

**Hospice of the  
Florida Keys, Inc.**

**Application for  
Funding**

**FY 2011-2012**

**MONROE COUNTY  
HUMAN SERVICES ADVISORY BOARD  
Application for Funding  
Fiscal Year 2012  
October 1, 2011 – September 30, 2012**

Agency Name	Hospice of the Florida Keys, Inc.
Physical Address	1319 William Street
Mailing Address	SAA
City, State, Zip	Key West, FL 33040
Phone	305-294-8812
Fax	305-294-9348
Email	<a href="mailto:jgross@hospicevna.com">jgross@hospicevna.com</a>
Who should we contact with questions about this application?	Jody Gross, President & CEO

Amount received for prior fiscal year ending 09/30/10	\$145,000
Amount received for current fiscal year ending 09/30/11	\$145,000
Amount requested for upcoming fiscal year ending 09/30/12	\$125,813

**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: Jody Gross

Signature Jody Gross  
Date: April 20, 2011

Typed Name of Board President/Chairman: Peter Rysman

Signature Peter Rysman  
Date: April 20, 2011

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

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

The mission of Visiting Nurse Association and Hospice of the Florida Keys (VNA Hospice Florida Keys) is to enable individuals to remain in their homes by providing compassionate, effective, life enhancing health and supportive services.

**2. List the services your agency provides.**

This organization provides a comprehensive range of home health and hospice services including: skilled/intermittent nursing care, wound care, palliative care, physical therapy/occupational therapy/speech therapy, dietary consultation, case management, routine home care, continuous home care, inpatient general care, inpatient respite care, bereavement services, physician consultation & management, social work/counseling services, personal care, homemaker services, volunteer services, medical response system rentals, community based programs such as immunizations (influenza/pneumonia/shingles) and health education and monitoring.

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

Services to be funded if this request is awarded are those home health and hospice services provided to indigent and medically needy patients requiring professional medical and personal care; these patients have no medical insurance or their medical insurance only partially pays the costs of providing our skilled care at home (i.e. Medicaid). The funding amount requested in this application represents approximately a combined 8% of the salary, benefit and tax expense for the direct service clinical staff (i.e. registered nurses, home health aides, social workers and rehabilitation staff) who provide direct care to these patients.

**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  **No**

If yes, please circle the new category for which you would like to be considered:  
Medical                      Core Services                      Quality of Life

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

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

No. The majority of reimbursement for VNA Hospice Florida Keys skilled, medically necessary and personal care services are from patients' medical insurance carriers, primarily Medicare, commercial payers such as Blue Cross Blue Shield and Medicaid. Matching grants are not available for revenue from these sources.

**6. If you answered "yes" to number four, please specify the:**

- a. grant award title, granting agency, and purpose:
- b. grant amount:
- c. match percentage requirement and amount:  
Not applicable

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

**a. how the funds were spent:**

Funds received in the last cycle (2010-2011) were used to meet salary, benefit and tax expenses for clinical staff providing direct care to patients needing skilled home health and hospice services who were uninsured or underinsured.

**b. how they were used to leverage additional funding.**

HSAB grant funding is not leveraged to obtain matching grants or other similar funding, but is referenced when requesting charitable donations; donors may be informed that support for uncompensated and undercompensated care comes from several sources, including this allocation from Monroe County.

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

No.

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

No.

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

Yes. The County has contracted with us to provide staffing for the direct care component of

In-Home Services (personal care, respite care, homemaking services, chore services), with funding dependent on monies authorized by the Alliance for Aging to the County In-Home Services program. We are reimbursed fee-for-service under this contract. Funds received through the HSAB Grant are not used for services for which we already receive funding for from the County or from any other payer, such as Medicare and Medicaid.

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

VNA Hospice Florida Keys has continued, for over 26 years, its mission of providing a full range of home health services to our neighbors who are recovering at home from serious illness or injury, who are struggling to remain in their homes as their physical capacities diminish, or those who are facing end-of-life challenges. During the last years, with the closure of the long term care facilities in the county, and with earlier discharges from acute care facilities, more residents of the county required skilled, medically necessary care at home, in order to remain at home. The agency has expanded its services to continue to grow the comprehensive array of services provided, with the development of a wound care program and national certification of two of our nurses in this field; strengthening of our palliative care program to extend services to patients who are not yet eligible for hospice care but who are living with terminal diseases and provision of case management services for the frail elderly and other high risk populations.

**12. What statistical data support the needs listed in number eleven?**

Please refer to attachment C, which relates to this organization's service area —Monroe County. Data sources used for Attachment C include: U.S. Census Bureau 2005 American Community Survey; Health Council of South Florida, Inc.; Florida Hospices and Palliative Care, Inc.; Visiting Nurse Associations of America, Inc.; and, Home Care Association of Florida Inc. The Hospice potential census was calculated using in part Florida's criteria for Determining Need (CON), plus factoring in death statistics by age, less accidents, and adding clients who may need bereavement services. The potential census for home health (VNA) was calculated from census data, identifying individuals who are homebound.

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

People are living longer; many are frail, with conditions needing ongoing medical attention. As the Keys economy has traditionally been based on tourism, a large portion of our residents have not had affordable medical insurance available to them. The current economic downturn has magnified this problem, with more of our neighbors who had been insured through work now without medical insurance, or with limited policies which fail to fully address the illnesses presented.

**14. Describe your target population as specifically as possible.**

The target population consists of the elderly and the disabled, other individuals who are seriously ill or recovering from medical illness or surgery, of any age, including those with life limiting conditions and illnesses requiring highly skilled, intermittent care.

**14. How are clients referred to your agency?**

Physicians, hospitals, other professional staff and organizations are the major source of referrals, potential patients and families may refer themselves; in all cases a licensed professional staff member evaluates the patient for the appropriateness of home based care in meeting medical and other care needs. Detailed statistics regarding referrals are maintained and summarized for management and the Professional Advisory/Quality Improvement Committee. Summarized data is reported to and discussed with the Board of Directors on a regular basis.

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

Referrals and admissions are carefully tracked, with non admissions reviewed by clinical directors at regularly scheduled utilization reviews. Admissions Coordinators work closely with hospital discharge planners and physicians, to ensure that any patient needing services is admitted in a timely manner. Appropriate referrals are not denied care due to payer source or ability to pay. Agency resources continue to be stretched as VNA is the only home health agency that routinely takes all indigent and medically needy patients. A financial assessment is done by a social worker for any patient referred who is appropriate for skilled care at home or requires private duty care to remain at home and who is without medical insurance, is responsible for payment of a portion of charges and who states he/she is unable to pay. Based on the results of this financial assessment, services may be provided at no cost to the patient, or at a reduced fee which is within the patient's means.

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

Networking continues and is increasing with many providers of health care and related services (i.e. other human service agencies). There are formal contracts/agreements with all of the hospitals and the nursing home in the County. The agency has had preliminary discussions with Helpline regarding the provision of answering services, and the agency nursing staff is available to patients 24 hours/day, 7 days per week. Currently the agency outsources that service to a firm outside the county. The agency offices in Key West and Tavernier are made available to various support groups for regular meetings, currently the following groups utilize agency conference space: Breast Cancer Support Group, Cancer Support Group, and Alzheimer's Caregivers Support Group.

**17. List all sites and hours of operation.**

All services are managed from two office sites in the Keys: 1319 William Street in Key West and 92001 US 1 in Tavernier. Clinical staff assigned to the Key West office serve patients from Key West to the 7 Mile Bridge, the Tavernier staff serve patients from the 7 Mile Bridge to the Dade County line. Services are delivered, primarily in patients' homes, 24 hours a day, 7 days a week, with office hours from 8:00 am to 5:00 pm, Monday through Friday. The administrative offices are in the Key West location.

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

Medicare has continued to present opportunities and challenges. Medicare revenues, if realized to the extent possible, can help to subsidize low-paying payers such as Medicaid, indigent care, the uninsured and the under-insured. Due to the small size of this agency, Medicare revenues, in the past, fell far short of breaking even. In this fiscal year, Medicare has reduced reimbursement to certified home health agencies by 4.75%. In Hospice, we anticipate a reduction in Medicare reimbursement of approximately 19% for rural counties over the next several years. Monroe County, in both home health and hospice, is reimbursed at lower rates than Miami Dade County, though cost of living and other market basket measures are equivalent to or above those of the mainland. This lower reimbursement from Medicare to VNA Hospice is the equivalent of \$300,000 less in revenue this year. As stated elsewhere, VNA is the only home health agency in the county that routinely accepts and provides care for those residents with only Medicaid as insurance coverage, which reimburses home health at less than one fourth the cost of care. In Monroe County the number of working uninsured continues to increase at an alarming rate. Immunizations, especially influenza vaccine, had been a source of positive revenue in the past, but retail pharmacies and other health care organizations have moved into what was an exclusive domain of the agency, offering vaccinations on demand and at no charge or less than cost. VNA Hospice is unable to compete with those prices, and so has scaled back its immunization services.

Plans to overcome these shortfalls in compensation include: continuing growth in VNA home health program, and Life. At Home comprehensive, full pay private duty service; and exploring methods to ensure sustainable funding for the organization, including initiation of a fundraising campaign to provide a financial safety net for the agency. This past fiscal year again proved to be a profitable one for the organization, enabling the agency to eliminate all debt, which had grown considerably, with multiple years of losses in the hundreds of thousands of dollars. We were fortunate that the last two years of positive margins were equivalent to our prior years' losses, leaving the agency, at the end of this fiscal year, only slightly below our financial totals prior to the economic downturn.

We continue to rely on the generosity of our community in fundraising, and with those monies, plus the growth in our VNA home health and Life. At Home private pay census, we have been able to achieve some infrastructure and management economies which

allow us to reduce the total requested with this grant by \$20,000.

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

Effective in January of this year (2011), Liz Kern, who has led the agency since 1985 stepped aside as CEO to assume the position of CEO Emeritus, with responsibility for fundraising and major gifts. As planned, Jody Gross, who had been COO, became President and CEO. Though this transition was anticipated by the organization, it still presents challenges that accompany any change in administrative and management structure.

The organization continues to serve the entire county, despite the geographic challenges presented. Costs are higher; we are unable to employ economies of scale as organizations on the mainland do. In order to serve our patients appropriately, we maintain two offices, have 2-3 nurses on call every evening, night, weekend and holiday in order to be no further than 30 minutes from a patient in crisis, and with our less dense county spend more time traveling than like agencies located elsewhere.

Changes in Medicare home health program requirements and health care reform also require more resource utilization directed to reporting requirements rather than patient care. The current iteration of assessment and outcome reporting (OASIS C) submitted to Medicare for each patient adds approximately 3 hours per patient per month to the documentation requirements for clinical field staff. This documentation burden has increased the number of field staff the agency employs to provide direct care, plus clinical administrative staff required for oversight. Medicare has also instituted more reporting requirements for hospice, with similar increase in staff effort as home health.

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

Patient satisfaction surveys are sent to VNA patients and survivors of Hospice patients. Both types of surveys are sent by an outside company, and are used by similar organizations nationally. The results of these satisfaction surveys are provided to us along with comparisons to other organizations using the surveys within Florida and nationally. Summaries of responses are reviewed at meetings of the Professional Advisory Quality Improvement Committee. Some family members and ex-patients have served on various committees, joined the staff or Board of Directors. Volunteers are major providers of non-hands-on care, in the offices and in patient homes, a significant number of volunteers have been recipients of agency services. Many former clients provide invaluable services as volunteers at various fund-raising events.

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

As licensed Medicare Certified hospice and home health programs, the programs are surveyed by The Agency for Health Care Administration. Unannounced visits occur approximately every 1 to 2 years. The Life. At Home program which provides services under contract with Monroe County Social Services is monitored by that county agency, in accordance with state regulations.

**22.** 2280 hours of clinical program service were contributed by 58 volunteers in the last year to patients. 1089 hours of administrative program service were contributed by 307 volunteers in the last year to fundraising and office support.

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

No subcontracting will be done for services requested to be covered by this grant. All services are provided by direct service employees.

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

Goals for the year are:

Increase the number of patients served in all programs: home health, hospice and private duty care

Implement a palliative care program for patients who do not yet meet criteria for hospice admission

Increase hospice length of stay

**25. How will you measure these outcomes?**

Patient admission and discharge statistics are compiled monthly, and reviewed by all levels of management, Quality Improvement, and Board of Directors

**26. Provide information about units of service below.**

Service	Unit (hour, session, day, etc.)	Cost per unit (current year)
Skilled Nursing	Visit	\$150.00
Skilled Hi-Tech Nursing	Visit	\$175.00
Physical Therapy	Visit	\$175.00
Occupational Therapy	Visit	\$150.00
Speech Therapy	Visit	\$150.00
Home Health/Hospice Aide	Visit	\$75.00
Routine Hospice Care	Day	\$136.10
Continuous Hospice Care	Hour	\$33.10
General Inpatient Hospice	Day	\$608.64

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

The lack of resources for eldercare and the otherwise disabled, who wish to remain in the Keys, is serious. The closing of nursing homes in Marathon and Key West were significant losses, resulting in stress for patients and families, and the necessity for many patients to leave the Keys to obtain post hospital or long term care. Assisted living and adult foster care are almost non-existent in the Florida Keys. With continued support from Monroe County, VNA Hospice Florida Keys can help continue to fill the gap — enabling senior and other disabled residents to age and live in place, with dignity.

**Required Attachments**

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

## ATTACHMENT CHECKLIST

LABEL AND ATTACH THE FOLLOWING IN THE ORDER SHOWN, AFTER THIS PAGE IF NOT APPLICABLE, PLEASE SO INDICATE AND EXPLAIN	ATTACHED?		COMMENTS
	YES	NO	You must explain any "NO" answers
A-1. Board Information Form	X		
A-2. Evidence of Annual Election of Officers	X		
B. Agency Compensation Detail	X		
C. Profile of Clients and Services	X		
D – F. Financial Information	X		
G. Copy of Audited Financial Statement from most recent fiscal year if organization's expenses are \$150,000 or greater.	X		
H. Copy of IRS Form 990 from most recent fiscal year	X		
I. Copy of current fee schedule	X		
J. Copy of IRS Letter of Determination indicating 501 C 3 status	X		
K. Copy of Current Monroe County and City Occupational Licenses	X		
L. Copy of Florida Dept. of Children And Families License or Certification		X	N/A
M. Copy of any other Federal or State Licenses	X		
N. Copy of Florida Dept. of Health Licenses/Permits	X		
O. Copy of front page of Agency's EEO Policy/Plan	X		
P. Copy of Summary Report of most current Evaluation/Monitoring *	X		
Q. Data showing need for your program (optional, see question 7)		X	N/A
R. Other (specify) TWO PAGE LIMIT		X	N/A

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



**VNA Hospice of the Florida Keys  
Board of Directors Annual Meeting  
November 17, 2010**

**Proposed Slate for Term Election & Re-election**

<b>Name</b>	<b>Position</b>
Mindy McKenzie	Director (3 <sup>rd</sup> two-year term)
Peter Rysman	Chairman (3 <sup>rd</sup> two-year term)
Jack Niles, Jr.	Treasurer (3 <sup>rd</sup> two-year term)
Don Lanman	Vice-Chair (2 <sup>nd</sup> two-year term)
Dr. Margaret Domanski	Secretary (2 <sup>nd</sup> two year term)
Judi Cooley	Executive Committee member-at-Large

Dr. John Calleja is retiring from the Board after completion of eight years service (as well as having served from January 1984 through 1987).

**VISITING NURSE ASSOCIATION  
& HOSPICE of the FLORIDA KEYS  
BOARD of DIRECTORS**

**MEETING MINUTES  
October 26, 2010**

*Present:* Peter Rysman, Chairman; Don Lanman, Vice-Chair; Jack Niles, Jr., Treasurer; Dr. Margaret Domanski, Secretary; Dr. John Calleja, Judi Cooley, Dr. Sid Goldman, Fred Greenberg (via phone); Mindy McKenzie (via phone).  
*Excused:* Liz Kern.  
*Staff:* Chris Burchard, Recorder; Jody Gross, COO; Greg Wheeler, CFO.  
*Guests:* Chris Long & Greg Woodard (from Manning & Napier).

**I. Call to Order, Additions, and Approval of Minutes: Peter Rysman, Chairman**

**A. Call to Order, Board Member Conflict of Interest Declaration**

Mr. Rysman called the meeting to order at 11:08am. No conflicts were raised with this month's agenda.

**B. Call for Additions to the Agenda**

CEO position.

**C. Approval of the Meeting Minutes of September 28, 2010**

As no objections were noted, this recorder considered minutes approved.

After a brief discussion regarding the agency By-Laws, it was decided to have a separate meeting to review the By-Laws. Mr. Rysman also noted that there would not be a regular Board meeting in November due to the Annual Meeting in November.

**II. Manning & Napier Investment Presentation: Chris Long & Greg Woodard**

Jack Niles introduced Messrs. Long and Woodard from Manning & Napier (M&N). Mr. Long thanked the Board for allowing M&N to handle the agency's portfolio. Mr. Long proceeded to give an overview of the performance and allocation of the agency's investments. Highlights of the presentation (see handout for details) included:

- Since the market downturn (when some \$200k was withdrawn from the account), the portfolio had been revised to hold more conservative (less aggressive) investments.
- M&N has outperformed the S&P 500 since inception.
- At Fred Greenberg's behest, there was a brief discussion regarding the performance of equities vs. bonds. It was noted that while bonds could have outperformed equities a year ago, this is no longer the case.
- Mr. Long reported that M&N has been adding more stocks to the portfolio lately.
- Page 4 details a history of the account ("market recovery has been pretty good").

Mr. Rysman asked if M&N suggested any changes to the current investment strategy. Mr. Long stated that if there are no more withdrawals planned, M&N would suggest returning to the slightly less conservative parameters of the original portfolio. There was some back and forth between Board members regarding the aggressiveness of the account and the ongoing "uncertainty" of the market. After further discussion, Mr. Rysman asked for a motion increase stock, and decrease bond, allocations (going as high as 70% in equities). Mr. Niles made the motion to change our investment policy to that recommended by Mr. Long (Long Term Growth), with a cap on equities set at 70%. The motion was seconded by Dr. Domanski, which was unanimously passed.

Mr. Rysman thanked Manning & Napier for the good work and very helpful presentation.  
(Messrs. Long and Woodard leave the meeting.)

It was noted that the Marion Stevens account has \$11k in interest that can be used for educational purposes (we are not able to spend the principal).

At this point, staff was excused while the Board discussed Liz Kern's new position.

### III. Committee Reports

**A. Finance & Audit Committee: Greg Wheeler, CFO**

See attached Financial Reports.

**B. Board Development Committee: Mindy McKenzie**

None.

**C. Marketing Committee: Don Lanman**

None.

**D. Nominating Committee: Mr. Lanman**

Mr. Lanman presented the Re-Election Slate of Directors and Officers (including the nomination of Judi Cooley as Executive Committee Member-at-Large; see attached). Dr. Sid Goldman made a motion to approve the slate. Mr. Lanman seconded the motion, which was unanimously approved.

### IV. Program Report: Jody Gross, COO

**A. Program Update**

Ms. Gross announced the creation of the new Associate Medical Director position, which will be filled by Dr. John Calleja. (Mr. Rysman reminded everyone that a replacement for Dr. Calleja on the Board needs to be found.)

**B. Agency Statistics**

See attached.

### V. Unsung Hero/Volunteer of the Year Luncheon, January 21, 2011

There were three recommendations for this year's nominee: Blake Hunter (large donor), "Ma" Evans (Queen Mother Event organizer), and Al Vercellino (patient care volunteer since 2005). Ms. Cooley pointed out that it is sometimes easier to simply write a check than to actually give one's time and energy. With that in mind, she thought Mr. Evans or Mr. Vercellino would be more appropriate recipients of the award. Dr. Domanski also mentioned that the basis of the award is for volunteer work. Various suggestions were made to honor Mr. Hunter in some other way (press release, or special mention at Liz Kern's Leadership Celebration Event). As a patient volunteer was nominated last year, all agreed that "Ma" Evens should be this year's Unsung Hero.

### VI. Fundraising Activity/Plans: Annual Appeal: Mr. Rysman

It was the feeling of the Board that the Annual Appeal solicitation was a bit weak. Ms. Gross reported that changes are being made to the Annual Appeal as per Mr. Lanman's suggestions (as there is currently no one in the Marketing position, it was felt that Mr. Lanman's involvement in the project was appropriate at this time.)

### VII. Old Business

**Review of By-Laws (Motion to Approve): Fred Greenberg**

Deferred to the Special Meeting noted above.







## ATTACHMENT E - AGENCY EXPENSES

FY12

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

VNA HOSPICE FLORIDA KEYS

	Proposed Expense Budget for Upcoming Year Ending:		Projected Expenses for Current Year Ending:	
	9/30/2012		9/30/2011	
Expenditures	Total	%	Total	%
Salaries	2,914,945	58%	2,857,789	58%
Payroll Taxes	222,993	4%	218,621	4%
Employee Benefits	281,758	6%	281,758	6%
<b>Subtotal Personnel</b>	<b>3,419,696</b>	<b>68%</b>	<b>3,358,168</b>	<b>69%</b>
Postage	10,287	0%	9,987	0%
Office Supplies	70,546	1%	68,491	1%
Telephone	50,202	1%	48,740	1%
Professional Fees	49,723	1%	48,275	1%
Rent		0		0
Utilities	38,742	1%	37,614	1%
Repair and Maint.	41,200	1%	40,000	1%
Travel	6,574	0%	6,383	0%
Miscellaneous	12,458	0%	12,095	0%
*Grants to Other Organizations		0		0
<i>List others below</i>		0		0
Patient Care Expense	552,692	11%	501,404	10%
Uncompensated Care Expense	295,326	6%	289,535	6%
Public Health Programs	55,295	1%	53,684	1%
Interest Expense	21,886	0%	21,249	0%
Insurance Expense	152,972	3%	122,371	3%
Computer System Expense	59,774	1%	58,033	1%
Depreciation	58,288	1%	56,590	1%
Continuing Education	39,208	1%	38,066	1%
Advertising	58,335	1%	56,636	1%
Temp and Contract Staffing	16,556	0%	16,074	0%
Consulting	9,967	0%	9,677	0%
Payment of Current Debt	0	0	39,987	1%
		0		0
		0		0
		0		0
<b>Total Expenses</b>	<b>5,019,728</b>	<b>100%</b>	<b>4,893,059</b>	<b>100%</b>
<b>Revenue Over/(Under) Expenses</b>	<b>(0)</b>		<b>29,489</b>	



**Hospice of the Florida Keys, Inc.**

**Financial Statements**

**For The Years Ended  
September 30, 2010 and 2009**

**Hospice of the Florida Keys, Inc.**  
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**September 30, 2010**

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**INDEPENDENT AUDITORS' REPORT**



Carr, Riggs & Ingram, LLC  
2111 Drew Street  
Clearwater, Florida 33765

(727) 446-0504  
(727) 461-7384 (fax)  
www.cricpa.com

## INDEPENDENT AUDITORS' REPORT

The Board of Directors  
Hospice of the Florida Keys, Inc.  
Key West, Florida

We have audited the accompanying statements of financial position of Hospice of the Florida Keys, Inc. ("Hospice") as of September 30, 2010 and 2009, and the related statements of activities and cash flows for the years then ended. These financial statements are the responsibility of Hospice's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

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

*Carr, Riggs & Ingram, LLC*

January 25, 2011

**FINANCIAL STATEMENTS**

# Hospice of the Florida Keys, Inc.

## Statements of Financial Position

<i>September 30,</i>	2010	2009
<b>Assets</b>		
Current assets:		
Cash and cash equivalents	\$ 239,756	\$ 254,577
Patient accounts receivables, net	503,074	441,049
Other receivables	112,386	1,102
Investments	808,078	692,599
Prepaid expenses and other current assets	40,262	33,402
<b>Total current assets</b>	<b>1,703,556</b>	1,422,729
Noncurrent assets:		
Property and equipment, net	624,949	657,549
Other assets	20,180	20,180
<b>Total noncurrent assets</b>	<b>645,129</b>	677,729
<b>Total assets</b>	<b>\$ 2,348,685</b>	\$ 2,100,458
<b>Liabilities and Net Assets</b>		
Current liabilities:		
Accounts payable	\$ 66,181	\$ 63,568
Accrued expenses	235,862	159,182
Line of credit	-	230,000
Current portion of capital leases	3,190	3,154
Deferred revenue	41,292	42,771
Current portion of long-term debt	41,064	39,039
<b>Total current liabilities</b>	<b>387,589</b>	537,714
Noncurrent liabilities:		
Capital leases	1,104	4,000
Long-term debt	328,512	369,576
<b>Total noncurrent liabilities</b>	<b>329,616</b>	373,576
<b>Total liabilities</b>	<b>717,205</b>	911,290
Net assets		
Unrestricted	1,344,442	1,035,550
Temporarily restricted	157,152	23,732
Permanently restricted	129,886	129,886
<b>Total net assets</b>	<b>1,631,480</b>	1,189,168
<b>Total liabilities and net assets</b>	<b>\$ 2,348,685</b>	\$ 2,100,458

See accompanying notes to financial statements

# Hospice of the Florida Keys, Inc.

## Statement of Activities

Year ending September 30,

2010

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
<b>Revenue</b>				
Net patient service revenue	\$ 4,368,082	\$ -	\$ -	\$ 4,368,082
Community support	138,212	136,284	-	274,496
Contributions to fundraising events	50,324	-	-	50,324
Fundraising events, net of expenses of \$90,502	38,944	-	-	38,944
Local government grants	145,000	-	-	145,000
Investment gain/(loss)	58,872	11,023	-	69,895
Contributed services	21,134	-	-	21,134
Other income	4,604	-	-	4,604
<b>Total revenue</b>	<b>4,825,172</b>	<b>147,307</b>	<b>-</b>	<b>4,972,479</b>
<b>Net assets released from restrictions</b>				
Satisfaction of requirements	13,887	(13,887)	-	-
<b>Total net assets released from restrictions</b>	<b>13,887</b>	<b>(13,887)</b>	<b>-</b>	<b>-</b>
<b>Expenses</b>				
Program Services:				
Hospice	1,127,193	-	-	1,127,193
Visiting Nurse Association	2,521,093	-	-	2,521,093
Administrative and general	881,881	-	-	881,881
<b>Total expenses</b>	<b>4,530,167</b>	<b>-</b>	<b>-</b>	<b>4,530,167</b>
<b>Change in net assets</b>	<b>308,892</b>	<b>133,420</b>	<b>-</b>	<b>442,312</b>
<b>Net assets, beginning of year</b>	<b>1,035,550</b>	<b>23,732</b>	<b>129,886</b>	<b>1,189,168</b>
<b>Net assets, end of year</b>	<b>\$ 1,344,442</b>	<b>\$ 157,152</b>	<b>\$ 129,886</b>	<b>\$ 1,631,480</b>

See accompanying notes to financial statements

**Hospice of the Florida Keys, Inc.**  
**Statement of Activities (continued)**

Year ending September 30,

2009

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
<b>Revenue</b>				
Net patient service revenue	\$ 3,956,601	\$ -	\$ -	\$ 3,956,601
Community support	151,738	20,000	-	171,738
Contributions to fundraising events	30,851	-	-	30,851
Fundraising events, net of expenses of \$37,119	80,407	-	-	80,407
Local government grants	145,000	-	-	145,000
Investment gain/(loss)	(63,152)	3,139	-	(60,013)
Contributed services	57,125	-	-	57,125
Other income	-	-	-	-
<b>Total revenue</b>	<b>4,358,570</b>	<b>23,139</b>	<b>-</b>	<b>4,381,709</b>
<b>Net assets released from restrictions</b>				
Satisfaction of requirements	9,669	(9,669)	-	-
<b>Total net assets released from restrictions</b>	<b>9,669</b>	<b>(9,669)</b>	<b>-</b>	<b>-</b>
<b>Expenses</b>				
Program Services:				
Hospice	963,854	-	-	963,854
Visiting Nurse Association	1,431,039	-	-	1,431,039
Administrative and general	1,567,668	-	-	1,567,668
<b>Total expenses</b>	<b>3,962,561</b>	<b>-</b>	<b>-</b>	<b>3,962,561</b>
<b>Change in net assets</b>	<b>405,678</b>	<b>13,470</b>	<b>-</b>	<b>419,148</b>
<b>Net assets, beginning of year</b>	<b>629,872</b>	<b>10,262</b>	<b>129,886</b>	<b>770,020</b>
<b>Net assets, end of year</b>	<b>\$ 1,035,550</b>	<b>\$ 23,732</b>	<b>\$ 129,886</b>	<b>\$ 1,189,168</b>

See accompanying notes to financial statements

# Hospice of the Florida Keys, Inc.

## Statements of Cash Flows

<i>Years ended September 30,</i>	<b>2010</b>	<b>2009</b>
<b>Operating activities</b>		
Cash received from patient revenues	\$ 4,097,625	\$ 3,829,045
Cash received from community support	363,764	282,996
Cash received from other revenues	145,000	145,000
Cash paid to suppliers and employees	(4,247,805)	(3,743,884)
Investment income	41,328	16,973
Noncash contributions	3,421	1,551
Loss on disposal of fixed assets	-	1,245
Interest paid	(29,991)	(65,902)
Net cash provided by operating activities	<b>373,342</b>	467,024
<b>Investing activities</b>		
Purchases of property and equipment	(25,931)	(9,011)
Proceeds from sale of marketable securities	22,496	588,212
Purchases of marketable securities	(112,829)	(425,546)
Net cash (used) provided by investing activities	<b>(116,264)</b>	153,655
<b>Financing activities</b>		
Net payments on line of credit	(230,000)	(433,000)
Principal payments on long-term debt	(41,899)	(41,590)
Net cash (used) by financing activities	<b>(271,899)</b>	(474,590)
<b>(Decrease)/increase in cash and cash equivalents</b>	<b>(14,821)</b>	146,089
<b>Cash and cash equivalents, beginning of year</b>	<b>254,577</b>	108,488
<b>Cash and cash equivalents, end of year</b>	<b>\$ 239,756</b>	\$ 254,577
<b>Increase in net assets</b>	<b>\$ 442,312</b>	\$ 419,148
<b>Adjustments to reconcile increase in net assets to net cash provided (used) by operating activities</b>		
Depreciation	58,531	60,367
Unrealized (gain)/loss on investments	(28,567)	76,986
Provision for bad debt	95,669	57,435
Loss on disposition of fixed assets	-	1,245
Noncash contributions	3,421	1,551
Changes in assets and liabilities:		
Accounts receivable and other receivables	(268,978)	(137,205)
Prepaid expenses	(6,860)	(8,935)
Accounts payable and accrued expenses	79,293	(13,217)
Deferred revenue	(1,479)	9,649
Net cash provided by operating activities	<b>\$ 373,342</b>	\$ 467,024

See accompanying notes to financial statements

# Hospice of the Florida Keys, Inc.

## Statements of Functional Expenses

Years ended September 30,

	Program Services				2010	2009
	Hospice	VNA	Total Program Services	Management and General	Total	Total
<b>Personnel expenses:</b>						
Salaries and wages	\$ 533,711	\$ 1,838,926	\$ 2,372,637	\$ 482,049	<b>\$ 2,854,686</b>	\$ 2,267,896
Employee benefits and taxes	98,301	274,550	372,851	89,582	<b>462,433</b>	404,686
<b>Total salaries and related expenses</b>	<b>632,012</b>	<b>2,113,476</b>	<b>2,745,488</b>	<b>571,631</b>	<b>3,317,119</b>	<b>2,672,582</b>
<b>Direct expenses:</b>						
Accounting	-	-	-	35,110	<b>35,110</b>	36,046
Advertising	187	318	505	10,602	<b>11,107</b>	12,689
Bad debt	47,038	48,631	95,669	-	<b>95,669</b>	57,435
Bank charges	-	-	-	7,287	<b>7,287</b>	3,343
Books and publications	-	1,157	1,157	2,000	<b>3,157</b>	4,398
Community relations	-	-	-	8,006	<b>8,006</b>	26,273
Computer expenses	12,905	21,974	34,879	34,880	<b>69,759</b>	47,432
Contractual services	13,093	59,838	72,931	14,013	<b>86,944</b>	84,359
Contributed services	21,134	-	21,134	-	<b>21,134</b>	57,125
Dues and subscriptions	3,725	6,342	10,067	2,117	<b>12,184</b>	14,293
Employee hiring expense	-	-	-	5,402	<b>5,402</b>	4,537
Inpatient costs	58,047	-	58,047	-	<b>58,047</b>	62,337
Insurance	14,493	24,677	39,170	18,264	<b>57,434</b>	70,096
Interest	-	-	-	29,991	<b>29,991</b>	65,902
Investment expense	-	-	-	4,673	<b>4,673</b>	4,465
Meetings and continuing education	2,476	4,216	6,692	18,220	<b>24,912</b>	11,750
Miscellaneous	-	-	-	1,073	<b>1,073</b>	296
Occupancy	8,272	14,084	22,356	15,033	<b>37,389</b>	34,010
Outpatient services	2,513	-	2,513	-	<b>2,513</b>	10,044
Public health programs	-	30,203	30,203	-	<b>30,203</b>	69,992
Repairs and maintenance	4,922	8,383	13,305	15,892	<b>29,197</b>	16,470
Supplies and pharmaceuticals	224,986	48,877	273,863	36,185	<b>310,048</b>	343,055
Taxes and licenses	313	533	846	1,216	<b>2,062</b>	3,039
Telephone	14,623	14,053	28,676	18,115	<b>46,791</b>	52,382
Travel	55,382	105,478	160,860	3,565	<b>164,425</b>	137,844
<b>Total expenses before depreciation</b>	<b>1,116,121</b>	<b>2,502,240</b>	<b>3,618,361</b>	<b>853,275</b>	<b>4,471,636</b>	<b>3,902,194</b>
Depreciation	11,072	18,853	29,925	28,606	<b>58,531</b>	60,367
<b>Total expenses after depreciation</b>	<b>\$ 1,127,193</b>	<b>\$ 2,521,093</b>	<b>\$ 3,648,286</b>	<b>\$ 881,881</b>	<b>\$ 4,530,167</b>	<b>\$ 3,962,561</b>

See accompanying notes to financial statements

# Hospice of the Florida Keys, Inc.

## Notes to Financial Statements

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### NOTE 1 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

#### **Organization**

Hospice of the Florida Keys, Inc. d/b/a Visiting Nurses Association (“Hospice”) is organized under the laws of the State of Florida to serve the citizens of Monroe County. Hospice has been recognized by the Internal Revenue Service as tax exempt under Section 501(c)(3) of the Internal Revenue Tax Code and files information returns accordingly. The Internal Revenue Service does not consider Hospice a private foundation as it is publicly supported.

Hospice operates two programs, described as follows:

#### **Hospice**

This activity provides medical support services to terminally ill patients and their families.

#### **Visiting Nurse Association (“VNA”)**

The main purpose of this activity is to provide comprehensive home health services to those who would benefit from receiving intermittent home health care. A branch of the VNA is the Life. At Home. Program, which provides private duty care, immunization and personal response systems.

#### **Basis of Accounting**

The financial statements of Hospice are prepared in accordance with ASC 958, *Accounting for Contributions Received and Contributions Made* and ASC 958, *Financial Statements of Not-for-Profit Organizations*.

The financial statements are prepared in accordance with FASB ASC 820-10, “*Fair Value Measures*”, for all financial assets and liabilities and for nonfinancial assets and liabilities recognized or disclosed at fair value in the financial statements or on a recurring basis (at least annually). ASC 820 defines fair value as the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date. The standard also establishes a fair value hierarchy that requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. ASC 820 describes three levels of inputs that may be used to measure fair value.

Level 1: Quoted market prices in active markets for identical assets or liabilities.

Level 2: Observable market based inputs or unobservable inputs that are corroborated by market data.

Level 3: Unobservable inputs that are not corroborated by market data.

# Hospice of the Florida Keys, Inc.

## Notes to Financial Statements

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### NOTE 1 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

#### ***Marketable Securities and Investments***

Investments in debt and equity securities and mutual funds are stated at fair market value based on quoted market prices in active markets for identical assets (Level 1) in accordance with ASC 820.

Investment income or loss (including realized and unrealized gains and losses on investments, interest and dividends) is included in the statement of activities as increases or decreases in unrestricted net assets unless the income or loss is restricted by donor or law.

Hospice maintains a brokerage account with a national institution. Balances for the brokerage account are federally insured by the Securities Investor Protection Corporation ("SIPC") up to \$500,000. At September 30, 2010, Hospice's uninsured balance totaled \$308,077.

#### ***Net Patient Service Revenue***

Net patient service revenue represents the estimated realizable amounts from patients, third-party payers and others for services rendered. Approximately 71 percent in 2010 and 74 percent in 2009 of net patient revenues was derived under federal and state third-party reimbursement programs. These revenues are based, in part, on cost reimbursement principles and are subject to audit and retroactive adjustment by the respective third party intermediaries. In the opinion of management, retroactive adjustments, if any, would not be material to the financial position or results of operations of Hospice.

#### ***Uncompensated Care and Charity Care***

Hospice maintains records to identify and monitor the level of uncompensated care and services provided to its patients. These records include the amount of charges forgone for services, reimbursement at levels below established charges, or estimated costs of providing services. Some of the services include hospice, home health care, and community bereavement services.

In addition to providing charity care through its mission, Hospice also provides certain services to its patients and the community at a reduced rate or at no cost. These broad end-of-life home health services include various community programs, bereavement support, advanced directives support, palliative care initiatives, community education, and public engagement. The total estimated cost of this uncompensated and charity care was approximately \$290,000 and \$249,000 for fiscal years 2010 and 2009, respectively (unaudited).

# Hospice of the Florida Keys, Inc.

## Notes to Financial Statements

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### NOTE 1 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

#### ***Support***

Contributions received are measured at their fair values and are reported as an increase in net assets. Hospice reports gifts of cash and other assets as restricted support if they are received with donor stipulations that limit the use of the donated assets, or if they are designated as support for future periods. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statement of activities as net assets released from restriction. Donor-restricted contributions whose restrictions are met in the same reporting period are reported as unrestricted support.

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

#### ***Contribution Revenue***

Cash or other assets contributed in which Hospice received notification and the asset within the current year.

#### ***Contributed Services***

Many volunteers contributed numerous hours of administrative and fund-raising services to Hospice. However, these hours do not meet the requirements to be recorded as revenue and expense under ASC 958. A physician donated his time and services. An in-kind contribution of \$21,134 is included with net patient service revenue.

#### ***Estimates***

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

# Hospice of the Florida Keys, Inc.

## Notes to Financial Statements

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### NOTE 1 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

#### ***Property and Equipment***

Purchased property and equipment are recorded at cost. Donated assets are recorded at fair market value at the time of donation. Major renewals and improvements are capitalized while minor repairs are expensed as incurred. Medicare requires equipment exceeding \$5,000 to be capitalized, though the agency uses \$1,000 as the minimum. Depreciation is provided by the straight-line method over the estimated useful lives of the assets, which range from 5 to 25 years.

#### ***Impairment of Long-Lived Assets***

On an ongoing basis, Hospice reviews long-lived assets for impairment whenever events or circumstances indicate that the carrying amounts may be overstated. The Hospice recognizes impairment losses if the undiscounted cash flows expected to be generated by the asset are less than the carrying value of the related asset. The impairment loss adjusts the assets to fair value. As of September 30, 2010 and 2009, management believes that no impairment existed.

#### ***Functional Allocation of Expenses***

The costs of providing the programs and other activities have been summarized on a functional basis in the statement of activities. Expenses incurred in support of the activities that directly advance Hospice's mission are allocated to Program. Those costs involved in general oversight, business management, record keeping, budgeting, finance, human resources and other administrative activities are allocated to Management and General.

Expenses are recorded when incurred in accordance with the accrual basis of accounting.

The prior year summarized comparative information has been derived from Hospice's 2009 financial statements.

#### ***Cash Equivalents***

Cash equivalents consist of cash held in checking and money market accounts.

#### ***Income Taxes***

Hospice of the Florida Keys, Inc. has been recognized as exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code. Therefore, no provision for income taxes has been made in these financial statements for this entity.

# Hospice of the Florida Keys, Inc.

## Notes to Financial Statements

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### NOTE 1 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

#### ***Income Taxes (Continued)***

Hospice adopted the provisions of ASC 740, "Accounting for Uncertainty in Income Taxes" on September 30, 2010. As a result of the implementation of ASC 740, the Organization has not recognized any respective liability for unrecognized tax benefits as it has no known tax positions that would subject the Organization to any material income tax exposure. A reconciliation of the beginning and ending amount of unrecognized tax benefits, in interest expense and penalties included in operating expenses is not presented as there are no unrecognized tax benefits. The tax years that remain subject to examination are 2007, 2008, and 2009 for all major tax jurisdictions.

#### ***Patient Accounts Receivable***

The patient accounts receivable balance represents the unpaid amounts billed to patients and third-party payors. The other receivables balance represents unpaid amount due to Hospice from various payors. Contractual adjustments, discounts, and an allowance for doubtful accounts are recorded to report receivables at net realizable value. Hospice does not accrue interest on any of its accounts receivables. Net patient accounts receivable included 47% and 52% due from the Medicare program as of September 30, 2010 and 2009, respectively.

#### ***Allowance for Doubtful Accounts***

The allowance for doubtful accounts is determined by management based on Hospice's historical losses, specific customer circumstances, and general economic conditions. Periodically, management reviews accounts receivable and adjusts the allowance based on current circumstances and charges off uncollectible receivables when all attempts to collect have failed.

#### ***Other Receivables***

During the year ended September 30, 2010, Hospice was notified they were the recipient of a charitable contribution from a terminating trust for approximately \$111,000. Since notification was received prior to year-end, a receivable was recorded for this gift, which was received subsequent to year-end. Miscellaneous receivable amounts of approximately \$1,000 are included in other receivable as of September 30, 2010 and 2009.

#### ***Reclassification***

Certain amounts in 2009 have been reclassified to conform to the 2010 presentation.

#### ***Advertising costs***

Advertising costs are expensed as incurred.

# Hospice of the Florida Keys, Inc.

## Notes to Financial Statements

### NOTE 1 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

#### *Management's Review*

Management has evaluated subsequent events through January 25, 2011, which is the date the financial statements were issued.

### NOTE 2 – PATIENT ACCOUNTS RECEIVABLE

Outstanding balances with healthcare providers are as follows:

<i>September 30,</i>	<b>2010</b>	2009
Medicare	\$ <b>236,352</b>	\$ 231,442
Medicaid	<b>21,577</b>	35,777
Private Insurance and other	<b>118,503</b>	127,588
Life. At Home.	<b>186,218</b>	95,307
	<b>562,650</b>	490,114
Less: Allowance for doubtful accounts	<b>59,576</b>	49,065
Net accounts receivable	\$ <b>503,074</b>	\$ 441,049

### NOTE 3 – PROPERTY AND EQUIPMENT

Property and equipment consisted of the following at September 30, 2010 and 2009:

<i>September 30,</i>	<b>2010</b>	2009
Land	\$ <b>393,878</b>	\$ 393,878
Building and improvements	<b>643,140</b>	632,401
Furniture and fixtures	<b>110,613</b>	110,613
Equipment	<b>300,873</b>	298,513
	<b>1,448,504</b>	1,435,405
Accumulated depreciation	<b>(823,555)</b>	(777,856)
Net property and equipment	\$ <b>624,949</b>	\$ 657,549

# Hospice of the Florida Keys, Inc.

## Notes to Financial Statements

### NOTE 4 – INVESTMENTS

Investment gains (losses) from these investments for the year ended September 30, 2010 and 2009 are summarized as follows:

<i>Years ended September 30,</i>	<b>2010</b>	<b>2009</b>
Net capital gains (losses) on investments	\$ <b>51,063</b>	\$ (78,231)
Interest and dividend income	<b>18,832</b>	18,218
	<b>\$ 69,895</b>	<b>\$ (60,013)</b>

### NOTE 5 – FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board (“FASB”) *Accounting Standards Codification* (“ASC”) 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under the FASB ASC 820 are described as follows:

*Level 1:* Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the plan has the ability to access.

*Level 2:* Inputs to the valuation methodology include:

- quoted prices for similar assets in active markets;
- quoted prices for identical or similar assets in inactive markets;
- inputs other than quoted prices that are observable for the asset;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset.

*Level 3:* Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at September 30, 2010 and 2009.

# Hospice of the Florida Keys, Inc.

## Notes to Financial Statements

### NOTE 5 – FAIR VALUE MEASUREMENTS (Continued)

*Money markets:* Valued at the net asset value (“NAV”) of shares held at year end.

The following table sets forth by level, within the fair value hierarchy, the Organization’s assets at fair value:

#### Assets at Fair Value as of September 30, 2010

	Level 1	Level 2	Level 3	Total
Money market	\$ -	\$ 7,946	\$ -	\$ 7,946
US government obligations	71,049			71,049
US government agencies	30,674			30,674
Corporate obligations	94,124			94,124
Common stock	221,619			221,619
Common stock- foreign	18,421			18,421
Mutual funds - fixed inc	277,460			277,460
Mutual funds - equity	86,785	-	-	86,785
<b>Total assets at fair value</b>	<b>\$ 800,132</b>	<b>\$ 7,946</b>	<b>\$ -</b>	<b>\$ 808,078</b>

#### Assets at Fair Value as of September 30, 2009

	Level 1	Level 2	Level 3	Total
Money market	\$ -	\$ 9,247	\$ -	\$ 9,247
US government agencies	23,839	-	-	23,839
Corporate obligations	58,567	-	-	58,567
Common stock	182,566	-	-	182,566
Common stock- foreign	27,363	-	-	27,363
Mutual funds - fixed inc	224,528	-	-	224,528
Mutual funds - equity	79,161	-	-	79,161
<b>Total assets at fair value</b>	<b>\$ 683,352</b>	<b>\$ 9,247</b>	<b>\$ -</b>	<b>\$ 692,599</b>

# Hospice of the Florida Keys, Inc.

## Notes to Financial Statements

### NOTE 6 – OTHER ASSETS

Other assets consist of the following:

<i>September 30,</i>	<b>2010</b>	2009
Artwork	<b>\$ 17,000</b>	\$ 17,000
Deposits	<b>3,180</b>	3,180
Total other assets	<b>\$ 20,180</b>	\$ 20,180

### NOTE 7 – LINE OF CREDIT

Hospice has \$500,000 and \$250,000 lines of credit agreement with a local bank, secured by the building at 1319 William Street and assignment of investments, expiring April 21, 2010 and February 6, 2010 and bearing interest at 7.75 and 6.75%, respectively. The \$250,000 line of credit was not renewed during the year. The total balances of all lines of credit as of September 30, 2010 and 2009 are \$0 and \$230,000, respectively. The \$500,000 line of credit was renewed at 6.25% through May 21, 2013 and is secured by the building at 1310 William Street.

### NOTE 8 – LONG-TERM DEBT

Hospice of the Florida Keys, Inc.'s long-term debt consists of the following:

<i>September 30,</i>	<b>2010</b>	2009
Mortgage payable to bank, collateralized by the building in Key West, payable in monthly installments of \$4,905 including interest at 5.00%, matures May 2018	<b>\$ 369,576</b>	\$ 408,615
Less: current portion	<b>41,064</b>	39,039
Total long-term debt	<b>\$ 328,512</b>	\$ 369,576

# Hospice of the Florida Keys, Inc.

## Notes to Financial Statements

### NOTE 8 – LONG-TERM DEBT (Continued)

Long-term debt matures as follows:

Year	Principal
2012	\$ 43,150
2013	45,434
2014	47,792
2015	50,272
2016	52,862
Thereafter	89,002
<hr/>	
Total long-term debt	\$ 328,512

### NOTE 9 – NET PATIENT SERVICE REVENUE

Net patient service revenue consisted of the following:

<i>Years ended September 30,</i>	2010	2009
Medicare, net of contractual adjustment of \$137,947 and \$174,473, respectively	<b>\$ 2,925,745</b>	\$ 2,786,185
Medicaid, net of contractual adjustment of \$32,851 and \$18,087, respectively	<b>157,717</b>	126,575
Private insurance and other, net of contractual adjustment of \$60,527 and \$38,676, respectively	<b>414,426</b>	292,199
Life. At Home.	<b>870,194</b>	751,642
<hr/>		
	<b>\$ 4,368,082</b>	\$ 3,956,601

# Hospice of the Florida Keys, Inc.

## Notes to Financial Statements

### NOTE 10 – CAPITAL LEASE OBLIGATIONS

Hospice leases copiers under capital leases. For financial reporting purposes, the minimum lease payments relating to the copiers have been capitalized and included in equipment on the balance sheet. The lease equipment under capital leases as of September 30, 2010 and 2009, have a cost of \$16,019. Amortization of the leased copiers is included in depreciation is \$12,540 and \$9,336 as of September 30, 2010 and 2009, respectively. The following is a schedule of future minimum lease payments under the capital leases:

*Year ending September 30,*

2011	\$	3,524
2012		1,150
Total future minimum lease payments		4,674
Less: Amount representing interest		380
Present value of future minimum lease payments		\$ 4,294

### NOTE 11 – TEMPORARILY RESTRICTED NET ASSETS

Temporarily restricted net assets consist of the following:

<i>Years ended September 30,</i>	<b>2010</b>	<b>2009</b>
Social Works Emergency Fund	\$ 7,375	\$ 7,621
Key West Social Work Fund	8,037	0
Stevens Education	16,803	5,780
Key West indigent/underfunded care	-	10,331
Upper Keys uncompensated/underfunded care	13,653	-
Unrestricted trust (time restriction)	111,284	-
	<b>\$ 157,152</b>	<b>\$ 23,732</b>

# Hospice of the Florida Keys, Inc.

## Notes to Financial Statements

### NOTE 12 – PERMANENTLY RESTRICTED NET ASSETS (ENDOWMENTS)

Hospice currently has one donor-restricted endowment that provides for educational expenses in the Lower Keys. As required by GAAP, net assets associated with endowment funds are classified and reported based on the existence of donor-imposed restrictions.

Hospice classifies as permanently restricted net assets (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to the permanent endowment, and (c) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund. The remaining portion of the donor-restricted endowment fund that is not classified in permanently restricted net assets is classified as temporarily restricted net assets until those amounts are appropriated for expenditure by the agency in a manner consistent with the donor designations.

The endowment investment policy of Hospice is based on providing funding for the agency's programs based on restrictions made on the endowments. Therefore, the guidelines are based on a reasonably long-term investment horizon. The objective is to manage against capital risk by reducing year-to-year volatility while also seeking capital growth over the medium term when valuation levels in stocks are favorable. The following is the investment policy for the endowment fund:

Asset Class	Minimum %	Maximum %
Stocks (US & Foreign)	20	60
Fixed Income (Bonds, notes, & cash)	40	80

# Hospice of the Florida Keys, Inc.

## Notes to Financial Statements

### NOTE 12 – PERMANENTLY RESTRICTED NET ASSETS (ENDOWMENTS) (Continued)

The equity portfolio should be well-diversified to avoid undue exposure to any single economic section, industry group or individual security. No more than 10% of total Portfolio assets at market at time of purchase shall be invested in the securities of any one issuer. No more than 30% of Portfolio assets at market at time of purchase shall be invested in any one industry.

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
<b>Donor-restricted endowments</b>				
as of 9/30/08	\$ -	\$ 2,641	\$ 129,886	\$ 132,527
<b>Investment return:</b>				
Investment income, net of fees	-	2,041	-	2,041
Net appreciation (realized and unrealized)	-	1,098	-	1,098
<b>Total investment return</b>	-	3,139	-	3,139
<b>Contributions</b>	-	-	-	-
<b>Appropriation of endowment assets for expenditures</b>	-	-	-	-
<b>Donor-restricted endowments</b>				
as of 9/30/09	\$ -	\$ 5,780	\$ 129,886	\$ 135,666

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
<b>Donor-restricted endowments</b>				
as of 9/30/09	\$ -	\$ 5,780	\$ 129,886	\$ 135,666
<b>Investment return:</b>				
Investment income, net of fees	-	1,592	-	1,592
Net appreciation (realized and unrealized)	-	9,431	-	9,431
<b>Total investment return</b>	-	11,023	-	11,023
<b>Contributions</b>	-	-	-	-
<b>Appropriation of endowment assets for expenditures</b>	-	-	-	-
<b>Donor-restricted endowments</b>				
as of 9/30/10	\$ -	\$ 16,803	\$ 129,886	\$ 146,689

# Hospice of the Florida Keys, Inc.

## Notes to Financial Statements

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### **NOTE 13 – RISKS AND UNCERTANTIES**

Hospice maintains bank accounts in one banking institution. As of September 30, 2010, approximately \$23,000 in deposits is in excess of the amounts insured by the Federal Deposit Insurance Corporation.

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

**2009**

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 2009 calendar year, or tax year beginning OCT 1, 2009 and ending SEP 30, 2010**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type.  See Specific instructions.	<b>C Name of organization</b> <b>HOSPICE OF THE FLORIDA KEYS, INC.</b> Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>1319 WILLIAM STREET</b> City or town, state or country, and ZIP + 4 <b>KEY WEST, FL 33040</b>	<b>D Employer identification number</b> <b>59-2386289</b>	<b>E Telephone number</b> <b>(305)294-8812</b>	
		<b>F Name and address of principal officer: JODY GROSS</b> <b>1319 WILLIAM STREET, KEY WEST, FL 33040</b>	<b>G Gross receipts \$</b> <b>5,167,695.</b> <b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c) Group exemption number</b> ▶		
		<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	<b>J Website:</b> ▶ <b>WWW.HOSPICEVNA.COM</b>		
		<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	<b>L Year of formation:</b> <b>1984</b> <b>M State of legal domicile:</b> <b>FL</b>		

**Part I Summary**

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities: <b>TO ENABLE INDIVIDUALS TO REMAIN IN THEIR HOMES BY PROVIDING COMPASSIONATE, EFFECTIVE, LIFE-ENHANCING</b> 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) ..... <b>3</b> <b>9</b> 4 Number of independent voting members of the governing body (Part VI, line 1b) ..... <b>4</b> <b>9</b> 5 Total number of employees (Part V, line 2a) ..... <b>5</b> <b>119</b> 6 Total number of volunteers (estimate if necessary) ..... <b>6</b> <b>206</b> 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 ..... <b>7a</b> <b>0.</b> b Net unrelated business taxable income from Form 990-T, line 34 ..... <b>7b</b> <b>0.</b>		
<b>Revenue</b>	8 Contributions and grants (Part VIII, line 1h) ..... <b>427,996.</b> <b>505,272.</b> 9 Program service revenue (Part VIII, line 2g) ..... <b>3,956,601.</b> <b>4,368,082.</b> 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) ..... <b>-158,627.</b> <b>41,328.</b> 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) ..... <b>8,096.</b> 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ..... <b>4,225,970.</b> <b>4,922,778.</b>	<b>Prior Year</b>	<b>Current Year</b>
<b>Expenses</b>	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) ..... 14 Benefits paid to or for members (Part IX, column (A), line 4) ..... 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ..... <b>2,672,583.</b> <b>3,317,119.</b> 16a Professional fundraising fees (Part IX, column (A), line 11e) ..... b Total fundraising expenses (Part IX, column (D), line 25) ▶ ..... 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) ..... <b>1,233,846.</b> <b>1,191,914.</b> 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) ..... <b>3,906,429.</b> <b>4,509,033.</b> 19 Revenue less expenses. Subtract line 18 from line 12 ..... <b>319,541.</b> <b>413,745.</b>		
<b>Net Assets or Fund Balances</b>	20 Total assets (Part X, line 16) ..... <b>2,100,460.</b> <b>2,348,685.</b> 21 Total liabilities (Part X, line 26) ..... <b>911,292.</b> <b>717,205.</b> 22 Net assets or fund balances. Subtract line 21 from line 20 ..... <b>1,189,168.</b> <b>1,631,480.</b>	<b>Beginning of Current Year</b>	<b>End of Year</b>

**Part II Signature Block**

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

Sign Here ▶ *Jody Gross* Signature of officer Date **Feb 22, 2011**  
**JODY GROSS, PRESIDENT AND CEO**  
 Type or print name and title

<b>Paid Preparer's Use Only</b>	Preparer's signature ▶ Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ <b>CARR, RIGGS, &amp; INGRAM, LLC</b> <b>2111 DREW STREET</b> <b>CLEARWATER, FL 33765-3215</b>	Date Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions) EIN ▶ Phone no. ▶ <b>727-446-0504</b>
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May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION TO ENABLE INDIVIDUALS TO REMAIN IN THEIR HOMES BY PROVIDING COMPASSIONATE, EFFECTIVE, LIFE-ENHANCING HEALTH AND SUPPORTIVE SERVICES. THIS IS ACCOMPLISHED THROUGH OUR HOSPICE AND HOME HEALTH PROGRAMS, WHICH ARE RENDERED WITHOUT REGARD TO THE RECIPIENTS' ABILITY

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

SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code: ) (Expenses \$ 1,106,059. including grants of \$ ) (Revenue \$ 1,469,082.) HOSPICE: OUR HOSPICE PROGRAM WAS STARTED BY THE COMMUNITY IN 1984. SINCE THEN WE HAVE BEEN PROVIDING END-OF-LIFE CARE TO THOSE IN THE FLORIDA KEYS. THE SERVICES INCLUDE PHYSICIAN, NURSING, HOME CARE AIDE, SOCIAL WORK AND SPIRITUAL COUNSELING. WE ALSO PROVIDE THE NECESSARY MEDICAL EQUIPMENT, SUPPLIES AND CARE FOR PAIN CONTROL AND SYMPTOM MANAGEMENT.

OVER OUR 26 YEARS, WE'VE PROVIDED CARE FOR THOUSANDS OF PEOPLE. IN THE COMMUNITY WE'RE KNOWN SIMPLY AS "HOSPICE". WE HAVE TOUCHED THE LIVES OF MANY MORE BY OUR COMPASSIONATE CARE OF THEIR LOVED ONES AND BY PROVIDING BEREAVEMENT SUPPORT AFTER THE PASSING OF A LOVED ONE.

4b (Code: ) (Expenses \$ 2,521,093. including grants of \$ ) (Revenue \$ 2,899,000.) VNA: OUR VISITING NURSE ASSOCIATION (VNA) PROGRAM PROVIDES HOME HEALTH CARE. UNDER A PHYSICIAN'S DIRECTION, WE PROVIDE SERVICES SUCH AS NURSING, PHYSICAL THERAPY, OCCUPATIONAL THERAPY AND HOME CARE AIDES. THESE SERVICES ARE FOR THE TREATMENT OF ILLNESSES OR INJURIES THAT KEEP PEOPLE IN THEIR HOME OR WHERE IT WOULD TAKE A GREAT EFFORT TO GET OUT OF THE HOUSE. WE WANT PEOPLE TO STAY INDEPENDENT AND COMFORTABLE WHILE WE HELP PROVIDE THEM WITH A BETTER QUALITY OF LIFE.

IN OUR COMMUNITY, WE CARED FOR OVER 150 HOME HEALTH PATIENTS EACH MONTH. WITH OUR PRIVATE DUTY PROGRAM WE CARED FOR ANOTHER 140 PEOPLE EACH MONTH AND HAVE FORMED A PARTNERSHIP WITH OUR COUNTY TO PROVIDE IN-HOME SERVICES TO THE ELDERLY AND DISABLED IN MONROE COUNTY.

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 \$ 3,627,152.

**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)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	X	
5	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
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? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
	• 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? <i>If "Yes," complete Schedule D, Part VII.</i>		
	• 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? <i>If "Yes," complete Schedule D, Part VIII.</i>		
	• 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? <i>If "Yes," complete Schedule D, Part IX.</i>		
	• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
	• 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? <i>If "Yes," complete Schedule D, Part X.</i>		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	Yes	No
			X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		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? <i>If "Yes," complete Schedule F, Part I</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		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? <i>If "Yes," complete Schedule F, Part III</i>		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? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X

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

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

**Part V** Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	<b>1a</b> 14		
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	<b>1b</b> 0		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
	<b>1c</b>		
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	<b>2a</b> 119		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
	<b>3b</b>		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>b</b>	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
	<b>4a</b>		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
	<b>5c</b>		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	<b>6b</b>		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	<b>7d</b>		
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
	<b>7g</b>		
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
	<b>7h</b>		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
	<b>8</b>		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?		
	<b>9a</b>		
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
	<b>9b</b>		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	

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

**Section A. Governing Body and Management**

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

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **FL**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website     Another's website     Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **GREG WHEELER, CFO - (305)294-8812**  
**1319 WILLIAM STREET, KEY WEST, FL 33040**

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees. 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 the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
PETER RYSMAN CHAIRMAN	1.00	X		X				0.	0.	0.
JUDI COOLEY DIRECTOR	1.00	X						0.	0.	0.
DON LANMAN VICE CHAIR	1.00	X		X				0.	0.	0.
JACK NILES, JR. TREASURER	1.00	X		X				0.	0.	0.
JOHN F. CALLEJA, MD DIRECTOR	1.00	X						0.	0.	0.
FRED GREENBERG DIRECTOR	1.00	X						0.	0.	0.
MINDY MCKENZIE DIRECTOR	1.00	X						0.	0.	0.
MARGARET DOMANSKI SECRETARY	1.00	X		X				0.	0.	0.
SID GOLDMAN, MD DIRECTOR	1.00	X						0.	0.	0.
LISBETH KERN PRESIDENT AND CEO	40.00			X				111,416.	0.	7,281.
GREG WHEELER CFO	40.00			X				87,264.	0.	8,737.
JODY GROSS COO	40.00			X				0.	0.	0.



Part VIII Statement of Revenue			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	85,776.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	145,000.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	274,496.			
	g	Noncash contributions included in lines 1a-1f: \$		3,421.			
	h	<b>Total.</b> Add lines 1a-1f		505,272.			
	Program Service Revenue	2 a	<b>VISITING NURSES ASSOCI</b>	Business Code 621610	2899000.	2899000.	
b		<b>HOSPICE SERVICES</b>	621610	1469082.	1469082.		
c							
d							
e							
f		All other program service revenue					
g		<b>Total.</b> Add lines 2a-2f		4368082.			
Other Revenue		3	Investment income (including dividends, interest, and other similar amounts)		18,832.		18,832.
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross Rents	(i) Real (ii) Personal				
		b	Less: rental expenses				
		c	Rental income or (loss)				
		d	Net rental income or (loss)				
	7 a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
		b	Less: cost or other basis and sales expenses				
		c	Gain or (loss)				
		d	Net gain or (loss)		22,496.		22,496.
	8 a	Gross income from fundraising events (not including \$ 85,776. of contributions reported on line 1c). See Part IV, line 18	a		73,320.		
		b	Less: direct expenses	b		69,828.	
		c	Net income or (loss) from fundraising events			3,492.	3,492.
	9 a	Gross income from gaming activities. See Part IV, line 19	a				
b		Less: direct expenses	b				
c		Net income or (loss) from gaming activities					
10 a	Gross sales of inventory, less returns and allowances	a					
	b	Less: cost of goods sold	b				
	c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue			Business Code				
11 a	<b>OTHER INCOME</b>	621610	4,604.		4,604.		
b							
c							
d	All other revenue						
e	<b>Total.</b> Add lines 11a-11d		4,604.				
12	<b>Total revenue.</b> See instructions.		4922778.	4368082.	0.	49,424.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	291,409.		291,409.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,573,867.	2,372,637.	201,230.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	228,866.	193,182.	35,684.	
10 Payroll taxes	222,977.	179,669.	43,308.	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	23,377.		23,377.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	4,673.		4,673.	
g Other	24,422.		24,422.	
12 Advertising and promotion	34,454.	11,729.	22,725.	
13 Office expenses				
14 Information technology	116,550.	63,555.	52,995.	
15 Royalties				
16 Occupancy	37,389.	22,356.	15,033.	
17 Travel	164,425.	160,860.	3,565.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	24,912.	6,692.	18,220.	
20 Interest	29,991.		29,991.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	58,531.	29,925.	28,606.	
23 Insurance	57,434.	39,170.	18,264.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a <b>SUPPLIES</b>	310,048.	273,863.	36,185.	
b <b>BAD DEBT</b>	95,669.	95,669.		
c <b>CONTRACTUAL SERVICES</b>	86,944.	72,931.	14,013.	
d <b>INPATIENT/OUTPATIENT CO</b>	60,560.	60,560.		
e <b>PUBLIC HEALTH PROGRAM</b>	30,203.	30,203.		
f All other expenses	32,332.	14,151.	18,181.	
25 <b>Total functional expenses.</b> Add lines 1 through 24f	4,509,033.	3,627,152.	881,881.	0.
26 <b>Joint costs.</b> Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	1	Cash - non-interest-bearing .....	200.	1	200.
	2	Savings and temporary cash investments .....	263,624.	2	239,556.
	3	Pledges and grants receivable, net .....		3	112,386.
	4	Accounts receivable, net .....	441,049.	4	503,074.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L .....		6	
	7	Notes and loans receivable, net .....	1,102.	7	
	8	Inventories for sale or use .....		8	
	9	Prepaid expenses and deferred charges .....	33,402.	9	40,262.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a 1,448,504.		
	b	Less: accumulated depreciation .....	10b 823,555.	10c 657,551.	10c 624,949.
	11	Investments - publicly traded securities .....	683,352.	11	808,078.
	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 .....	20,180.	15	20,180.
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	2,100,460.	16	2,348,685.	
<b>Liabilities</b>	17	Accounts payable and accrued expenses .....	222,752.	17	302,043.
	18	Grants payable .....		18	
	19	Deferred revenue .....	42,771.	19	41,292.
	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 .....	645,769.	23	373,870.
	24	Unsecured notes and loans payable to unrelated third parties .....		24	
	25	Other liabilities. Complete Part X of Schedule D .....		25	
	26	<b>Total liabilities.</b> Add lines 17 through 25 .....	911,292.	26	717,205.
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets .....	1,035,550.	27	1,344,442.
	28	Temporarily restricted net assets .....	23,732.	28	157,152.
	29	Permanently restricted net assets .....	129,886.	29	129,886.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds .....		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund .....		31	
	32	Retained earnings, endowment, accumulated income, or other funds .....		32	
	33	<b>Total net assets or fund balances</b> .....	1,189,168.	33	1,631,480.
34	<b>Total liabilities and net assets/fund balances</b> .....	2,100,460.	34	2,348,685.	

Form 990 (2009)

**Part XI Financial Statements and Reporting**

	Yes	No
<b>1</b> 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.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? .....		X
<b>b</b> Were the organization's financial statements audited by an independent accountant? .....	X	
<b>c</b> 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	
<b>d</b> If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
<b>3a</b> 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>b</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. ....		

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	241,979.	380,098.	297,732.	427,996.	508,764.	1,856,569.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	241,979.	380,098.	297,732.	427,996.	508,764.	1,856,569.
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						1,856,569.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	241,979.	380,098.	297,732.	427,996.	508,764.	1,856,569.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	34,352.	44,768.	46,158.	19,211.	18,832.	163,321.
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						2,019,890.
12 Gross receipts from related activities, etc. (see instructions)					18,216,875.	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

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

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	91.91 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	91.75 %
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.) .....						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) .....						

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

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

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

**Section D. Computation of Investment Income Percentage**

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

**19a 33 1/3% support tests - 2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

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

**Schedule B**

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2009**

Name of the organization

HOSPICE OF THE FLORIDA KEYS, INC.

Employer identification number

59-2386289

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

For 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 1. 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 its 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).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization <b>HOSPICE OF THE FLORIDA KEYS, INC.</b>	Employer identification number <b>59-2386289</b>
--	---

**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	MONROE COUNTY - CLERK OF THE COURT 500 WHITEHEAD STREET KEY WEST, FL 33040	\$ 145,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	JOAN HOCH PO BOX 510686 KEY COLONY BEACH, FL 33051	\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	CAPTAIN LEON SHELL FISH TOURNAMENT PO BOX 510910 KEY COLONY BEACH, FL 33051	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	OCEAN REEF FOUNDATION 200 ANCHOR DRIVE, SUITE B KEY LARGO, FL 33037	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	ESTATE OF ELAINE MANLEY 2123 YELLOWTAIL DRIVE MARATHON, FL 33050	\$ 56,108.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	BLAKE HUNTER CHARITABLE REMAINDER TRUST 17139 LA BRISA COURT SUGARLOAF KEY, FL 33042	\$ 111,284.	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  <b>HOSPICE OF THE FLORIDA KEYS, INC.</b>	Employer identification number  <b>59-2386289</b>
--	---

**Part II Noncash Property** (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	 <hr/> <hr/> <hr/> <hr/>	\$ _____	_____
	 <hr/> <hr/> <hr/> <hr/>	\$ _____	_____
	 <hr/> <hr/> <hr/> <hr/>	\$ _____	_____
	 <hr/> <hr/> <hr/> <hr/>	\$ _____	_____
	 <hr/> <hr/> <hr/> <hr/>	\$ _____	_____
	 <hr/> <hr/> <hr/> <hr/>	\$ _____	_____
	 <hr/> <hr/> <hr/> <hr/>	\$ _____	_____

Name of organization <b>HOSPICE OF THE FLORIDA KEYS, INC.</b>	Employer identification number <b>59-2386289</b>
--	---

**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 columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$

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

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

**Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

**2009**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization is described below.**

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

**If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

**If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

**If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization **HOSPICE OF THE FLORIDA KEYS, INC.** Employer Identification number **59-2386289**

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$ \_\_\_\_\_
- 3 Volunteer hours \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  Yes  No
- 4a Was a correction made?  Yes  No
- b If "Yes" describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file Form 1120-POL for this year?  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2009 LHA

**Part II-A** Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A Check  if the filing organization belongs to an affiliated group.  
 B Check  if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) .....														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b> Other exempt purpose expenditures .....														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:70%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**  
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

**Part II-B** Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers?		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1j)?		X	
<b>c</b> Media advertisements?		X	
<b>d</b> Mailings to members, legislators, or the public?		X	
<b>e</b> Publications, or published or broadcast statements?		X	
<b>f</b> Grants to other organizations for lobbying purposes?		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
<b>i</b> Other activities? If "Yes," describe in Part IV	X		75.
<b>j</b> Total. Add lines 1c through 1i			75.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	1	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
<b>3</b> Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	

**Part III-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."

<b>1</b> Dues, assessments and similar amounts from members	1	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year	2a	
<b>b</b> Carryover from last year	2b	
<b>c</b> Total	2c	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	5	

**Part IV** Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

**PART II-B, LINE 1(I), OTHER LOBBYING ACTIVITIES:**

THE AGENCY DID NOT DO ANY DIRECT LOBBYING. DUES TO A PROFESSIONAL ORGANIZATION INCLUDED A SMALL PERCENTAGE FOR LOBBYING EFFORTS.

**Schedule D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization **HOSPICE OF THE FLORIDA KEYS, INC.** Employer identification number **59-2386289**

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

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

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

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

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

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06 .....	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.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	129,886.	129,886.			
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	129,886.	129,886.			

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

- a Board designated or quasi-endowment ▶ \_\_\_\_\_ %
- b Permanent endowment ▶ 100.00 %
- c Term endowment ▶ \_\_\_\_\_ %

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	393,878.			393,878.
b Buildings	557,042.		454,754.	102,288.
c Leasehold improvements	86,098.		41,303.	44,795.
d Equipment	300,873.		251,832.	49,041.
e Other	110,613.		75,666.	34,947.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				624,949.

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

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include Financial derivatives, Closely-held equity interests, and Other.

Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)

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

Table with 3 columns: (a) Description of investment type, (b) Book value, (c) Method of valuation.

Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)

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

Table with 2 columns: (a) Description, (b) Book value.

Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)

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

Table with 2 columns: (a) Description of liability, (b) Amount. Row 1: Federal income taxes.

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)

2. FIN 48 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.

**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	4,922,778.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	4,509,033.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	413,745.
4	Net unrealized gains (losses) on investments	4	28,567.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	28,567.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	442,312.

**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	4,972,479.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	28,567.
b	Donated services and use of facilities	2b	21,134.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	49,701.
3	Subtract line 2e from line 1	3	4,922,778.
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	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	4,922,778.

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

1	Total expenses and losses per audited financial statements	1	4,530,167.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	21,134.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	21,134.
3	Subtract line 2e from line 1	3	4,509,033.
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	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	4,509,033.

**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.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		4TH OF JULY ANNUAL PICNIC	QUEEN MOTHER	1		
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	116,052.	10,425.	5,946.	132,423.
	2	Less: Charitable contributions	48,739.	7,342.	5,668.	61,749.
	3	Gross income (line 1 minus line 2)	67,313.	3,083.	278.	70,674.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	61,859.	4,064.	1,259.	67,182.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				( 67,182.)
11	Net income summary. Combine line 3, column (d), and line 10				3,492.	

**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.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)				( )
8	Net gaming income summary. Combine line 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? \_\_\_\_\_

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? \_\_\_\_\_

b If "Yes," explain: \_\_\_\_\_

11 Does the organization operate gaming activities with nonmembers? \_\_\_\_\_

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? \_\_\_\_\_

	Yes	No
9a		
10a		
11		
12		

		Yes	No
<b>13</b> Indicate the percentage of gaming activity operated in:			
<b>a</b> The organization's facility .....	<b>13a</b>	%	
<b>b</b> An outside facility .....	<b>13b</b>	%	
<b>14</b> Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
Name ▶ _____			
Address ▶ _____			
<b>15a</b> Does the organization have a contract with a third party from whom the organization receives gaming revenue? .....	<b>15a</b>		
<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____ .			
<b>c</b> If "Yes," enter name and address of the third party:			
Name ▶ _____			
Address ▶ _____			
<b>16</b> Gaming manager information:			
Name ▶ _____			
Gaming manager compensation ▶ \$ _____			
Description of services provided ▶ _____			
_____			
_____			
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
<b>17</b> Mandatory distributions:			
<b>a</b> Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? .....	<b>17a</b>		
<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____			



SCHEDULE O  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

Open to Public  
Inspection

Name of the organization

HOSPICE OF THE FLORIDA KEYS, INC.

Employer identification number

59-2386289

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

HEALTH AND SUPPORTIVE SERVICES. THIS IS ACCOMPLISHED THROUGH OUR  
HOSPICE AND HOME HEALTH PROGRAMS, WHICH ARE RENDERED WITHOUT REGARD TO  
THE RECIPIENTS' ABILITY TO PAY, AND PRIVATE DUTY PROGRAM.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

TO PAY, AND PRIVATE DUTY PROGRAM.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

DURING THIS FISCAL YEAR WE PROVIDED CARE FOR APPROXIMATELY 45 PATIENTS  
EACH MONTH. WE ARE PROUD THAT WE ARE ABLE TO HELP OUR COMMUNITY AND  
OUR NEIGHBORS IN THEIR TIMES OF NEED.

FORM 990, PART VI, SECTION B, LINE 11: THE FINANCE/AUDIT COMMITTEE AND THE  
TREASURER WILL REVIEW A DRAFT OF THE 990 BEFORE IT IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C: BOARD MEMBERS ARE ASKED AT THE  
BEGINNING OF EACH BOARD OR COMMITTEE MEETING IF ANY MEMBER HAS A CONFLICT  
OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15: THE SALARY OF THE CHIEF EXECUTIVE  
OFFICER WAS ESTABLISHED BY THE BOARD OF DIRECTORS BASED ON SALARY  
INFORMATION COLLECTED FROM OUTSIDE SOURCES. THE CHIEF EXECUTIVE OFFICER'S  
SALARY IS REVIEWED PERIODICALLY BY THE BOARD TO DETERMINE IF AN ADJUSTMENT  
IS NECESSARY. SALARIES FOR OTHER OFFICERS FOLLOW SIMILAR PROCEDURES.

SCHEDULE O  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

Open to Public  
Inspection

Name of the organization

HOSPICE OF THE FLORIDA KEYS, INC.

Employer identification number

59-2386289

FORM 990, PART VI, SECTION C, LINE 19: HOSPICE OF THE FLORIDA KEYS MAKES  
ITS FINANCIAL STATEMENTS, GOVERNING DOCUMENTS AND CONFLICT OF INTEREST  
POLICY AVAILABLE TO THE PUBLIC UPON VERBAL OR WRITTEN REQUEST.

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: KRISTEN WHEELER

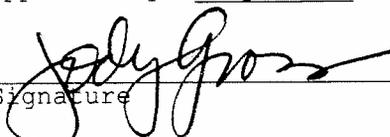
(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

\*\*SEE SCHEDULE O\*\* - KRISTEN WHEELER IS MARRIED TO GREG WHEELER, CFO.

(D) DESCRIPTION OF TRANSACTION: SCHEDULE O - KRISTEN WHEELER IS EMPLOYED  
BY THE ORGANIZATION. KRISTEN REPORTS DIRECTLY TO THE CEO IN ALL MATTERS  
AND DOESN'T REPORT TO GREG WHEELER.

HOSPICE OF THE FLORIDA KEYS, INC.  
AND  
VISITING NURSE ASSOCIATION OF THE FLORIDA KEYS

**Attachment I**

Subject: <b>Fee Schedule - Hospice</b> Status: N/A	Policy No. 612.1 Effective Date: 04/01/2011 Initiator: LK/GW/JG
Approved By: <u>Jody Gross</u> , President & CEO  Signature	Replaces Policy No. 612 Issue Date: <u>7/89, 12/96,</u> <u>3/98, 4/05, 11/05,</u> <u>9/06, 03/07, 4/08</u>
<u>April 1, 2011</u> Date	Page <u>1</u> of <u>2</u>

**Policy:**

It is the policy of the organization to maintain and make its fee schedule available to all patients and payors, as appropriate.

**Scope:**

This policy applies to all patients who are not covered by Medicare, Medicaid or other 3rd party payor where the organization accepts assignment as payment in full.

**Guidelines (Procedures):**

1. CHARGES FOR SERVICES: Hospice

DIRECT SERVICES	PER VISIT	PER HOUR	FEE
Routine Care			\$136.10/day
Continuous Care		X	\$33.10/hr.
Respite Home Care			\$143.09/day
General Inpatient Care			\$608.64/day
Private Duty RN Assessment		X	\$75
Private Duty RN		X	\$75
Private Duty LPN		X	\$50
Private Duty Home Care Aide/Companion/Homemaker		X	\$25/hr (minimum of 2 hours, then prorated in 15 minute increments)
Private Duty Home Care Aide/Companion/Homemaker <i>(6pm - 8am &amp; Holidays)</i>		X	\$35/hr (minimum of 2 hours, then prorated in 15 minute increments)
Private Duty Home Care Aide/Companion/Homemaker <i>(Live-In)</i>			\$250/day (24 hours)
MEDICAL RESPONSE SYSTEM			
Installation			\$75
Rental			\$40/month or \$1.50/day
Dual Subscription Installation			\$25
Dual Subscription Monitoring			\$10/month
SUPPLIES			
Routine*			\$9.50/day
Wound Care*			\$19.00/day

\*This is the fee established for average daily routine supplies and average wound care supplies. Other specialized higher cost care will be quoted on a case by case basis – to be determined by the Chief Executive Officer or Chief Clinical Officer or another senior clinical manager.

Internal Revenue Service

District Director

DATE: March 20, 1996

Hospice of Florida Keys Inc.  
1319 William Street  
Key West , FL 33040-4736

Department of the Treasury

Returns Program Management  
Staff - Taxpayer Assistance  
401 West Peachtree St., NW  
Room 1109- Stop 520-D  
Atlanta, GA 30365

Date of Inquiry:

EIN: 59-2386289

Dear Sir or Madam:

We have received and reviewed the amended organizing documents that you submitted on behalf of your organization, in which the organizing documents were approved and/or adopted on June 22, 1995. The information has been made a part of your file.

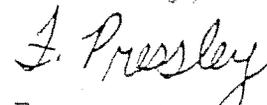
Your organization shall continue to be recognized as exempt from Federal income tax under section 501(c)(03) of the Internal Revenue Code, by our letter dated February 1985. You may continue to rely on this exemption until it is modified, terminated or revoked by the Internal Revenue Service.

Please continue to let us know of any changes in the purpose, character, method of operation, name or address of your organization. This is a requirement for retaining your exempt status.

A copy of this letter should remain in your permanent records, as it may help resolve any questions about your exempt status.

Thank you for your cooperation.

Sincerely,



Exempt Organizations  
Coordinator

**2010 / 2011  
MONROE COUNTY BUSINESS TAX RECEIPT  
EXPIRES SEPTEMBER 30, 2011**

RECEIPT# 46110-28930

Business Name: HOSPICE OF THE FLA KEYS INC &

Owner Name: VNA OF THE FLORIDA KEYS  
Mailing Address: 1319 WILLIAM ST  
KEY WEST, FL 33040

Exemption: 003-30.00: NON PROFIT  
Business Location: 92001 OVERSEAS HWY  
TAVERNIER, FL 33070  
Business Phone: 305-852-7887  
Business Type: PROFESSIONALS (HOSPICE  
& HOME HEALTH CARE)

**Rooms      Seats      Employees      Machines      Stalls**

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

PAID-103-09-00001472      07/07/2010      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.

# CITY OF KEY WEST, FLORIDA

## Business Tax Receipt

This Document is a business tax receipt  
Holder must meet all City zoning and use provisions.  
P.O. Box 1409, Key West, Florida 33040 (305) 809-3955

Business Name VISITING NURSE ASSOC OF THE FL CtLNbr:0004278  
Location Addr 1319 WILLIAM ST  
Lic NBR/Class 11-00004279 SERVICE - GENERAL  
Issue Date: July 20, 2010 Expiration Date:September 30, 2011  
License Fee \$0.00  
Add. Charges \$0.00  
Penalty \$0.00  
Total \$0.00  
Comments: VISITING NURSES ASSOC.

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This document must be prominently displayed.

VISITING NURSE ASSOC OF THE FL  
1319 WILLIAM ST  
KERN, LISBETH, EXECUTIVE DIR.

KEY WEST FL 33040

# CITY OF KEY WEST, FLORIDA

## Business Tax Receipt

This Document is a business tax receipt  
Holder must meet all City zoning and use provisions.  
P.O. Box 1409, Key West, Florida 33040 (305) 809-3955

Business Name HOSPICE OF THE FLORIDA KEYS IN CtlNbr:0004279  
Location Addr 1319 WILLIAM ST  
Lic NBR/Class 11-00004280 SERVICE - GENERAL  
Issue Date: July 20, 2010 Expiration Date:September 30, 2011  
License Fee \$0.00  
Add. Charges \$0.00  
Penalty \$0.00  
Total \$0.00  
Comments: HEALTH CARE PROVIDER FOR TERMINALLY ILL

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This document must be prominently displayed.  
HOSPICE OF THE FLORIDA KEYS IN  
HOSPICE OF THE FLORIDA KEYS IN  
1319 WILLIAM ST

KEY WEST FL 33040

CERTIFICATE #: 1008

LICENSE #: 50310951

# State of Florida

AGENCY FOR HEALTH CARE ADMINISTRATION  
DIVISION OF HEALTH QUALITY ASSURANCE

## HOSPICE LICENSED

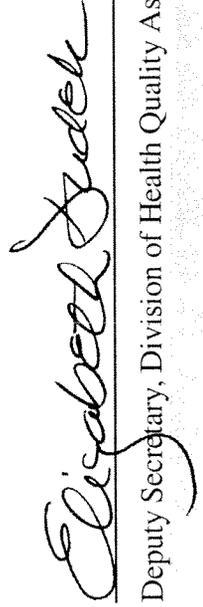
This is to confirm that HOSPICE OF THE FLORIDA KEYS, INC. has complied with rules and regulations adopted by the State of Florida, Agency for Health Care Administration, authorized in Chapter 400, Part IV, Florida Statutes and is authorized to operate the following:

**HOSPICE OF THE FLORIDA KEYS, INC**  
1319 WILLIAM STREET  
KEY WEST, FL 33040-4736  
MONROE COUNTY  
in the following counties:  
MONROE

Branch Offices:  
\*92001 Overseas Highway, Tavernier, FL 33070

EFFECTIVE DATE: 12/01/2009

EXPIRATION DATE: 11/30/2011

  
Deputy Secretary, Division of Health Quality Assurance

CERTIFICATE #: 27933

LICENSE #: 21245096

# State of Florida

AGENCY FOR HEALTH CARE ADMINISTRATION  
DIVISION OF HEALTH QUALITY ASSURANCE

## MEDICARE/MEDICAID CERTIFIED HOME HEALTH AGENCY

This is to confirm that HOSPICE OF THE FLORIDA KEYS, INC. has complied with rules and regulations adopted by the State of Florida, Agency for Health Care Administration, authorized in Chapter 400, Part III, Florida Statutes, and chapter 59A-8 of the Florida Administrative Code and is authorized to operate the following:

### VISITING NURSE ASSOCIATION OF THE FLORIDA KEYS

1319 WILLIAM ST  
KEY WEST, FL 33040  
MONROE COUNTY  
in the following counties:

MONROE

Satellite Offices: \*92001 Overseas Highway Us 1, Tavernier, FL 33070

EFFECTIVE DATE: 07/01/2010

EXPIRATION DATE: 06/30/2012

*Elizabeth Judek*  
Deputy Secretary, Division of Health Quality Assurance

CENTERS FOR MEDICARE & MEDICAID SERVICES  
CLINICAL LABORATORY IMPROVEMENT AMENDMENTS

CERTIFICATE OF WAIVER

LABORATORY NAME AND ADDRESS  
HOSPICE OF THE FLORIDA KEYS INC AND  
VISITING NURSE ASSOCIATION  
1319 WILLIAM ST  
KEY WEST, FL 33040

CLIA ID NUMBER  
10D0645330

EFFECTIVE DATE  
09/01/2010

EXPIRATION DATE  
08/31/2012

LABORATORY DIRECTOR  
LISBETH KERN

Pursuant to Section 353 of the Public Health Services Act (42 U.S.C. 263a) as revised by the Clinical Laboratory Improvement Amendments (CLIA), the above named laboratory located at the address shown hereon (and other approved locations) may accept human specimens for the purposes of performing laboratory examinations or procedures.

This certificate shall be valid until the expiration date above, but is subject to revocation, suspension, limitation, or other sanctions for violation of the Act or the regulations promulgated thereunder.



Judith A. Yost, Director  
Division of Laboratory Services  
Survey and Certification Group  
Center for Medicaid and State Operations



HOSPICE OF THE FLORIDA KEYS, INC.  
AND  
VISITING NURSE ASSOCIATION OF THE FLORIDA KEYS

Subject: Equal Employment Opportunity Status: N/A	Policy No. 501 Effective Date: 10/20/96 Initiator: LK
Approved By: <u>Liz Kern</u> CEO  Signature _____ Date <u>10/20/96</u>	Replaces Policy No. <u>501</u> Issue Date: <u>11/84</u> Page <u>1</u> of <u>1</u>

**Policy:**

HOSPICE OF THE FLORIDA KEYS, INC. & THE VISITING NURSE ASSOCIATION do not discriminate against employees or applicants for employment because of race, color, ethnicity, religion, sex, age, national origin, disability/handicap, or sexual orientation.

The agency participates fully in and supports the principles of Equal Employment Opportunity by taking measures to ensure:

- Recruitment, selection, training, development, promotion, discipline and termination of persons in all job classifications without regard to any of the discriminatory categories listed in the Policy section.
- Administration of all agency policies, procedures and programs in a consistent equitable manner for all employees
- Compliance with applicable local, state and federal laws governing nondiscrimination in employment in all agency locations and where services/programs are rendered.

**Scope:**

This policy applies to all terms and conditions of employment, including, but not limited to, hiring, placement, promotion, termination, transfer, training and compensation.

**Related Policies:**

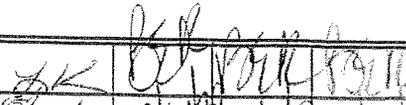
- 501.1 - Americans With Disabilities Act of 1990
- 511 - Employee Grievance
- 524 - Sexual Harassment
- 531 - Employee Eligibility (I-9)

**Applicable Forms (if any):**

**Reference:**

- Title VII of the Civil Rights Act of 1964 (Federal)
- The Age Discrimination Act of 1967, as amended (1978) (Federal)
- The Rehabilitation Act of 1973 (Federal)
- Americans With Disabilities Act (Federal)
- Older Workers Benefit Protection Act (Federal)
- Americans with Disabilities Act (Federal)
- Equal Pay Act (Federal)
- Florida Civil Rights Act of 1992 (Florida)
- Equal Pay Statute (Florida)
- JCAHO

LD 4.3: All policies and procedures established by the governing body are reviewed annually, or as required by law and regulation, revised as necessary and dated.

Reviewed by Dept. Head	
Date	10/14/96 10/14/96 10/14/96 10/14/96 10/14/96



CHARLIE CRIST  
GOVERNOR

*Better Health Care for all Floridians*

THOMAS W. ARNOLD  
SECRETARY

June 18, 2010

Administrator  
Hospice Of The Florida Keys  
1319 William St  
Key West, FL 33040

Dear Administrator:

This letter reports the findings of a Recertification survey revisit conducted on June 8, 2010 by representative(s) of this office.

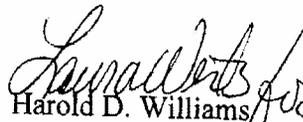
Attached is the provider's copy of the Revisit Report, which indicates the previously cited deficiencies were found corrected on the day of the revisit. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

In accordance with the Florida Statutes, this report of inspection must be posted in a prominent location to be accessible to all residents and the public.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call this office at (239) 335-1315.

Sincerely,

  
Harold D. Williams  
Field Office Manager

Enclosures

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Headquarters  
2727 Mahan Drive  
Tallahassee, FL 32308  
<http://ahca.myflorida.com>



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Fort Myers Field Office  
2295 Victoria Avenue, Room 340  
Ft. Myers, FL 33901  
Phone (239) 335-1315; Fax (239) 338-2372

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/17/2010  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>101524</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R</b> <b>06/08/2010</b>
NAME OF PROVIDER OR SUPPLIER  <b>HOSPICE OF THE FLORIDA KEYS</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1319 WILLIAM ST</b> <b>KEY WEST, FL 33040</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
{L 000}	<p><b>INITIAL COMMENTS</b></p> <p>These are the results of the followup survey completed on 6/08/10 to the Recertification survey conducted on 4/19/10 through 4/21/10 for Hospice of the Florida Keys, a Hospice agency.</p> <p>The following Federal deficiencies have been cleared: L0553, L0578, L0591, L0628, L0671, and L0691.</p>	{L 000}			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE		(X6) DATE	

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

**Post-Certification Revisit Report**

Public reporting for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing the burden, to CMS, Office of Financial Management, P.O. Box 26684, Baltimore, MD 21207; and to the Office of Management and Budget, Paperwork Reduction Project (0938-0390), Washington, D.C. 20503.

(Y1) Provider / Supplier / CLIA / Identification Number 101524	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 6/8/2010
Name of Facility HOSPICE OF THE FLORIDA KEYS	Street Address, City, State, Zip Code 1319 WILLIAM ST KEY WEST, FL 33040	

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix L0553 Reg. # 418.56(d) LSC	Correction Completed 06/08/2010	ID Prefix L0578 Reg. # 418.60 LSC	Correction Completed 06/08/2010	ID Prefix L0591 Reg. # 418.64(b)(1) LSC	Correction Completed 06/08/2010
ID Prefix L0628 Reg. # 418.76(a)(4) LSC	Correction Completed 06/08/2010	ID Prefix L0671 Reg. # 418.104 LSC	Correction Completed 06/08/2010	ID Prefix L0691 Reg. # 418.106(c) LSC	Correction Completed 06/08/2010
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

Reviewed By _____ State Agency	Reviewed By _____	Date: _____	Signature of Surveyor <i>Anna Westford C. Byrne</i>	Date: 6/17/10
Reviewed By _____ CMS RO	Reviewed By _____	Date: _____	Signature of Surveyor: _____	Date: _____

Followup to Survey Completed on: 4/21/2010

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HC22910038</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>06/08/2010</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HOSPICE OF THE FLORIDA KEYS</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1319 WILLIAM ST KEY WEST, FL 33040</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{T 000}	<p>Initial Comments</p> <p>These are the results of the followup survey completed on 6/08/10 to the Relicensure survey originally conducted on 4/19/10 through 4/21/10 for Hospice of the Florida Keys, a Hospice agency.</p> <p>The following citations were cleared: T 0061, T0162 and T0164.</p>	{T 000}		

AHCA Form 3020-0001

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

TITLE

(X6) DATE

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number HC22910038	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 6/8/2010
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Name of Facility HOSPICE OF THE FLORIDA KEYS	Street Address, City, State, Zip Code 1319 WILLIAM ST KEY WEST, FL 33040
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This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix T0061 Reg. # 400.611 LSC	Correction Completed 06/08/2010	ID Prefix T0162 Reg. # FAC 58A-2.026(3) LSC	Correction Completed 06/08/2010	ID Prefix T0164 Reg. # FAC 58A-2.026(5) LSC	Correction Completed 06/08/2010
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

Reviewed By _____ State Agency	Reviewed By _____	Date: _____	Signature of Surveyor: <i>Laura M. Byrnes</i>	Date: 6/17/10
Reviewed By _____ CMS RO	Reviewed By _____	Date: _____	Signature of Surveyor: <i>Laura M. Byrnes</i>	Date: _____

Followup to Survey Completed on: 4/21/2010	Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO
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