



**MONROE COUNTY  
HUMAN SERVICES ADVISORY BOARD**  
Fiscal Year 2013

**APPLICATION**

— ORIGINAL —

**HERON-PEACOCK SUPPORTED LIVING**

67 Coco Plum Drive  
Marathon, Florida 33050

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

Agency Name	Heron-Peacock Supported Living
Physical Address	67 Coco Plum Drive
Mailing Address	67 Coco Plum Drive
City, State, Zip	Marathon, Florida 33050
Phone	(305) 743-4129
Fax	(305)
Email	hp-executive@comcast.net
Who should we contact with questions about this application?	Richard Casey, Executive Director

Amount received for prior fiscal year ending 09/30/11	\$55,000
Amount received for current fiscal year ending 09/30/12	\$25,000
Amount requested for upcoming fiscal year ending 09/30/13	\$55,000

## 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: Richard Casey, Jr.

Signature 

Title: Executive Director

Date: 4/24/12

Typed Name of Board President/Chairman: Linda Russin

Signature 

Title: President

Date: 4/24/12

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

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

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

2. List the services your agency provides.

Heron-Peacock Supported Living provides housing and a wide range of supportive services to our clients. Such supportive services include, but are not limited to providing transportation to psychiatric and medical appointments, fulfilling residents recreational and social needs (church, beach, group outings, ect...). We prepare and serve (at Heron facility) all meals and snacks in coordination with a certified dietician. In addition, we provide substantial material and personal support to include, help with life skills such as personal grooming, using public transportation, shopping assistance, nutrition counseling, and medication supervision. Finally, Heron-Peacock Supported Living provides residents referrals to additional community services, such as referrals to both Lower Keys Medical (De Poo Hospital) and the Guidance/Care Center for psychiatric services and case management, the Social Security and Veterans Administration, we assist referring clients to agencies to secure Medicare/Medicaid, alternative housing opportunities. We also offer a supported employment program which includes personal development for dealing with the business world, outreach to potential employers and community organizations, assistance with personal employment planning and resumes, and transportation assistance to job interviews if necessary.

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

General operating expenses to include insurance, utilities, maintenance/repair costs at both the Heron (Marathon) and Peacock Apartments (Key West). As we pursue grants and donations from private foundations to that are either specific to our mission or appealing to donors, our need for funding to cover basic operational needs is critically needed.

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?

Unfortunately, No.

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

- a. grant award title, granting agency, and purpose:
  - b. grant amount:
  - c. match percentage requirement and amount:
  - d. expected award date:
7. If your organization was funded with HSAB funds last year, please briefly and specifically explain:

- a. how the funds were spent

In FY 2012 Heron Peacock Supported Living received \$25,000 to offset the cost of general operating expenses. Specifically funds were used to pay a portion of our costs for utilities (water, electric, sewer), property maintenance, insurance (general & professional liability, property, wind/flood).

- b. how they were used to leverage additional funding

Heron-Peacock was unable to use this funding to leverage additional funding last year.

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. Heron-Peacock Supported Living does not intend to award any portion of funds allocated to any other organization.

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. Heron-Peacock Supported Living does not provide sub-grants to other organizations.

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.*

No. Heron-Peacock Supported Living has not applied for other sources of County funding. We are planning to apply to Monroe County for the Byrne grant, funded by the Florida Department of Law Enforcement. We are currently are receiving Byrne funding in the amount of \$29,859. The purpose of this grant is to fund the cost of providing housing and supportive services to those with mental illness and a history of addiction and incarceration, this represents about 34% of our population.

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

Heron-Peacock Supported Living is the only residential facility in Monroe County to provide supportive Housing to those with a mental illness. The Heron provides permanent supported housing for chronically and severely mentally ill adults. Similarly Peacock Apartments (Building 1624) provides permanent independent living for those with mental illness. These

two facilities provide a stable, affordable and permanent housing opportunity for those with a range of mental illness. Without such housing these clients typically would not have access to psychiatric treatment, medications, addiction counseling, case management or any of the wide variety of services that are required to treat their disease and allow them to reach their maximum potential. The stability and permanency of this housing is the first critical step to their wellness and that of our community.

Peacock Apartments, Building 1622 is a transitional housing facility, meaning it offers housing opportunities to persons with a mental illness who desire to move out of homelessness, incarceration, in emergency shelters, or institutions to a more independent living situation were they may begin to avail themselves of the treatments and services that are necessary for recovery and stability. These clients arriving from very difficult circumstances have a variety of issues, in addition to their mental illness, such as long periods of having received no or little psychiatric care, medication or any support. In addition, many must work to overcome addiction and/or financial problems that compound their ability to successfully deal with their mental illness. We strongly believe that decent, affordable housing and support services are the first of several critical components needed to produce positive outcomes for the mentally ill individual and our community. Again, without housing these clients would not be able to access the services (psychiatric, medication, case management) needed to maximize their potential and stabilize their lives and or community as a whole. At our transitional housing, the average stay is about 6 months. During that time, many stabilize their lives by getting the services needed and then reunite with family, move on to permanent housing or meet their other goals and move on. Unfortunately, some can not overcome their problems, either their illness or addiction. Currently about 25% of transitional residents move out without, or our asked to leave without having stable housing. We are working to improve these outcomes.

12. What statistical data support the needs listed in Question #11?  
*(If applying for \$5,000 or less, a response is not required.)*  
*Provided as Attachment Q as instructed.*
13. What are the causes (not the symptoms) of these problems?  
*(If applying for \$5,000 or less, a response is not required.)*

Mental illness is defined as the presence of a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders (1994)*. Levels of any mental illness (AMI) considered in this report include serious mental illness (SMI), moderate mental illness, and low (mild) mental illness, which are differentiated by their level of functional impairment. Functional impairment is the interference with or limitation of one or more major life activities. Although the exact cause of most mental illnesses is not known, it is becoming clear through research that many of these conditions are caused by a combination of biological, psychological, and environmental factors. Some mental illnesses have been linked to an abnormal balance of special chemicals in the brain called neurotransmitters. Neurotransmitters help nerve cells in the brain communicate with each other. If these chemicals are out of balance or are not working properly, messages may not make it through the brain correctly, leading to mental illness.

14. Describe your target population as specifically as possible.

Heron-Peacock Supported Living serves both male and female adults with a diagnosis of mental illness. The Heron, located in Marathon serves up to 16 person that are severely and /or chronically mentally ill. Peacock Apartment, located in Key West provides independent living (to those capable) for up to 31 individuals with a diagnosis of mental illness. We do not accept clients with a history of violence. We have about 60% males and 40% female clients at this time with ages ranging from 19 to 61 years of age.

15. How are clients referred to your agency?

Heron-Peacock Supported Living has clients referred primarily from other local non-profit partners including the Lower Keys Medical Center (Depoo Hospital, Key West), the Guidance Care Center (GCC), Florida Keys Outreach Coalition (FKOC), Samuel's House, the Domestic Abuse Shelter and the Monroe County Detention Center. Occasionally, we are referred clients from one of the three state psychiatric hospitals throughout Florida.

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

Heron-Peacock staff assesses clients based on how their needs best match the facilities and programs we offer. This assessment is primarily based on an interview with our experienced and professional staff, along with a complete review of the clients medical and psychological history, which may include consultation with family, former case managers and medical professionals.

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

Heron-Peacock is a member of the Southernmost Homeless Assistance League (SHAL), through which we met with other representatives of other social service providers every month in order to coordinate delivery of services, resources, outreach and client care. We have several formal agreements with the Guidance Care Center (GCC) for providing housing and transportation services. Further, we regularly participate in meeting of the local Substance Abuse/Mental Health Council created by the Florida Department of Children and Families (DCF). Finally, we often attend luncheon meetings of the Interagency Council, a loose affiliation of service providers in Key West.

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

The Heron, located at 67 Coco Plum Drive in Marathon is staffed and open twenty four hours a day/seven days per week. Peacock Apartments at 1622-1624 Spalding Court, Key West is open seven days per week from the hours of 1pm to 9pm. During those times that Peacock Apartments is not open, residents have access to an on-call phone number to reach a staff person dedicated to address emergencies during non-office hours. Administrative office staff work out of the Heron and are typically available during normal business hours (M-F, 8am to 6pm).

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.)*

Our biggest financial challenge in the next few years is to identify new or improving existing private revenue streams to offset current and anticipated decline in public funding at most all levels. As federal, state and local resources are becoming scarcer, we believe we must maximize existing and identify new private funding sources. This includes reaching out and establishing relationships with both private and corporate foundations, increasing local

fundraising efforts and leveraging more private donations. This is critical to our continued success and viability.

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.)*

Organizationally, our board regularly discuss how to reduce administrative expenses in order provide increased, improved or new program services needed by our client population. Specifically, we believe that their exist in our local non-profit community the opportunity for consolidation of overlapping administrative services. In administrative functions such as such as bookkeeping, purchasing and professional services. If organizations worked cooperatively and openly, we could reduce overhead in order to improve funding of client services. Though no one organization has taken leadership of this effort and it would have to overcome significant resistance by some, it has the potential to provide substantial efficiencies for many local non-profit organizations, therefore translate into more funding for program activities.

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

We actively encourage and solicit persons who have experienced mental illness in their families, especially those with mentally ill children, to join our board. Several of our current board members have immediate family members with mental illness.

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

The Heron is an Assisted Living Facility (ALF) regulated by the Agency for Health Care Accreditation (ACHA) and is subject to a very comprehensive inspection every other year. In addition, Heron is licensed by the Monroe County Department of Health (for Food Service). We are subject to inspection by the Florida Department of Children and Families (for mental health) annually and the Florida Ombudsman, as an advocate for those in long term care facilities twice annually.

23. 8,320 hours of program service were contributed by 10 volunteers in the last year.

Heron-Peacock has successfully supplemented our full time employees with long term volunteers, typically from overseas, since 1988. Our facilities can accommodate up to 6 volunteers at any one time (4 at Heron & 2 at Peacock). Volunteers are approved for a B-1 Visa and approved for stays from 6 month to 1 year, typically with one renewal period of similar duration. Volunteer are selected from those with experience and/or education in the fields of health, mental health, psychology and social services. Volunteers work thirty to forty hours per week and share on call responsibilities. In consideration of their service, volunteers receive room and board, travel reimbursement, health insurance coverage and access to a vehicle for personal travel in Monroe County. The hours above are calculated as follows, (4.0 volunteers x 40 hours) x 52 weeks = 8,320 hours. This program provides practical experience for persons interested in behavioral health fields, provides our organization a cost effective means of providing the on-site 24/7 staffing required by our licensure. We are working to expand our volunteer program to students of Florida Universities.

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 services funded by the County will be performed under subcontract by another agency.

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

Our current goals for our permanent housing facilities (Heron and Peacock, Building 1624 is to maintain 95% occupancy in 2012. This equates to no more than 8 empty bed months the entire year.

We have established several goals for our transitional facility, Peacock Building 1622. Our goal is to maintain at least 85% occupancy every month, with 16 of 19 beds occupied every month. We are working to extend the average days in residence to 230 (from 180). Finally, we are trying to work more closely with clients to ensure that less than 25% of those leaving the facility move on the permanent housing opportunities.

26. How will you measure these outcomes?

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

We measure these goals utilizing the US Department of Housing and Urban Development's approved Housing Management Information System (HMIS) which tracks all client demographic and service information.

27. Provide information about units of service below.

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

Service	Unit (hour, session, day, etc.)	Cost per unit (current year)
Permanent Housing, Heron (16 Beds)	Daily	\$42.67
Permanent Housing, Peacock 1624 (12 Beds)	Daily	\$38.22
Transitional Housing, Peacock 1622 (19 Beds)	Daily	\$38.22

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

In 2012 Heron-Peacock received \$25,000 from Monroe County Human Services Advisory Board (HSAB), a reduction of \$20,000 from the \$45,000 received in 2011 and 2010. We believe this was directly the result of our not being present at the meeting at which the Advisory Boards recommendations were determined. The organization's Executive Director was out of state and attendance was to be covered by other management staff. That staff person had a serious family medical emergency out of state without having arranged coverage at this meeting. Not being in attendance is strictly our responsibility and we will clearly not make this mistake in the future. Unfortunately, this mistake made the funds we hoped would be awarded vulnerable as the board is considering has a limited amount of funding and a significant demand from a lot of organizations serving this community. We state this unfortunate situation to respectfully request reconsideration of funding at a level similar to prior years. We continue to provide the same level of service to the same population that was in prior years awarded with \$45,000 or greater over a significant number of years. Please do not let our unfortunate mistake of not being in attendance as we should have last year, have a continuing impact on our mission and clients.

## **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.*

**MONROE COUNTY  
HUMAN SERVICES ADVISORY BOARD**

Fiscal Year 2013

APPLICATION ATTACHMENTS

## ATTACHMENT CHECKLIST

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

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



**HERON-PEACOCK SUPPORT LIVING  
BOARD OF DIRECTORS  
REGULAR MEETING  
Tuesday, February 28, 2012 (5:30 pm)**

**CONFERENCE CALL**

Directors Present:

Linda Russin, Maureen Freedman, Peggy Klekner, Laura Preston, Jerry Bolduc, Cindy McKnight.

Staff Present:

Rick Casey, Clare Condra

Guest:

Michele White

Call to Order, 5:35pm

Election of Officers

- President, Linda Russin. The motion to approve made by Maurene Freedman, seconded by Peggy Klekner. Motion passed unanimously.
- Vice President, Cindy McKnight. Motion to approve by Linda Russin, seconded by Maruene Feedman. Motion passed unanimously
- Secretary, Laura Preston. Motion to approve made by Maurene Freedman, seconded by Cindy McKnight. Motion passed unanimously.
- Treasurer, Jerry Bolduc. The motion to approve made by Maurene Freeman; seconded by Cindy McKnight. Motion passed unanimously.

Board approved the Minutes of the January meeting unanimously.

L. Russin introduced potential board member Michele White. M. White introduced herself, she lives in Little Torch Key and works for Capital (TIB) Bank as a Commercial Relationship Manager. She is familiar with mental illness as her mother is a practicing mental health counselor. She expressed interest and enthusiasm for the work of HP and agreed to join the board. M. Freedman made motion to accept M. White's, P. Kleckner seconded, motion passed unanimously. R. Casey directed to meet with M. White, provide more detailed organizational information and new board member package.

R. Casey provided written and verbal report on activities including status of recent appeal letter (\$5,420); application to United Way to participate in Combined Federal Campaign (CFC); announced recent donation of \$10,000 from Klaus-Murphy Foundation; upcoming meeting of HSAB for FY 13; outlined plans for special appeals to private foundations to try to offset current shortfall in revenues and anticipated loss of public funding in FY13. Very aggressive plans to appeal to both past donor and new private foundations; provided board with 2011 YE summary to be sent to supporters highlighting

accomplishments and improvements in 2011. R. Casey updated board on diminishing hopes that CDBG funding will follow through with plans for Heron renovations (again skeptical, but hopeful), reported on "Tarpon" fundraiser planned for March 8<sup>th</sup> in Key Colony Beach.

C. Condra provided written and verbal report on Program activities including occupancy, 100% at Heron (16/16), 100% at Peacock 1624 (12/12) and 84% at Peacock 1624 (16/19). Had 2 move out Bldg 1622 and 2 new clients. One moved out to permanent housing and other asked to leave for ongoing failure to comply with program rules. New referrals from Guidance Care Center, State Hospital and Domestic Abuse Shelter this past month. C. Condra and C. Checkley participated in additional ALF training in Miami last month. Reviewed residents recreational and social activities past month. C. Condra reported weak response to recent advertisements for overseas volunteers last 90 days. Have some interest but less than regular follow through. Reports that 2 volunteers leaving in March and one in early May. Agreed increase efforts to recruit. M. Freedman suggested and board discussed possible recruitment of volunteers from Florida colleges (Miami, FSU, Univ. of Florida, ect...). Agreed initiate plans and marketing for same.

Board provided financials to include balance sheet and monthly/YTD Profit/Loss reports as of 1/31/12. R. Casey reported balance sheet substantially unchanged, though \$43k in accounts receivables higher than normal due to several grant submittals with initial draw on 12/31 outstanding, with full expectation of payment. J. Bolduc inquired about financials, indicating YTD loss on P&L did not match same on balance sheet. R. Casey agreed should match and to review and advise by email tomorrow. Reports YTD loss of 64k, board agreed need turn around immediately with the solicitation and appeals plans outlined earlier. R. Casey was unable to provide revenue projections from these efforts as not sufficient data on past efforts, though optimistic on some specific requests. R. Casey advised have substantially curtailed work of maintenance/handyman @ Heron as has exceeded budget and worked/billed on work not authorized. Will plan to use on-call basis and has access to volunteers for much of the work. Advised little room to further cut expenses, but Executive Director is monitoring all purchasing in advance. Board directed R. Casey to move quickly with revenue plans and agreed that opportunities are greater for additional revenue than cutting further expenses, though maintain keen eye on spending.

R. Casey advised that he continues to follow state legislative proposals to substantial increase regulations for Assisted Living Facilities. Indicated there appears to be support for ALF overhaul in light of Miami Herald expose of violations at poor performing ALF's and failure of ACHA to sufficiently regulate. Changes proposed include more frequent inspections, greater training and experience requirements for staff and substantially increased penalties for violations. We are participating in conference calls with ALF Association trade group to monitor the legislation as it moves forward this session. Board agreed we need to put plans in place to ensure compliance immediately upon passage of any new legislation despite next ACHA inspection in 2013, all agreed.

Additional agenda items (appeal letter and grant initiatives), board agreed understood and discussed during ED report, L. Russin requested to review materials in advance of sending, R. Casey welcomed.

Board member P. Kleckner advised board that she would be attending board leadership series offered by Community Foundation of Florida Keys, all thanked her for commitment to HP.

Motion to adjourn 7:15pm

MINUTES APPROVED 3/27/12







## ATTACHMENT E - AGENCY EXPENSES

2012

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

Heron-Peacock Supported Living

	Proposed Expense Budget for Upcoming Year Ending:		Projected Expenses for Current Year Ending:	
	6/30/2013		6/30/2012	
Expenditures	Total	%	Total	%
Salaries - Program	172,840	33%	175,500	32%
Payroll Taxes - Program	26,600	5%	27,000	5%
Employee Benefits - Program	0	0	0	0
Salaries - Administrative	58,160	11%	67,000	12%
Payroll Taxes - Administrative	8,960	2%	10,010	2%
Employee Benefits - Administrative	0	0	0	0
<b>Subtotal Personnel</b>	<b>266,560</b>	<b>51%</b>	<b>279,510</b>	<b>51%</b>
Postage	1,200	0%	1,200	0%
Office Supplies	4,500	1%	4,500	1%
Telephone	17,000	3%	16,000	3%
Professional Fees	6,500	1%	6,500	1%
Rent	0	0	3,720	1%
Utilities	59,500	11%	59,500	11%
Repair and Maint.	16,000	3%	12,000	2%
Travel	1,500	0%	1,000	0%
Resident Activities	6,000	1%	8,000	1%
Furn/Fixtures/Equipment	2,500	0%	6,000	1%
Automobile	6,000	1%	8,500	2%
Inurance	50,000	10%	50,000	9%
Pest Control	2,400	0%	2,200	0%
Household & Cleaning Supplies	8,500	2%	8,200	2%
Office Expense (Leases, Dues, Lic.)	8,600	2%	8,600	2%
O/S Volunteers (Travel & Stipend)	32,000	6%	32,000	6%
Stabalization	0	0	6,000	1%
Provisions (Food)	32,000	6%	32,000	6%
		0		0
	0	0		0
<b>Total Expenses</b>	<b>520,760</b>	<b>100%</b>	<b>545,430</b>	<b>100%</b>
<b>Revenue Over/(Under) Expenses</b>	<b>40</b>		<b>(12,374)</b>	



UNITED STATES FELLOWSHIP  
OF FLORIDA, INC.

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

For the Years Ended  
June 30, 2011 and 2010

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

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

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

**INDEPENDENT AUDITORS' REPORT ON THE BASIC FINANCIAL STATEMENTS**

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

We have audited the accompanying statement of financial position of United States Fellowship of Florida, Inc. (a non-profit organization), as of June 30, 2011 and 2010 and the related statement of activities and changes in net assets, functional expenses and cash flows for the year then ended. These financial statements are the responsibility of United States Fellowship of Florida Inc's management. Our responsibility is to express an opinion on these financial statements based on our audit.

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

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of United States Fellowship of Florida, Inc., as of June 30, 2011 and 2010 and the results of its operations and its cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

In accordance with Government Auditing Standards, we have also issued a report dated September 26, 2011 on our consideration of United States Fellowship of Florida Inc's internal control over financial reporting and our tests of its compliance with certain provisions of laws, regulations, contracts and grants. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing and not to provide an opinion on the internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with Government Auditing standards and should be considered in assessing the results of our audit.

Our audit was made for the purpose of forming an opinion on the basic financial statements taken as a whole. The additional information on pages 18 to 25 as of June 30, 2011, including the Schedule of Financial Assistance are required by the U.S. Office of Management and Budget Circular A-133 "Audits of States, Local Governments and Non-Profit Organizations", and are presented for additional analysis and are not a required part of the basic financial statements. Such information has been subjected to the auditing procedures applied in the audit of the basic financial statements and, in our opinion, is fairly stated in all material respects in relation to the basic financial statements taken as a whole.

*Smith, Burgin & Associates, LLC.*

September 26, 2011

UNITED STATES FELLOWSHIP OF FLORIDA, INC.

Statements of Financial Position

June 30, 2011 and 2010

	June 30, 2011			June 30, 2010		
	Unrestricted/ Temporarily Funds	Permanently Restricted Funds	Total	Unrestricted/ Temporarily Funds	Permanently Restricted Funds	Total
<u>Assets</u>						
Cash	\$ 72,760	-	72,760	138,808	-	138,808
Investments	212	-	212	212	-	212
Accounts and contracts receivable	-	-	-	-	-	-
Grants receivable	66,142	-	66,142	26,776	-	26,776
Prepaid expenses	10,109	-	10,109	14,191	-	14,191
Property and equipment (net of accumulated depreciation)	-	920,974	920,974	-	900,382	900,382
Utility deposits	<u>2,355</u>	-	<u>2,355</u>	<u>2,355</u>	-	<u>2,355</u>
Total assets	<u>\$ 151,578</u>	<u>920,974</u>	<u>1,072,552</u>	<u>182,342</u>	<u>900,382</u>	<u>1,082,724</u>
<u>Liabilities and Net Assets</u>						
Accounts payable	\$ 1,993	-	1,993	55,481	-	55,481
Accrued expenses	250	-	250	529	-	529
Client funds	6,292	-	6,292	3,029	-	3,029
Notes and mortgage payable	-	-	-	-	-	-
Total liabilities	<u>8,535</u>	-	<u>8,535</u>	<u>59,039</u>	-	<u>59,039</u>
Net assets:						
Total net assets	<u>143,043</u>	<u>920,974</u>	<u>1,064,017</u>	<u>123,303</u>	<u>900,382</u>	<u>1,023,685</u>
Total liabilities and net assets	<u>\$ 151,578</u>	<u>920,974</u>	<u>1,072,552</u>	<u>182,342</u>	<u>900,382</u>	<u>1,082,724</u>

See accompanying notes to financial statements

UNITED STATES FELLOWSHIP OF FLORIDA, INC.  
 Statements of Activities and Changes in Net Assets  
 For the Years Ended June 30, 2011 and 2010

	June 30, 2011			June 30, 2010		
	Unrestricted/ Temporarily Funds	Permanently Restricted Funds	Total	Unrestricted/ Temporarily Funds	Permanently Restricted Funds	Total
<u>Changes in Net Assets:</u>						
Support and revenue:						
Contributions and fundraisers	\$ 33,398	-	33,398	51,985	-	51,985
Grants and contracts	306,978	-	306,978	269,345	-	269,345
Donated services and medicaid	38,859	-	38,859	35,672	-	35,672
Resident fees	280,446	-	280,446	291,612	-	291,612
Penalty and interest abatement	40,803	-	40,803	-	-	-
Other income	395	-	395	764	-	764
Total support and revenue	<u>700,879</u>	<u>-</u>	<u>700,879</u>	<u>649,378</u>	<u>-</u>	<u>649,378</u>
Net Assets Released from Restrictions:						
Acquisition of assets	(43,723)	43,723	-	(600)	600	-
Expenses:						
Program services	528,185	-	528,185	502,880	-	502,880
Management and administration	109,231	23,131	132,362	93,778	19,818	113,596
Total expenses	<u>637,416</u>	<u>23,131</u>	<u>660,547</u>	<u>596,658</u>	<u>19,818</u>	<u>616,476</u>
Increase (decrease) in net assets	19,740	20,592	40,332	52,120	(19,218)	32,902
Net assets, beginning of year	<u>123,303</u>	<u>900,382</u>	<u>1,023,685</u>	<u>71,183</u>	<u>919,600</u>	<u>990,783</u>
Net assets, end of year	<u>\$ 143,043</u>	<u>920,974</u>	<u>1,064,017</u>	<u>123,303</u>	<u>900,182</u>	<u>1,023,685</u>

See accompanying notes to financial statements.

UNITED STATES FELLOWSHIP OF FLORIDA, INC.  
 Statements of Functional Expenses  
 For the Years Ended June 30, 2011 and 2010

	June 30, 2011			June 30, 2010		
	<u>Program Services</u>	<u>Management &amp; Administration</u>	<u>Total</u>	<u>Program Services</u>	<u>Management &amp; Administration</u>	<u>Total</u>
Wages and salaries	\$ 205,859	36,328	242,187	208,000	36,706	244,706
Employee benefits/Payroll taxes	17,210	3,149	20,359	16,778	3,070	19,848
Meal allowances	31,799	-	31,799	30,851	-	30,851
Occupancy	99,002	39,435	138,437	75,018	29,882	104,900
Insurance	52,909	-	52,909	56,453	-	56,453
Telephone	12,171	1,504	13,675	17,865	2,208	20,073
Office expense	13,674	11,877	25,551	12,373	10,747	23,120
Professional services	13,601	16,938	30,539	8,965	11,165	20,130
Vehicle expense	8,218	-	8,218	8,277	-	8,277
Travel	7,588	-	7,588	8,321	-	8,321
Resident activities	9,268	-	9,268	7,027	-	7,027
Residential food and provisions	29,004	-	29,004	27,748	-	27,748
Other operating, including fundraising	<u>27,882</u>	<u>-</u>	<u>27,882</u>	<u>25,204</u>	<u>-</u>	<u>25,204</u>
Total before depreciation	528,185	109,231	637,416	502,880	93,778	596,658
Depreciation	<u>-</u>	<u>23,131</u>	<u>23,131</u>	<u>-</u>	<u>19,818</u>	<u>19,818</u>
	<u>\$ 528,185</u>	<u>132,362</u>	<u>660,547</u>	<u>502,880</u>	<u>113,596</u>	<u>616,476</u>

See accompanying notes to financial statements.

UNITED STATES FELLOWSHIP OF FLORIDA, INC.

Statement of Cash Flows

For the Years Ended June 30, 2011 and 2010

	<u>2011</u>	<u>2010</u>
Cash flows from operating activities:		
(Decrease) increase in net assets	\$ 40,332	32,902
Adjustments to reconcile decrease in net assets to net cash provided by operating activities:		
Depreciation	23,131	19,818
(Increase) decrease in assets:		
Investment	-	-
Other assets	4,082	(7,028)
Receivables	(39,366)	31,591
Increase (decrease) in liabilities:		
Client funds	3,263	102
Accounts payable and accrued expenses	<u>(53,767)</u>	<u>671</u>
Net cash (used) provided by operating activities	<u>(22,325)</u>	<u>78,056</u>
Cash flows from investing activities:		
Acquisition of property and equipment	<u>(43,723)</u>	<u>(600)</u>
Net cash used by investing activities	<u>(43,723)</u>	<u>(600)</u>
Cash flows from financing activities:		
Notes and mortgage payable borrowings (repayments)	<u>-</u>	<u>-</u>
Net cash provided by financing activities	<u>-</u>	<u>-</u>
Net (decrease) increase in cash	(66,048)	77,456
Cash, at beginning of year	<u>138,808</u>	<u>61,352</u>
Cash, at end of year	<u>\$ 72,760</u>	<u>138,808</u>
Supplemental disclosure information :		
Interest paid	\$ <u>-</u>	<u>-</u>
Income taxes paid	\$ <u>-</u>	<u>-</u>

See accompanying notes to financial statements

UNITED STATES FELLOWSHIP OF FLORIDA, INC.

Notes to Financial Statements

June 30, 2011 and 2010

(1) Summary of Significant Accounting Policies

(a) Organization

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

USFF operates (2) two facilities providing supervised housing and supportive services; The Heron, a sixteen bed assisted living facility with limited mental health license located in Marathon and The Peacock Apartments, a 31-bed apartment facility located in Key west.

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

(b) Basis of Presentation

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

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

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

UNITED STATES FELLOWSHIP OF FLORIDA, INC.

Notes to Financial Statements

June 30, 2011 and 2010

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

(b) Basis of Presentation - (Cont.)

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

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

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

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

(c) Support and Revenue

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

UNITED STATES FELLOWSHIP OF FLORIDA, INC.

Notes to Financial Statements

June 30, 2011 and 2010

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

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

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

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

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

(e) Grants and Contributions

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

UNITED STATES FELLOWSHIP OF FLORIDA, INC.

Notes to Financial Statements

June 30, 2011 and 2010

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

(f) Revenues and Expenses

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

(g) Donated services, Materials and Facilities

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

(h) Functional Allocation of Expenses

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

(i) Income Taxes

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

UNITED STATES FELLOWSHIP OF FLORIDA, INC.

Notes to Financial Statements

June 30, 2011 and 2010

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

(j) Cash and Cash Equivalents

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

(k) Estimates

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

(l) Allocation of Expenses

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

(m) Allowance for Uncollectible Accounts

No allowance for uncollectible accounts from patient's fees was made for the years ended June 30<sup>th</sup>, 2011 and 2010.

(n) Deferred Revenues

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

(o) Long-Lived Assets

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

UNITED STATES FELLOWSHIP OF FLORIDA, INC.

Notes to Financial Statements

June 30, 2011 and 2010

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

p) Concentrations of Credit and Market risk

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

(2) Property and Equipment

A summary of major classes of depreciable property at June 30, 2011 and 2010 follows:

	<u>2011</u>	<u>2010</u>	<u>Estimated Useful Lives</u>
Building	\$ 620,000	620,000	
Land	265,000	265,000	
Leasehold improvements	174,332	172,732	20 years
Furniture and equipment	65,050	37,524	5 - 10 years
Vehicles	<u>118,403</u>	<u>103,806</u>	5 years
	1,242,785	1,199,062	
Less accumulated Depreciation	<u>(321,811)</u>	<u>(298,680)</u>	
	<u>\$ 920,974</u>	<u>900,382</u>	

Depreciation expense amounted to \$23,131 and \$19,818 for the years ended June 30, 2011 and 2010. Equipment includes primarily furniture and fixtures and office equipment.

(3) Grants Receivable

Grants, contract and accounts receivables amounted to \$66,142 and \$26,776 at June 30, 2011 and 2010, respectively. These amounts represent billings for support earned prior to year-end from grants and contracts received by USFF.

UNITED STATES FELLOWSHIP OF FLORIDA, INC.

Notes to Financial Statements

June 30, 2011 and 2010

(4) Client Funds

Special funds collected from client's accounts are temporarily restricted in a separate bank account until the client utilizes them. At June 30, 2011 and 2010 these amounted to \$6,292 and \$3,029, respectively.

(5) Compensated Absences/Accrued Salaries

Compensated absences are considered immaterial and therefore have not been accrued for. Accrued salaries paid in June 2011 and 2010 amounted to \$250 and \$529, respectively and are reflected as accrued expenses on the statement of financial position.

(6) Commitments and Contingencies

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

(7) Meal Allowances

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

UNITED STATES FELLOWSHIP OF FLORIDA, INC.

Notes to Financial Statements

June 30, 2011 and 2010

(8) Fair Values of Financial Instruments

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

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

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

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

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

	<u>2011</u>		<u>2010</u>	
	<u>Carrying</u>	<u>Fair</u>	<u>Carrying</u>	<u>Fair</u>
	<u>Value</u>	<u>Value</u>	<u>Value</u>	<u>Value</u>
On the Statement of				
Financial Position:				
Financial assets:				
Cash and equivalents	\$ 72,760	72,760	138,808	138,808
Investments	212	212	212	212
Financial liabilities:				
Notes and mortgages payable	\$ -	-	-	-

UNITED STATES FELLOWSHIP OF FLORIDA, INC.

Notes to Financial Statements

June 30, 2011 and 2010

**(9) Internal Revenue Service**

USSF was involved in two (2) tax matters with the Internal Revenue Service. The first matter, involves Form 990 for various fiscal years. Previously, the IRS levied approximately \$14,000 from the USSF bank account to pay for late filing fees and other penalties. The matter involves the non-payment and non-timely payments of payroll taxes for various fiscal periods. USSF reconciled balances due with the IRS and has requested an abatement of penalties associated with these matters. The balance due the IRS for both matters was approximately \$43,000 and was accrued in 2010. At June 30, 2011 the accrual amounts to approximately \$19. The IRS abated penalties and interest amounting to \$40,803. This amount is reflected as income in fiscal 2011.

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

**(10) Financial Viability**

During the years ended June 30, 2009 and 2008 USSF had experienced liquidity and profitability considerations. For 2011 and 2010, USSF was profitable and liquidity improved, net of asset acquisitions.

Prior financial statements did not include any adjustments that might result from the outcome of this uncertainty. To maintain profitability, management has been implementing operational changes aimed at increasing revenues, decreasing expenses and reducing time required to collect receivables.

UNITED STATES FELLOWSHIP OF FLORIDA, INC.  
 Schedule of Financial Assistance  
 (Single Audit)  
 For the Year Ended June 30, 2011

<u>Program Title</u>	<u>CEFA #</u>	<u>Revenue Recognized</u>	<u>Expenditure</u>
State of Florida Department of Children and Families - KH100H	93.959	\$ 47,196	\$ 47,196
State of Florida Commission for the Transportation Disadvantaged	-	30,000	30,000
State of Florida - Emergency Shelter Grant #1	-	4,355	4,355
Southernmost Homeless - Assistance League, Inc. Challenge grant	-	7,500	7,500
State of Florida - Emergency Shelter Grant #2	-	94,000	94,000
Monroe County, Florida - Byrne Grant	-	38,107	38,107

UNITED STATES FELLOWSHIP OF FLORIDA, INC.  
 Schedule of Financial Assistance  
 (Single Audit)  
 For the Year Ended June 30, 2011

<u>Program Title</u>	<u>CFDA #</u>	<u>Revenue Recognized</u>	<u>Expenditure</u>
Monroe County - BOCC - HSAB	-	\$ 45,000	\$ 45,000
Monroe County - Sheriff	-	8,120	8,120
City of Marathon, Florida	-	4,700	4,700
Klaus Murphy	-	10,000	10,000
Other	-	18,000	18,000
		\$ 306,978 *****	\$ 306,978 *****

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

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

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

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

Compliance

We have audited the compliance of United States Fellowship of Florida, Inc. ("USFF") (a non-profit organization) with the types of compliance requirements described in the U.S. Office of Management and Budget (OMB) Circular A-133 Compliance Supplement that are applicable to each of its major federal programs for the years ended June 30, 2011 and 2010 have issued our report thereon dated September 26, 2011. USFF's major federal programs are identified in the accompanying schedule of federal and non-federal financial awards. Compliance with the requirements of laws, regulations, contracts and grants applicable to each of its major federal programs is the responsibility of USFF's management. Our responsibility is to express an opinion on the USFF's compliance based on our audit.

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

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

In our opinion, the Association complied, in all material respects, with the requirements referred to above that are applicable to each of its major federal programs for the years ended June 30, 2011 and 2010.

#### Internal Control Over Compliance

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

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

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

*Smith, Buggi & Associates, LLC.*

September 26, 2011

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JOSE E. SMITH, C.P.A.

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

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

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

We have audited the financial statements of United States Fellowship of Florida, Inc. ("USFF") (a non-profit organization) as of and for the years ended June 30, 2011 and 2010 and have issued our report thereon dated September 26, 2011. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and Government Auditing Standards, issued by the Comptroller General of the United States.

Compliance

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

Internal Control Over Financial Reporting

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

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

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

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

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

*Smith, Burgin & Associates, LLC.*

September 26, 2011

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

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

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

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

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

We have audited the compliance of United States Fellowship of Florida, Inc. ("USFF") (a non-profit organization) with the types of compliance requirements described in the U.S. Office of Management and Budget (OMB) Circular A-133 Compliance Supplement and the requirements described in the Department of Financial Services State Projects Compliance Supplement that are applicable to each of its major federal programs and state financial assistance projects for the years ended June 30, 2011 and 2010. USFF's major federal programs and state financial assistance projects are identified in the summary of auditor's results sections of the accompanying Schedule of Findings and Questioned Costs. Compliance with the requirements of laws, regulations, contracts and grants applicable to each of its major federal programs and state financial assistance projects is the responsibility of USFF's management. Our responsibility is to express an opinion on USFF's compliance based on our audit.

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

In our opinion, USFF complied, in all material respects, with the requirements referred to above that are applicable to each of its major federal awards programs and state financial assistance projects for the years ended June 30, 2011 and 2010.

#### Internal Control Over Compliance

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

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

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

*Smith, Burgin & Associates, LLC.*

September 26, 2011

UNITED STATES FELLOWSHIP OF FLORIDA, INC.  
Schedule of Findings and Questioned Costs  
For the Years Ended June 30, 2011 and 2010

**Section I – Summary of Auditor’s Results**

**Financial Statements**

Type of auditor’s report issued: Qualified

Internal control over financial reporting:

Material weakness(es) identified? \_\_\_ Yes   X   No

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

Noncompliance material to financial statements noted? \_\_\_ Yes   X   No

**Federal Awards**

Internal control over major programs:

Material weakness(es) identified? \_\_\_ Yes   X   No

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

Noncompliance material to financial statements noted? \_\_\_ Yes   X   No

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

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

UNITED STATES FELLOWSHIP OF FLORIDA, INC.  
Schedule of Findings and Questioned Costs  
For the Years Ended June 30, 2011 and 2010

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

Identification of major programs:

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

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

Auditee qualified as low risk auditee?  X  Yes   No

Section II – Financial Statements Findings

No reportable conditions were noted.

Section III – Federal Award Findings and Questioned Costs

No reportable conditions were noted.

Form **990**  
 Department of the Treasury  
 Internal Revenue Service

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

OMB No. 1545-0047  
**2010**  
 Open to Public Inspection

▶ 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 07/01/10 and ending 06/30/11

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

**C** Name of organization  
**UNITED STATES FELLOWSHIP OF FLORIDA**

Doing Business As

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

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

**D** Employer identification number  
**65-0350843**

**E** Telephone number  
**305-743-4129**

**G** Gross receipts \$ **700,879**

**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.HERON-PEACOCK.ORG**

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**H(c)** Group exemption number ▶

**L** Year of formation: **M** State of legal domicile:

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>RESIDENTIAL PROGRAM</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	3	6
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	4	6
	<b>5</b> Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	8
	<b>6</b> Total number of volunteers (estimate if necessary)	6	12
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	7b	0	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year <b>87,657</b>	Current Year <b>72,257</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>560,957</b>	<b>587,424</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)		
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>764</b>	<b>41,198</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>649,378</b>	<b>700,879</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>264,554</b>	<b>262,546</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<b>351,922</b>	<b>398,001</b>	
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>616,476</b>	<b>660,547</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>32,902</b>	<b>40,332</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year <b>1,082,724</b>	End of Year <b>1,072,552</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>59,039</b>	<b>8,535</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>1,023,685</b>	<b>1,064,017</b>

**Part II Signature Block**

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

**Sign Here**

Signature of officer: Linda Hamlin Russin Date: 3/30/12

Type or print name and title: Linda Hamlin Russin President, Board

**Paid Preparer Use Only**

Print/Type preparer's name: \_\_\_\_\_ Preparer's signature: \_\_\_\_\_ Date: 01/11/12 Check  if PTIN self-employed

Firm's name ▶ Smith, Buzzi & Associates, LLC Firm's EIN ▶ 80-0631935

Firm's address ▶ 2103 Coral Way Suite 305 Miami, FL 33145 Phone no. 305-285-2300

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

Form 990 (2010) **UNITED STATES FELLOWSHIP OF FLORIDA** 65-0350843

**Part III Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

**RESIDENTIAL PROGRAM**

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

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

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

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

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

4a (Code: ) (Expenses \$ 528,185 including grants of\$ ) (Revenue \$ )

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

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

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

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

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

4e Total program service expenses ▶ 528,185 ) (Revenue \$ )

Form 990 (2010) **UNITED STATES FELLOWSHIP OF FLORIDA** 65-0350843

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		
2 Is the organization required to complete Schedule B, Schedule of Contributors? (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		X
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.		X
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI		
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	
11a		
11b		X
11c		X
11d		X
11e	X	
11f		X
12a	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		
12b		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
14b		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, 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
20a 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)		X
20b		

Form 990 (2010) **UNITED STATES FELLOWSHIP OF FLORIDA** 65-0350843

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a	X
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?	24b	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c	
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	24d	
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	25a	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	25b	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	26	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):	27	X
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	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		
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		
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	36	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	37	X
	38	X

Form 990 (2010) UNITED STATES FELLOWSHIP OF FLORIDA 65-0350843

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		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	8
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	2b	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	4b	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8866-T?	5c	
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?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
a	Did the organization make any taxable distributions under section 4966?	9a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
10	<b>Section 501(c)(7) organizations.</b> Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	<b>Section 501(c)(12) organizations.</b> Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
a	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.	13a	
b	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	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

DAA

Form 990 (2010) **UNITED STATES FELLOWSHIP OF FLORIDA** 65-0350843

**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**

	1a	1b	2	3	4	5	6	7a	7b	8a	8b	9	Yes	No
1a	6													
b		6												
2														
3														X
4														X
5														X
6														X
7a														X
b														X
8														X
a														
b										X				
9										X				

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

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

**Section C. Disclosure**

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

**Part 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 organizations 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) See attached	0.00							0	0	0
(2) .....										
(3) .....										
(4) .....										
(5) .....										
(6) .....										
(7) .....										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										
(15)										
(16)										

DAA

Form 990 (2010) **UNITED STATES FELLOWSHIP OF FLORIDA** 65-0350843

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

(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			
(17) .....										
(18) .....										
(19) .....										
(20) .....										
(21) .....										
(22) .....										
(23) .....										
(24) .....										
(25) .....										
(26) .....										
(27) .....										
(28) .....										
<b>1b Sub-total</b> .....										
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....										

**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 **0**

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

**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**

Form 990 (2010) **UNITED STATES FELLOWSHIP OF FLORIDA** 65-0350843

**Part VIII Statement of Revenue**

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a Federated campaigns					
	b Membership dues					
	c Fundraising events					
	d Related organizations					
	e Government grants (contributions)	38,859				
	f All other contributions, gifts, grants, and similar amounts not included above	33,398				
	g Noncash contributions included in lines 1a-1f: \$					
	<b>h Total. Add lines 1a-1f</b>	<b>72,257</b>				
Program Service Revenue	2a Program Service Revenue	587,424	587,424			
	b					
	c					
	d					
	e					
	f All other program service revenue					
	<b>g Total. Add lines 2a-2f</b>	<b>587,424</b>				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)					
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross Rents	(i) Real				
		(ii) Personal				
	b Less: rental exps.					
	c Rental inc. or (loss)					
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
	b Less: cost or other basis & sales exps.					
	c Gain or (loss)					
	d Net gain or (loss)					
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a				
	b Less: direct expenses	b				
c Net income or (loss) from fundraising events						
9a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses	b					
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	a					
b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue						
11a PENALTY & INTEREST ABATEMENT		40,803	40,803			
b OTHER INCOME		395	395			
c						
d All other revenue						
e Total. Add lines 11a-11d		41,198				
<b>12 Total revenue. See instructions</b>		<b>700,879</b>	<b>628,622</b>	<b>0</b>	<b>0</b>	

Form 990 (2010) **UNITED STATES FELLOWSHIP OF FLORIDA** 65-0350843

**Part IX Statement of Functional Expenses**

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	242,187	205,859	36,328	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	20,359	17,210	3,149	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 7				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	138,437	99,002	39,435	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	23,131		23,131	
23 Insurance				
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 <b>INSURANCE</b>	52,909	52,909		
b <b>MEAL ALLOWANCES</b>	31,799	31,799		
c <b>PROFESSIONAL SERVICES</b>	30,539	13,601	16,938	
d <b>RESIDENTIAL FOOD &amp; PROVIS</b>	29,004	29,004		
e <b>OTHER OPERATING</b>	27,882	27,882		
f All other expenses	64,300	50,919		
25 Total functional expenses. Add lines 1 through 24f	660,547	528,185	132,362	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				

DAA

Form 990 (2010) **UNITED STATES FELLOWSHIP OF FLORIDA** 65-0350843**Part X Balance Sheet**

		(A)		(B)	
		Beginning of year		End of year	
<b>Assets</b>	1 Cash—non-interest bearing	138,808	1	72,760	
	2 Savings and temporary cash investments		2		
	3 Pledges and grants receivable, net	26,776	3	66,142	
	4 Accounts receivable, net		4		
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), 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	14,191	9	10,109	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,242,785			
	b Less: accumulated depreciation	10b 321,811			
	11 Investments—publicly traded securities	900,382	10c	920,974	
	12 Investments—other securities. See Part IV, line 11	212	11	212	
	13 Investments—program-related. See Part IV, line 11		12		
	14 Intangible assets		13		
	15 Other assets. See Part IV, line 11		14		
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	2,355	15	2,355		
<b>Liabilities</b>	17 Accounts payable and accrued expenses	1,082,724	16	1,072,552	
	18 Grants payable	56,010	17	2,243	
	19 Deferred revenue		18		
	20 Tax-exempt bond liabilities		19		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		20		
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		21		
	23 Secured mortgages and notes payable to unrelated third parties		22		
	24 Unsecured notes and loans payable to unrelated third parties		23		
	25 Other liabilities. Complete Part X of Schedule D		24		
	26 <b>Total liabilities.</b> Add lines 17 through 25	3,029	25	6,292	
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.	59,039	26	8,535	
	27 Unrestricted net assets	123,303	27	143,043	
	28 Temporarily restricted net assets		28		
	29 Permanently restricted net assets	900,382	29	920,974	
	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 <b>Total net assets or fund balances</b>	1,023,685	33	1,064,017		
34 <b>Total liabilities and net assets/fund balances</b>	1,082,724	34	1,072,552		

Form 990 (2010)

**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	700,879
2	Total expenses (must equal Part IX, column (A), line 25)	2	660,547
3	Revenue less expenses. Subtract line 2 from line 1	3	40,332
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,023,685
5	Other changes in net assets or fund balances (explain in Schedule O)	5	
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	1,064,017

**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
b Were the organization's financial statements audited by an independent accountant?		X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
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 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?		
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

**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

**UNITED STATES FELLOWSHIP OF FLORIDA**

Employer identification number  
**65-0350843**

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

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

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

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2010

**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 any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)						
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					12	

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 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		<input type="checkbox"/>
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		<input type="checkbox"/>
b 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		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 9 of Part I 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 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 any "unusual grants.")	43,931	79,398	97,573	87,657	72,257	380,816
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					628,622	628,622
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	43,931	79,398	97,573	87,657	700,879	1,009,438
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	514,052	440,726	424,887	555,957	580,411	2,516,033
c Add lines 7a and 7b	514,052	440,726	424,887	555,957	580,411	2,516,033
8 Public support (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	43,931	79,398	97,573	87,657	700,879	1,009,438
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					0	
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	79,226	8,216	1,803	764	395	90,404
13 Total support. (Add lines 9, 10c, 11, and 12.)	123,157	87,614	99,376	88,421	701,274	1,099,842
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 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	100.00%

**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

**Part IV Supplemental information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

**Part III, Line 12 - Other Income Detail**

**OTHER INCOME** \$ 90,404

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990. See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization

Employer identification number

UNITED STATES FELLOWSHIP OF FLORIDA

65-0350843

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), 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?
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?

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

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

Table with 1 column: Held at the End of the Tax Year. Rows 2a, 2b, 2c, 2d.

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 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?
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

- 1a If the organization elected, as permitted under SFAS 116 (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:
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:

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

Schedule D (Form 990) 2010 **UNITED STATES FELLOWSHIP OF FLORIDA** 65-0350843

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

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

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

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

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

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

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

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

- c Beginning balance .....
- d Additions during the year .....
- e Distributions during the year .....
- f Ending balance .....

	Amount
1c	
1d	
1e	
1f	

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

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

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

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

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

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

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

- (i) unrelated organizations .....
- (ii) related organizations .....

	Yes	No
3a(i)		
3a(ii)		
3b		

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 .....				
b Buildings .....				
c Leasehold improvements .....				
d Equipment .....				
e Other .....	1,242,785			
<b>Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)</b>			321,811	920,974
				920,974

Schedule D (Form 990) 2010 **UNITED STATES FELLOWSHIP OF FLORIDA** 65-0350843

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

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

**Part VIII Investments—Program Related.** See Form 990, Part X, line 13.

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

**Part IX Other Assets.** See Form 990, Part X, line 15.

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

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) CLIENT FUNDS	6,292
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	6,292

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).

DAA





SCHEDULE O  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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.

OMB No. 1545-0047

2010

Open to Public  
Inspection

UNITED STATES FELLOWSHIP OF FLORIDA

Employer identification number  
65-0350843

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

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

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

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

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

\* AMENDED RETURN (3/29/12):  
2010 FORM 990 AMENDED AS FOLLOWS:  
• FORM 990, PART I, ITEM 3 - T2 COMPLETED



## **HERON-PEACOCK SUPPORTED LIVING 2012 FEE SCHEDULE**

Heron-Peacock provides transitional and permanent supportive housing to mentally ill adults in Monroe County. In consideration, each facility requires clients contribute to the cost of their housing and care. Client fees have typically represented between 40%-45% of the cost of operations of the organization.

### **THE HERON**

Client fees at Heron represent 90% of a client's social security check, with one exception. Those clients in residency on January 1, 2011 received an cost of living increase form Social Security, but we continued to charge the prior year's client fee, allowing them to retain the entire amount of the increase. These fees range from a low of \$545 to a high of \$1,067, with an average client fee of \$699. The remaining portion of their social security check is maintained in a separate client account for their personal use.

### **PEACOCK APARTMENTS**

Client fees at Peacock Apartments are fixed at \$475 monthly. We do maintain a stabilization fund which provides funds for payment of client fees in the case of new residents getting established or existing clients that experience an interruption in income (job change, large medical or prescription deductible). These moneys are used to pay the fees on the client's behalf until their source of income is stabilized.

**Internal Revenue Service**

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

**Date:** August 14, 2003

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

**Person to Contact:**

Ms. K. Hilson 31-07340  
Customer Service Representative

**Toll Free Telephone Number:**

8:00 a.m. to 6:30 p.m. EST  
877-829-5500

**Fax Number:**

513-263-3756

**Federal Identification Number:**

65-0350843

Dear Madam:

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

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

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

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

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

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

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

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

United States Fellowship Of Florida Inc.  
65-0350843

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

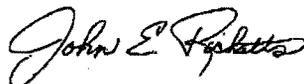
Section 6104 of the Internal Revenue Code requires you to make your organization's annual return available for public inspection without charge for three years after the due date of the return. The law also requires organizations that received recognition of exemption on July 15, 1987, or later, to make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

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

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

This letter affirms your organization's exempt status.

Sincerely,



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



Category: Mental Health and Crisis Services

# UNITED STATES FELLOWSHIP OF FLORIDA

[Donate Now](#)



Marathon, FL

**GUIDESTAR QUICK VIEW** *Everything you need to know...*

[Print Report](#)

## UNITED STATES FELLOWSHIP OF FLORIDA

Physical Address: **Marathon, FL 33050**

EIN: **65-0350843**

Web URL: [www.heron-peacock.org](http://www.heron-peacock.org)

**GuideStar Seal**

Organization does not have a GuideStar Exchange Seal

**Registered with IRS**

Legitimacy information is available

**Financial Data**

Annual Revenue and Expense data reported

**Forms 990**

2009, 2008, and 2007 Forms 990 filed with the IRS

**Mission Objectives**

Mission Statement is available

**Impact Statement**

Impact Statement is *not* available

Average rating from 1 Personal Reviews

[Summary](#) | 
 [Financial](#) | 
 [Forms 990 & Docs](#) | 
 [People](#) | 
 [Program & Help](#) | 
 [News](#)

## Legitimacy Information

- This organization is registered with the IRS.
- This organization is not required to file an annual return with the IRS.

Institutional funders should note that an organization's inclusion on GuideStar.org does not satisfy IRS Rev. Proc. 2011-33 for identifying supporting organizations.

*Learn more about GuideStar Charity Check, the only pre-grant due diligence tool that is 100% compliant with IRS Rev. Proc 2011-33.*

## Forms 990 from IRS

Login or register to view Forms 990 for 2009, 2008, and 2007.

[Subscribe Now](#)

## Annual Revenue & Expenses

Fiscal Year Starting: **Jul 01, 2008**  
 Fiscal Year Ending: **Jun 30, 2009**

### Revenue

**Total Revenue**      **\$529,263**

### Expenses

**Total Expenses**      **\$658,983**

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 Claim your report and update your GuideStar Exchange profile today!*

[Subscribe Now](#)

Report Powered By:  


## Basic Organization Information

UNITED STATES FELLOWSHIP OF FLORIDA

**Physical Address:**      Marathon, FL 33050  
**EIN:**                              65-0350843  
**Web URL:**                      www.heron-peacock.org  
**NTEE Category:**              F Mental Health, Crisis Intervention  
     F80 (Mental Health Association, Multipurpose)  
**Year Founded:**                1992  
**Ruling Year:**                    1992

Login or register to see this organization's full address, contact information, and more!

## Mission Statement

RESIDENTIAL PROGRAM

## Expert Reviews

There are no Expert Reviews for this organization. Learn more about [TakeAction@GuideStar](mailto:TakeAction@GuideStar).

## Impact Statement

This organization has not provided an impact statement.

## Personal Reviews

Jasmine14



"The USFF provides a safe, friendly, and lovely residence for adults with a severe and persistent mental illness. I first came to know this wonderful place when my son went to live there 12 years ago ..."

[Read more »](#)

[See All 1 Reviews](#)   [Write a Review](#)  
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K

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

RECEIPT# 47161-24163

Business Name: HERON HOUSE UNITED STATES  
FELLOWSHIP OF FL

Owner Name: RICHMOND FELLOWSHIP INTERNATL  
Mailing Address: 1320 COCO PLUM DR  
MARATHON, FL 33050

Business Location: 1320 COCO PLUM DR  
MARATHON, FL 33050  
Business Phone: 305-743-4129  
Business Type: MISCELLANEOUS SERVICE (COMM RESID FOR  
MENTALLY ILL)

**Rooms                      Seats                      Employees                      Machines                      Stalls**

2

STATE LICENSE: 54-00-024631-

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 103-11-00001111 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.

CERTIFICATE #: 33486

LICENSE #: AL8523

**State of Florida**  
AGENCY FOR HEALTH CARE ADMINISTRATION  
DIVISION OF HEALTH QUALITY ASSURANCE  
**ASSISTED LIVING FACILITY**  
(with LIMITED MENTAL HEALTH)  
STANDARD

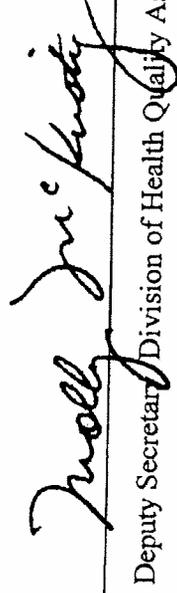
This is to confirm that UNITED STATES FELLOWSHIP OF FLORIDA INC. has complied with Chapter 429, Part I, laws of the State of Florida and with 58A-5, rules of the State of Florida and is authorized to operate the following:

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

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

EFFECTIVE DATE: 08/29/2011

EXPIRATION DATE: 08/28/2013

  
Deputy Secretary, Division of Health Quality Assurance



STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
SANITATION CERTIFICATE

Food Hygiene - Residential Group Home (Residential) - Limited Service

Food Restrictions :

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

Mailed To: U.S. Fellowship FL, Inc.

Permit Number: 44-48-00185  
Audit Control: 44-BID-1784455  
County: Monroe  
Amount Paid: 200.00  
Date Paid: 09/13/2011  
Issue Date: 10/01/2011  
Permit Expires On: 09/30/2012

  
Marathon Environmental Health Office

3333 Overseas Hwy  
Marathon, FL 33050

ORIGINAL - CUSTOMER

(Non-Transferable)

DISPLAY CERTIFICATE IN A CONSPICUOUS PLACE



STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
SANITATION CERTIFICATE

Food Hygiene - Residential Group Home (Residential) - Limited Service

Food Restrictions :

Issued To: Heron The  
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County: Monroe  
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Issue Date: 10/01/2011  
Permit Expires On: 09/30/2012

  
Marathon Environmental Health Office

3333 Overseas Hwy  
Marathon, FL 33050

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

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

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

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

### **I. Non-Discrimination**

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

### **II. Sexual Harassment and Sexual Abuse**

#### Sexual Harassment

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

#### Sexual Abuse

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

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

**12. What statistical data support the needs listed in Question #11?**

Annually the U.S Department of Health and Human Services documents the magnitude of persons with mental illness and provides significant data about this population to support the need for treatment, and for those most economically vulnerable, the support services needed for successful treatment, including housing\*. The 2010 report finds the following data regarding mental illness:

*There are an estimated 45.9 million adults aged 18 or older in the United States with any mental illness (AMI) in the past year. This represents 20.0 percent of all adults in this country. Among adults aged 18 or older in 2010, the percentage having serious mental illness (SMI) in the past year was 5.0 percent (11.4 million adults).*

*In 2010, 31.3 million adults (13.7 percent of the population 18 years or older) received mental health services during the past 12 months.*

These statistics suggest that of 45.9 million adults with any mental illness, only 13.7 million received mental health service in the same period, leaving a significant number of mentally ill adults untreated.

Further the report finds that:

*Among the 45.9 million adults aged 18 or older with AMI in the past year, 20.0 percent (9.2 million adults) met criteria for substance dependence or abuse in that period compared with 6.1 percent (11.2 million adults) among those who did not have mental illness in the past year. Among the 11.4 million adults aged 18 or older with SMI in the past year, 25.2 percent also had past year substance dependence or abuse compared with 6.1 percent of adults who did not have mental illness.*

*Among the 2.9 million adults aged 18 or older in 2010 with both SMI and substance dependence, or abuse in the past year, 64.0 percent received substance use treatment at a specialty facility or mental health treatment in that period. Included in the 64.0 percent are 14.5 percent who received both mental health treatment and specialty substance use treatment, 45.0 percent who received mental health treatment only, and 4.3 percent who received specialty substance use treatment only.*

The population residing at Heron-Peacock Supported Living facilities mirrors these national findings in the 42% of residents have a history of substance abuse. Further, 34% have both history of substance abuse and history of incarceration.\*\*

Many persons with mental illness can seek treatment on their own and do not require specialized housing to deal with their illness, though a significant number of persons affected are not able to secure treatment due to economic circumstance, the data shows this number is significant;

*In 2010, the percentage of adults with past year SMI among those who had a past year family income that was less than 100 percent of the Federal poverty level (9.1 percent) was higher than among adults with a family income at 100 to 199 percent of the Federal poverty level (5.9 percent) and higher than among adults with a family income at 200 percent or more of the Federal poverty level (3.9 percent).*

*The percentage of adults with Medicaid or CHIP who had SMI in the past year (10.3 percent) was higher than the percentages among adults with private health insurance (3.9 percent), adults with no health insurance (6.1 percent), and those with other health insurance (4.6 percent).*

Demographically, the data confirms that mental illness, serious mental illness, can be found regardless of age, gender or nationality:

*The percentage of adults with past year SMI in 2010 was highest among adults aged 18 to 25 (7.7 percent), followed by adults aged 26 to 49 (5.8 percent), then by adults aged 50 or older (3.2 percent).*

*Women aged 18 or older in 2010 were more likely than men to have SMI in the past year (6.5 vs. 3.4 percent).*

*In 2010, the percentage of persons aged 18 or older with past year SMI was 1.6 percent among Native Hawaiians or Other Pacific Islanders, 2.6 percent among Asians, 4.4 percent among blacks, 4.6 percent among Hispanics, 5.2 percent among whites, 8.5 percent among American Indians or Alaska Natives, and 9.3 percent among adults reporting two or more races.*

*The percentage of adults with past year SMI in 2010 was higher among unemployed persons (7.8 percent) than among either full-time (3.5 percent) or part-time (5.7 percent) employed persons.*

This report clearly demonstrates that there exists a significant population of persons with mental illness. Within this population are a significant number of persons with alcohol and/or substance abuse issues, low-income men and women, of all ages, nationalities who do not have access to treatment and the ancillary service needed to make such treatment successful. This is the population we are working very hard to serve.

\*2010 National Survey on Drug Use and Health, Mental Health Findings, U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality

\*\*Homeless Information Tracking System (HMIS), December 31, 2011

HSAB Application  
Attachment R (Other)

Heron-Peacock Supported Living wanted the opportunity to provide the Monroe County Human Services Advisory Board additional information with regard to changes in other funding sources that will have a significant impact on our organization next year and further document our request for HSAB funding in amounts similar to those of years prior to 2011. (See Application, Question 28).

In addition to the substantial reduction in HSAB funding experienced by Heron-Peacock in 2011, we have learned that we will not be receiving funding from two sources we have received in the last several years. Specifically, we have utilized funding from the Florida Department of Children and Families under the Emergency Shelter Grant (ESG) for the past several years. Changes to the priorities for ESG grants, now favoring housing for families, as opposed to individuals, has substantially reduced the likelihood of receiving funding (application currently pending review). This contract/agreement had provided our organization up to \$50,000 annually over the past five years and represents a reduction of 8-10% of our revenue. Further, the FY13 State budget has permanently eliminated the Challenge Grants, which provided Monroe County non-profit organizations \$113,000 last year, of which Heron-Peacock was awarded \$6,000. The loss of these grants/contracts will have a significant impact on our operations in the coming year.

We have identified a potential new grant opportunity directly from Department of Housing and Urban Development that we are pursuing at this time. The amount of any such award is not clear at this time. In addition, we are seeking funding from Monroe County HSAB similar to 2009 and 2010 funding (\$45,000), as opposed to the \$25,000 awarded in 2011. (See Application, Question 28). We are hopeful that funding at historical levels will work to offset the loss of the funding outlined herein.

We sincerely thank you in advance for your service and effort needed to make these difficult funding decisions.

Richard Casey  
Executive Director