

**Monroe County
Human Services Advisory Board
Application for Funding
Fiscal Year 2013**

Respectfully Submitted

By

Samuel's House, Inc.

April 25, 2012

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

Agency Name	Samuel's House, Inc.
Physical Address	1614 Truesdell Court
Mailing Address	1614 Truesdell Court
City, State, Zip	Key West, Florida 33040
Phone	(305) 296-0240
Fax	(305) 296-4219
Email	Samuelshouse1@comcast.net
Who should we contact with questions about this application?	Elmira Leto, CEO and Executive Director

Amount received for prior fiscal year ending 09/30/11	\$75,000
Amount received for current fiscal year ending 09/30/12	\$74,000
Amount requested for upcoming fiscal year ending 09/30/13	\$100,000

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.

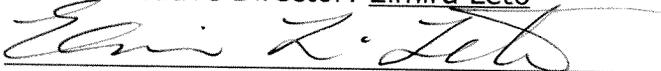
We affirm that the Agency will use Monroe County funds for the purposes as submitted in this Application for Funding. Any change will require written approval from the Monroe County Board of County Commissioners.

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: Elmira Leto

Signature 

Title: CEO and Executive Director

Date: April 25, 2012

Typed Name of Board President/Chairman: Mark Todaro

Signature 

Title: Board President

Date: April 25, 2012

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

Our Mission is to provide housing in a nurturing environment for homeless men, women, women with children and families and to provide them with care coordination beneficial to their physical, mental, emotional and spiritual well-being.

2. List the services your agency provides.

Samuel's House, Inc. is the umbrella agency for three unique programs: The Mary Spottswood Women's Center Emergency Shelter (since 1999), Kathy's Hope (since 2007) and, Casa de Meredith (since 2010). Each program has its own unique purpose and services.

Mary Spottswood Women's Center Emergency Shelter (*for which this application is requesting funding*) provides services around-the-clock, 365 days-a-year to women and women with children. Not only is emergency shelter given for up to 90-days, an array of essential services is furnished to improve the quality of life for every client. Through proper guidance and change in mindset, more than 4,500 women have improved their lives and the lives of their families. Current services include:

- Emergency shelter for homeless women and women with children
- Three meals and two snacks provided daily
- Personal hygiene products for women and their children
- Clothing for women and their children
- Case Management for all clients (families, women and children)
- Life Skills workshops for families, women and children
- Job development services working directly with clients in obtaining and retaining jobs
- Weekly substance abuse and recovery workshops
- Housing and supervision for women court-ordered to Samuel's House in lieu of being detained in the Monroe County Detention Center
- Assistance to victims of crime when turned away from the Domestic Abuse Shelter
- Housing for mothers and their children together in order to avoid separation and/or foster care
- Reunification services for mothers and their children
- In-house essential supportive services and transportation to off-site supportive services
- Referral from, and referral to, other agencies serving the homeless

Kathy's Hope is a long-term housing facility designed for women and their children to live independently. (*No HSAB funding for Kathy's Hope is being requested in this application.*) Although there are few restrictions for women residing at Kathy's Hope, they must not engage in the use of illegal substances, they must pay rent, and they must attend a weekly group meeting of all tenants. Women have the opportunity to participate in activities to help them in their daily lives. Elective services at Kathy's Hope include:

- Housing for mothers and their children together in order to avoid separation and/or foster care
- Reunification services for mothers and their children
- Weekly substance abuse and recovery workshops
- Job Development services
- Life Skills workshops for families, women and children
- Clothing for women and their children

Casa de Meredith is a permanent, structured housing facility where women, men and their families live independently and have the opportunity to participate in activities that can improve their lives. (*No HSAB funding is being requested in this application.*)

- Housing parents and their children together in order to avoid separation and/or foster care
- Weekly substance and recovery workshops
- Job Development services
- Life Skills workshops for families, women and children
- Clothing for men, women and their children
- Substance abuse and recovery workshops

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

Ensure that this matches the description of clients, client numbers and services in Attachment C.

Specifically, funds received from the 2013 HSAB grant will be used for the Mary Spottswood Women's Center Emergency Shelter in order to provide:

- General agency operations such as utilities (electric, water, sewer, phone), maintenance and security
- Case management services

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 best matches your services: Medical Core Services Quality of Life

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

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

- grant award title, granting agency, and purpose:** Emergency Shelter Grant, State of Florida, Essential Services and Operational Expenses
- grant amount:** \$100,000
- match percentage requirement and amount:** Dollar-for-Dollar, \$100,000
- expected award date:** 04/27/2012

e. **grant award title, granting agency, and purpose:** Klaus-Murphy Foundation, client fees for first-month per woman. Women are often unable to pay client fees when they first come to the shelter because they are out of work. Assistance from Klaus-Murphy allows women to adjust to their new living environment and find a job without the additional stress of having to pay client fees immediately. To benefit from this grant, women must be homeless and residents of the 33040 zip code.

f. **grant amount:** \$30,000. (\$400.00 per client)

g. **match percentage requirement and amount:** Dollar-for-Dollar, \$30,000

h. **expected award date:** 05/10/2012

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

- How the funds were spent:* With last year's HSAB funds, 176 individuals were provided assistance in the form of general shelter operations (electric, water, sewer, phone), maintenance, security, and case management services.
- How they were used to leverage additional funding:* With last year's award of \$74,000 in HSAB funds, Samuel's House was able to take advantage of an additional \$125,000 in State of Florida

Emergency Shelter Grant and Klaus Murphy Foundation funding that required local match. Match was used to pay client fees, operational expenses, and essential supportive services.

8. Do you plan to allocate any part of this HSAB grant, if awarded, as a sub-grant to another organization?

No

9. Does your organization allocate sub-grants to other organizations using other sources (non-County) of funding?

Yes.

In March of 2012, \$10,840 in U.S. Department of Agriculture Emergency Food and Shelter Grant funds was received by Samuel's House as the local funds administrator and was sub-granted to seven Monroe County non-profit agencies so that they could purchase and distribute food to their clients. Note: Beginning in 2012, Samuel's House will no longer be the administrator of local EFSG funds.

10. Will you or have you applied for other sources of County funding?

Make sure these sources/amounts are also reflected on Attachment F

- In January, 2012, Samuel's House applied for the Sheriff Asset Forfeiture Funds in the amount of \$10,000. Samuel's House was awarded \$8,000.00 in SAFF funds.
- Samuel's House intends to apply for \$20,000 in BYRNE grant funds if they become available in 2012.

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

- **Problem:** *Children are often placed in foster care due to a lack of housing for women and their children to be housed together.*
Response: The Samuel's House Mary Spottswood Women's Center Emergency Shelter works closely with the Department of Children and Families in providing housing for them. In addition, mothers are able to participate in reunification services with their children when residing at Samuel's House. It is important to note that women are only required to pay client fees for themselves and that Samuel's House receives no funding to house children.
- **Problem:** *In Monroe County, there is a documented "unmet" need for emergency shelter and long-term housing with supportive services for homeless women and their families and for affordable, permanent housing for families.*
Response: The Samuel's House Mary Spottswood Women's Center Emergency Shelter provides shelter for up to 48 women and children at one time. In 2011, 176 women received emergency shelter at Samuel's House Mary Spottswood Women's Center Emergency Shelter. Long-term housing with supportive services is provided through Kathy's Hope and Casa de Meredith.
- **Problem:** *For various reasons, County and Criminal Judges often court-order women to the Samuel's House Mary Spottswood Women's Center Emergency Shelter instead of being incarcerated at the Monroe County Detention Center.*
Response: The Samuel's House Mary Spottswood Women's Center Emergency Shelter partners with the Monroe County Court System. Women are not only provided with close supervision during their "sentence", they also receive the same intense case management and other services given to women who are not court-ordered. Having women stay at Samuel's House Mary Spottswood Women's Center Emergency Shelter in lieu of incarceration represents a substantial cost-savings to the court system.
- **Problem:** *There is a shortage of housing for clients leaving De Poo Hospital and the Guidance Care Center.*
Response: Samuel's House takes referrals from these agencies to house their patients after discharge as well as from the Domestic Abuse Shelter when women cannot obtain emergency housing there.

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

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

- In January 2011, the Southernmost Homeless Assistance League (SHAL) conducted its last formal Point-In-Time (PIT) survey of the homeless population in Monroe County. At that time, there were more than 500 individuals without suitable shelter and a total of 1,040 individuals experiencing homelessness.
- Samuel's House records reveal 176 clients were served with shelter in 2011. Of the number served, 34 were mothers, 63 were accompanying children and 79 were single women.
- During the year, 12 pregnant women gave birth while living at Samuel's House. Mothers who stay at the Samuel's House Mary Spottswood Women's Center Emergency Shelter with their children are charged client fees only for themselves. The Shelter receives no compensation for housing and other services provided to the children who stay there.
- The SHAL PIT count of homeless persons living in Monroe County calculates the number of homeless persons in emergency shelter, transitional housing and long-term housing. The count provides a snapshot of the "unmet need" for the various types of shelter through counting and tabulating unsheltered individuals and families living in Monroe County. The "unmet need" is currently being re-evaluated and will be published later this spring in the annual Continuum of Care (CoC) report submitted to the U.S. Department of Housing and Urban Development. In previous years, SHAL announced that "the homeless population had dropped to 1,018" (2005). As of this date, SHAL reports that the number of people in need of housing has remained slightly over 1,000 while the County population has decreased resulting in an increase in the ratio of homeless people within the county. (<http://www.shal.cc/facts.html>)

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

- **Cause-Homelessness:** Samuel's House serves homeless women, women with children and families. Homelessness can happen to anyone at any time, thus requiring individuals and families to seek assistance from the Samuel's House Mary Spottswood Women's Center Emergency Shelter. In order to address the problems listed in Question 12, the causes for homelessness must be defined. There are many causes of homelessness. For persons in families, the three most commonly cited causes, according to a 2008 *U.S. Conference of Mayors study* are: lack of affordable housing, poverty, and unemployment. For singles, the three most commonly cited causes of homelessness are: substance abuse, lack of affordable housing, and mental illness. Samuel's House speaks to these causes by: offering affordable housing, providing employment development assistance, and addressing substance abuse and mental health issues (co-occurring disorders).
- **Cause-Affordability:** In Monroe County, emergency shelter and structured housing is in short supply for the homeless. Rental costs are some of the highest in the United States. Without a job, even a modest rent is unaffordable for those that the Samuel's House Mary Spottswood Women's Center Emergency Shelter serves.
- **Cause-Shortage of Developable Land:** There is little developable land in Monroe County. And none is priced within the reach of what housing providers such as Samuel's House can afford in order to provide additional housing for the homeless. Further complicating the crisis, Monroe County has been designated an "Area of Critical State Concern" by the State of Florida. This designation places development in Monroe County under the oversight of the State and limits the rate of growth through the Residential Rate of Growth Ordinance.
- **Cause- Declining Funding:** Another major factor exists in that there is an overall absence of funding from all sources that is designated to, or can be used for, purchasing land or for developing housing for the homeless.

14. Describe your target population as specifically as possible.

The Samuel's House Mary Spottswood Women's Center Emergency Shelter serves women of all ages who, for reasons such as loss of employment, financial crisis, substance abuse, incarceration, domestic violence, mental illness, or other traumatic events, have found themselves homeless. The children who

may accompany them are both male and female, and range in age from birth to eighteen. In order to facilitate family unity, adolescent boys may stay at the shelter with their mothers.

In 2007, Kathy's Hope was opened to house women of all ages and their children in a permanent, supportive housing atmosphere. In 2010, Samuel's House opened the Casa de Meredith permanent structured housing facility where intact families, including fathers, live and receive elective supportive services including case management.

15. How are clients referred to your agency?

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

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

Eligibility: The eligibility requirements for admission to the Samuel's House Mary Spottswood Women's Center Emergency Shelter include: women must be homeless, sober and willing to remain sober, non-violent while in residence, and free of any current warrants. Before women are accepted as residents, they are provided with the guidelines for becoming clients as well as standards for continued residency. Each potential client agrees to abide by the rules with the understanding that if the rules are broken, they will be dismissed from the shelter.

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

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

Service Delivery: Upon entering Samuel's House, all women are assigned a Case Manager who assesses their immediate, intermediate and long-term needs. Issues classified as immediate are addressed first. An individualized case-management plan is developed and followed to best attend the needs of each client throughout her 90-days of residency.

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

Samuel's House is always willing to network with other agencies to benefit its clients. Through participation in programs of the Southernmost Homeless Assistance League, Samuel's House is able to directly participate with SHAL's twenty-seven member agencies in programs benefitting homeless individuals and families across Monroe County. As a SHAL member, Samuel's House joins other members each January for the Point-In-Time homeless count. This count is presented to the U.S. Department of Housing and Urban Development in order to define the concentration of the homeless across the United States as well as to determine funding in various geographic locations such as Monroe County. Samuel's House sits on several SHAL committees and took an active part in developing the Monroe County 10-year Plan to End Homelessness.

Samuel's House has been forging strong, new partnerships. AIDS Help is providing four volunteers to drive the Samuel's House 15-passenger, handicap-equipped van in order to transport clients of all local social service agencies to such locations as doctor's appointments and the grocery store. In addition, the U.S. Navy and a local resort hotel as a team building exercise have been providing Samuel's House with work crews to make improvements and repairs to the Samuel's House facilities.

Collaboration with other family service agencies such as Wesley House Family Services, DCF Child Protective Services, the Guidance Care Center, DePoo Hospital, Lower Keys Medical Center, etc. are an integral part of each client's case management plan if appropriate.

18. List all sites and hours of operation.

The Samuel's House Mary Spottswood Women's Center Emergency Shelter conducts all of its operations, and will use HSAB funding from its administrative location, 1614 Truesdell Court, Key West, Florida 33040. Samuel's House is open 24-hours per day, 7-days a week, 365-days per year.

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

- **Financial Challenges:** Financial challenges are a natural result of growth and service enhancement. It is a given that Samuel's House will continue to be challenged by such daily expenses as rapidly rising gasoline and utility costs. These increases greatly affect the cost of serving a client adequately.
1. By far the biggest financial challenge facing Samuel's House in the next two years, is the diminishing funding available from funding sources such as the Monroe County Human Services Board. Funds for the SAMHSA "Women In Transition" program ended in September, 2010. Because Samuel's House operates very efficiently, it was forced to eliminate 5 key employees hired to carry out this program. Remaining staff has had to take reductions in salaries and at the same time, double their workloads in order to provide exemplary service to clients. Samuel's House will apply for additional SAMHSA funding in 2012 if it becomes available. Although Samuel's House realizes that such funding is never guaranteed, this funding *is* critical for meeting match requirements for other grants and for providing basic human needs for clients.
 2. A second challenge exists as HUD continues to prioritize the "chronically homeless", ignoring the plight of women-in-crisis and their children who are homeless for the first time and contributing to the lack of funding needed to best address the needs of these individuals.
 3. HUD is funneling many of its dollars toward its "Rapid Re-Housing" program. In many cases, in order to receive HUD funding, the recipient agency must agree to place the homeless immediately into private-sector housing and allow clients to continue abusing substances while there. Samuel's House is unwilling to allow clients to be placed in private sector housing until they have participated in a 90-day case management program such as they receive at the Samuel's House Mary Spottswood Women's Center Emergency Shelter. And, the agency refuses to allow clients to continue abusing substances, realizing that this is most likely the reason for their homelessness in the first place. Therefore, Samuel's House does not qualify for much of the HUD money that supports the "Rapid Re-Housing" program.
 4. The opening of Kathy's Hope and Casa de Meredith have been of great benefit to homeless women and families. However the expansion has also presented financial challenges. As the number of beds increased, operation costs have also increased dramatically.
 5. Samuel's House has a successful history of raising money and in-kind services for its clients. Samuel's House continues to develop relationships with previous and current donors. However the economic conditions that now exist in Monroe County have prevented many donors from giving at a level equal to their past donations. Fund-raisers are not long-term solutions to the upcoming financial challenge, and can only act as temporary "fillers" when short-falls exist.
 6. The tourism industry continues to be profitable for Monroe County. However, when the local economy is examined, it is clear that the economic stability that is being seen in other parts of the country is not occurring here. Even minimum wage jobs are in short supply. As housing and

transportation costs continue to rise, employees are often unable to meet the costs, and they often become homeless.

7. In the annual study of foundations by the *Chronicle of Philanthropy* the results show that "most U.S. foundations will *decrease or flat-line* their giving in 2012. The results are a devastating blow to grant-seekers who are themselves trying to compensate for lost contributions from the 2008 economic crisis. The message needing consideration in this study is that the grant market is more competitive than ever, meaning only the strongest grant strategies will produce fruit."

To address these funding challenges, new Federal, State and County sources are being approached. This includes additional, less limiting, grant and contract funding through the U.S. Department Health and Human Services/Substance Abuse and Mental Health Services Administration. An application to SAMHSA, Center for Substance Abuse Treatment will be submitted in 2012 requesting funding to provide mental health and substance abuse services to families of Samuel's House clients.

Samuel's House is exploring the opportunity of funding by several private foundations that have as their priorities, serving women with alcohol/drug issues and co-occurring disorders, and family services. Samuel's House, recognizing the extreme need to assist homeless families with children, has applied for funding from the Ounce of Prevention Fund which would revolutionize childcare for homeless clients staying at Samuel's House, Kathy's Hope and Casa de Meredith. If funded the program would be unprecedented in its service to homeless and formerly homeless children.

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

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

- **Staffing:** Providing professionally trained/certified staff to serve clients is always a challenge. Due to the outrageous cost-of-living in Monroe County, hiring is often delayed or postponed indefinitely and cutbacks are sometimes inevitable. However, Samuel's House has always operated very efficiently and within an extremely limited budget. Employees are often required to double up on duties or work additional hours to meet the needs of the clients.
- **Geography:** Samuel's House is located in Key West, but often serves clients from across the county as well as on the mainland. Many times it is difficult for clients to travel long-distances to reach the Samuel's House Mary Spottswood Women's Center Emergency Shelter. Samuel's House has long explored the idea of a location in the Middle or Upper Keys. Funding for expansion has not been forthcoming, however Samuel's House will continue to apply for such funding if it becomes available.
- **Transportation:** Samuel's House offers transportation services to clients who must travel outside Key West to access essential supportive services such as medical appointments. Transportation became a challenge when the agency van used to transport clients was destroyed by Hurricane Wilma. Samuel's House was awarded a 15-passenger handicap accessible van from the State of Florida 5310 Grant. The van will make a tremendous difference for clients however the cost of gasoline and repairs for the van are organizational challenges for the agency. Funding from HSAB, ESG and other sources such as donations will be used to meet these costs.

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

Samuel's House recognizes the value that clients bring to the table when encouraged to participate in agency process improvements. All clients and case management staff attend weekly House Meetings in which collaborative problem-solving, health education, and continuous improvement are featured. Current clients who have demonstrated a pattern of reliable, responsible behavior are invited to serve as shelter monitors, assisting their peers with daily needs and helping case management staff to ensure smooth running daily operations. Former clients who are established in their recovery are often hired into appropriate positions and are considered valuable members of the Samuel's House staff. Recently, one of the residents of Casa de Meredith was placed on the Samuel's House Board of Directors as a community representative. As a member of the Board, she shares equally in decisions made for the agency.

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

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

23. 833 hours of program service were contributed by **178** volunteers in the last year. No board or committee meetings are included when tabulating volunteer hours.

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

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

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

Samuel's House estimates that over 175 clients will be served in the next funding year. The measurable outcomes of this service include:

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

26. How will you measure these outcomes?

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

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

27. Provide information about units of service below.

List the service in the leftmost column, then enter the unit definition in the center column, and the cost per unit in the rightmost column. If any requested information is not applicable, please explain. (If applying for \$5,000 or less, a response to this question is not required.)

Service	Unit (hour, session, day, etc.)	Cost per unit (current year)
Shelter/Food/Case Management	Day	\$54.75 per client/per day

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

Examples may include growth, new location, new partnerships, funding loss, successes, and so on.

While a number of non-profit agencies in Monroe County receive support (money, time, etc.) from local, state or national umbrella agencies, Samuel's House does not benefit from any such affiliation. Nor can Samuel's House afford to employ lobbyists and fund-raisers who acquire legislative earmarks, grants and trusts to supplement the agency's budget. Samuel's House is an agency built on a bare-bones budget. A few relatively small grants and private donations "keep the shelter open". As funding decreases, costs continue to increase and ultimately, it is the client who suffers.

In order to better serve clients, starting in June 2011, Samuel's House Case Management program and staff supervision and development have been provided by a Licensed Clinical Social Worker with the objective of improving professional standards and implementing current evidence-based practices.

Recently, Monroe County agencies were asked to request the amount of HSAB funding in FY2013 that will be necessary to operate their programs. HSAB funds have never been sufficient to sustain the current programs of Samuel's House, and the funds received have steadily decreased. Therefore, **Samuel's House is requesting \$100,000 in HSAB funding.** The \$100,000 will *go directly* to sustain the current programs of the agency that are breathing life back into homeless women and children that the Samuel's House Mary Spottswood Women's Center Emergency Shelter serves.

ATTACHMENT CHECKLIST

LABEL AND ATTACH THE FOLLOWING IN THE ORDER SHOWN, AFTER THIS PAGE IF NOT APPLICABLE, PLEASE SO INDICATE AND EXPLAIN	ATTACHED?		COMMENTS
	YES	NO	You must explain any "NO" answers
A-1. Current Board Information Form; A-2 Board Minutes	X		
B. Agency Compensation Detail	X		
C. Profile of Clients, Client Numbers and Services (Performance Report)	X		
D. County HSAB Funding Budget	X		
E. Agency Expenses	X		
F. Agency Revenue	X		
G. Copy of Audited Financial Statement from most recent fiscal year (2010) if organization's expenses are \$150,000 or greater.	X		
H. Copy of filed IRS Form 990 from most recent fiscal year (2010)	X		
I. Copy of current fee schedule	X		
J. Copy of IRS Letter of Determination indicating 501 C 3 status & Copy of GUIDESTAR printout	X/X		
K. Copy of Current Monroe County and City Occupational Licenses	X		
L. Copy of Florida Dept. of Children And Families License or Certification		X	Samuel's House is not required to have this certification.
M. Copy of any other Federal or State Licenses	X		
N. Copy of Florida Dept. of Health Licenses/Permits		X	Samuel's House is not required to have this certification.
O. Copy of front page of Agency's EEO Policy/Plan	X		
P. Copy of Summary Report of most current Evaluation/Monitoring *	X		
Q. Data showing need for your program (See Question 12)	X		
R. Other (specify) TWO PAGE LIMIT		X	None attached

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

ATTACHMENT A 1 - BOARD INFORMATION

2013

directors.

Samuel's House, Inc.

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

Name/Board Position	Affiliation/Title	City/State	Telephone No.	Years Served	Current Term Expiration Date
BAZO, SANDI	Retired Judicial Assistant	Key West, Florida 33040	(305) 294-0607	13	12/31/2012
CARBONELL, NOELIA	Retired Key	Key West, Florida 33040	(305) 296-8188	8	12/31/2012
Vice President /Treasurer	West Housing Authority	Key West, Florida 33040	(305) 587-6726	4	12/31/2012
CATES, CHERYL	Realtor	Key West, Florida 33040			
	Formerly Homeless de Meredith	Key West, Florida 33040	(305) 879-1292	4	12/31/2012
CLEMENT, LEIGH	Electrical Engineer	Key West, Florida 33040	(305) 745-3603	4	12/31/2012
FINIGAN, DALE	Monroe County Social Services	Key West, Florida 33040	(305) 292-4408	5	12/31/2012
GARCIA, HELEN	Retired	Key West, Florida 33040			
ISAKSEN, GENEVIEVE	Nurse	Key West, Florida 33040	(305) 295-2618	5	12/31/2012
TODARO, MARK	Bank Vice President	Key West, Florida 33040	(305) 240-3841	4	12/31/2012
President	Retired	Key West, Florida 33040			
WILKERSON, KIM	Director of Nursing	Key West, Florida 33040	(281) 450-3841	4	12/31/2012
Secretary	Retired	Key West, Florida 33040			
WITWER, DOROTHY	Publisher	Key West, Florida 33040	(305) 294-5404	9	12/31/2012
ADVISORY BOARD					
MARSTON, LINDA	Teacher, Gerald Adams	Key West, Florida 33040	(305) 294-4996	13	12/31/2012
HIGGS, SANDY	Retired/ Social Services	Key West, Florida 33040	(305) 296-6227	13	12/31/2012
SPOTTSWOOD, ANDREA	Certified Public Accountant	Key West, Florida 33040	(305) 294-5234	13	12/31/2012

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

ATTACHMENT A-2

Samuel's House, Inc.

April 25, 2012

Evidence of Annual Election of Officers **Board Meeting Minutes**

Thursday, October 13th, 2011

Board Members Present: Sandi Bazo, Noelia Carbonell, Leigh Clement, Helen Garcia, Genevieve Isaksen, Jean Marie Keys, Elmira Leto, Susan Plowman, Mark Todaro, Kim Wilkerson, Dorothy Witwer

Meeting called to order at 5:00 pm by Noelia Carbonell

Invocations lead by Sandi Bazo

A. Approval of Minutes – A motion was made by Kim Wilkerson to accept the minutes of 09/08/2011 as written. The motion was seconded by Sandi Bazo; motion carried.

B. Treasurer's Report – Elmira mentioned Andrea Spottswood returned to Shelter and assisted in correcting our Peachtree Program and the way that the reports print out. Elmira mentioned there are some posts that have posted in the incorrect fields. She is working on correcting this.

C. COMMITTEE REPORTS

1. **Shelter** – is full at this time. Zurima Cisneros is our new case manager. She will work one on one with clients. Joanne Drabinski is working with the children of the shelter. Joanne schedules her meetings with the children at the same time Mother's have to attend workshops, this way the children are occupied and the Mother's are able concentrate in each of their meetings.

2. **Kathy's Hope** – is full at this time.

3. **Casa de Meredith** – is full at this time. There will be one eviction. There are 20 people listed on the CdM waiting list. We are waiting for Attorney John Thresher to send us a new contract. Board mentioned to look into how many persons are allowed live in each unit, per square feet. Also, to check with USPS on getting a proper mailbox.

4. **Second Hand Sam's** – Sales are just now picking up. However, we are still financially behind. We will continue to look for a different location.

5. **Grants** – There are no pending grants. There has been no announcement on ESG. Waiting on HUD SHP Funds. SHAL Grant will be \$5,000.00 we have yet to receive a contract.

6. **Fundraising** – Mindy supplied a report to all Board Members. Men of Paradise Fashion Show Luncheon will be held on November 12th at 11:00am. HSMAl put together a fundraiser titled "Yappy Hour" where \$2,500.00 of funds raised benefitted Samuel's House, Inc.

Policy and Procedures – Kim Wilkerson, Mindy McKenzie, Elmira Leto and Valerie Carr will be working on the Policy and Procedures. The certification and licensing will come together once everything is completed.

K.O.T.S. – In the last meeting, it was decided that the K.O.T.S Advisory Board are to interview each staff member. Also there will be a cap as to how long a client may stay at the shelter.

D. UNFINISHED BUSINESS –

Samuel's House Website – Mindy has continued to add information regarding the Men's Fashion Show and our Sponsors. We will use our current website until the new one is completed.

Certification/License for Shelter - See Policy and Procedures

Men of Paradise Fashion Show Luncheon – See Fundraising.

Un Sung Hero/Volunteer of the Year – A person will be chosen by December 1st, 2011.

Leadership Success Academy – To any Board members who are interested in attending the Leadership Academy please let us know.

E. NEW BUSINESS –

Budget 2012 – Board reviewed the 2012 Budget.

SH, Inc. - Motion was made by Mark Todaro to approve the Samuel's House, Inc. Budget, motion was seconded by Helen Garcia; motion carried.

Kathy's Hope - Motion was made by Helen Garcia to approve the Kathy's Hope Budget, motion was seconded by Kim Wilkerson; motion carried.

Casa de Meredith – Motion was made by Mark Todaro to approve the Casa de Meredith Budget, motion was seconded by Kim Wilkerson with corrections to reserve amount; motion carried.

Secondhand Sam's - Motion was made by Sandi Bazo to approve the Secondhand Sam's Budget, motion was seconded by Jean Marie Keys; motion carried.

Election of Officers and Board Directors

Board President- Helen Garcia voted Mark Todaro, Dorthy Witwer seconded, motion passed.

Board Vice President- Helen Garcia voted Noeli Carbonell, Dorthy Witwer seconded, motion carried.

Board Treasurer- Sandi Bazo voted Jean Marie Keys to remain, Mark Todaro seconded, motion carried.

Board Secretary- Dorthy Witwer voted Kim Wilerson, Sandi Bazo seconded, motion carried.

End of the Year Appeal

Announcements:

The next Executive Board Meeting is scheduled for: Thursday, November 3rd, 2011

The next Full Board Meeting is scheduled for: Thursday, November 10th, 2011

Meeting adjourned.

APPROVED BY SAMUEL'S HOUSE, INC. BOARD OF DIRECTORS:

By: Kim Wilkerson
Kim Wilkerson, Board Secretary

Date: 11/10/11

**ATTACHMENT C - PROFILE OF CLIENTS, CLIENT NUMBERS AND SERVICES (Performance Report)
2012**

Delete or type over sample information shown.

Samuel's House, Inc.

List Services Here	Target Population	# of Persons in Target Population	Area	Days/Hours	Total Number of Clients Served during most recent completed fiscal year	Current # of Clients ("snapshot") as of 04/21/2011
Emergency Shelter	Homeless Women and Children	176	county-wide	7 days/24 hours	176	29
Case Management	Homeless Women and Children	176	county-wide	7 days/24 hours	176	29
Counseling/Advocacy	Homeless Women and Children	176	county-wide	7 days/24 hours	176	29
Life Skills	Homeless Women	176	county-wide	7 days/24 hours	73	29
Alcohol-Drug Services	Homeless Women	176	county-wide	7 days/24 hours	57	
Mental Health	Homeless Women	176	county-wide	7 days/24 hours	43	
Employment Services	Homeless Women	176	county-wide	7 days/24 hours	50	
AA/CODANA	Homeless Women	176	county-wide	7 days/24 hours	57	
Transportation	Homeless Women & Children	176	county-wide	7 days/24 hours	35	
Food	Homeless Women & Children	176	county-wide	7 days/24 hours	176	29
Child Workshops	Homeless Women	176	county-wide	7 days/24 hours	73	10
Domestic Violence	Homeless Women	176	county-wide	7 days/24 hours	176	
Work Shops Families	Homeless Women	176			50	10
Work Shops Substance	Homeless Women	176	county-wide	7 days/24 hours	73	
Personal Hygiene Services	Homeless Women & Children	176	county-wide	7 days/24 hours	176	
Agency Ops- Utilities	Homeless Women & Children	176	county-wide	7 days/24 hours	76	29
Unduplicated Clients for Entire Agency <i>(see instructions - this is not a total of the numbers above)</i>		156			156	29

ADDITIONAL INFORMATION REQUIRED:

Please indicate the number of clients served who are Monroe County residents: 176

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

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

ATTACHMENT E - AGENCY EXPENSES

2013

Samuel's House, Inc.

Please round all amounts to the nearest dollar.

	Proposed Expense Budget for Upcoming Year Ending:		Projected Expenses for Current Year Ending:	
	12/31/2013		12/31/2012	
Expenditures	Total	%	Total	%
Salaries - Program	144,000	23%	144,000	24%
Payroll Taxes - Program	17,280	0.02784	17280	0.02824
Employee Benefits - Program	15,000	0.02417	15000	0.02452
Salaries - Administrative	157,000	0.25297	157000	0.2566
Payroll Taxes - Administrative	18,840	3%	18,840	3%
Employee Benefits - Administrative	30,000	5%	26,220	4%
Subtotal Personnel	382,120	62%	378,340	62%
Postage	1,500	0%	1,500	0%
Office Supplies	6,000	1%	5,000	1%
Telephone	5,000	1%	5,000	1%
Professional Fees	5,000	1%	5,000	1%
Rental: Copier and Maintenance	6,000	1%	5,700	1%
Utilities	50,000	8%	44,000	7%
Repair and Maint.	5,000	1%	2,000	0%
Travel	2,000	0%	1,500	0%
Miscellaneous		0		0
Grants to Other Organizations		0	10,840	2%
Audit	5,000	1%	5,000	1%
Advertisement	500	0%	500	0%
Assistance to Clients	2,500	0%	2,500	0%
Bank Charges	2,000	0%	2,000	0%
Contract Labor	30,000	5%	27,000	4%
Dues	1,500	0%	1,500	0%
Educational/Training	2,500	0%	1,500	0%
Fundraising Expenses	10,000	2%	10,000	2%
Grant Expenses	3,000	0%	3,000	0%
Programs/Supplies	101,000	16%	99,970	16%
Total Expenses	620,620	100%	611,850	100%
Revenue Over/(Under) Expenses	3,380		(29,920)	

ATTACHMENT G

Audited Financial Statement From Most Recent Fiscal Year

SAMUEL'S HOUSE, INC.

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

December 31, 2010

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

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

We have audited the accompanying statement of financial position of the Samuel's House, Inc. (the "Organization") (a non-profit organization) as of December 31, 2010, and the related statements of activities, functional expenses and cash flows for the year then ended. These financial statements are the responsibility of the Organization's management. Our responsibility is to express an opinion on these financial statements based on our audit.

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

In our opinion the financial statements referred to above present fairly, in all material respects, the financial position of the Organization, as of December 31, 2010, the results of its operations and its cash flows for the period ended in conformity with accounting principles generally accepted in the United States of America.

In accordance with Government Auditing Standards, we have also issued a report dated June 7, 2011 on our consideration of Samuel's House, Inc.'s internal control over financial reporting and our tests of its compliance with certain provisions of laws, regulations contracts and grants.

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

Smith, Burgin & Associates, LLC.

June 7, 2011

SAMUEL'S HOUSE, INC.
Statement of Financial Position
December 31, 2010

Assets

Current assets	
Cash	\$ 23,432
Grant receivables	-
Restricted cash	<u>12,863</u>
Total current assets	<u>36,295</u>
Assets restricted to investment in property and equipment	1,705,679
Accumulated depreciation	<u>(273,447)</u>
Net assets restricted to investment in furniture and equipment	<u>1,432,232</u>
Other assets	<u>50</u>
Total assets	<u>\$1,468,577</u>

Liabilities and Net Assets

Current liabilities	
Accounts payable and accrued expenses	\$ <u>3,000</u>
Total current liabilities	<u>3,000</u>
Loan payable Marine bank	<u>34,181</u>
Net assets	
Unrestricted	(836)
Permanently restricted	<u>1,432,232</u>
Total net assets	<u>1,431,396</u>
Total liabilities and net assets	<u>\$1,468,577</u>

See accompanying notes to financial statements.

SAMUEL'S HOUSE, INC.

Statement of Activities

For the Year Ended December 31, 2010

Public support and revenue	
Grant revenue	\$1,413,909
Contributions - business sponsor	21,244
Contributions - Foundation	73,110
Contributed facilities	134,000
Fundraiser	14,830
Donations	48,850
Other income	<u>12,380</u>
	<u>1,718,323</u>
Revenue	
Program income - client fees	100,476
Program Services - 2 nd SAM	174,704
Reimbursed expenses	-
Investment income	<u>56</u>
Total revenue	<u>275,236</u>
Total public support and revenue	<u>1,993,559</u>
Program services expense	
Salaries and related costs	352,186
Fundraising expense	6,420
Program expense	68,746
Contract labor	98,990
Donated facilities	134,000
Equipment rental	7,122
Depreciation expense	57,872
Utilities and telephone	97,303
Office supplies	10,763
Drug Testing and Food	43,794
Insurance	56,494
Maintenance and repairs	86,994
Travel	7,398
Interest expense	3,268
Professional fees	298,256
Other operating expenses	<u>65,208</u>
Total expenses	<u>1,394,814</u>
Change in net assets	598,745
Net assets, beginning of year	<u>832,651</u>
Net assets, end of year	<u>\$1,431,396</u>

See accompanying notes to financial statements.

SAMUEL'S HOUSE, INC.
Statement of Cash Flows
For the Year Ended December 31, 2010

Cash flows from operating activities:	
Change in net assets	\$ 598,745
Adjustments to reconcile change in net assets to net cash provided by operating activities:	
Depreciation	57,872
Change in current assets, accounts payable and accrued expenses	<u>20,617</u>
Net cash used by operating activities	<u>677,234</u>
Cash flows from investing activities:	
Acquisition of property and equipment	<u>(684,026)</u>
Net cash used by investing activities	<u>(684,026)</u>
Cash flows from financing activities:	
Net repayments on loan payable	<u>(5,819)</u>
Net cash used by financing activities	<u>(5,819)</u>
Net decrease in cash and cash equivalents	(12,611)
Cash and cash equivalents, at beginning of year	<u>36,043</u>
Cash and cash equivalents, at end of year	<u>\$ 23,432</u>
Interest paid during the year	<u>\$ 3,268</u>

See accompanying notes to financial statements.

SAMUEL'S HOUSE, INC.

Notes to Financial Statements

For the Year Ended December 31, 2010

1. Summary of Significant Accounting Policies

a) Organization

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

b) Basis of Presentation

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

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

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

SAMUEL'S HOUSE, INC.

Notes to Financial Statements

For the Year Ended December 31, 2010

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

b) Basis of Presentation - (Cont.)

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

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

c) Assets Restricted to Investment in Property and Equipment

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

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

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

d) Contributions

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

SAMUEL'S HOUSE, INC.

Notes to Financial Statements

For the Year Ended December 31, 2010

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

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

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

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

f) Income Taxes

The Organization was organized as a non-profit organization and has received exemption under the provisions of Section 501(c)(3) of the Internal Revenue Code. Accordingly, no provision for income taxes is provided for in the accompanying financial statements.

g) Allocation of Common Expenses

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

h) Cash and Cash Equivalents

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

SAMUEL'S HOUSE, INC.

Notes to Financial Statements

For the Year Ended December 31, 2010

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

i) Estimates

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

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

The Organization is funded through grants from various funding sources. The following summarizes major grant activity for the period ended December 31, 2010.

	<u>Support</u>
Emergency Shelter Grant	\$ 114,362
Board of County Commissioners	8,200
Monroe County Sheriff's Office-SAFF	2,999
Challenge Grant	7,157
HSA	14,410
SAMHSA	447,890
Human Services Grant	24,065
Emergency Food & Shelter Program	37,896
Byrne Grant	26,288
SHAL	16,296
SHAL-HHA Grant	700,290
HSAB Grant	9,055
Community Foundation	5,000
	<u>\$1,413,909</u>

Public support including contributions for the period ending December 31, 2010 amounted to \$1,413,909.

SAMUEL'S HOUSE, INC.

Notes to Financial Statements

For the Year Ended December 31, 2010

3. Assets Restricted to Investment in Property and Equipment.

Furniture and office equipment, at cost, and accumulated depreciation are summarized as follows at December 31, 2010:

Building	\$1,492,117
Kitchen equipment	66,448
Furniture and appliances	68,851
Lease improvements	49,394
Books	350
Computer equipment	3,933
Vehicle	<u>24,586</u>
Total costs	1,705,679
Less accumulated depreciation	<u>(273,447)</u>
	<u>\$1,432,232</u>

Depreciation expense for the period ended December 31, 2010 amounted to \$57,872.

4. Facilities

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

SAMUEL'S HOUSE, INC.

Notes to Financial Statements

For the Year Ended December 31, 2010

5. Commitments and Contingencies

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

SAMUEL'S HOUSE, INC.

Schedule of Federal and State Financial Assistance
(Single Audit)

For the Year Ended December 31, 2010

Program Title	Revenue Recognized	Program Receipts	Disbursements/ Expenditures	Accounts Receivable
Emergency Shelter Grant (KF137)	\$ 114,362	114,362	114,362	-
Monroe County Sheriff's Office - S.A.F.F.	2,999	2,999	2,999	-
HSA	14,410	14,410	14,410	-
Challenge Grant (KFZ26 & KFZ30)	7,157	7,157	7,157	-
SAMHSA	447,890	447,890	447,890	-
Emergency Food and Shelter Grant	37,896	37,896	37,896	-
Human Services Grant	24,065	24,065	24,065	-
Byrne Grant	26,288	26,288	26,288	-
Board of County Commissioners	8,200	8,200	8,200	-
SHAL	16,296	16,296	16,296	-
SHAL HVA Grant	700,290	700,290	700,290	-
HSAB	9,056	9,056	9,056	-
Community Foundation Florida Keys	5,000	5,000	5,000	-
	<u>\$1,413,909</u>	<u>1,413,909</u>	<u>1,413,909</u>	<u>-</u>

SAMUEL'S HOUSE, INC.

Notes to Schedule of Financial Assistance

For the Year Ended December 31, 2010

(1) Summary of significant Accounting Policies

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

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

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

(2) Contingencies

Grant monies received and disbursed by Samuel's House, Inc. are for specific purposes and are subject to review by the grantor agencies. Such audits may result in request for reimbursement due to disallowed expenditures. Based on prior experience, management of Samuel's House, Inc. does not believe that such disallowance, if any, would have a material effect on the financial position of Samuel's House, Inc. Inc. As of June 7, 2011 there were no material questioned or disallowed costs as a result of grant audits in process or completed.

SAMUEL'S HOUSE, INC.

SCHEDULE OF FINDINGS AND QUESTIONED COSTS

YEAR ENDED DECEMBER 31, 2010

Section I – Summary of Auditor's Results

Financial Statements

Type of auditor's report issued:

Unqualified

Internal control over financial reporting:

Material weakness(es) identified?

Yes No

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

Yes None Reported

Inappropriate assignment of grant responsibilities.

Noncompliance material to financial statements noted?

Yes No

Federal Awards

Internal control over major programs:

Material weakness(es) identified?

Yes No

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

Yes None Reported

SAMUEL'S HOUSE, INC.

PAGE 2

SCHEDULE OF FINDINGS AND QUESTIONED COSTS

YEAR ENDED DECEMBER 31, 2010

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

Noncompliance material to financial statements noted? Yes No

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

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

Identification of major programs:

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

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

Auditee qualified as low risk auditee? Yes No

Section II – Financial Statements Findings

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

SAMUEL'S HOUSE, INC.

PAGE 3

SCHEDULE OF FINDINGS AND QUESTIONED COSTS

YEAR ENDED DECEMBER 31, 2010

Section III – Federal Award Findings and Questioned Costs

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

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 ON INTERNAL CONTROL
OVER FINANCIAL REPORTING BASED ON AN AUDIT OF
FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE
WITH GOVERNMENT AUDITING STANDARDS

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

We have audited the financial statements of Samuel's House, Inc. (the "Organization") as of and for the period ended December 31, 2010 and have issued our report thereon dated June 7, 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 Organization's financial statements are free of material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts and grants, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit and, accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance that are required to be reported under Government Auditing Standards.

Internal Control Over Financial Reporting

In planning and performing our audit, we considered the Organization's internal control over financial reporting in order to determine our auditing procedures for the purpose of expressing our opinion on the financial statements and not to provide assurance on the internal control over financial reporting. Our consideration of the internal control over financial reporting would not necessarily disclose all matters in the internal control over financial reporting that might be material weaknesses. A material weakness is

a condition in which the design or operation of one or more of the internal control components does not reduce to a relatively low level the risk that misstatements in amounts that would be material in relation to the financial statements being audited may occur and not be detected within a timely period by employees in the normal course of performing their assigned functions. We noted no matters involving the internal control over financial reporting and its operation that we consider to be reportable conditions as defined above.

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

Smith, Ruggi & Associates, LLC.

June 7, 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 WITH
REQUIREMENTS APPLICABLE TO EACH MAJOR PROGRAM AND INTERNAL
CONTROL OVER COMPLIANCE IN ACCORDANCE
WITH OMB CIRCULAR A-133

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

Compliance

We have audited the compliance of Samuel's House, Inc. (the "Organization") with the types of compliance requirements described in the U.S. Office of Management and Budget (OMB) Circular A-133 Compliance Supplement that are applicable to each of its major federal programs for the period ended December 31, 2010. The Organization's major federal programs are identified in the accompanying schedule of federal and State financial assistance. Compliance with the requirements of laws, regulations, contracts and grants applicable to each of its major federal programs is the responsibility of the Organization's management. Our responsibility is to express an opinion on the Organization's compliance based on our audit.

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

In our opinion, the Organization complied, in all material respects, with the requirements referred to above that are applicable to each of its major federal programs for the period ended December 31, 2010.

Internal Control Over Compliance

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

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

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

Smith, Bugji & Associates, LLC

June 7, 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
Samuel's House, Inc.:

Compliance

We have audited the compliance of Samuel's House, Inc. (the "Organization") (a non-profit organization) with the types of compliance requirements described in the U.S. Office of Management and Budget (OMB) Circular A-133 Compliance Supplement and the requirements described in the Department of Financial Services State Projects Compliance Supplement that are applicable to each of its major federal programs and state financial assistance projects for the year ended December 31, 2010. The Organization's major federal programs are identified in the accompanying schedule of federal and non-federal financial awards. Compliance with the requirements of laws, regulations, contracts and grants applicable to each of its major federal programs is the responsibility of the Organization's management. Our responsibility is to express an opinion on the Organization's compliance based on our audit.

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

In our opinion, the Organization complied, in all material respects, with the requirements referred to above that are applicable to each of its major federal programs for the year ended December 31, 2010.

Internal Control Over Compliance

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

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

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

Smith, Buga & Associates, LLC

June 7, 2011

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury
 Internal Revenue Service

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

A For the 2010 calendar year, or tax year beginning 2010, and ending 2010

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

C Name and address of principal officer:
Samuel's House, Inc.
1614 Truesdell Court
Key West, FL 33040

D Employer identification number:
65-0951120

E Telephone number:
305-296-0240

F Name and address of principal officer:
Same As C Above

G Gross receipts \$ 1,868,139.

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: samuelshouse.org

K Form of organization: Corporation Trust Association Other

L Year of formation: _____

M State of legal domicile: _____

Part I Summary		Prior Year	Current Year
1 Briefly describe the organization's mission or most significant activities: <u>To provide housing and support services to displaced women.</u>			
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	<u>3</u>	<u>15</u>
	4 Number of independent voting members of the governing body (Part VI, line 1b)	<u>4</u>	<u>15</u>
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	<u>5</u>	<u>17</u>
	6 Total number of volunteers (estimate if necessary)	<u>6</u>	<u>0</u>
	7a Total unrelated business revenue from Part VIII, column (C), line 12	<u>7a</u>	<u>0.</u>
	7b Net unrelated business taxable income from Form 990-T, line 34	<u>7b</u>	<u>0.</u>
	Revenue	8 Contributions and grants (Part VIII, line 1h)	<u>916,263.</u>
9 Program service revenue (Part VIII, line 2g)		<u>248,743.</u>	<u>272,745.</u>
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		<u>924.</u>	<u>56.</u>
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			<u>15,624.</u>
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		<u>1,165,930.</u>	<u>1,845,268.</u>
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u>45,097.</u>	<u>37,621.</u>
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u>432,521.</u>	<u>376,830.</u>
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) <u>6,420.</u>		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<u>797,533.</u>	<u>846,160.</u>	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u>1,275,151.</u>	<u>1,260,611.</u>	
19 Revenue less expenses. Subtract line 18 from line 12	<u>-109,221.</u>	<u>584,657.</u>	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	<u>Beginning of Current Year</u> <u>887,034.</u>	<u>End of Year</u> <u>1,465,872.</u>
	21 Total liabilities (Part X, line 25)	<u>43,000.</u>	<u>37,181.</u>
	22 Net assets or fund balances. Subtract line 21 from line 20	<u>844,034.</u>	<u>1,428,691.</u>

Part II Signature Block

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

Sign Here
 Signature of officer: Noelia Carbonell Date: 9/1/11
 Type or print name and title: President

Paid Preparer Use Only
 Print/Type preparer's name: Andrea A. Spottswood Preparer's signature: Non-Paid Preparer Date: _____
 Check self-employed PTIN: _____
 Firm's name: _____
 Firm's address: _____
 Firm's EIN: _____
 Phone no.: _____

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

To provide housing and support services to displaced women.

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

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

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

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

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

4a (Code:) (Expenses \$ 1,254,191. including grants of \$ 35,591.) (Revenue \$ 272,745.)

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

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

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

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

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

4e Total program service expenses ▶ 1,254,191.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

BAA

Form 990 (2010)

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. 11		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 17		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note.</i> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If 'Yes,' enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
6b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If 'Yes,' indicate the number of Forms 8282 filed during the year. 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12. 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders. 11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? <i>Note.</i> See the instructions for additional information the organization must report on Schedule O.		
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?		X
b	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O		

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.

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
1a			15
1b	Enter the number of voting members included in line 1a, above, who are independent		
1b			15
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee? See Schedule O	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	a The governing body?	X	
8b	b Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O		X

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ▶ None
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Schedule O
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:
 ▶ Elmira Leto 1614 Truesdell Court, Key West, FL 33040 Key West FL 33040 305-296-0240

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

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Dale Finegan Director	4	X						0.	0.	0.
(2) Sandi Bazo Director	2	X						0.	0.	0.
(3) Kim Wilkerson Director	2	X						0.	0.	0.
(4) Noelia Carbonell President	4	X		X				0.	0.	0.
(5) Helen Garcia Director	2	X						0.	0.	0.
(6) Jeanmarie Keys Treasurer	4	X		X				0.	0.	0.
(7) Susan Plowman Director	2	X						0.	0.	0.
(8) Cheryl Cates Director	2	X						0.	0.	0.
(9) Genevieve Isaksen Director	2	X						0.	0.	0.
(10) Myra Wittenberg Secretary	4	X		X				0.	0.	0.
(11) Dorothy Witwer Director	2	X						0.	0.	0.
(12) George Witwer Director	2	X						0.	0.	0.
(13) Leigh Clement Director	2	X						0.	0.	0.
(14) John Cruz Director	4	X						0.	0.	0.
(15) Mark Todaro Vice President	4	X		X				0.	0.	0.
(16) Elmira Leto CEO	40					X		76,505.	0.	9,540.
(17) _____										

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Sch D)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) -----										
(19) -----										
(20) -----										
(21) -----										
(22) -----										
(23) -----										
(24) -----										
(25) -----										
(26) -----										
(27) -----										
(28) -----										
(29) -----										
1 b Sub-total							76,505.	0.	9,540.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							76,505.	0.	9,540.	

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
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes,' complete Schedule J for such individual	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person	5	X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Care Center for Mental Health 1205 4th Street Key West, FL 33040	Mental health	298,256.
James Lytton Construction P O Box 420269 Summerland Key, FL 33042	Construction	672,441.

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 ▶ 2

Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	1,413,909.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	142,934.			
	g Noncash contributions included in lns 1a-1f: \$					
	h Total. Add lines 1a-1f		1,556,843.			
PROGRAM SERVICE REVENUE	Business Code					
	2a 2nd Hand Sam's sales		172,269.	172,269.		
	b Client rents		100,476.	100,476.		
	c					
	d					
	e					
	f All other program service revenue					
g Total. Add lines 2a-2f		272,745.				
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)		56.	56.		
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross Rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities	15,371.			
		(ii) Other				
		b Less: cost or other basis and sales expenses	15,371.			
		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	22,330.			
	b Less: direct expenses	b	7,500.			
c Net income or (loss) from fundraising events		14,830.		14,830.		
9a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses	b					
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	a					
b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code				
11a Miscellaneous		794.		794.		
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		794.				
12 Total revenue. See instructions		1,845,268.	272,801.	0.	15,624.	

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.	35,591.	35,591.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22.	2,030.	2,030.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	0.	0.	0.	0.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0.	0.	0.	0.
7 Other salaries and wages.	323,083.	323,083.		
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions).				
9 Other employee benefits.	24,644.	24,644.		
10 Payroll taxes.	29,103.	29,103.		
11 Fees for services (non-employees):				
a Management.				
b Legal.				
c Accounting.	16,752.	16,752.		
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.				
g Other.	298,256.	298,256.		
12 Advertising and promotion.	2,267.	2,267.		
13 Office expenses.	10,453.	10,453.		
14 Information technology.				
15 Royalties.				
16 Occupancy.	31,950.	31,950.		
17 Travel.	7,397.	7,397.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.				
20 Interest.	3,269.	3,269.		
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	57,666.	57,666.		
23 Insurance.	31,849.	31,849.		
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 Contract labor.	98,990.	98,990.		
b Maintenance and repairs.	86,994.	86,994.		
c Utilities.	81,827.	81,827.		
d Supplies.	57,085.	57,085.		
e Permits & fees.	20,331.	20,331.		
f All other expenses.	41,074.	34,654.		6,420.
25 Total functional expenses. Add lines 1 through 24f.	1,260,611.	1,254,191.	0.	6,420.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year		
ASSETS	1	Cash — non-interest-bearing	46,934.	1	33,590.	
	2	Savings and temporary cash investments		2		
	3	Pledges and grants receivable, net	22,591.	3		
	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	50.	7	50.	
	8	Inventories for sale or use		8		
	9	Prepaid expenses and deferred charges		9		
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	1,705,679.		
	b	Less: accumulated depreciation	10b	273,447.		
				817,459.	10c	1,432,232.
	11	Investments — publicly traded securities			11	
	12	Investments — other securities. See Part IV, line 11			12	
	13	Investments — program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
15	Other assets. See Part IV, line 11			15		
16	Total assets. Add lines 1 through 15 (must equal line 34)		887,034.	16	1,465,872.	
LIABILITIES	17	Accounts payable and accrued expenses	3,000.	17	3,000.	
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties	40,000.	24	34,181.	
	25	Other liabilities. Complete Part X of Schedule D		25		
	26	Total liabilities. Add lines 17 through 25		43,000.	26	37,181.
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.					
	27	Unrestricted net assets	26,575.	27	-16,404.	
	28	Temporarily restricted net assets		28	12,863.	
	29	Permanently restricted net assets	817,459.	29	1,432,232.	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds		30		
	31	Paid-in or capital surplus, or land, building, or equipment fund		31		
	32	Retained earnings, endowment, accumulated income, or other funds		32		
33	Total net assets or fund balances		844,034.	33	1,428,691.	
34	Total liabilities and net assets/fund balances		887,034.	34	1,465,872.	

BAA

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,845,268.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,260,611.
3	Revenue less expenses. Subtract line 2 from line 1	3	584,657.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	844,034.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0.
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	1,428,691.

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.		X
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	X	

BAA

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2010

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization

Samuel's House, Inc.

Employer identification number

65-0951120

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

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

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

- | | Yes | No |
|---|------------|----|
| (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?..... | 11 g (i) | |
| (ii) A family member of a person described in (i) above?..... | 11 g (ii) | |
| (iii) A 35% controlled entity of a person described in (i) or (ii) above?..... | 11 g (iii) | |

h Provide the following information about the 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 column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

BAA 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 "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3 The value of services or facilities furnished 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)					12	

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 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 the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

b 33-1/3% support test – 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test – 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization

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

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

BAA

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

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

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants'.)	1,071,390.	781,112.	830,373.	916,263.	1,571,673.	5,170,811.
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	44,395.	118,848.	231,389.	248,743.	272,745.	916,120.
3 Gross receipts from activities that are not an unrelated trade or business under section 513.	44,223.	31,213.	33,343.	564.	794.	110,137.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6 Total. Add lines 1 through 5.	1,160,008.	931,173.	1,095,105.	1,165,570.	1,845,212.	6,197,068.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	0.	0.	0.	0.	0.	0.
c Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
8 Public support. (Subtract line 7c from line 6.)						6,197,068.

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	1,160,008.	931,173.	1,095,105.	1,165,570.	1,845,212.	6,197,068.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	682.	1,480.	1,202.	360.	56.	3,780.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
c Add lines 10a and 10b	682.	1,480.	1,202.	360.	56.	3,780.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
13 Total support. (Add lines 9, 10c, 11, and 12.)	1,160,690.	932,653.	1,096,307.	1,165,930.	1,845,268.	6,200,848.

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	99.9 %
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	99.9 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	0.1 %
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	0.1 %

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.

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF

2010

Name of the organization

Samuel's House, Inc.

Employer identification number

65-0951120

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Form 990-PF

Section:

- 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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

Special Rules

- For a section 501(c)(3) organization filing Form 990 or 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line f. Complete Parts I and II.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc. purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc. purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc. contributions of \$5,000 or more during the year ▶ \$ _____

Caution: An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF) but it **must** answer 'No' on Part IV, line 2 of their Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Name of organization

Samuel's House, Inc.

Employer identification number

65-0951120

Part I Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	Monroe County Sheriff's Office 5525 College Road Key West, FL 33040	\$ 11,199.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	Emergency Food & Shelter Progr 701 N. Fairfax Street, #310 Alexandria, VA 22314	\$ 37,896.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	Emergency Shelter Grant 1317 Winewood Blvd Tallahassee, FL 32399-0700	\$ 114,362.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	Challenge Grant 1317 Winewood Blvd Tallahassee, FL 32399-0700	\$ 7,157.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	Byrne Grant - Monroe County 1100 Simonton Street Key West, FL 33040	\$ 26,288.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	Publix Grant 100 NE 183rd Street Miami, FL 33269	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Samuel's House, Inc.

Employer identification number

65-0951120

Part I Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	Schoen Foundation 1100 5th Avenue South Naples, FL 34102-6407	\$ 15,371.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	Community Found of the Keys 300 Southard Street Key West, FL 33040	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	Southern Homeless Assistance P.O. Box 2990 Key West, FL 33045	\$ 16,296.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	FL Homeless Housing Assistance 1317 Winewood Blvd Tallahassee, FL 32399-0700	\$ 700,290.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	Hulburt Foundation 200 Ocean Drive Tavernier, FL 33070	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	Klaus Murphy Foundation 3130 Northside Drive Key West, FL 33040	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

Samuel's House, Inc.

65-0951120

Part I Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	Substance Abuse Mental Health Servi 1 Choke Cherry Toad Rockville, MD 20857	\$ 447,890.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14	Human Services Avisory Board 500 Whitehead Street Key West, FL 33040	\$ 47,530.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Samuel's House, Inc.

Employer identification number

63-0951120

Part III

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

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

BAA

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Financial Statements

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

OMB No. 1545-0047

2010

Open to Public Inspection

Employer identification number

Samuel's House, Inc.

65-0951120

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

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

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

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

1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

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

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

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a 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 ▶ _____ %

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

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

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

Part VI 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
1 a Land.....				
b Buildings.....		1,492,116.	128,796.	1,363,320.
c Leasehold improvements.....		49,394.	11,194.	38,200.
d Equipment.....		91,034.	68,287.	22,747.
e Other.....		73,135.	65,170.	7,965.
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				1,432,232.

BAA

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

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

Part IX Other Assets. (See Form 990, Part X, line 15) N/A	
(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 15.) ▶	

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

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

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)		1,845,268.
2	Total expenses (Form 990, Part IX, column (A), line 25)		1,260,611.
3	Excess or (deficit) for the year. Subtract line 2 from line 1.		584,657.
4	Net unrealized gains (losses) on investments		
5	Donated services and use of facilities		
6	Investment expenses		
7	Prior period adjustments		
8	Other (Describe in Part XIV)		
9	Total adjustments (net). Add lines 4 through 8		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9.		584,657.

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

1	Total revenue, gains, and other support per audited financial statements		1	1,993,559.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains on investments	2a		
	b Donated services and use of facilities	2b	134,000.	
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIV) See Part XIV	2d	14,291.	
	e Add lines 2a through 2d		2e	148,291.
3	Subtract line 2e from line 1		3	1,845,268.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIV)	4b		
	c Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	1,845,268.

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

1	Total expenses and losses per audited financial statements		1	1,394,814.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a	134,000.	
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIV) See Part XIV	2d	203.	
	e Add lines 2a through 2d		2e	134,203.
3	Subtract line 2e from line 1		3	1,260,611.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIV)	4b		
	c Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	1,260,611.

Part XIV Supplemental Information

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

Samuel's House, Inc.

65-0951120

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

Adjust cash balances.....	\$	2,705.
Truck expensed in prior year.....		<u>11,586.</u>
Total	\$	<u><u>14,291.</u></u>

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

Miscellaneous.....	\$	203.
Total	\$	<u><u>203.</u></u>

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

FUNRAISING REVENUE		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		Men in Paradis (event type)	(event type)	(total number)	(add column (a) through column (c))
	1	Gross receipts	18,186.		18,186.
	2	Less: Charitable contributions			
	3	Gross income (line 1 minus line 2)	18,186.		18,186.
DIRECT EXPENSES	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	7,500.		7,500.
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses			
	10	Direct expense summary. Add lines 4 through 9 in column (d)			7,500.
	11	Net income summary. Combine line 3, column (d), and line 10			10,686.

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

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

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If 'No,' explain: _____

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

b If 'Yes,' explain: _____

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

Samuel's House, Inc.

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. See Part IV Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed.

(1) Name and address of organization or government	(2) EIN or government	(3) IRC section if applicable	(4) Amount of cash grant	(5) Amount of non-cash assistance	(6) Method of valuation (book, FMV, appraisal, other)	(7) Description of non-cash assistance	(8) Purpose of grant or assistance
(1) -----							
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							
(8) -----							

2 Enter total number of section 501(c)(3) and government organizations 0

3 Enter total number of other organizations 0

Open to Public Inspection

Employer identification number
65-0951120

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ **Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization

Samuel's House, Inc.

Employer identification number

65-0951120

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).
Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 26 or Form 990-EZ, Part V, line 38a.

	(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
		To	From			Yes	No	Yes	No	Yes	No
(1)											
(2)											
(3)											
(4)											
(5)											
(6)											
(7)											
(8)											
(9)											
(10)											
Total					▶ \$						

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2010

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Samuel's House, Inc.

Employer identification number

65-0951120

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

George & Dorothy Witwer are married.

Form 990, Part VI, Line 11b - Form 990 Review Process

The Board was given a draft copy of Form 990 before filing for questions and approval.

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

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

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

Upon request

ATTACHMENT I

CMS Form 6.03.2a

SAMUEL'S HOUSE SCREENING

Continue.....

NAME _____
 AKA NAMES _____
 DOB _____
 SOC SEC# _____
 DATE _____
 PHONE # _____
 PREVIOUS CLIENT _____
 WHEN _____ DUE CLIENT FEES _____
 EXPECTED INTAKE DATE _____

DATE OF LAST DRINK/DRUG _____
 DRUGS.ALCOHOL USED _____

 PREVIOUS TREATMENT _____

 PROBATION _____
 COUNTY _____
 PO NAME _____
 PHONE # _____

Briefly explain SH rules & expectations:

HOUSE RULES AND CHORES
 CHILDCARE RULES
 BACKGROUND CHECK
 DRUG/ALCOHOL TESTING
 WORK EXPECTATION (2WKS)
 HOUSING SEARCH

DCF _____
 CASE WORKER _____
 PHONE# _____

OF CHILDREN _____
 AGES _____

Children over 15 will be drug tested

* CLIENT FEES-\$100 PER WEEK
 \$15.00 PER DAY DUE EVERY
 FRIDAY 10 AM

OTHER THAN SELF-DEFENSE, ARE
 YOU CAPABLE OF HURTING
 SOMEONE? _____

*Ask potential client to explain the
 circumstances leading to homelessness.
 Gather as much information as possible.
 Make appropriate referrals (ex:DAS)
 Determine, if in fact, caller is homeless.*

ADDITIONAL COMMENTS: _____

SOURCE OF INCOME _____
 AMOUNT OF INCOME _____
 DISABILITY/SSI _____
 DIAGNOSIS _____

MENTAL HEALTH DIAGNOSIS: _____
 TREATMENT _____
 STABLE ON MEDS? _____
 OTHER MEDICAL ISSUES _____

RECENT HOSPITALIZATION _____

LIST CURRENT MEDICATION:

Explain med policy: no narcotics or any medication commonly abused.

staff signature _____

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

APR 14 2004

Date:

Employer Identification Number:
65-0951120

DIN:

17053087772044

Contact Person:

DAN W BERRY

ID# 31122

Contact Telephone Number:

(877) 829-5500

Public Charity Status:

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

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

Dear Applicant:

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

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

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

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

Please keep this letter in your permanent records.

Sincerely yours,



Lois G. Lerner
Director, Exempt Organizations
Rulings and Agreements

Letter 1050 (DO/CG)

GUIDESTAR
Nonprofit Report

Generated on April 23, 2012, at 4:37 PM EDT

SAMUELS HOUSE INC

Also Known As:
1614 Truesdell Ct
Key West, FL 33040

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

Contact Information

SAMUELS HOUSE INC

Also Known As:

Physical Address: Key West, FL 33040

[Register for free](#) to see this organization's full address, telephone number, Web site, and more!

At A Glance

Formerly Known As:

Category (NTEE): P Human Services /P70 (Residential, Custodial Care (Group Home))

Mission Statement

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

Impact Statement

This organization has not provided an impact statement.

Background Statement

Financial Data

[FAQs on Financial Data](#) | [Digitizing IRS Form 990 Data](#)

[Login or register](#) to view this information.

Revenue and Expenses

[Login or register](#) to view this information.

Balance Sheet

Subscribe to [GuideStar Premium](#) to view this information, if available.

Forms 990 Received from the IRS

[Login or register](#) to view this information.

Forms 990 Provided by the Nonprofit

[Login or register](#) to view this information.

Financial Statements

Subscribe to [GuideStar Premium](#) to view this information, if available.

Annual Reports

[Login or register](#) to view this information.

Formation Documents

Subscribe to [GuideStar Premium](#) to view this information, if available.

Program:

Budget: --

Category:

Population Served:

Program Description:

Program Long-Term Success:

Program Short-Term Success:

Program Success Monitored by:

Program Success Examples:

Funding Needs

Volunteer Needs

Request for In-Kind Contributions

Organizational Statistics

[Login or register](#) to view this information.

Chief Executive

Board Chair

[Login or register](#) to view this information.

Board of Directors

[Login or register](#) to view this information.

Officers for Fiscal Year

Subscribe to [GuideStar Premium](#) to view this information, if available.

Highest Paid Employees & Their Compensation

Subscribe to [GuideStar Premium](#) to view this information, if available.

News

ATTACHMENT K

Monroe County Occupational License

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

RECEIPT# 46110-77216

Business Name: SAMUEL'S HOUSE INC

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

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

Rooms Seats Employees Machines Stalls

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

Paid 118-10-00000978 07/13/2011 0.00

THIS RECEIPT MUST BE POSTED CONSPICUOUSLY IN YOUR PLACE OF BUSINESS

THIS BECOMES A TAX RECEIPT
WHEN VALIDATED

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

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

ATTACHMENT L

Florida DCF License

Samuel's House, Inc. is not required to have a Department of Children and Families License or Certification.

ATTACHMENT M

State License to Do Business

Please print this page for your records.

Print

Registration Summary

General Vendor Information

Vendor Name: Samuel's House, Inc.
 Short Name (Does Business As): Samuel's House
 Ariba Network ID:
 Dun and Bradstreet Number: 053881970
 Web Site:
 Federal Tax ID Number: F650951120
 Name that appears on 1099 Form: Samuel's House, Inc.
 W9 Status: Valid W-9 on File
 DFS W9 Last Update Date: Jul 27, 2011
 Business Designation: Not-for-Profit Corporation

Contacts

Name	Title	Phone	Fax	Email
Elmira Leto	Chief Executive Officer	305-296-0240	305-296-4219	samuelshouse1@comcast.net
Elmira Leto	Chief Executive Officer	305-296-0240	305-296-4219	samuelshouse1@comcast.net

Locations

Samuel's House, Inc.		Sequence 004
P.O. Info:	Remit To:	Billing Contact:
Orders:EMAIL	Fax:305-296-4219	Email:
Email:samuelshouse1@comcast.net	Contact:Elmira Leto	Fax:305-296-4219
Fax:		Contact:Elmira Leto
Contact:Elmira Leto		
1614 Truesdale Court	1614 Truesdale Court	1614 Truesdale Court
Key West, FL 33040	Key West, FL 33040	Key West, FL 33040
Monroe	Monroe	Monroe
US	US	US

Certified Business Enterprise Info (CBE)

Minority Business Designation: Other Non-Profit

Woman Owned Designation: Non-Woman-Owned

SDVBE Owned Designation: Non-SDVBE

Solicitation Selection

Registered for Solicitations: No

Registered for VBS: Yes

Florida Terms of Use

Accepted: 02/27/2012 by Elmira Leto

Commodity Codes

911-180 DOMESTIC VIOLENCE/NOT OTHERWISE LISTED;AGING AND ADULT SERVICES
911-222 EMERGENCY SHELTER SERVICE; AGING ANDADULT SERVICES
911-330 INFORMATION AND REFERRAL SERVICE; AGINGAND ADULT SERVICES
912-030 INFORMATION AND REFERRAL SERVICE;ALCOHOL, DRUG ABUSE, AND MENTAL HEALTH SERVICES
912-140 OVERLAY SERVICES; ALCOHOL, DRUG ABUSE,AND MENTAL HEALTH SERVICES
913-295 FAMILY EMERGENCY SHELTER SERVICE; CHILD-REN, YOUTH, AND FAMILIES SERVICE
913-302 FAMILY SERVICES RESPONSE SYSTEM;CHILDREN, YOUTH, AND FAMILIES SERVICE

Close Window

Copyright © 2009 State of Florida

MyFloridaMarketPlace Vendor Registration Customer Service: 866-FLA-EPRO (866-352-3776)

ATTACHMENT N

Florida Department of Health Licenses/Permits

Samuel's House, Inc. is not required to have a Department of Children and Families License or Certification.

ATTACHMENT O
Agency EEO Policy

PERSONNEL (Per) POLICIES AND PROCEDURES
SECTION 2*

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

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

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

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

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

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

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

Procedure:

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

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

ATTACHMENT P

Summary Report of Most Current Evaluation/Monitoring

Final Report Human Services Grant Contract Period 10/01/10 – 09/30/11

October 11, 2011

One hundred seventy six (176) women and children have been sheltered during the period of 10/01/10 through 09/30/11. Sixty five (65) of these clients were children and One hundred eleven (111) were adults. Eighteen (18) or 10% of these clients were determined to be chronically homeless.

Of the One hundred seventy six (176) clients served, One hundred seventy four (174) have been residents of Monroe County for one or more years. This equates to 99% of our client population being residents of Monroe County.

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

The services provided by Samuel's House in addition to basic living needs are: In-House Case Management, Co-Dependency and AA/NA meetings, Morning and Evening Reflection, Transportation, Life Skills Counseling and basic life skills to include: cooking, household sanitation management and budgeting of limited funds. Samuel's House offers Peer Support Services and workshops to those women struggling with substance abuse and co-occurring disorders. We also have a full time Job Developer/Employment Counselor; with a current success rate of 88% in job placement.

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

*Client Demographics for the grant period are attached:

Prepared by:

Angelica Sweeting
EXECUTIVE ASSISTANT



SAMUEL'S HOUSE, Inc.

The Mary Spottswood Women's Center,
Kathy's Hope and Casa de Meredith

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

Initial Performance Report Human Services Grant Contract Period 10/01/11 – 09/30/12

November 18, 2011

One hundred seventy six (176) women and children have been sheltered during the period of 10/01/10 through 09/30/11. Sixty five (65) of these clients were children and One hundred eleven (111) were adults. Eighteen (18) or 10% of these clients were determined to be chronically homeless.

Of the One hundred seventy six (176) clients served, One hundred seventy four (174) have been residents of Monroe County for one or more years. This equates to 99% of our client population being residents of Monroe County.

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

The services provided by Samuel's House in addition to basic living needs are: In-House Case Management, Co-Dependency and AA/NA meetings, Morning and Evening Reflection, Transportation, Life Skills Counseling and basic life skills to include: cooking, household sanitation management and budgeting of limited funds. Samuel's House offers Peer Support Services and workshops to those women struggling with substance abuse and co-occurring disorders. We also have a full time Job Developer/Employment Counselor, with a current success rate of 88% in job placement.

Of the one hundred seventy six (176) clients served, seventy one (71) of these clients moved from our shelter and into permanent housing. Twenty nine (29) of these clients, moved into temporary housing/shelter. With a combined number of one hundred (100) clients, a success rate of 90%, who are no longer homeless. Of the one hundred seventy six (176) clients served, two (2) of these clients, 2%, have moved into an Institutional setting and seven (7) of these clients, 7%, whose destination is unknown.

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

Prepared by:


Angelica Sweeting
EXECUTIVE ASSISTANT

ESGP Beneficiary Report - Service or Program

Report Run On: 04/23/2012 12:01:21 PM

By: Davina Arrieta

For: Samuel's House

Reporting
Period:

01/01/2011 thru 01/01/2012

2. a. Number of Persons Served (Unduplicated Count),

Client/Age Group	# Person
Annual Number of Adults Served (>=18)	92
Annual Number of Children Served (<18)	64
Total Unduplicated Number Served:	156

2. b. Estimated Daily Average # Persons Served during Contract/Reporting Period

Client/Age Group	# Person
Adults (>=18):	.25
Children (<18):	.17
Total Daily - Average:	.43

3. Racial Composition, Persons Served for Contract/Reporting Period

Race or Ethnic Group	a. # Persons	b. # Hispanic
White	125	44
Black/African-American	22	5
Asian	0	0
American Indian/Alaskan Native	0	0
Native Hawaiian/Other Pacific Islander	0	0
American Indian/Alaskan Native & White	0	0
Asian & White	0	0
Black/African-American & White	5	2
American Indian/Alaskan Native & Black/African-America	0	0
Other Multi-Racial	0	0
Unknown Race	0	0
Total Unduplicated Count	156	51

4: Age/Demographic Composition, Households and Persons Served for Contract/Reporting Period

	a. # Household	b. # Person
Unaccompanied 18 and Over - Male:	0	0
Female:	41	41
Unknown:	0	0
Unaccompanied Under 18 - Male:	0	0
Female:	1	1
Unknown:	0	0

Persons in Families with Children Headed by:		
Single 18 and Over - Male:	0	0
Female:	31	81
Unknown:	0	0
Youth Under 18:	0	0
Two Parents 18 and Over:	6	27
Two Parents Under 18:	0	0
Persons in Families with No Children:	3	6
Total Unduplicated Counts	82	156

ESGP Beneficiary Report - Service or Program

Report Run On: 04/23/2012 12:01:21 PM

By: Davina Arrieta

For: Samuel's House

Reporting
Period:

01/01/2011 thru 01/01/2012

5. Special-Needs Breakdown	
Special Needs/Demographic Group	# Persons
Chronically Homeless (by HUD definition)	16
Mental illness	2
Substance abuse (Alcohol and Drug)	3
Elderly (ages 62 and over)	3
Veterans	4
General population (none of above)	133

Need

Outcome

Program Name

To be counted in this report a client must EITHER receive a Service record OR be enrolled in at least one of the selected Programs during the Reporting Period. A client who meets both of these conditions will also be counted, but only once.

Number of persons served includes all currently active household members except Chronically Homeless persons served are always considered unaccompanied.

SSG Fiscal Year Quarterly Report

Agency Name: Samuel's House
 Program Name: Emergency Shelter

run by: Davina Arrieta

run on: 04/23/2012 12:06:32

Reporting Period: 01/01/2011

thru 01/01/2012

1. Total NEW households this quarter (Households may consist of one person. Each unaccompanied person represents a household and should be included as such.)	Households
	91
2. Type of New Households	Households
Household Composition	
Unaccompanied Adult Men	0
Unaccompanied Adult Women	87
Single Parent-Male Head of Household	0
Single Parent-Female Head of Household	0
Two-Parent Family	0
Adult Couple Without Children	0
Other	4
Total for Quarter (should equal totals #1)	91
3. Race of Heads of New Households	Households
White	76
Black/African American	10
Asian	0
American Indian/Alaska Native	0
Native Hawaiian/Other Pacific Islander	0
Asian & White	0
Black/African American & White	1
American Indian/Alaska Native & Black/African American	0
Other/Multi-Racial	4
Total for Quarter (should equal totals #1)	91
4. Hispanic Heads of New Households	Households
Yes	22
No	71
Total for Quarter (should equal totals #1)	91
5. For New Households: Has the household experienced the following within the past 12 months? (check all that apply)	Households
Eviction(rental)	8
Foreclosure(former homeowner)	1
Living with Family or Friends	24
Domestic Violence	87
Loss of income	2
Serious Illness (including mental illness and/or addiction)	18
Total for Quarter	140

SSG Fiscal Year Quarterly Report

Agency Name: Samuel's House

Program Name: Emergency Shelter

run by: Davina Arrieta

run on: 04/23/2012 12:06:32

Reporting Period: 01/01/2011

thru 01/01/2012

6. Sources of Referrals of New Households	Households
Department of Social Service	0
Mental Health Agency	0
Police	0
Hospital	0
Emergency Shelter	0
Community Service Agency	0
Family/Friend	0
Faith-based/Church	0
Self-Referral	0
Transitional Housing	0
Other	0

7. Sources of income of New Households at Intake (check all that apply-indicate source, not amount)	Households
Wages/Salary	12
TANF(Cash Assistance)	1
TANF(Non-Cash assistance through Vendors)	0
Child Support	2
Medicare/Medical	6
EBT/ Food Stamps	19
General Relief	0
Social Security	0
Soc. Sec. Disability Income/SSI	4
Unemployment Benefits	2
Other Disability	1
Housing Subsidy	0
Veterans Benefits	0
Other	6

8. Number of New PERSONS (this quarter)	Households
Male	27
Female	111
Unknown	0
Total for Quarter (all new persons in all households)	138

9. Age of New Persons	Households
0 - 4	16
5 - 12	28
13 - 17	5
18 - 61	85
62 or older	2
Total for Quarter (should equal totals in #8)	138

SSG Fiscal Year Quarterly Report

Agency Name: Samuel's House
 Program Name: Emergency Shelter

run by: Davina Arrieta

run on: 04/23/2012 12:06:32

Reporting Period: 01/01/2011 thru 01/01/2012

10. New Persons - Veterans (this quarter)	4
--	---

11. New Persons - Defined as Chronic	Females	Males	Total
<p>An unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more OR has had at least four (4) episodes of homelessness in the past three (3) years. Disabling condition is defined as a diagnosable substance use disorder, serious mental illness, developmental disability, or chronic physical illness or disability, including the co-occurrence of two or more of these conditions. To be considered chronically homeless, persons must have been sleeping in a place not meant for human habitation (e.g., living on the streets) and/or in an emergency ho</p>	15	1	16

	Children (up to age 18)	Adults (18 or older)
12A. Total number of bed nights provided to ALL persons served this quarter (individual in existing and new households) -- Based on Program Entry and Exit Dates.	4214	6329

	Children (up to age 18)	Adults (18 or older)
12B. Total number of bed nights provided to ALL persons served this quarter (individual in existing and new households) -- Based on Service Transaction.	37	72

13. Number of Persons Turned Away (this quarter)	Persons
Reason	
Lack of Bed Space	
Mental Illness	
Drug Addiction	
Agency doesn't serve demographic (i.e. families in single adult shelter)	
Mental Retardation	
Intoxication	
Physical Handicap	
Other	
Total for Quarter	

SSG Fiscal Year Quarterly Report

Agency Name: Samuel's House
 Program Name: Emergency Shelter

run by: Davina Arrieta

run on: 04/23/2012 12:06:32

Reporting Period: 01/01/2011

thru 01/01/2012

14. All Sources of Income for those households that exited this quarter: (check all that apply - indicate source not amount)	Households
Wages/Salary	36
TANF (Cash Assistance)	1
TANF (Non-cash assistance through Vendors)	2
Child Support	5
Medicare/Medicaid	10
EBT/Food Stamps	32
General Relief	0
Social Security	0
Soc. Sec. Disability Income/SSI	7
Unemployment Benefits	1
Other Disability	1
Housing Subsidy	0
Veterans Benefits	1
Other	7

15. Housing Placement at Exit (# of households)	Households
Temporary	
Other Homeless Shelter	9
Transitional Housing	3
Family/Friends	20
Other	21
Subtotal	53
Permanent	
Supportive Housing	18
Section 8/Housing Choice Vouchers	0
Public Housing	0
Market Rate Rental	12
Other	24
Subtotal	54
Unknown or not available	0
Total Exited for Quarter	107

Services by Outcome, Need

Agency: Samuel's House

User: Davina Arrieta

Report run on: 04/23/2012 12:10:44 PM

01/01/2011 thru 01/01/2012

Outcome	**	Need	Need Records	Unduplicated Clients
Services Provided	**	Baby Furniture	1	1
Services Provided	**	Baby Wipes	1	1
Services Provided	**	Clothing Vouchers	23	22
Services Provided	**	Codependents Anonymous Support Groups	55	52
Services Provided	**	Computer Usage 31-60 Minutes	12	12
Services Provided	**	Diapers	1	1
Services Provided	**	Drug Abuse Referrals	8	8
Services Provided	**	Emergency Shelter	119	111
Services Provided	**	Financial Management Workshops	23	22
Services Provided	**	Meals	96	90
Services Provided	**	Meditation	61	60
Services Provided	**	Permanent Placement	14	12
Services Provided	**	Prejob Guidance	33	33
Services Provided	**	Transportation	9	7
Services Provided	**	Transportation Passes	1	1

Statistics above include currently unauthorized clients and protected records.

Services by Outcome, Need

Agency: Samuel's House

User: Davina Arrieta

Report run on: 04/23/2012 12:10:44 PM

01/01/2011 thru 01/01/2012

Outcome ** Need Date Client Key First Last Note

Total Need Records: 457

Unduplicated Clients: 118

- D = Disbursement
- R = Referral
- B = (Bed) Reservatio
- DR = Disbursement and Referra
- DB = Disbursement and (Bed) Reservatio
- ** = None of the Above

ATTACHMENT Q

Data Showing Need for Program

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

- In January 2011, the Southernmost Homeless Assistance League (SHAL) conducted its last formal Point-In-Time (PIT) survey of the homeless in Monroe County. At that time, there were more than 500 individuals without suitable shelter and a total of 1,040 individuals experiencing homelessness.
- Samuel's House records reveal 176 clients were served with shelter in 2011. Of the number served, 34 were moms, 63 were accompanying children and 79 were single women.
- During the year, 12 pregnant women gave birth while living at Samuel's House. Mothers who stay at the Samuel's House Mary Spottswood Women's Center Emergency Shelter with their children are charged client fees only for themselves. The Shelter receives no compensation for housing and other services provided to the children who stay there.
- The SHAL PIT count of homeless persons living in Monroe County calculates the number of homeless persons in emergency shelter, transitional housing and long-term housing. The count provides a snap-shot of the "unmet need" for the various types of shelter through counting and tabulating unsheltered individuals and families living in Monroe County. The "unmet need" is currently being re-evaluated and will be published later this spring in the annual Continuum of Care (CoC) report submitted to the U.S. Department of Housing and Urban Development. In previous years, SHAL announced that "the homeless population had dropped to 1,018" (2005). As of this date, SHAL reports that the number of people in need of housing has remained slightly over 1,000 while the County population has decreased resulting in an increase in the ratio of homeless people within the county.
(<http://www.shal.cc/facts.html>)