1,887.	1	26,437.
	2 Savings and temporary cash investments	1,061.	2	4,769.
	3 Pledges and grants receivable, net	332,161.	3	357,101.
	4 Accounts receivable, net	2,957.	4	1,523.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	9,333.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,021,861.		
	b Less: accumulated depreciation	10b 404,911.	650,980.	10c 616,950.
	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	517.	15	717.
16 Total assets. Add lines 1 through 15 (must equal line 34)	989,563.	16	1,016,830.	
LIABILITIES	17 Accounts payable and accrued expenses	38,184.	17	85,373.
	18 Grants payable		18	
	19 Deferred revenue		19	1,000.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D		25	59,842.
	26 Total liabilities. Add lines 17 through 25	38,184.	26	146,215.
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	723,038.	27	644,671.
	28 Temporarily restricted net assets	228,341.	28	225,944.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	951,379.	33	870,615.
34 Total liabilities and net assets/fund balances.	989,563.	34	1,016,830.	

BAA

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI.

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,320,632.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,355,543.
3	Revenue less expenses. Subtract line 2 from line 1	3	-34,911.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	951,379.
5	Other changes in net assets or fund balances (explain in Schedule O) SEE SCHEDULE O	5	-45,853.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	870,615.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII.

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

BAA

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization

DOMESTIC ABUSE SHELTER, INC.

Employer identification number

59-2153608

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

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

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

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?		
(ii) A family member of a person described in (i) above?		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?		

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

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include 'unusual grants.') . . .	1,333,685.	1,120,525.	1,498,314.	1,334,244.	1,306,294.	6,593,062.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge.						0.
4 Total. Add lines 1 through 3.	1,333,685.	1,120,525.	1,498,314.	1,334,244.	1,306,294.	6,593,062.
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).						0.
6 Public support. Subtract line 5 from line 4.						6,593,062.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4.	1,333,685.	1,120,525.	1,498,314.	1,334,244.	1,306,294.	6,593,062.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	1,594.	288.	94.	47.	85.	2,108.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) SEE PART IV.	6,777.	4,045.	787.	2,420.		14,029.
11 Total support. Add lines 7 through 10.						6,609,199.
12 Gross receipts from related activities, etc (see instructions).					12	0.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)).	14	99.8%
15 Public support percentage from 2009 Schedule A, Part II, line 14.	15	99.5%

- 16a **33-1/3% support test— 2010.** 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. ▶
- 16b **33-1/3% support test— 2009.** 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— 2010.** 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. ▶
- 17b **10%-facts-and-circumstances test— 2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶
- 18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ▶

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal yr beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants'.)						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5 The value of services or facilities furnished by a governmental unit to the organization without charge.						
6 Total. Add lines 1 through 5.						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons.						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal yr beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)).	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17.	18	%

19a 33-1/3% support tests— 2010. 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— 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

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

12/20/11

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PART II, LINE 10 - OTHER INCOME

<u>NATURE AND SOURCE</u>	<u>2010</u>	<u>2009</u>	<u>2008</u>	<u>2007</u>	<u>2006</u>
OTHER INCOME					
TOTAL	\$ 0.	\$ 2,420.	\$ 787.	\$ 4,045.	\$ 6,777.

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization

Employer identification number

DOMESTIC ABUSE SHELTER, INC.

59-2153608

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

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

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

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

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax 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, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

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

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

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? 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 (ASC 958), 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 (ASC 958), 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 (ASC 958) 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 acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- (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 Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		108,500.		108,500.
b Buildings		243,332.	117,100.	126,232.
c Leasehold improvements		475,492.	128,039.	347,453.
d Equipment		194,537.	159,772.	34,765.
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				616,950.

BAA

Part VII Investments—Other Securities. See Form 990, Part X, line 12. N/A

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
Total. (Column (b) must equal Form 990 Part X, column (B) line 12.)		

Part VIII Investments—Program Related. (See Form 990, Part X, line 13) N/A

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)		

Part IX Other Assets. (See Form 990, Part X, line 15) N/A

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B), line 15)	

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

(a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) LINE OF CREDIT	59,842.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25)	59,842.

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)		1,320,632.
2	Total expenses (Form 990, Part IX, column (A), line 25)		1,355,543.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		-34,911.
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)		-45,853.
9	Total adjustments (net). Add lines 4 through 8		-45,853.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		-80,764.

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	1,320,632.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	a Net unrealized gains on investments	2a	
	b Donated services and use of facilities	2b	
	c Recoveries of prior year grants	2c	
	d Other (Describe in Part XIV)	2d	
	e Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	1,320,632.
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 must equal Form 990, Part I, line 12.)	5	1,320,632.

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

1	Total expenses and losses per audited financial statements	1	1,355,543.
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 Other losses	2c	
	d Other (Describe in Part XIV)	2d	
	e Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	1,355,543.
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 must equal Form 990, Part I, line 18.)	5	1,355,543.

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, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6a. List events with gross receipts greater than \$5,000.

REVENUE		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		FUNDRAISERS	(event type)	(total number)	(add column (a) through column (c))
	1	Gross receipts	25,040.		25,040.
	2	Less: Charitable contributions			
	3	Gross income (line 1 minus line 2)	25,040.		25,040.
DIRECT EXPENSES	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	10,787.		10,787.
	10	Direct expense summary. Add lines 4- through 9 in column (d)			
11	Net income summary. Combine line 3, column (d), and line 10				14,253.

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 column (a) through column (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, column (d) and line 7				

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? Yes No
 b If 'No,' explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
 b If 'Yes,' explain: _____

Supplemental Information to Form 990 or 990-EZ

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

DOMESTIC ABUSE SHELTER, INC.

Employer identification number

59-2153608

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

TO PROVIDE COMPREHENSIVE SERVICES AND COMMUNITY EDUCATION FOR INDIVIDUALS AND
FAMILIES EXPERIENCEING DOMESTIC AND SEXUAL ABUSE. GOAL IS TO REDUCE THE INCIDENCE
AND MINIMIZE THE IMPACT OF DOMESTIC AND SEXUAL ABUSE IN MONROE COUNTY BY DIRECTING
THE APPROPRIATE, EFFECTIVE PROGRAMS AND SERVICES TO VICTIMS.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

EXECUTIVE DIRECTOR REVIEWS THE FORM 990 BEFORE FILING. BOARD MEMBERS ARE GIVEN A
COPY AFTER THE FILING.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

GOVERNING DOCS, POLICIES AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

DOMESTIC ABUSE SHELTER, INC.

59-2153608

12/20/11

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FORM 990, PART XI, LINE 5
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

PRIOR PERIOD ADJUSTMENT	\$	-45,853.
TOTAL	\$	<u>-45,853.</u>

DOMESTIC ABUSE SHELTER, INC.

59-2153608

12/20/11

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	2010	2009	DIFF
REVENUE			
CONTRIBUTIONS AND GRANTS.....	1,306,294	1,334,244	-27,950
INVESTMENT INCOME.....	85	47	38
OTHER REVENUE.....	14,253	13,440	813
TOTAL REVENUE.....	1,320,632	1,347,731	-27,099
EXPENSES			
SALARIES, OTHER COMPEN., EMP. BENEFITS...	927,206	939,703	-12,497
OTHER EXPENSES.....	428,337	406,049	22,288
TOTAL EXPENSES.....	1,355,543	1,345,752	9,791
NET ASSETS OR FUND BALANCES			
REVENUE LESS EXPENSES.....	-34,911	1,979	-36,890
TOTAL ASSETS AT END OF YEAR.....	1,016,830	989,563	27,267
TOTAL LIABILITIES AT END OF YEAR.....	146,215	38,184	108,031
NET ASSETS/FUND BALANCES AT END OF YEAR.	870,615	951,379	-80,764

2010

GENERAL INFORMATION

PAGE 1

DOMESTIC ABUSE SHELTER, INC.

59-2153608

12/20/11

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FORMS NEEDED FOR THIS RETURN

FEDERAL: 990, SCH A, SCH D, SCH G, SCH O

CARRYOVERS TO 2011

NONE

ATTACHMENT J

Internal Revenue Service
District Director

Department of the Treasury

Date: NOV 18 1983

Employer Identification Number:
59-2153608
Accounting Period Ending:
December 31
Form 990 Required: Yes No

Domestic Abuse Shelter, Inc.
P. O. Box 1145
Key West, Florida 33040

Person to Contact:
M. Moore /ck
Contact Telephone Number:
(404) 221-4516
File Folder Number:
580044403

Dear Applicant:

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

We have further determined that you are not a private foundation within the meaning of section 509(a) of the Code, because you are an organization described in section 509(a)(1) & 170(b)(1)(A)(vi).

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

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

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

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

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

ATTACHMENT K

**2011 / 2012
MONROE COUNTY BUSINESS TAX RECEIPT
EXPIRES SEPTEMBER 30, 2012**

RECEIPT # 47161-10243

Business Name: MARIAN GLASS CTR /DOMESTIC ABUSE
SHELTER INC

Owner Name: MARIAN GLASS CENTER
Mailing Address: PO BOX 522696
MARATHON SHORES, FL 33052

Business Location: KEY VACA
MARATHON SHORES, FL 33052
Business Phone: 305-743-5452
Business Type: MISCELLANEOUS SERVICE (WOMENS SHELTER
CONFIDENTIAL IN)

Rooms **Seats** **Employees** **Machines** **Stalls**

5

Number of Machines:		For Vending Business Only			Vending Type:	
Tax Amount	Transfer Fee	Sub-Total	Penalty	Prior Years	Collection Cost	Total Paid
0.00	0.00	0.00	0.00	0.00	0.00	0.00

Paid 103-11-0000113 01/30/2012 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.

**2011 / 2012
MONROE COUNTY BUSINESS TAX RECEIPT
EXPIRES SEPTEMBER 30, 2012**

RECEIPT# 47161-92752

Business Name: DOMESTIC ABUSE SHELTER, INC
 Owner Name: DOMESTIC ABUSE SHELTER, INC
 Mailing Address: P O BOX 522696
 MARATHON SHORES, FL 33052
 Business Location: 10100 OVERSEAS HWY 5
 KEY LARGO, FL 33037
 Business Phone: 305-743-5452
 Business Type: MISCELLANEOUS SERVICE (ABUSE SHELTER)

Rooms **Seats** **Employees** **Machines** **Stalls**

5

Number of Machines:		For Vending Business Only			Vending Type	
Tax Amount	Transfer Fee	Sub-Total	Penalty	Prior Years	Collection Cost	Total Paid
0.00	0.00	0.00	0.00	0.00	0.00	0.00

Paid 301-11-00000122

12/13/2011

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.

**2011 / 2012
MONROE COUNTY BUSINESS TAX RECEIPT
EXPIRES SEPTEMBER 30, 2012**

RECEIPT # 47161-93504

Business Name: DOMESTIC ABUSE SHELTER, INC
 Owner Name: DOMESTIC ABUSE SHELTER, INC
 Mailing Address: PO BOX 522696
 MARATHON SHORES, FL 33052
 Business Location: 1623 SPALDING CT 2
 KEY WEST, FL 33040
 Business Phone: 305-743-5452
 Business Type: MISCELLANEOUS SERVICE (DOMESTIC ABUSE SHELTER)

Rooms **Seats** **Employees** **Machines** **Stalls**

1

Number of Machines:		For Vending Business Only			Vending Type:	
Tax Amount	Transfer Fee	Sub-Total	Penalty	Prior Years	Collection Cost	Total Paid
0.00	0.00	0.00	0.00	0.00	0.00	0.00

Paid 103-11-00001107 01/30/2012 0.00

THIS RECEIPT MUST BE POSTED CONSPICUOUSLY IN YOUR PLACE OF BUSINESS

THIS BECOMES A TAX RECEIPT
WHEN VALIDATED

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

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

ATTACHMENT L

State of Florida
Department of Children and Families

Certification

This is to certify that
Domestic Abuse Shelter
Key West

ID #: 400009

Has complied with the minimum standards in Section 39.905, Florida Statutes, and Chapter 65H-1, Florida Administrative Code, and is hereby certified as a Domestic Violence Center by the State of Florida, Department of Children and Families.

Expiration Date: September 30, 2012



Trula E. Motta, Director
Office of Domestic Violence Program

September 28, 2011

Date Issued



ATTACHMENT N



STATE OF FLORIDA
DEPARTMENT OF HEALTH
SANITATION CERTIFICATE
Food Hygiene - Other Residential - Full Service

Food Restrictions :

Issued To: **Domestic Abuse Shelter**
1623 Spaulding Ct
Unit 1 & 2
Key West, FL 33040

Mailed To: **The Domestic Abuse Shelter, Inc.**
P.O Box 522696
Marathon Shores, FL 33052

Permit Number: **44-48-1283515**
Audit Control: **44-BID-1784456**
County: **Monroe**
Amount Paid:
Date Paid:
Issue Date: **10/01/2011**
Permit Expires On: **09/30/2012**



William B. Kaufman

Monroe County Health Department
1100 Simonton St , Ofc 242
Key West, FL 33040

ORIGINAL - CUSTOMER (Non-Transferable) DISPLAY CERTIFICATE IN A CONSPICUOUS PLACE



City of Marathon Fire Rescue

Office of the fire marshal

8900 Overseas Hwy.

Marathon, FL 33050

"Dedicated to Community Fire Protection"

Emergency 911 Office 305-743-5266 Fax 305-289-9834

July 21, 2011

DAS
33052
Marathon, FL 33050

RE: Annual Fire Safety Inspection

Dear DAS,

Marathon Fire Rescue conducted a life safety inspection on July 21, 2011 and found no immediate life safety deficiencies. DAS meets all the requirements on this date, set forth by the Florida Fire Prevention Code and the Ordinances established by the City of Marathon.

If you have any questions, please call me at (305) 289-8938

Sincerely,

Adam J. Geaneas
Assistant Fire Marshal
City of Marathon Fire Rescue
geaneasa@marathonfire.net

CC: FILE



This is to verify that the property known as: **Domestic Abuse Center**

Located at the address listed. **1623 Spalding Ct. Unit(s) 1 & 2**

Were inspected by this office on the following date: **7/26/11**

By the following Fire Inspector: **DANNY BLANCO**

At the time of the said inspection, all areas concerning life safety were found to be in compliance with Safety 101 (NFPA) codes as required by this office and the City of Key West.

Please do not hesitate to contact this office if you have any questions or if I may be of any further assistance.

Danny Blanco, Capt. Fire Inspector
Key West Fire Department
1600 N. Roosevelt Boulevard
Key West, Florida 33040
305-809-3933 Office
305-292-8284 Fax
dblanco@keywestcity.com

Serving the Southernmost City

ATTACHMENT O

rental and when appropriate air fare (economy class), will be arranged by administration or a designee.

- Food expenses will be reimbursed up to a total of \$36.00/day. All meals included in the conference program will be subtracted from this reimbursement.
- Tolls will be paid upon presentation of dated receipts
- Mileage to in-state conferences will be paid at the rate of 44.5 cents per mile upon presentation of a mileage voucher.
- DAS Tax number will be furnished to hotels when registering and reconfirmed at check-in.
- Approved reimbursements will be paid twice monthly.

E. **Equal Employment Opportunity**

The Domestic Abuse Shelter, Inc., does not discriminate against a person because of race, color, religion, sex, national origin, citizenship, marital status, sexual orientation, disability, gender, age, or status as a veteran in any aspect of employment. DAS' policy of equal employment opportunity and nondiscrimination extends to recruitment, employment, advancement, promotion, corrective and disciplinary action, compensation and benefits administration, training and development and other personnel actions. Furthermore, this organization is committed to striving for a staff that reflects the cultural diversity of our community and the clients DAS serves.

F. **Harassment Policy**

DAS' policy against discrimination on the basis of sex also prohibits any and all harassment on the basis of sex, race, age, or any other protected status. The policy prohibits sexual harassment including unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature when submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment, or when submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individual or such conduct has the purpose or effect of interfering with an individual's work performance or creating an intimidating, hostile, or offensive working environment.

Any person who feels that he or she is being harassed or discriminated against must immediately report the offensive conduct to his or her direct supervisor. However, if the employee's direct supervisor is in any way involved in the alleged inappropriate behavior or is unavailable, the employee should report the conduct directly to the Chief Executive Officer of the agency. Finally, if the employee's direct supervisor and the Chief Executive Officer are involved in the alleged inappropriate conduct or

ATTACHMENT P



- Abuse Counseling and Treatment, Inc.
- Aid to Victims of Domestic Abuse, Inc.
- Another Way, Inc.
- CASA-Community Action Stops Abuse
- Center for Abuse and Rape Emergencies, Inc.
- Citrus County Abuse Shelter Association
- Dawn Center of Hernando County
- Domestic Abuse Council, Inc.
- Domestic Abuse Shelter, Inc.
- Family Life Center
- Favor House of Northwest Florida, Inc.
- Harbor House, Inc.
- Haven of Lake and Sumter Counties, Inc.
- Help Now of Osceola County, Inc.
- Hope Family Services, Inc.
- Hubbard House, Inc.
- Lee Conlee House
- Martha's House, Inc.
- Miami-Dade Advocates for Victims
- Micah's Place
- Ocala Domestic Violence/
Sexual Assault Center
- Peace River Domestic Violence Center
- Peaceful Paths
- Quigley House, Inc.
- Refuge House, Inc.
- Safehouse of Seminole County
- Safe Place and Rape Crisis Center
- SafeSpace, Inc.
- Safety Shelter of St. John's
County (Betty Griffin House)
- Salvation Army Brevard County
Domestic Violence Program
- Salvation Army Domestic Violence
and Rape Crisis Program of Panama City
- Salvation Army Domestic Violence
Program of West Pasco County
- Serene Harbor, Inc.
- Shelter for Abused Women & Children, Inc.
- Shelter House, Inc.
- Sunrise of Pasco County, Inc.
- The Haven of R.C.S.
- The Spring of Tampa Bay, Inc.
- Victim Response, Inc.
The Lodge
- Vivid Visions
- Women in Distress of Broward County
- YWCA of Palm Beach County
Harmony House Program

March 29, 2012

Domestic Abuse Shelter, Inc.
Venita Garvin Valdez, CEO
P.O. Box 522696
Marathon Shores, Florida 33052

Dear Ms. Garvin Valdez,

Attached please find the Florida Coalition Against Domestic Violence (FCADV) Quality Assurance Monitoring Report of the Domestic Abuse Shelter, Inc. for FY 2011-2012. Pursuant to Florida Statute 39.903, the Florida Department of Children and Families and the Office of the Attorney General contract with the FCADV to implement, administer, and evaluate all services provided by the certified domestic violence centers statewide.

This year's onsite monitoring of the Domestic Abuse Shelter, Inc. was conducted February 29 – March 2, 2012 and continued with a desk review through March 28, 2012 by the Quality Assurance Monitoring Team. FCADV would like to thank the Board of Directors, staff, volunteers, and Executive Director for accommodating the team during the monitoring visit.

As described in the attached monitoring report, a Monitoring Corrective Action Plan is required. Please electronically submit the plan to FCADV via Box.Net, in a file labeled "Monitoring Corrective Action Plan", by **April 12, 2012**. Please note that all corrective action must be completed within 90 days of FCADV's acceptance of your agency's Monitoring Corrective Action Plan.

If you have any questions, please contact the FCADV office at (850) 425-2749.

Sincerely,

Marcy A. Valenzuela

Marcy A. Valenzuela
Director of Quality Assurance

Sandy Barnett *(MBV)*
Sandy Barnett
Vice President of Administration/COO

RECEIVED APR 08 2012

cc: Carolyn Ambler, Board President
Patricia Holliday, Chair, Allocation and Grant Oversight Committee
Tammy Rodgers, Contract Manager, Dept. of Children and Families
Renee Starrett, Government Operations Consultant III, Dept. of Children and Families
FCADV File



FCADV

Florida Coalition Against Domestic Violence

Quality Assurance Monitoring Report

**Domestic Abuse Shelter, Inc.
FY 2011-2012 Final Monitoring Report**

**Florida Coalition Against Domestic Violence
FY 2011-2012 Quality Assurance
Monitoring Report**

Agency: Domestic Abuse Shelter, Inc.

Contract/Grant: 12- 2207 (DVS)¹; V11167 (VOCA)²

Effective Dates: July 1, 2011 – June 30, 2012
October 1, 2011 – September 30, 2012

Contract/Grant Amounts: \$691,191.73 (DVS)
\$387,082.00 (VOCA)

Onsite Dates Monitored: February 29 - March 2, 2012

Desk Review Dates: March 2012

Review Period: July 1, 2011 – March 2, 2012

Release Date of Report: March 29, 2012

Monitoring Team: Sue Barnes, Fiscal and Administrative Monitor
Merni Carter, Program Monitor

I. EXECUTIVE SUMMARY

Members of the Florida Coalition Against Domestic Violence (FCADV) monitoring team conducted the FY 2011-2012 annual quality assurance monitoring of Domestic Abuse Shelter, Inc. on February 29 - March 2, 2012, with a continuation of a desk review through March 28, 2012. The preliminary review of findings was discussed during the onsite debriefing held with the Executive Director and management staff. A formal exit conference was held on March 13, 2012, during which further information was requested of the Center, and information regarding the fiscal findings was communicated to the Executive Director on March 16, 2012. Fiscal, administrative, and program reviews were completed during the monitoring.

The Fiscal/Administrative Monitor identified an issue related to funding misallocations on timesheets and an issue related to personnel files not being maintained pursuant to the FCADV Standard Contract.

The Program Monitor identified no findings requiring corrective action.

¹ Issued by the FCADV

² Issued by the Office of the Attorney General

II. INTRODUCTION

Domestic Abuse Shelter, Inc. (the Center) is a nonprofit organization headquartered in Marathon, Florida which provides Monroe County with the following services: emergency shelter, 24-hour hotline, counseling, information and referral, case management, child assessments, community education, and professional training.

The Center was last monitored through an onsite review by FCADV on October 27-29, 2010. The monitoring team identified findings related to noncompliance with fiscal, administrative, and program functions. All findings were resolved.

Domestic Abuse Shelter, Inc. is a Florida Certified Domestic Violence Center which is certified by the Florida Department of Children and Families. The last certification review was completed September 28, 2011, and passed with no corrective action required.

The accounting firm of Oropeza & Parks, CPAs, issued an unqualified, independent audit report for the fiscal year ending June 30, 2011, with two findings noted:

- A review of employee benefits noted the liability associated with an extended period of time off for illness accrual was not recorded.
- Financial institution confirmation indicated that two bank accounts were not updated in a timely manner to reflect changes in authorized check signers.

III. PURPOSE AND SCOPE

The purpose of the review was to determine whether Domestic Abuse Shelter, Inc. has materially complied with the terms and conditions of Contract 12-2207, Grant No. V11167, VOCA Compliance Standards, DCF Certification Standards and FCADV Program and Administrative Standards. The review involved performing tests of compliance including a review of policies and procedures, administrative records, invoices and reports, program reports, and other required information.

The monitoring team reviewed the corrective action items identified as a result of the fiscal, administrative, and program monitoring completed for FY 2010-2011, as well as the Provider Self-Evaluation Survey and accompanying documentation.

Financial areas reviewed included: Policies and Procedures, Audits, Accounting System, Financial System, Match, Payroll, Internal Controls, Return of Funds, Travel, Fixed Assets, Insurance and Bonding, and Purchasing.

Administrative areas reviewed included: Policies and Procedures, Human Resource Administration, Assignment and Subcontracts, Sponsorship, Publicity, Lobbying, Civil Rights Compliance, Inventory, FCADV Administrative Standards, Use of Vehicle Policy, Board Governance and Leadership, Special Provisions, Staffing and Documentation Procedures, Training, and Timely Submission of Deliverables and Required Reports.

Program service areas reviewed included: Shelter Services, Grievances, Incident Reporting and Response Procedures, Documentation Procedures, Hotline Services, Support Services, FCADV Program Standards, DCF Certification Standards, VOCA Compliance Standards, Participant Risk Prevention, Participant File Review, Service Delivery Documentation, Observations, and Interviews.

IV. MONITORING METHODOLOGY

The monitoring review was conducted under the following authority sources: FCADV Contract No. 12-2207, VOCA Grant No. V11167, FCADV Program and Administrative Standards, Florida Administrative Code Chapter 65H-1, VOCA Agreement V11283, CFOP 75-8, 45 CFR 74, 45 CFR 92, Office of Management and Budget Grants Management Circulars including but not limited to the following: OMB A-110, OMB A-122, OMB A-133, and Florida Statutes including The Florida Single Audit Act.

The methodology used to conduct this contract monitoring included:

- Evaluating laws, regulations, and applicable operating procedures.
- Reviewing the Center's contract files and discussing any pertinent issues with the contract manager.
- Performing a desk review of the fiscal/administrative functions of the Center.
- Reviewing pertinent documents and interviewing individuals with relevant information such as participants, employees, and board members.
- Conducting statistical sampling for the program file reviews of ten adult resident service files, ten child resident service files, and ten adult outreach service files. The files reviewed were a combination of both open and closed files.

The monitoring instruments used to cover the areas monitored and verify contract compliance are on file at the FCADV office. They may also be located on the FCADV website under Contract Monitoring at <http://www.fcadv.org/quality/contract-monitoring>. The following is a list of monitoring instruments used during the review:

- Administrative/Fiscal Contract Monitoring Tool
- Program Contract Monitoring Tool
- Observation Monitoring Checklist
- Resident/Staff/Board Member Interview Tools
- Outreach Service File Checklist
- Adult Resident Service File Checklist
- Child Resident Service File Checklist
- Civil Rights Checklist
- Motor Vehicle Inspection Checklist
- VOCA Compliance Checklist
- DCF Certification Checklist

V. FINDINGS AND CORRECTIVE ACTIONS

Finding 1: Issue Related to Timesheets

Pursuant to 2 CFR Part 230, all costs must be adequately documented. Timesheets and activity reports must reflect the actual activity or hours of employees for which salaries and wages are charged to grant awards including those employees whose salaries are used as matching funds. Timesheets and activity reports must be approved by a supervisor and must be allocated to the appropriate funding streams.

A review of the Center's payroll documentation revealed the following:

- 4 of 10 timesheets were not properly charged to the funding streams identified in the Center's budget allocations.

Corrective Action: The Center shall develop a corrective action plan to ensure that timesheets are completed pursuant to 2 CFR Part 230.

Finding 2: Issue Related to Personnel files not maintained pursuant to FCADV Standard Contract

Pursuant to FCADV Standard Contract, Attachment I, Section B(2)(d)(2)(d), the Center is required to maintain a personnel file for each staff position which must include, among other items, a Department of Homeland Security Form I-9.

A review of the Center's I-9 documentation revealed the following:

- 5 of 21 Department of Homeland Security Forms I-9 reviewed were improperly executed. Specifically, the I-9 forms did not contain a date in the Section I Employee Information and Verification Section.

Corrective Action: The Center shall ensure that its personnel files are maintained in accordance with the FCADV Standard Contract.

VI. BOARD MEMBER INTERVIEW

The FCADV Monitor interviewed the Board President. She has served on the Board for one year and has received Board training on roles and responsibilities. She is not familiar with the FCADV Standard Contract with the Center. She stated that the Board focuses on fundraising and is not involved in the day-to-day operations of the agency. She assumes the Board President was informed of FCADV's monitoring report and was involved in correcting compliance issues, but she stated that she was not the Board President last year and, as a Board Member, she does not remember being presented with the monitoring report issues. If more funds were available she would like to use them for capital improvements on the Marathon shelter facility. Her assessment of the Center's current and future financial viability is that the Center is currently stable, but it needs ongoing fundraising to increase reserves. The Board is being presented with financial statements that reflect a budget versus actual variance and the statements are

separated by funding source. She stated that the Board/Staff communications policy is that all communication flows strictly through the CEO and the policy is communicated through the Board and Staff orientations. She knows of no instance when the policy was violated and if it ever was, it would be dealt with by redirection to the CEO or Board President to address it. She is familiar with the Center's grievance procedures. She stated that the grievance procedure for Staff is that the CEO is the final stop for addressing the grievance if it has not been resolved at the supervisory level first.

VII. SHELTER FACILITY

The Shelter Observation Monitoring checklist was used to monitor the physical facilities of the Center. Both the Marathon and Key West shelter facilities were in good condition at the time of the onsite monitoring visit.

VIII. CORRECTIVE ACTION PLAN INSTRUCTIONS

Fiscal, administrative, and program reviews may result in findings of noncompliance which necessitate corrective action. If there is a finding(s) of noncompliance, the Provider is required to submit a written response in the form of a Monitoring Corrective Action Plan within 10 business days of receipt of the FCADV Quality Assurance Monitoring Report. The format for the Monitoring Corrective Action Plan will be provided by the FCADV. The completed Monitoring Corrective Action Plan shall be submitted electronically to the FCADV via Box.Net in a file labeled "Monitoring Corrective Action Plan."



FCADV
Florida Coalition Against Domestic Violence

MONITORING CORRECTIVE ACTION PLAN: GENERAL GUIDANCE

Monitoring Corrective Action Plans are charted courses of action that are utilized to assist centers develop best practices in their day-to-day operations to ensure contract compliance.

If a center receives a fiscal/administrative or program finding, it will be necessary for a Monitoring Corrective Action Plan to be developed and submitted (within 10 business days of receipt of the final monitoring report) to the Florida Coalition Against Domestic Violence (FCADV) for approval. A Monitoring Corrective Action Plan consists of three sections which must be completed by the provider. For each section, please provide the following:

- 1. PERSON(S) RESPONSIBLE:** Identify each staff position responsible for ensuring compliance with the policy. Although it is helpful for the staff to be named, it is necessary to identify the title of the position(s) responsible for ensuring compliance with the cited task.
- 2. ESTIMATED COMPLETION DATE:** Identify an estimated completion date for each task listed. Please be advised that the corrective action must be completed within **90 days** of the acceptance of your proposed corrective action plan.
- 3. COURSE OF ACTION:** Identify the steps that will be taken to comply with the task listed. For example, if the provider trains the employee(s) in order to correct the cited finding, identify the date that the training took place and/or a date by which the training will occur. Once the training is complete, provide a copy of the policy (if applicable), a copy of the training curriculum, and a copy of the attendance log with the signature(s) of the attendee(s) who were trained and the signature of the trainer.
- 4. SUBMISSION OF THE MONITORING CORRECTIVE ACTION PLAN:** Please submit the completed Monitoring Corrective Action Plan electronically to FCADV via Box.Net as a file labeled "Monitoring Corrective Action Plan."

After the submission of the Monitoring Corrective Action Plan, the following steps will occur:

1. Within approximately 14 days of receipt of the Monitoring Corrective Action Plan, FCADV staff will review the document and either approve or reject it. If it is not approved, it will be returned with guidance on the steps necessary to have it approved and a date by which it will need to be resubmitted.
2. When the Monitoring Corrective Action Plan is approved, FCADV staff will notify the Executive Director of the center by electronic mail.
3. FCADV staff will verify compliance with the Monitoring Corrective Action Plan and may request additional evidence, if necessary.
4. The Florida Coalition Against Domestic Violence acknowledges the dedication of each of the centers to its participants, and the Monitoring Corrective Action Plan is intended to further excellence in service delivery. If you require any assistance or have questions/concerns regarding the submission of the Monitoring Corrective Action Plan, please feel free to contact the Contract Monitors or the Director of Quality Assurance at 850-425-2749 or via email at contract_monitor@fcadv.org.



FCADV
Florida Coalition Against Domestic Violence

Monitoring Corrective Action Plan

Provider:	Domestic Abuse Shelter, Inc.		CAP Due Date:	4/12/12
Lead Monitor:	Merni Carter		CAP Approved By:	
Contract/Grant:	12-2207/ V11167		CAP Approval Date:	

Finding 1:	Issue Related to Timesheets Task	Person(s) Responsible	Estimated Completion Date	Course of Action
	The Center shall develop a corrective action plan to ensure that timesheets are completed pursuant to 2 CFR Part 230.	Jo Ann Orr, Director of Finance and Operations, V. Garvin Valdez, CEO	Effective April 9, 2012	The time sheets will be coded by cost allocation based on funding streams approved by various funders. The Director of Finance and Operations will prepare the timesheets for final approval of DAS CEO.
Finding 2:	Issue Related to Personnel files not maintained pursuant to FCADV Standard Contract Task	Person(s) Responsible	Estimated Completion Date	Course of Action
	The Center shall ensure that its personnel files are maintained in accordance with the FCADV Standard Contract.	V. Garvin Valdez, CEO	Effective April 9, 2012	CEO shall make provisions to assure that I-9 forms are properly executed by the Finance and Operations Department which includes human resource functions. Also DAS is researching outsourcing human resource functions that will include successful execution of I-9 forms by outsource entity.

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Please electronically submit your proposed Monitoring Corrective Action Plan to FCADV via Box.Net and label the file "Monitoring Corrective Action Plan."

Signature below certifies that all information documented in the above corrective action plan is correct and details the agency's plan to address and resolve all findings noted.

Veronica Alvarez

Executive Director or Designee Signature (CAP 12-2207)

4-10-2012

Date

ATTACHMENT Q



DOMESTIC ABUSE SHELTER, INC.
ANNUAL REPORT
JULY 1, 2010 – JUNE 30, 2011

Mission Statement

The mission of the Domestic Abuse Shelter, Inc. (DAS) is to provide comprehensive services and community education for individuals and families experiencing domestic and sexual abuse.

Goal

The goal is to reduce the incidence and minimize the impact of domestic and sexual abuse in Monroe County by directing the appropriate, effective programs and services to victims.

DAS Statistics

Unduplicated Victims Served

Total Number of Adult and
 Children Victims Served 854

Services Received

Shelter Days	10,339
Hours of Counseling	4,680
Hotline Calls	1,828
Service Management	351
Child Assessments	98
Safety Plans	1,027
Information & Referral	5,412
Support Group	1,287

Public Awareness

Community Presentations	30
# in attendance	2,018
Professional Training	15
# in attendance	533
Primary Prevention	23
# in attendance	938
Media	39

DAS Demographics

Seeking Assistance Because of

Domestic Violence	819
Sexual Violence	28
Other	7

Ethnicity

Asian	4
African American	128
Caucasian	424
Hispanic	198
Native Am./Pacific Islander	11
Other	20
Unknown	69

Age

0 – 14	105
15 – 17	8
18 – 29	149
30 – 39	157
40 – 49	170
50 – 59	93
60+	15
Unknown	157

Gender

Female	729
Male	123
Transgender	2

ATTACHMENT R



DOMESTIC ABUSE SHELTER, INC.

Making a Difference in the Keys Community

The Domestic Abuse Shelter is a non-profit organization, providing comprehensive services to individuals and families experiencing domestic and sexual abuse.

Our mission is to reduce the incidence and minimize the impact of domestic and sexual abuse in Monroe County by directing victims to the appropriate effective programs.

YOU ARE NOT ALONE

If you are a survivor of violence, you are not alone. As a survivor, it is important for you to know that the abuse is not your fault, and that help is available.

THE SHELTERS

As the only certified emergency shelters in Monroe County, the Domestic Abuse Shelter offers refuge for adults and children. During a stay of approximately six weeks or less participants receive services to help them begin leading independent, healthy lives.

DAS provides crisis and supportive counseling, children's services, food, clothing, support group counseling and advocacy.

OUTREACH

Help is available to survivors throughout the Florida Keys. Advocates provide a variety of services including support groups, information and referrals, crisis counseling and safety planning. All services are free and confidential.

**24-HOUR HOTLINE (305) 743-4440
292-6647**

SEXUAL ASSAULT RESPONSE ASSISTANCE (SARA)

The Domestic Abuse Shelter provides crisis counseling and advocacy to survivors of sexual assault, abuse or harassment. Services are available via hotline, outreach, shelter and on call emergency response. On call services are available 24 hours per day, seven days per week. When a rape is reported, a DAS victim advocate is available to go to the hospital or police station to offer services and support.

VOLUNTEERS

The Domestic Abuse Shelter always welcomes the valuable contribution of volunteers. The agency is flexible with time commitments, requesting part-time, seasonal and full-time help.

Positions include advocacy, education and training, special events, translation, job skills development and grant researchers.

COMMUNITY EDUCATION

DAS hosts many initiatives throughout the year to promote community awareness of domestic and sexual abuse, including primary prevention projects.

Upon request, DAS provides various trainings to professional organizations and community members throughout the Keys on topics related to domestic and sexual abuse.

CONTACT US:

THE DOMESTIC ABUSE SHELTER, INC.

P.O. Box 522696
Marathon Shores, FL 33052

ADMINISTRATIVE OFFICE

(305) 753-5452

24-HOUR HOTLINE

(305) 743-4440
(305) 292-6647

MARATHON

Phone (305) 743-4440
Fax (305) 289-9897

KEY LARGO

Phone (305) 451-5666
Fax (305) 451-0809

KEY WEST

Phone (305) 294-0824
Fax (305) 294-0889

www.domesticabuseshelter.org